

# 1970 POPULATION AND HOUSING CENSUS OF MALAYSIA

Start Interview here

Hundreds <input type="text"/> 0 <input type="text"/> 1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/> 5 <input type="text"/> 6 <input type="text"/> 7 <input type="text"/> 8 <input type="text"/> 9 Tens <input type="text"/> 0 <input type="text"/> 1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/> 5 <input type="text"/> 6 <input type="text"/> 7 <input type="text"/> 8 <input type="text"/> 9 Units <input type="text"/> 0 <input type="text"/> 1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/> 5 <input type="text"/> 6 <input type="text"/> 7 <input type="text"/> 8 <input type="text"/> 9	8 L/Qs No h t u <input type="text"/> <input type="text"/> <input type="text"/>
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**LIVING QUARTERS**

1	State															
2	Admin. District															
2A	Census District															
3	Circle Number															
4	Enumeration Block Number															
5	Address															
6	Number of households in this living quarters.  See column 6 of the houselisting book.															
7	Number of persons in this living quarters.  See column 8 of the houselisting book.															
	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;">Males</td> <td style="width: 33%; text-align: center;">Females</td> <td style="width: 34%; text-align: center;">Persons</td> </tr> <tr> <td style="text-align: center;"><input type="text"/></td> <td style="text-align: center;"><input type="text"/></td> <td style="text-align: center;"> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;">h</td> <td style="width: 33%; text-align: center;">t</td> <td style="width: 34%; text-align: center;">u</td> </tr> <tr> <td style="text-align: center;"><input type="text"/></td> <td style="text-align: center;"><input type="text"/></td> <td style="text-align: center;"><input type="text"/></td> </tr> </table> </td> </tr> <tr> <td colspan="3" style="text-align: center;">(Mark in lines below)</td> </tr> </table>	Males	Females	Persons	<input type="text"/>	<input type="text"/>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;">h</td> <td style="width: 33%; text-align: center;">t</td> <td style="width: 34%; text-align: center;">u</td> </tr> <tr> <td style="text-align: center;"><input type="text"/></td> <td style="text-align: center;"><input type="text"/></td> <td style="text-align: center;"><input type="text"/></td> </tr> </table>	h	t	u	<input type="text"/>	<input type="text"/>	<input type="text"/>	(Mark in lines below)		
Males	Females	Persons														
<input type="text"/>	<input type="text"/>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;">h</td> <td style="width: 33%; text-align: center;">t</td> <td style="width: 34%; text-align: center;">u</td> </tr> <tr> <td style="text-align: center;"><input type="text"/></td> <td style="text-align: center;"><input type="text"/></td> <td style="text-align: center;"><input type="text"/></td> </tr> </table>	h	t	u	<input type="text"/>	<input type="text"/>	<input type="text"/>								
h	t	u														
<input type="text"/>	<input type="text"/>	<input type="text"/>														
(Mark in lines below)																

LIVING QUARTERS	
9 Built or converted for living/sleeping <input type="checkbox"/>	(Skip to 11)
Not intended for l/s but used for these purposes at time of census <input type="checkbox"/>	
10 In a perm. building, e.g. office, school, shop, mosque <input type="checkbox"/>	1 <input type="text"/>
A living space, e.g. court yard, open verandah <input type="checkbox"/>	2 <input type="text"/>
A natural shelter (Finish) <input type="checkbox"/>	3 <input type="text"/>
11 Are the L.Q.'s Private <input type="checkbox"/>	Non-private (Skip to 13) <input type="checkbox"/>
Mobile (Finish) <input type="checkbox"/>	12 House/Bungalow
Detached <input type="checkbox"/>	4 <input type="text"/>
Semi-detached <input type="checkbox"/>	5 <input type="text"/>
Terrace, Row Flat or Room <input type="checkbox"/>	6 <input type="text"/>
In/Attached to House <input type="checkbox"/>	7 <input type="text"/>
In Shophouse <input type="checkbox"/>	8 <input type="text"/>
In Housing Block <input type="checkbox"/>	9 <input type="text"/>
Other <input type="checkbox"/>	10 <input type="text"/>
Labour Line <input type="checkbox"/>	11 <input type="text"/>
Makeshift, Improvised Hut, etc. <input type="checkbox"/>	12 <input type="text"/>
(Skip to 14)	
13 Non-Private—Hotel, lodging house, rest house, etc. <input type="checkbox"/>	13 <input type="text"/>
Hospital <input type="checkbox"/>	14 <input type="text"/>
Educational, charitable, or religious institution <input type="checkbox"/>	15 <input type="text"/>
Temporary labour camp <input type="checkbox"/>	16 <input type="text"/>
Other (Finish) <input type="checkbox"/>	17 <input type="text"/>
FOUNDATION	
14 Raised off the ground? Yes <input type="checkbox"/> No <input type="checkbox"/>	(Skip to 16)
15 Supports of	Wood <input type="text"/> Brick/Concrete <input type="text"/> Iron/Steel <input type="text"/> Other <input type="text"/>
WALLS	
16 Brick <input type="text"/>	Concrete <input type="text"/> Brick & Plank <input type="text"/>
Plank only <input type="text"/>	Attap etc. <input type="text"/> Zinc, Corr. Iron <input type="text"/>
	Other <input type="text"/>
ROOF	
17 Tiles <input type="text"/>	Attap, bamboo, etc. <input type="text"/>
Zinc/Corr. Iron Sheets <input type="text"/>	Asbestos Sheets <input type="text"/>
Concrete <input type="text"/>	Other <input type="text"/>

