

REPUBLIC OF LIBERIA
MINISTRY OF PLANNING AND ECONOMIC AFFAIRS
PH-3
1984 POPULATION AND HOUSING CENSUS

A. County/Territory _____ District _____
Name of City, Town or Other Place _____

B. Street Address if available _____

C. Structure Number _____

D. Household Serial Number _____

ALL PERSONS

LINE NUMBER	NAME	RELATIONSHIP TO HEAD	SEX		AGE	MARITAL STATUS				MOTHER ALIVE			PLACE OF BIRTH	CITIZENSHIP		LENGTH OF RESIDENCE	ETHNIC AFFILIATION	RELIGION					
			MALE	FEMALE		NEVER MARRIED	MARRIED	WIDOWED	DIVORCED/SEPARATED	YES	NO	DOES NOT KNOW		CODE	Y/S			NU	CODE	CHRISTIAN	MUSLIM	OTHER/NONE	ENGLISH
	P-1	P-2		P-3	P-4	P-5				P-6			P-7		P-8	P-9	P-10		P-11				
01				1 2		1	2	3	4	1	2	3			1	2				1	2	3	1
02				1 2		1	2	3	4	1	2	3			1	2				1	2	3	1
03				1 2		1	2	3	4	1	2	3			1	2				1	2	3	1
04				1 2		1	2	3	4	1	2	3			1	2				1	2	3	1
05				1 2		1	2	3	4	1	2	3			1	2				1	2	3	1
06				1 2		1	2	3	4	1	2	3			1	2				1	2	3	1
07				1 2		1	2	3	4	1	2	3			1	2				1	2	3	1
08				1 2		1	2	3	4	1	2	3			1	2				1	2	3	1
09				1 2		1	2	3	4	1	2	3			1	2				1	2	3	1
10				1 2		1	2	3	4	1	2	3			1	2				1	2	3	1

If listing is continued, mark "X" in this box

A. Name of City, Town or Other Place _____

B. Street Address if available _____

C. Structure Number _____

01				1 2		1	2	3	4	1	2	3			1	2				1	2	3	1	2
02				1 2		1	2	3	4	1	2	3			1	2				1	2	3	1	2
03				1 2		1	2	3	4	1	2	3			1	2				1	2	3	1	2
04				1 2		1	2	3	4	1	2	3			1	2				1	2	3	1	2
05				1 2		1	2	3	4	1	2	3			1	2				1	2	3	1	2
06				1 2		1	2	3	4	1	2	3			1	2				1	2	3	1	2
07				1 2		1	2	3	4	1	2	3			1	2				1	2	3	1	2
08				1 2		1	2	3	4	1	2	3			1	2				1	2	3	1	2
09				1 2		1	2	3	4	1	2	3			1	2				1	2	3	1	2
10				1 2		1	2	3	4	1	2	3			1	2				1	2	3	1	2

If listing is continued on next Form, mark "X" in this box

E. Type of Household (Mark "X")

- 1. Private
 - 2. Group Quarters (Type & Name)
- Type: _____ Name: _____

CONFIDENTIAL: This inquiry is required by law. The information is accorded confidential treatment and cannot be used for taxation, investigation or regulation.

PERSONS 5 YEARS & OLDER										FEMALES 10 YRS. & OLDER		ECONOMIC ACTIVITY OF PERSONS 10 YEARS AND OLDER												
SIGN	LITERACY				SCHOOL ATTENDANCE		HIGHEST GRADE	NUMBER OF CHILDREN BORN		BORN IN PAST YEAR	PRINCIPAL ACTIVITY							OCCUPATION		INDUSTRY		WORK STATUS		
	OTHER/NONE	ENGLISH	ARABIC	OTHERS	NONE	FULL TIME	PART TIME	NOT AT ALL	What is the highest grade has completed? None "00" Primary (01, 02 . . . 06) Junior High (07, 08, 09) Senior High (10, 11, 12) Vocational Training (99) College (13, 14 . . . 16) Post Grad. (17) GNA (18)	TOTAL EVER BORN	LIVING AT HOME	LIVING ELSE WHERE	DEAD	Number of children born in past 12 months to ?	During the past 12 months what was doing most of the time?	If working, had job, or now unemployed what was main occupation? Example: Rice Farmer Retail Trader	CODE	In what business or industry was main job? Example: Rice Farming Retail Trade	CODE	Was self-employed or unpaid family worker?	EMPLOYEE	EMPLOYER	SELF-EMPLOYED	UNPAID FAMILY WORKER

