

**CONFIDENTIAL**  
Under authority of the  
1950 Census Act

**APPENDIX I**

Bermuda 1991  
Census of Population and Housing

May 20, 1991

**Census Office**

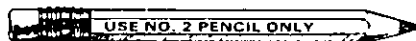
Parish _____	Census District _____
Enumerator _____	Household No. _____

PLEASE DO NOT WRITE IN THIS AREA



02091

**ENUMERATOR SAY:**



RIGHT MARK

WRONG MARKS



*I am the Census enumerator assigned to this area and I would like to get some information about the household and its members. Here is my identification card. (SHOW CARD)*

**RECORD OF VISITS**

ENUMERATOR CALLS	1	2	3	4																																																																																																								
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- 1 = Completed
- 2 = Partially completed, call back
- 3 = No suitable respondent at home
- 4 = Other (please specify in boxed area)

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**BERMUDA 1991 CENSUS OF POPULATION & HOUSING**

**HOUSEHOLD LISTING**

BOOK NUMBER				
0	0	0	0	0
1	1	1	1	1
2	2	2	2	2
3	3	3	3	3
4	4	4	4	4
5	5	5	5	5
6	6	6	6	6
7	7	7	7	7
8	8	8	8	8
9	9	9	9	9

- Including yourself, how many persons are living in this household or staying here now? Please include babies, household members who are now temporarily in the hospital, or temporarily overseas for vacation, or study, or other purposes, as well as visitors and boarders. \_\_\_\_ persons.
- Please give me the names of each of these persons and tell me whether or not he or she usually lives in this household, or elsewhere in Bermuda, or overseas.  
 (If 'in this household', enter under the 'USUALLY LIVES IN THIS HOUSEHOLD' Section.)  
 (If 'elsewhere in Bermuda' or 'overseas' enter under the 'LIVES ELSEWHERE OR OVERSEAS' Section and indicate in the 'Usual Residence' column either 'E' for Elsewhere in Bermuda or 'O' for Overseas.)

USUALLY LIVES IN THIS HOUSEHOLD		OFFICE USE ONLY		
PERSON NUMBER	NAME (SURNAME FIRST) PLEASE PRINT	HOUSEHOLD TYPE:		
		RELATIONSHIP TO HEAD	AGE	MARITAL STATUS
1 (Head)				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				

USUALLY LIVES ELSEWHERE IN BERMUDA OR OVERSEAS		E = Elsewhere O = Overseas (If 'E', go to Q. 3 for this person) (If 'O', end interview)
NAME (SURNAME FIRST) PLEASE PRINT	USUAL RESIDENCE	

3. Is there anyone at your home address to answer the Census on your behalf? If Yes (End interview for this person)  
 If No (Re-enter name and full address, etc. below)

Name		
Address		
Phone No. Home		
Phone No. Work		

*(Complete the required questionnaires for the individuals listed at Question 3.)*

## DIRECTIONS FOR MARKING ANSWERS

Use a black lead pencil (No. 2 only) Do NOT use a pen.



Make each mark heavy and dark. Marks should completely fill the ovals.

Erase cleanly any answer you wish to change.

Make no stray marks in this booklet

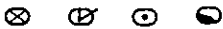
Do NOT write outside the boxes designated for written responses.

Do not fold or damage booklet in any way.

RIGHT MARK



WRONG MARKS



**ADDITIONAL HOUSEHOLD MEMBERS**

# HOUSING

**1. RECORD TYPE**

0  1  2  3

**2. PARISH**

1  2  3  4  5  6  7  8  9

**3. CONSTITUENCY**

1  2  3  4  5  6

**4. TOWN/SPECIAL AREA**

1  2

**5. C.D. NUMBER**

0  1  2  3  4  5  6  7  8  9  
 0  1  2  3  4  5  6  7  8  9  
 0  1  2  3  4  5  6  7  8  9

**6. HOUSEHOLD NUMBER**

0  1  2  3  4  5  6  7  8  9  
 0  1  2  3  4  5  6  7  8  9  
 0  1  2  3  4  5  6  7  8  9

**7. USUAL HOUSEHOLD SIZE**

0  1  2  3  4  5  6  7  8  9  
 0  1  2  3  4  5  6  7  8  9

**BOOK NUMBER**

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## SECTION H - HOUSING (FOR HEAD OF HOUSEHOLD)

**8. How would you describe the type of dwelling unit or building that your household occupies?**

- 1 Detached single-unit house or cottage
- 2 Detached house or cottage with two units
- 3 Apartment (3 units)
- 4 Apartment (4-6 units)
- 5 Apartment (7 or more units)
- 6 Residential/commercial premises
- 7 Attached to a group dwelling
- 8 Group dwelling (End questioning for housing)
- 9 Other
- 0 Not stated