CONDITION		
18 Sound <input type="checkbox"/>	Deteriorating <input type="checkbox"/>	Dilapidated <input type="checkbox"/>
OCCUPANCY		
19 Occupied <input type="checkbox"/>	Vacant <input type="checkbox"/>	
(Skip to 21)		
20 Reason for being vacant	Seasonal Wk. Qt. <input type="checkbox"/>	
Temp. Abs. <input type="checkbox"/>	Holiday House <input type="checkbox"/>	
Sale/Rent <input type="checkbox"/>	Unfit for living <input type="checkbox"/>	
Other (incl. not kn.) (Finish) <input type="checkbox"/>		
PERIOD OF CONST.		
21 0-4 <input type="text"/>	10-29 <input type="text"/>	
5-9 <input type="text"/>	30+ <input type="text"/>	
Not known <input type="text"/>		
OWNERSHIP		
22 Govt. <input type="text"/>	Non Govt. <input type="text"/>	
WATER SUPPLY		
23 Piped Water? Yes <input type="text"/>	No <input type="text"/>	
(Skip to 26)		
24 Inside L.Q. <input type="text"/>	Outside L.Q. <input type="text"/>	
(Skip to 27)		
25 Within 100 yards <input type="text"/>	Beyond 100 yards <input type="text"/>	
(Skip to 27)		
26 Well or pump <input type="text"/>	River <input type="text"/>	
Parit, drain, canal <input type="text"/>	Other <input type="text"/>	
27 Exclusive to this L.Q.? Yes <input type="text"/>	No <input type="text"/>	
LIGHTING		
28 Electr. <input type="text"/>	No Electr. <input type="text"/>	
(Skip to 30)		
29 Public supply <input type="text"/>	Private Gen. Plant <input type="text"/>	
(Skip to 31)		
30 Pressure/Gas lamp <input type="text"/>	Oil Lamp <input type="text"/> Other <input type="text"/>	
ROOMS		
31 Number	t u	
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

TOILET FACILITIES	
32 Flush <input type="checkbox"/>	Bucket <input type="checkbox"/>
Pit <input type="checkbox"/>	Over River/Sea <input type="checkbox"/>
None (Skip to 35) <input type="checkbox"/>	
33 Exclusive to this L.Q.? Yes <input type="checkbox"/>	No <input type="checkbox"/>
(Skip to 35)	
34 Units	1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/> 5+ <input type="text"/>
BATHING FACILITIES	
35 Separate bathroom or enclosed Bathing Space? Yes <input type="checkbox"/>	No <input type="checkbox"/>
(Skip to 38)	
36 Piped water to bathroom? Yes <input type="checkbox"/>	No <input type="checkbox"/>
37 Built-in	Long bath <input type="text"/>
Tank <input type="text"/>	Shower <input type="text"/>
Hand basin <input type="text"/>	Moveable jar, cont. <input type="text"/>
Pipe only <input type="text"/>	(Skip to 39)
38 Pipe inside L.Q. <input type="text"/>	Pipe outside L.Q. <input type="text"/>
Well or pump <input type="text"/>	River <input type="text"/>
Parit, drain, canal <input type="text"/>	Other <input type="text"/>
39 Exclusive to this L.Q.? Yes <input type="checkbox"/>	No <input type="checkbox"/>
COOKING FACILITIES	
40 Separate kitchen? Yes <input type="checkbox"/>	No <input type="checkbox"/>
(Skip to 42)	
41 Area set aside for cooking? Yes <input type="checkbox"/>	No <input type="checkbox"/>
(Skip to 43)	
42 Exclusive to this L.Q.? Yes <input type="checkbox"/>	No <input type="checkbox"/>
VEHICLES/SCOOTERS	
43 Veh. <input type="text"/>	0 <input type="text"/> 1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/> 4+ <input type="text"/>
MC <input type="text"/>	0 <input type="text"/> 1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/> 4+ <input type="text"/>
SC <input type="text"/>	