P-12	P-13			P-14	P-15			P-16	P-17							P-18	P-19		P-20													
1	2	3	4	1	2	3	1	2	3	4	5	6	7	1	2	3	4	1	2	3	4	5	6	7	8	9	10					
3	1	2	3	4	1	2	3							1	2	3	4	5	6	7							1	2	3	4	01	
3	1	2	3	4	1	2	3							1	2	3	4	5	6	7								1	2	3	4	02
3	1	2	3	4	1	2	3							1	2	3	4	5	6	7								1	2	3	4	03
3	1	2	3	4	1	2	3							1	2	3	4	5	6	7								1	2	3	4	04
3	1	2	3	4	1	2	3							1	2	3	4	5	6	7								1	2	3	4	05
3	1	2	3	4	1	2	3							1	2	3	4	5	6	7								1	2	3	4	06
3	1	2	3	4	1	2	3							1	2	3	4	5	6	7								1	2	3	4	07
3	1	2	3	4	1	2	3							1	2	3	4	5	6	7								1	2	3	4	08
3	1	2	3	4	1	2	3							1	2	3	4	5	6	7								1	2	3	4	09
3	1	2	3	4	1	2	3							1	2	3	4	5	6	7								1	2	3	4	10

E. Type of Household (Mark "X")

- 1. Private
 - 2. Group Quarters (Type & Name)
- Type: _____ Name: _____

D. Household Serial Number

3	1	2	3	4	1	2	3							1	2	3	4	5	6	7							1	2	3	4	01	
3	1	2	3	4	1	2	3							1	2	3	4	5	6	7								1	2	3	4	02
3	1	2	3	4	1	2	3							1	2	3	4	5	6	7								1	2	3	4	03
3	1	2	3	4	1	2	3							1	2	3	4	5	6	7								1	2	3	4	04
3	1	2	3	4	1	2	3							1	2	3	4	5	6	7								1	2	3	4	05
3	1	2	3	4	1	2	3							1	2	3	4	5	6	7								1	2	3	4	06
3	1	2	3	4	1	2	3							1	2	3	4	5	6	7								1	2	3	4	07
3	1	2	3	4	1	2	3							1	2	3	4	5	6	7								1	2	3	4	08
3	1	2	3	4	1	2	3							1	2	3	4	5	6	7								1	2	3	4	09
3	1	2	3	4	1	2	3							1	2	3	4	5	6	7								1	2	3	4	10

REPUBLIC OF LIBERIA
MINISTRY OF PLANNING AND ECONOMIC AFFAIRS
PH-4
1984 POPULATION AND HOUSING CENSUS

A. Name of City, Town or Other Place

C. Structure Number

B. Street Address if available

D. Household Serial Number

ALL PERSONS

LINE NUMBER	NAME	RELATIONSHIP TO HEAD	SEX		AGE	MARITAL STATUS				MOTHER ALIVE			PLACE OF BIRTH	CITIZENSHIP		LENGTH OF RESIDENCE	ETHNIC AFFILIATION	RELIGION			
			MALE	FEMALE		NEVER MARRIED	MARRIED	WIDOWED	DIVORCED/SEPARATED	YES	NO	DOES NOT KNOW		CODE	YES			NO	CODE	CHRISTIAN	MUSLIM
F	P-1	P-2	P-3		P-4	P-5				P-6			P-7	P-8		P-9	P-10	P-11			
01			1	2		1	2	3	4	1	2	3		1	2			1	2	3	4
02			1	2		1	2	3	4	1	2	3		1	2			1	2	3	4
03			1	2		1	2	3	4	1	2	3		1	2			1	2	3	4
04			1	2		1	2	3	4	1	2	3		1	2			1	2	3	4
05			1	2		1	2	3	4	1	2	3		1	2			1	2	3	4
06			1	2		1	2	3	4	1	2	3		1	2			1	2	3	4
07			1	2		1	2	3	4	1	2	3		1	2			1	2	3	4
08			1	2		1	2	3	4	1	2	3		1	2			1	2	3	4
09			1	2		1	2	3	4	1	2	3		1	2			1	2	3	4
10			1	2		1	2	3	4	1	2	3		1	2			1	2	3	4