**9. Is this dwelling unit part of a condominium development?**

- 1 Yes
- 2 No
- 0 Not stated

**10. Is your water supplied by**

- 1 Tank (piped indoors)?
- 2 Tank & well?
- 3 Tank & Mains supply?
- 4 Mains supply (Wallington)?
- 5 Tank (piped outdoors)?
- 6 Reverse osmosis?
- 7 Other?
- 0 Not stated

**11. How many full bathrooms (i.e., sink, toilet and shower/bathtub) does this dwelling unit contain?**

0  1  2  3  4 or more  Not stated  bathrooms

**12. What method is used to heat piped water in this dwelling?**

- 1 Electricity
- 2 Gas
- 3 Solar energy & elec./gas
- 4 Other
- 5 None
- 0 Not stated

**13. In what year or period was this dwelling first built?**

- 1 1991
- 2 1990
- 3 1989
- 4 1988
- 5 1987
- 6 1986
- 7 1980-85
- 8 1970-79
- 9 1960-69
- 10 1959 or earlier
- 0 Not stated

**14. Is this dwelling presently in need of any repairs?**

- 1 No, only regular maintenance is needed
- 2 Yes, minor repairs e.g., broken windows/door screens
- 3 Yes, major e.g., plumbing, electrical or structural repairs of ceiling, walls, or floors
- 0 Not stated

**15. How many rooms does your dwelling unit contain, excluding bathrooms, hallways, open patios, and garages?**

rooms

0  1  2  3  4  5  6  7  8  9

Not stated

**16. How many bedrooms are there; that is, how many bedrooms would be listed if this house or apartment were on the market for sale or rent?**

bedrooms

0  1  2  3  4  5  6  7  8  9

Not stated

**17. Is this dwelling unit**

- 1 Owned by you or another household member with a mortgage or loan?
- 2 Owned by you or another household member free and clear (without a mortgage)?
- 3 Rented for cash rent as being fully or partly furnished?
- 4 Rented for cash as being unfurnished?
- 5 Occupied by you, without you, or any other household member, paying any cash rent?
- 0 Not stated

**18. Do you, or any other member of your household, own a house, or other kind of dwelling unit, elsewhere in Bermuda?**

- 1 Yes
- 2 No
- 0 Not stated

**FOR CASH RENTERS ONLY**

**19. What is the monthly cash rent payable for this dwelling unit?**

Not stated

\$      monthly

0  1  2  3  4  5  6  7  8  9

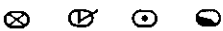
## DIRECTIONS FOR MARKING ANSWERS



RIGHT MARK



WRONG MARKS



Use a black lead pencil (No. 2 only) Do NOT use a pen.

Make each mark heavy and dark. Marks should completely fill the ovals.

Erase cleanly any answer you wish to change.

Make no stray marks in this booklet.

Do NOT write outside the boxes designated for written responses.

Do not fold or damage booklet in any way.

# POPULATION

# FOR ALL PERSONS

<b>1. RECORD TYPE</b> <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<b>5. C.D. NUMBER</b> <input type="checkbox"/> 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"/> 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"/> 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	<b>7. PERSON NUMBER</b> <input type="checkbox"/> 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"/> 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	<b>BOOK NUMBER</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
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<b>3. CONSTITUENCY</b> <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	<b>9. HOUSEHOLD TYPE (OFFICE USE)</b> <input type="checkbox"/> 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		
<b>4. TOWN/SPECIAL AREA</b> <input type="checkbox"/> 1 <input type="checkbox"/> 2			
Name Of Individual (Surname, First Name)			

## SECTION 1 CHARACTERISTICS

**10. How are you related to the head of the household?**

1 Head  
 If a RELATIVE of Head:  2 Husband/wife  3 Natural-born or adopted son/daughter  4 Stepson/stepdaughter  5 Brother/sister  6 Father/mother  7 Grandchild  8 Other relative

If NOT RELATED to Head:  9 Roomer, boarder or foster child  10 Housemate, roommate  11 Live-in partner  12 Other non-relative  Not stated

**11. Sex**  1 Male  2 Female

**12. What is your date of birth?**

D	D	M	M	Y	Y
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**13. How old were you on your last birthday?**   years