Mark number of Households here →  0  1  2  3  4  5  6  7  8  9

Mark Total Persons here →

Hundreds	<input type="text"/> 0 <input type="text"/> 1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/> 5 <input type="text"/> 6 <input type="text"/> 7 <input type="text"/> 8 <input type="text"/> 9
Tens	<input type="text"/> 0 <input type="text"/> 1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/> 5 <input type="text"/> 6 <input type="text"/> 7 <input type="text"/> 8 <input type="text"/> 9
Units	<input type="text"/> 0 <input type="text"/> 1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/> 5 <input type="text"/> 6 <input type="text"/> 7 <input type="text"/> 8 <input type="text"/> 9

**1970 POPULATION AND HOUSING CENSUS OF MALAYSIA**

**FORM 4**

1 State	Admin. District	Census District	Circle	Enum. Block	E.M. Only Locality	2 Address.....

**HOUSEHOLDS**

Start Interview Here											4 L/Qs No.	
3 ↓ 1st Sheet	h	0	1	2	3	4	5	6	7	8	9	h t u
	t	0	1	2	3	4	5	6	7	8	9	
2 + Sheet	u	0	1	2	3	4	5	6	7	8	9	
		0	1	2	3	4	5	6	7	8	9	5 H/H No.

**Note:-**

A household is a group of people who live and eat together. You may therefore find there is more than one household in this living quarters. Fill in one of these Form 4's for each household in this L.Q.'s.

6 List the names of the people who belong to this household (see below for listing order)	7 Relationship to H/H	8 Sex	9 Here on C/Night (tick)	10 Person No.	
(a) Count the ticks and record totals here			Males	Females	Total

11 List the names of any friends or other visitors who slept here on Census Night	12 Sex	13 Person No.	14 Males										15 Females										16 Total																																																																														
			h	0	1	2	3	4	5	6	7	8	9	t	0	1	2	3	4	5	6	7	8	9	u	0	1	2	3	4	5	6	7	8	9	h	0	1	2	3	4	5	6	7	8	9	t	0	1	2	3	4	5	6	7	8	9	u	0	1	2	3	4	5	6	7	8	9	h	0	1	2	3	4	5	6	7	8	9	t	0	1	2	3	4	5	6	7	8	9	u	0	1	2	3	4	5	6	7	8	9
			(b) Total Visitors			Males	Females	Total																																																																																													
Grand total of all persons in this household on Census Night (i.e. a + b)			Males	Females	Total																																																																																																

**Listing Order**

- Head of household
- Wife of head
- Unmarried children of head
- Mother and Father (and/or Grandmother/Father) of head or heads spouse
- Brother, Sister
- Other married couples and their children
- Married couples with no children present
- Other relatives of head
- Servants
- Boarders

17 own/occup. <input type="checkbox"/> Tenant <input type="checkbox"/> other <input type="checkbox"/> (skip to 23)	21 Rent	th	h	t	u	0	0	0	0	23 Main Cooking Fuel	1
	18 Renting from:	1	1	1	1					elect. gas ker/oil	12
	Another H.H. in L.Q.'s <input type="checkbox"/>	2	2	2	2					char/wood other	13
	Individual outside L.Q.'s <input type="checkbox"/>	3	3	3	3						14
	Govt. or Pub. authority <input type="checkbox"/>	4	4	4	4	24 Household equipment	4				
Firm/Company <input type="checkbox"/>	5	5	5	5	m/car m/cycle bicycle	5					
Other <input type="checkbox"/>	6	6	6	6	air cond. telephone refrig.	6					
19 H.H. number	7	7	7	7		7					
1	2	3	4	5	elect. fan radio sew mach.	8					
6	7	8	9	10		9					
20 Is the landlord your employer? Yes <input type="checkbox"/> No <input type="checkbox"/>	8	8	8	8		10					
	9	9	9	9	T.V. boat with motor boat without motor	11					
	22 furn. unfurn.										