If Listing is continued, mark "X" in this box

HOUSING

<p>H-1</p> <p>TYPE OF HOUSING UNIT</p> <p>1 <input type="checkbox"/> Conventional Permanent</p> <p>2 <input type="checkbox"/> Conventional Semi Permanent</p> <p>3 <input type="checkbox"/> Temporary</p>		<p>H-3</p> <p>NUMBER OF ROOMS IN HOUSING UNIT <input type="text"/></p>					<p>NUMBER OF</p> <p>1. <input type="checkbox"/> Single Ur</p> <p>2. <input type="checkbox"/> Single Ur</p> <p>3. <input type="checkbox"/> 2-4 Unit</p> <p>4. <input type="checkbox"/> 5-9 Unit</p> <p>5. <input type="checkbox"/> 10 Units</p>																																			
<p>H-2</p> <p>IS HOUSING UNIT OWNED OR RENTED?</p> <p>1 <input type="checkbox"/> Owned or being bought</p> <p>2 <input type="checkbox"/> Rented for Cash, Monthly Rent _____</p> <p>3 <input type="checkbox"/> Rent free or other arrangement?</p>		<p>H-4</p> <p>UTILITY AVAILABLE IN HOUSING UNIT</p> <table border="1"> <tr> <th>Source of Drinking Water</th> <th>Toilet Facilities</th> <th>Lighting Facilities</th> <th>Fuel for Cooking (used most)</th> <th>Availability of Radio and T.V.</th> </tr> <tr> <td>1. <input type="checkbox"/> Pipe or pump inside</td> <td>1. <input type="checkbox"/> Flush toilet exclusively</td> <td>1. <input type="checkbox"/> Electricity</td> <td>1. <input type="checkbox"/> Electricity</td> <td>1. <input type="checkbox"/> Radio only</td> </tr> <tr> <td>2. <input type="checkbox"/> Pipe or Pump outside</td> <td>2. <input type="checkbox"/> Flush toilet shared with other housing unit</td> <td>2. <input type="checkbox"/> Gas</td> <td>2. <input type="checkbox"/> Gas</td> <td>2. <input type="checkbox"/> Television only</td> </tr> <tr> <td>3. <input type="checkbox"/> Closed Well or Spring</td> <td>3. <input type="checkbox"/> Covered pit outside building</td> <td>3. <input type="checkbox"/> Kerosene</td> <td>3. <input type="checkbox"/> Kerosene</td> <td>3. <input type="checkbox"/> Radio and Television</td> </tr> <tr> <td>4. <input type="checkbox"/> Open Well or Spring</td> <td>4. <input type="checkbox"/> Open pit, ditch</td> <td>4. <input type="checkbox"/> Other</td> <td>4. <input type="checkbox"/> Charcoal</td> <td>4. <input type="checkbox"/> None</td> </tr> <tr> <td>5. <input type="checkbox"/> River, Lake or Other</td> <td>5. <input type="checkbox"/> Other</td> <td></td> <td>5. <input type="checkbox"/> Wood</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>6. <input type="checkbox"/> Other</td> <td></td> </tr> </table>						Source of Drinking Water	Toilet Facilities	Lighting Facilities	Fuel for Cooking (used most)	Availability of Radio and T.V.	1. <input type="checkbox"/> Pipe or pump inside	1. <input type="checkbox"/> Flush toilet exclusively	1. <input type="checkbox"/> Electricity	1. <input type="checkbox"/> Electricity	1. <input type="checkbox"/> Radio only	2. <input type="checkbox"/> Pipe or Pump outside	2. <input type="checkbox"/> Flush toilet shared with other housing unit	2. <input type="checkbox"/> Gas	2. <input type="checkbox"/> Gas	2. <input type="checkbox"/> Television only	3. <input type="checkbox"/> Closed Well or Spring	3. <input type="checkbox"/> Covered pit outside building	3. <input type="checkbox"/> Kerosene	3. <input type="checkbox"/> Kerosene	3. <input type="checkbox"/> Radio and Television	4. <input type="checkbox"/> Open Well or Spring	4. <input type="checkbox"/> Open pit, ditch	4. <input type="checkbox"/> Other	4. <input type="checkbox"/> Charcoal	4. <input type="checkbox"/> None	5. <input type="checkbox"/> River, Lake or Other	5. <input type="checkbox"/> Other		5. <input type="checkbox"/> Wood					6. <input type="checkbox"/> Other	
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			6. <input type="checkbox"/> Other																																							