0  1  2  3  4  5  6  7  8  9  
 0  1  2  3  4  5  6  7  8  9

**14. To which racial group do you belong?**

1 Black  2 White  3 Asian  4 Black & White  5 Black & Other  6 White & Other  7 Other races  Not stated

## SECTION 2 MARITAL STATUS FOR PERSONS 16 YEARS & OVER

**17. What is your present marital status?**

1 Never married (Go to section 3)  2 Married  3 Widowed  4 Divorced  5 Legally separated  Not stated

**18. How old were you when you got married for the first time?**

Not stated   years

0  1  2  3  4  5  6  7  8  9  
 0  1  2  3  4  5  6  7  8  9

*FOR PERSONS ANSWERING 'MARRIED' IN 17*

**19. How long have you been married to your present husband/wife?**

Not stated   years

0  1  2  3  4  5  6  7  8  9  
 0  1  2  3  4  5  6  7  8  9

**20. Are you married to a Bermudian?**

1 Yes  2 No  Not stated

### SHOW FLASHCARD

**15. In your opinion which of the following best describes your ancestry? (Fill at least one, but no more than two ovals.)**

1 African  2 American  3 Asian  4 Bermudian  5 British  6 Canadian  7 Indian (American)  8 Portuguese  9 Other European  10 West Indian  11 Other  Not stated

**16. What is your religion?**

1 Anglican  2 Roman Catholic  3 A.M.E.  4 Methodist  5 Seventh Day Adventist  6 Presbyterian  7 Pentecostal  8 Salvation Army  9 Brethren  10 Church of God  11 Baptist  12 Jehovah's Witness  13 Muslim  14 Ethiopian Orthodox  15 Baha'i  16 Jewish  17 Lutheran  18 Other  19 None  Not stated

## SECTION 3 BIRTHPLACE

**21. Were you born in Bermuda or abroad?**

1 Born in Bermuda (Go to 24)  2 Born abroad  Not stated

*FOR PERSONS 'BORN ABROAD'*

**22. In which country were you born?**

1 United Kingdom  2 United States  3 Azores/Portugal  4 Canada  5 Jamaica  6 St. Kitts/Nevis  7 Barbados  8 Trinidad & Tobago  9 Other Caribbean  10 Germany  11 Italy  12 Other Europe  13 Philippines  14 Central/South America  15 Other  Not stated

**SECTION 4 MIGRATION**

**FOR PERSONS 'BORN ABROAD' (See Question 21)**

23. In what year did you last come to Bermuda to live?

Not stated

1	9		
---	---	--	--

- ①  ②  ③  ④  ⑤  ⑥  ⑦  ⑧  ⑨  
 ⑩  ⑪  ⑫  ⑬  ⑭  ⑮  ⑯  ⑰  ⑱

**FOR PERSONS 5 YEARS & OVER WHO WERE BORN IN BERMUDA**

24. Have you ever lived abroad for 5 years or more continuously?

- Yes  
 No (Go to Section 5)  
 Not stated

25. When did you last return to Bermuda to live?

Not stated

1	9		
---	---	--	--

- ①  ②  ③  ④  ⑤  ⑥  ⑦  ⑧  ⑨  
 ⑩  ⑪  ⑫  ⑬  ⑭  ⑮  ⑯  ⑰  ⑱

**SECTION 5 EDUCATION & TRAINING FOR PERSONS 5 YEARS & OVER**

26. Are you attending, or registered in, a school or any educational institution now?

- Yes  
 No (Go to 30)  
 Not stated

27. Do you attend full time or part time?

- Full time  
 Part time  
 Not stated

28. What type of school or educational institution are you attending now?

- Primary  
 Secondary  
 Technical, vocational or pre-university  
 University  
 Other  
 Not stated

29. Is this school or educational institution in Bermuda or abroad?

- Bermuda  
 Abroad  
 Not stated

**FOR PERSONS 16 YEARS & OVER**

30. What is the highest level of schooling that you have received up to the present time?

- None  ⑤ Technical, vocational or pre-University  
 Nursery/pre-school  ⑥ University  
 Primary  ⑦ Other  
 Secondary  Not stated

31. What is the highest academic qualification that you have obtained up to the present time?

- None  
 School Leaving Certificate, Royal Society of Arts 1, BSSC with GPA of less than 2.0  
 Cambridge School Certificate, 3rd class, G.C.E. 'O' level passes in 1-4 subjects, Royal Society of Arts 2 & 3, BSSC with GPA of 2.0 but under 3.0  
 Cambridge School Certificate, 1st or 2nd class G.C.E. 'O' level passes in 5 or more subjects BSSC with GPA of 3.0 or over, Junior Matriculation (Canada) or High School Diploma (U.S.A.) G.C.E. 'A' level pass in 1 subject  
 Technical/vocational college certificate  
 Associate degree or Bermuda College Diploma Senior Matriculation (Canada) G.C.E. 'A' level passes in 2 or more subjects  
 Bachelors degree, e.g. B.A., B.Sc.  
 Masters degree, e.g. M.A., M.Sc.  
 Doctorate degree, e.g. Ph.D., Ed.D.