WEST MALAYSIA

PERSONS		t	u	
State				
Admin. District				
Census District				
Circle				
Enumeration Block				
<b>START INTERVIEW HERE</b>				
Living Quarters No.		7 To what community do you belong? 0 1 2 3 4 5 6 7 8 9 0 1 2 3 4 5 6 7 8 9		
Household Number		8 During the last 12 months what did you do most of the time? Empl./S. Empl. Wages Family Worker Look after H. Stu-Child not at school Other Padi Logging/ Timber Fishing Rubber Other Agricul. Manuf/ Building Commerce Transport Comm. Services Other		
Person Number		9 What is your religion? Islam Hindu Christian Buddhist No Religion Other		
1 Name		10 Are you going to school? (excluding adult education and kindergarten) Yes No (Skip to 12)		
2 Sex		11 Have you ever been to school? Yes No (Skip to 14)		
3 Relationship to Head of Household		12 What was the highest level you completed? Primary some years com. all years low. upp. Secondary 1-2 3 4 5 6 6		
4 How old are you? Completed years Months from last Birthday to C. Day		13 Did you pass any of these exams? I.c.e. s.c. h.s.c. none		
5 Age (From I/C Birth Certificate, etc.) Day of Birth Month of Birth Year of Birth		14 Do you have a Malaysian Citizenship? Yes No under 12 (Skip to 16) (Skip to 18)		
6 Chinese Date of Birth Day Moon Month Animal Year		15 Colour of I.C. blue other no I.C. (Skip to 17)		
		16 What citizenship do you have? S'pore Other Stateless/ Applied/N.S. Foreign		
		17 Do you have a Singapore I/C? Yes No		
		18 Born in Malaysia? Yes No Unknown (Skip to 20) (Skip to 22)		
		19 State of birth? Johore Kedah Kelantan Malacca N. Sembilan Pahang Penang Perak Perlis Unknown Selangor Trengg. Sabah Sarawak (Skip to 21)		
		20 Country of birth? S'pore T'land India/Ceylon Pakistan Indonesia Philippines China Other Asian n/s America Oceania Europe Other Unknown		
		21 How long in total have you lived in Malaysia? Over <1 1 2 3 4 5 6-10 11-20 20		
		22 How long have you lived in this Kampong, Town, etc.? Over <1 1 2 3 4 5 6-10 11-20 20		
		23 Where did you last live? In this Kampong, Town, etc., since birth Some other place in Malaysia Outside Malaysia Town Other (Skip to 25) (Skip to 25)		
		24 What was the name of the place where you lived before? Kampong, Town..... Mukim..... District..... State.....		
<b>FOR PERSONS 10 YEARS AND OVER</b>				
Before asking Qs 25-34 explain that the questions are for the PREVIOUS 7 DAY PERIOD only		36 Everyday conversation? Fi. El. Man- Malay Malay darin English Tamil Other langs. Dumb		
25 Did you have a regular job or business? Yes No (Skip to 30)		37 Read a n.p./Letter 38 Write a letter? Yes No Yes No Blind (Skip to 40)		
26 Did you help in a family business or farm? Yes No (Skip to 28)		39 What languages can you write? Malay Chinese English Tamil Other		
27 About how many hours per day did you work? 3 or less more than 3 (Skip to 30)		40 Ever been married? 41 How many times? Yes No 1 3 No 2 4+ (Finish)		
28 Did you earn any money by working or by selling home made goods? Yes No		42 Present marital status married widowed div/p.s.		
29 Did you look for work? Yes No		43 No. of years married Total Present M's Prev. M's		
Note: If the answers to Qs 25-29 are all "No" skip to 35		<b>FOR EVER-MARRIED WOMEN</b>		
30 Employment status S. E'yer E'yed s&w Family L. for worker 1st job (Skip to 35)		44 How many children have you ever given birth to? (Excl. adoptions) a Living here b Living some-where else c Dead d Born dead		
31 Main occupation (use two or more words if possible)				
32 Main industry (use two or more words if possible)				
33 Work at home? Yes No				
34 Name and address of establishment at which working				
35 Degrees, Diplomas, Certificates, Papers Name of qualification and institution from which obtained Field of Study				
<b>OFFICE USE ONLY</b>				
L.O. No.	h/h no.	Per No.	Age	Prev. Res.
0 0 0	0 0 0	0 0 0	0 0 0	0 0 0
1 1 1	1 1 1	1 1 1	1 1 1	1 1 1
2 2 2	2 2 2	2 2 2	2 2 2	2 2 2
3 3 3	3 3 3	3 3 3	3 3 3	3 3 3
4 4 4	4 4 4	4 4 4	4 4 4	4 4 4
5 5 5	5 5 5	5 5 5	5 5 5	5 5 5
6 6 6	6 6 6	6 6 6	6 6 6	6 6 6
7 7 7	7 7 7	7 7 7	7 7 7	7 7 7
8 8 8	8 8 8	8 8 8	8 8 8	8 8 8
9 9 9	9 9 9	9 9 9	9 9 9	9 9 9
Occupation	Ind. 100+	Ed.	Fam.	
0 0 0	0 0 0	0 0 0	0 0 0	
1 1 1	1 1 1	1 1 1	1 1 1	
2 2 2	2 2 2	2 2 2	2 2 2	
3 3 3	3 3 3	3 3 3	3 3 3	
4 4 4	4 4 4	4 4 4	4 4 4	
5 5 5	5 5 5	5 5 5	5 5 5	
6 6 6	6 6 6	6 6 6	6 6 6	
7 7 7	7 7 7	7 7 7	7 7 7	
8 8 8	8 8 8	8 8 8	8 8 8	
9 9 9	9 9 9	9 9 9	9 9 9	
Living a + b				
Born alive a + b + c				
Total a-d				