E. Type of Household (Mark "X")

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 2. Group Quarters (Type & Name)
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PERSONS 5 YEARS & OLDER											FEMALES 10 YRS & OLDER				ECONOMIC ACTIVITY OF PERSONS 10 YEARS AND OLDER																								
RELIGION			LITERACY				SCHOOL ATTENDANCE				HIGHEST GRADE				NUMBER OF CHILDREN BORN				BORN IN PAST YEAR		PRINCIPAL ACTIVITY							OCCUPATION				INDUSTRY			WORK STATUS				
What is 's Religious Affiliation?			Can Read and Write with Understanding?				Has Attended school during 1983?				What is the highest grade has completed? None "00" Primary (01, 02 ... 06) Junior High (07, 08, 09) Senior High (10, 11, 12) Vocational Training (99) College (13, 14 ... 16) Post Grad. (17) GNA (18)				How many children have been born alive to ?				Number of children born in past 12 months to ?		During the past 12 months what was doing most of the time?							If working, had job, or now unemployed what was main occupation? Example: Rice Farmer Retail Trader				In what business or industry was 's main job? Example: Rice Farming Retail Trade			Was paid employee, employer, self employed or unpaid family worker?				
CHRISTIAN	MUSLIM	OTHER/NONE	ENGLISH	ARABIC	OTHERS	NONE	FULL TIME	PART TIME	NOT AT ALL	TOTAL EVER BORN	LIVING AT HOME	LIVING ELSE WHERE	DEAD	WORKING	HAD JOB NOT WORKING	LOOKING FOR WORK	OWN HOUSE WORK	GOING TO SCHOOL	UNABLE TO WORK	RETIRED/OTHER	CODE	CODE	PAID EMPLOYEE	EMPLOYER	SELF EMPLOYED	UNPAID FAMILY WORKER	LINE NUMBER												
P-11			P-12				P-13				P-14				P-15				P-16		P-17							P-18				P-19			P-20				F
1	2	3	1	2	3	4	1	2	3					1	2	3	4	5	6	7				1	2	3	4	01											
1	2	3	1	2	3	4	1	2	3					1	2	3	4	5	6	7				1	2	3	4	02											
1	2	3	1	2	3	4	1	2	3					1	2	3	4	5	6	7				1	2	3	4	03											
1	2	3	1	2	3	4	1	2	3					1	2	3	4	5	6	7				1	2	3	4	04											
1	2	3	1	2	3	4	1	2	3					1	2	3	4	5	6	7				1	2	3	4	05											
1	2	3	1	2	3	4	1	2	3					1	2	3	4	5	6	7				1	2	3	4	06											
1	2	3	1	2	3	4	1	2	3					1	2	3	4	5	6	7				1	2	3	4	07											
1	2	3	1	2	3	4	1	2	3					1	2	3	4	5	6	7				1	2	3	4	08											
1	2	3	1	2	3	4	1	2	3					1	2	3	4	5	6	7				1	2	3	4	09											
1	2	3	1	2	3	4	1	2	3					1	2	3	4	5	6	7				1	2	3	4	10											

<p>H-5 NUMBER OF HOUSING UNITS IN BUILDING</p> <p>1. <input type="checkbox"/> Single Unit Detached 2. <input type="checkbox"/> Single Unit Attached 3. <input type="checkbox"/> 2-4 Units 4. <input type="checkbox"/> 5-9 Units 5. <input type="checkbox"/> 10 Units or More</p>		<p>H-7 MAIN CONSTRUCTION MATERIALS OF HOUSE ROOF</p> <p>1. <input type="checkbox"/> Concrete 2. <input type="checkbox"/> Abestos 3. <input type="checkbox"/> Zinc 4. <input type="checkbox"/> Bamboo, Leaves, Thatch 5. <input type="checkbox"/> Other</p>		<p>H-9 NUMBER OF HOUSEHOLD MEMBERS WHO DIED DURING THE PAST 12 MONTHS?</p> <p>MALE _____ FEMALE _____</p>		<p>REMARKS</p>
<p>H-6 CONSTRUCTION MATERIALS OF OUTER WALL</p> <p>1. <input type="checkbox"/> Stone, Concrete, Cement, Block 2. <input type="checkbox"/> Wood or Board 3. <input type="checkbox"/> Galvanized Iron or Zinc 4. <input type="checkbox"/> Mud Block 5. <input type="checkbox"/> Mud (Stick) 6. <input type="checkbox"/> Reed, Bamboo, Mat 7. <input type="checkbox"/> Other</p>		<p>H-8 MAIN CONSTRUCTION MATERIAL OF FLOOR IN HOUSING UNIT</p> <p>1. <input type="checkbox"/> Cement 2. <input type="checkbox"/> Tile, Marble 3. <input type="checkbox"/> Wood 4. <input type="checkbox"/> Mud 5. <input type="checkbox"/> Other material</p>		<p>H-10 WHAT IS THE MONTHLY INCOME OF THE HEAD OF THIS HOUSING UNIT?</p> <p>1. <input type="checkbox"/> Under \$50 Per Month 2. <input type="checkbox"/> \$50 to \$100 Per Month 3. <input type="checkbox"/> \$101 to \$200 Per Month 4. <input type="checkbox"/> \$201 to \$300 Per Month 5. <input type="checkbox"/> \$301 to \$400 Per Month 6. <input type="checkbox"/> \$401 to \$500 Per Month 7. <input type="checkbox"/> Over \$500 Per Month</p>		