⑩ Other (Specify) \_\_\_\_\_  
 Not stated

32. Were you ever formally trained i.e., in a certified training programme, or are you being formally trained for a particular trade, occupation or profession?

- Yes  
 No (Go to Section 6)  
 Not stated

33. What is the trade, occupation or profession for which you were or are being trained? (Describe as accurately as possible.)  Not stated

_____  _____  _____	OFFICE USE <table border="1"> <tr><td> </td><td> </td><td> </td></tr> <tr><td>①</td><td>①</td><td>①</td></tr> <tr><td>②</td><td>②</td><td>②</td></tr> <tr><td>③</td><td>③</td><td>③</td></tr> <tr><td>④</td><td>④</td><td>④</td></tr> <tr><td>⑤</td><td>⑤</td><td>⑤</td></tr> <tr><td>⑥</td><td>⑥</td><td>⑥</td></tr> <tr><td>⑦</td><td>⑦</td><td>⑦</td></tr> <tr><td>⑧</td><td>⑧</td><td>⑧</td></tr> <tr><td>⑨</td><td>⑨</td><td>⑨</td></tr> </table>				①	①	①	②	②	②	③	③	③	④	④	④	⑤	⑤	⑤	⑥	⑥	⑥	⑦	⑦	⑦	⑧	⑧	⑧	⑨	⑨	⑨
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⑨	⑨	⑨																													

34. What is the present status of your training; i.e., is it complete, on-going, or at some other stage?

- Completed training  
 Still being trained  
 Did not complete training  
 ④ Other (specify): \_\_\_\_\_  
 Not stated

35. Where were you trained/are you being trained?

- On the job/apprenticeship/articles  
 Hotel Training College  
 Teacher Training College  
 Secretarial/Business College  
 Other Technical/Vocational College  
 University  
 Private study/correspondence  
 ⑧ Other (specify): \_\_\_\_\_  
 Not stated

36. Did this training take place, or is it taking place, in Bermuda or abroad?

- In Bermuda  ③ Both locations  
 Abroad  Not stated



**SECTION 6 ECONOMIC ACTIVITY/JOURNEY TO WORK FOR PERSONS 16 YEARS & OVER**

37. How many months, if any, did you work for pay during the past 12 months, either for an employer or in your own business? (Any time off work for paid holidays and paid sick leave should be included in months worked.)

Not stated   months

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩ ⑪ ⑫

38. Last week what were you doing most, for example, were you working for pay, looking for another job, attending school, keeping house, or carrying on some other activity?

① Working for pay  
 ② With job but not at work (Go to 42)

③ Looking for work  
 ④ Engaged in home duties  
 ⑤ Voluntary work without pay  
 ⑥ Full-time Student  
 ⑦ Unable to work  
 ⑧ Retired  
 ⑨ Other

Not stated

(Go to Section 7)

39. Last week how many paid jobs did you work at?

Not stated  jobs

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨

40. How many hours do you normally work in your (main) job in a typical week, including overtime whether you are paid for it or not?

Not stated   hours

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨

⑩ ⑪ ⑫ ⑬ ⑭ ⑮ ⑯ ⑰ ⑱

**FOR PERSONS WITH 2 OR MORE JOBS, OTHERWISE GO TO 42**

41. Excluding your main job, how many paid hours do you normally work in your other jobs in a typical week?

Not stated   paid hours, other jobs

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨

⑩ ⑪ ⑫ ⑬ ⑭ ⑮ ⑯ ⑰ ⑱

42. What kind of work do you do in your (main) job? (Describe the main job held as accurately as possible. Do not write in vague answers such as clerk, engineer, supervisor, mechanic, etc. Be more specific, e.g., sales clerk, civil engineer, printing shop supervisor, auto mechanic etc.)  Not stated

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43. What is the name of the company or business in which you are employed in your (main) job? (If respondent is self-employed, give trading name of enterprise.)

Not stated

Name of company or business \_\_\_\_\_

44. What kind of business or activity is mainly carried on at your (main) place of work? (Describe the kind of business or activity as accurately as possible, e.g., bank, primary school, lawyers offices, retail clothing store, restaurant, etc.)  Not stated

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45. Were you self-employed or working for someone else in your (main) job last week?

Self-employed  
 ① With paid help (Employer)  
 ② Without paid help

Worked for someone else  
 ③ As Bermuda Government employee  
 ④ As employee of a Foreign Government  
 ⑤ As employee of private company/person  
 ⑥ As unpaid worker in family business or farm  
 Not stated

46. What time do you have to start work in your (main) job?

① 7:00 a.m./earlier  
 ② 7:30 a.m.  
 ③ 8:00 a.m.  
 ④ 8:30 a.m.  
 ⑤ 8:45 a.m.

⑥ 9:00 a.m.  
 ⑦ Shift work  
 ⑧ Other  
 Not stated

47. How do you usually travel to your (main) place of work? (If more than one form of travel used, fill that oval which covers the longest distance.)

① Drives self only in car  
 ② By car with one or more other persons  
 ③ By motorized cycle  
 ④ By van/truck/commercial vehicle  
 ⑤ By pedal cycle  
 ⑥ By bus

⑦ By ferry  
 ⑧ By taxi  
 ⑨ On foot  
 ⑩ No usual method  
 ⑪ Works at home  
 Not stated

48. In which part of the Island do you usually report for work in your (main) job?

① In the City of Hamilton  
 ② Elsewhere in Pembroke, not City  
 ③ In the Town of St. George  
 ④ Elsewhere in St. George's Parish  
 ⑤ In Hamilton Parish  
 ⑥ In Smith's

⑦ In Devonshire  
 ⑧ In Paget  
 ⑨ In Warwick  
 ⑩ In Southampton  
 ⑪ In Sandys  
 ⑫ No fixed reporting point  
 Not stated

**SECTION 7 FERTILITY  
FOR FEMALES 15 YEARS & OVER NOT ATTENDING SCHOOL**

49. How many liveborn children have you ever had?  
(Ask respondent to exclude any stillbirths and stepchildren she has adopted?)

Not stated

children

① ②

③ ④ ⑤ ⑥ ⑦ ⑧ ⑨

(If 0 then Go to Section 8)

50. How old were you at the birth of your first liveborn child?

Not stated

years

① ② ③ ④ ⑤

⑥ ⑦ ⑧ ⑨

51. How old were you at the birth of your last liveborn child?

Not stated

years

① ② ③ ④ ⑤

⑥ ⑦ ⑧ ⑨

**FOR WOMEN 15 - 44 YEARS**

52. How many babies were born alive to you during the past 12 months?

baby/babies

① 0      ② 2  
③ 1      ④ 3+

⑤ TW       Not stated

**SECTION 8 BERMUDIANS STATUS**

53. Are you Bermudian?

Yes       No (Go to Section 9)       Not stated

54. Did you acquire Bermudian status by

① Birth?      ③ Grant of status?  
② Marriage?       Not stated

**SECTION 9 PHYSICAL AND MENTAL HEALTH**

55. Do you have a physical, mental or other health condition, or limitation which has lasted for more than six months and which limits or prevents your participation in the activities of daily life e.g., work, recreation, mobility, schooling, etc.?

Yes       No (Go to Section 10)       Not stated

56. Does this condition . . .

a) Limit the kind or amount of work that you can do at a job?  
① Yes      ② No       Not stated

b) Prevent you from working at a job?  
① Yes      ② No       Not stated

c) Limit the kind or amount of activity that you can do at home or at school?  
① Yes      ② No       Not stated

d) Prevent you from going outside the home alone: for example, to shop or visit a doctor's office?  
① Yes      ② No       Not stated

e) Prevent you from taking care of your own personal needs, such as bathing, dressing or getting around inside the home?  
① Yes      ② No       Not stated

f) Generally confine you to getting around in a wheelchair?  
① Yes      ② No       Not stated

PERSON NUMBER:  ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨  
BOOK NUMBER:  ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨

**SHOW FLASHCARD**

57. Which of the following best describes the condition or conditions which prevents or limits your participation in the activities of daily life? (Fill in the ovals that apply)

① Arthritis or rheumatism  
② Heart condition  
③ Serious problem with back or spine  
④ No/Limited use or absence of arm(s)  
⑤ No/Limited use or absence of leg(s)  
⑥ Muscular disease or impairment  
⑦ Diabetes  
⑧ Cancer  
⑨ Serious stomach, kidney or liver condition  
⑩ Respiratory or lung problem  
⑪ High blood pressure/hypertension  
⑫ Hard of hearing or deafness  
⑬ Poor vision or blindness  
⑭ Serious speech impediment  
⑮ Senility or Alzheimer's disease  
⑯ Mental or emotional disorder  
⑰ Mental retardation  
⑱ Other condition \_\_\_\_\_  
 Not stated

0	0	0	0	0
1	1	1	1	1
2	2	2	2	2
3	3	3	3	3
4	4	4	4	4
5	5	5	5	5
6	6	6	6	6
7	7	7	7	7
8	8	8	8	8
9	9	9	9	9

**SECTION 10 INCOME (FOR PERSONS 16 YEARS & OVER)**

**FOR ENUMERATOR USE**

58. This household in income sample?

① Yes  
② No (Go to Section 11)

59. During the past 12 months, did you receive income from any of the following: wages, salaries, commissions, bonuses, tips, net earnings from self-employment, pensions, annuities, interest, dividends, net rents and regular allowances such as alimony, social assistance, rental subsidies, scholarships, etc.?

① Yes  
② No (Go to Section 11)       Not stated

60. Please look carefully at the card that I am about to show you and tell me which of the letter codes best describes your income range for the last 12 months.

Not stated

\_\_\_\_\_ Letter code

(A B C D E F G H I J K L M N)

**SECTION 11 WHERE SPENT CENSUS NIGHT**

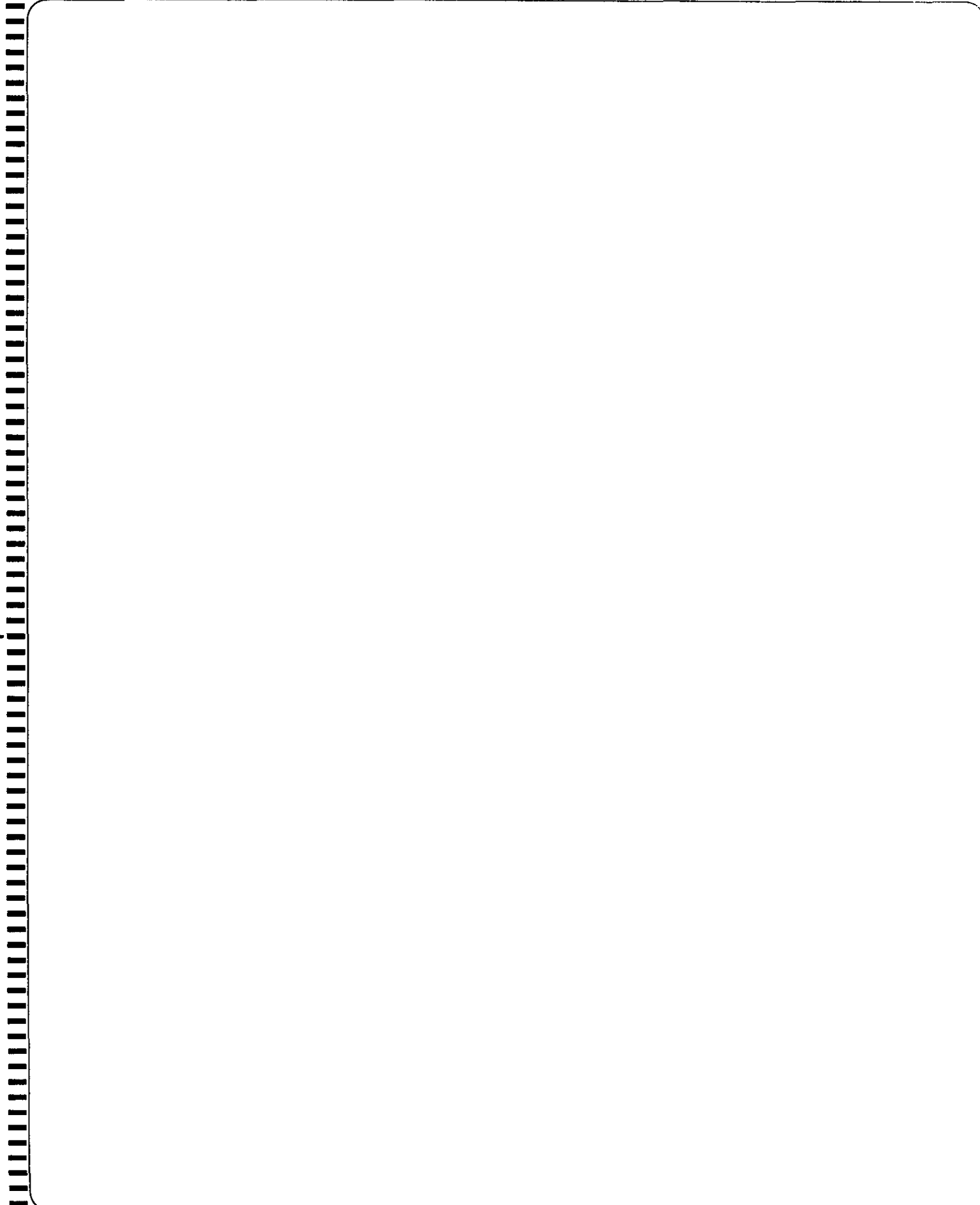
61. Were you in Bermuda or abroad on census night (May 20, 1991)?

① In Bermuda  
② Abroad  
(Go to next person)

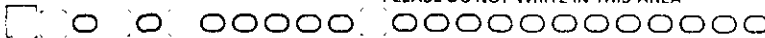
OFFICE USE  
62. (A B C D E F G H I J K L M N O P Q R S)

# COMMENTS

Lined writing area for comments.

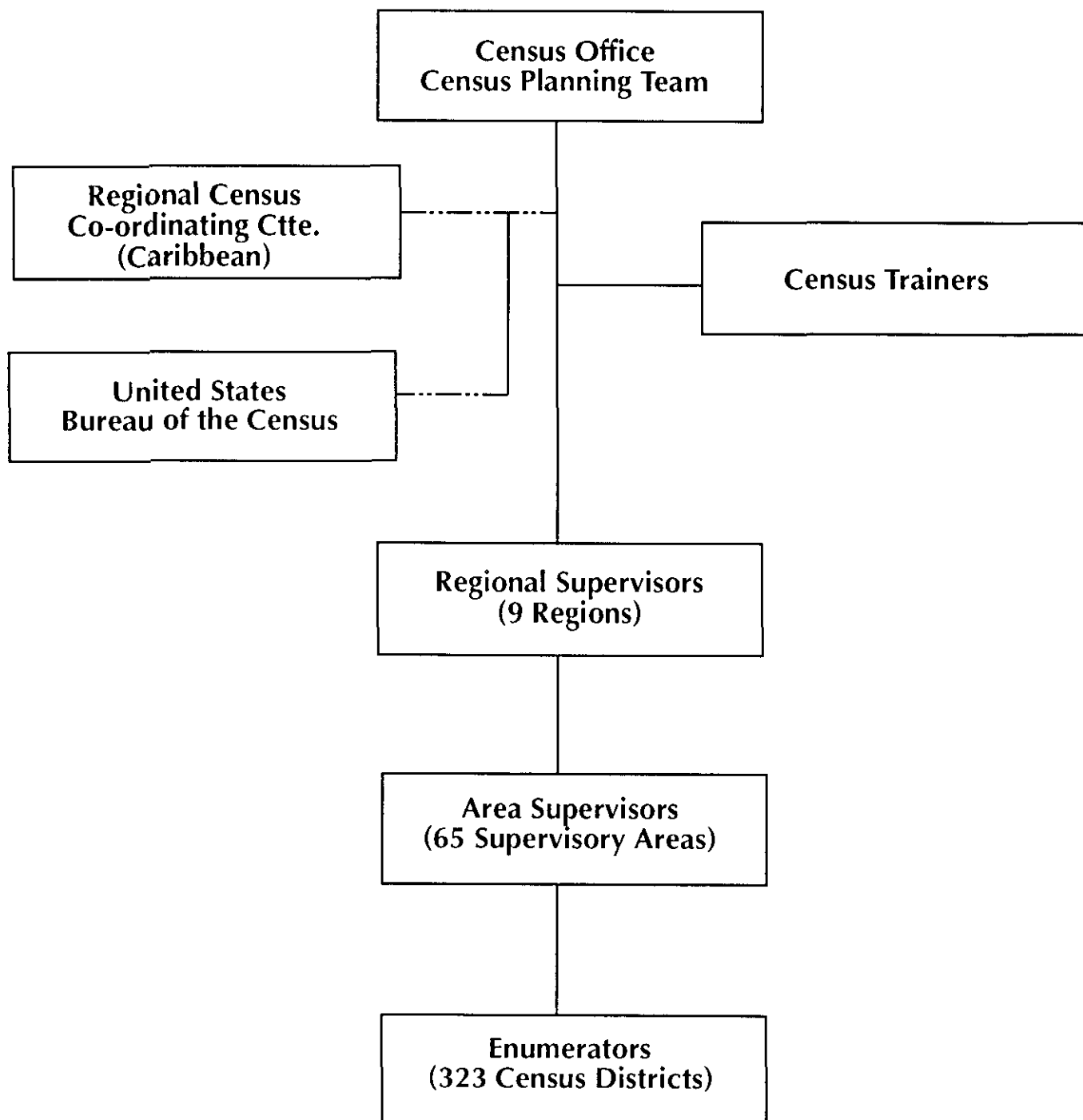


PLEASE DO NOT WRITE IN THIS AREA



02091

**APPENDIX II**



## **APPENDIX III CENSUS DEFINITION OF BERMUDIAN STATUS**

The following notes were written for the guidance of Census Officers and are not a detailed exposition of the law.

### **Acquisition of Bermudian Status**

#### **1. By birth**

A person can claim Bermudian status by right of birth if that person was born a Commonwealth citizen and:

(a) was born before 1st July, 1956, and

i. that person was born in Bermuda;

*or*

ii. the person's parents were ordinarily resident in Bermuda at the time of the person's birth;

*or*

iii. that person was the legitimate child, legitimate stepchild, or adopted child of a person possessing "Bermudian status", AND that person had not reached the age of 16 years on 1st July, 1956;

*or*

(b) was born on or after 1st July, 1956, and

i. at the time of the person's birth, the person had:

(a) at least one parent who possessed Bermudian status; and

(b) both parents who were domiciled at common law in Bermuda.

Condition (1) (B) applies to children born outside of wedlock also; however, the reference to parent(s) should be taken to mean mother only. If such a child subsequently becomes legitimated, through the marriage of the natural parents, and the child does not already possess Bermudian status through the mother, then the father's status may be taken into account as if the legitimation (date of marriage) were the date of the child's birth.

#### **2. By marriage**

A person, who is a Commonwealth citizen, can claim Bermudian status by marriage if:

(A) being a woman, she was the wife of a person who possessed Bermudian status:

i. married before the 1st July, 1956, and remained so, at least until 1st July, 1956;

*or*

ii. married on or after the 1st July, 1956 but before the 2nd May, 1980, she can make this claim by reason of being deemed to possess Bermudian status provided:

(a) she is still married to her Bermudian husband;

*or*

(b) if her Bermudian husband has died, she has not lived abroad continuously for five (5) years since she became deemed to possess Bermudian status;

*or*

(B) being a woman described at (2) (A)ii. has had a certificate granted to her under section 20 of the Bermuda Immigration and Protection Act, 1956 upon application, after having been deemed to possess Bermudian status for at least five (5) years;

*or*

(C) being the wife or husband of a person who possesses Bermudian status, has a certificate granting her or him Bermudian status under section 19A of the Bermuda Immigration and Protection Act, 1956.

### 3. **By grant**

A person, who is a Commonwealth citizen, can claim Bermudian status by grant if:

(A) before 1st July, 1956

i. that person, while a Commonwealth citizen, had been continuously resident in Bermuda for a period of at least seven (7) years, was not an exempt category person and, since being resident for seven years, has not lived outside Bermuda in other part(s) of the Commonwealth for a continuous period of seven or more years;

*or*

ii. that person was naturalized as a British subject by the Governor in Bermuda. These persons were generally citizens of non-Commonwealth countries and acquired their British nationality by the process of naturalization upon fulfilling certain qualifying conditions and applying to the Governor. Naturalization is at the discretion of the Governor, it is not a right;

*or*

(B) On or after 1st July, 1956

i. that person has a certificate granting him or her Bermudian status under section 19 of the Bermuda Immigration and Protection Act, 1956. This is the discretionary grant of Bermudian status to persons who apply after having been ordinarily resident in Bermuda continuously for a number of years;

*or*

ii. that person has a certificate granting him or her Bermudian status under section 20 of the Bermuda Immigration and Protection Act, 1956. This is the grant of Bermudian status as of right to persons who apply after having been deemed to possess Bermudian status for a number of years. In the case of children who otherwise qualified there is also a residential requirement; they may apply between the ages of 18-22 as long as they have lived in Bermuda for five years continuously just prior to making application for status.

*or*

iii. that person has a certificate granting him or her Bermudian status under section 20A of the Bermuda Immigration and Protection Act, 1956. This is the grant, on application, of Bermudian status as of right to persons who met the requirements of a 'Special Case', namely: born of a person who possessed Bermudian status; born in Bermuda, or began to reside in Bermuda before their sixth birthday; been ordinarily resident in Bermuda continuously for at least ten years immediately prior to the date of application; been of good conduct and character.

## Appendix IV Population Census Counts 1911-1980

	Total Population			Black			White & Other		
	Total	Male	Female	Total	Male	Female	Total	Male	Female
1911	18,994	9,070	9,924	12,303	5,895	6,408	6,691	3,175	3,516
1921	20,127	9,629	10,498	13,121	6,347	6,774	7,006	3,282	3,724
1931	27,789	14,174	13,615	16,436	8,084	8,352	11,353	6,090	5,263
1939	30,814	15,123	15,601	19,318	9,424	9,894	11,496	5,789	5,707
1950	37,403	18,148	19,255	22,638	11,090	11,548	14,765	7,058	7,707
1960	42,640	21,233	21,407	26,683	13,159	13,524	15,957	8,074	7,883
1970	52,330	26,293	26,037	30,897	15,297	15,600	21,433	10,996	10,437
1980	54,050	26,350	27,700	33,158	15,949	17,209	20,892	10,401	10,491

N.B. The data for the period 1911-1950 were taken from the 1950 Census Report (Table No. 3). The summary population counts for the period 1911-1939 are slightly higher than similar counts given in other sources, for example, the 1970 Census Report (Table iii).

Efforts by the Census Office to account for the difference indicate that in the 1950 report, the population counts include dependents of Armed Forces personnel for the period 1911-1950.

The data for the period 1960-1980 essentially relate to the civilian non-institutional population which excludes Armed Forces personnel and their dependents.



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