**AGRICULTURE & FISHERIES**

h <input type="text"/> 0 <input type="text"/> 1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/> 5 <input type="text"/> 6 <input type="text"/> 7 <input type="text"/> 8 <input type="text"/> 9 <input type="text"/>										2 L/Qs No.		
t <input type="text"/> 0 <input type="text"/> 1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/> 5 <input type="text"/> 6 <input type="text"/> 7 <input type="text"/> 8 <input type="text"/> 9 <input type="text"/>										h	t	u
u <input type="text"/> 0 <input type="text"/> 1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/> 5 <input type="text"/> 6 <input type="text"/> 7 <input type="text"/> 8 <input type="text"/> 9 <input type="text"/>										3 H/H No.		
0 <input type="text"/> 1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/> 5 <input type="text"/> 6 <input type="text"/> 7 <input type="text"/> 8 <input type="text"/> 9 <input type="text"/>												

**AGRICULTURE**

State	AGRICULTURAL LAND OWNED		6(a) Area operated by the household			
Admin. District	4 Does this household own any agricultural land? Yes <input type="checkbox"/> No <input type="checkbox"/> (Skip to 5)		Acreage	Area operated		
Census District	4(a) Area owned solely by the household Acreage < 1/4 <input type="text"/> 1/4-1/2 <input type="text"/> 1/2-1 <input type="text"/> 1-3 <input type="text"/> 3-5 <input type="text"/> 5-10 <input type="text"/> 10-15 <input type="text"/> 15-25 <input type="text"/> 25-50 <input type="text"/> 50-100 <input type="text"/> 100+ <input type="text"/>			Owned	Not owned	Total
Circle	4(b) Area owned jointly with other households (proportionate share only) Acreage < 1/4 <input type="text"/> 1/4-1/2 <input type="text"/> 1/2-1 <input type="text"/> 1-3 <input type="text"/> 3-5 <input type="text"/> 5-10 <input type="text"/> 10-15 <input type="text"/> 15-25 <input type="text"/> 25-50 <input type="text"/> 50-100 <input type="text"/> 100+ <input type="text"/>		Less than 1/4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enumeration Block	5 Does this household operate any agricultural land? Yes <input type="checkbox"/> No <input type="checkbox"/> (Skip to 8)		1/4 but less than 1/2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
START INTERVIEW HERE	6 Area operated by the household		1/2 but less than 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	On land owned		1 but less than 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	On land not owned		3 but less than 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Total		5 but less than 10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			10 but less than 15	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 Name of Head of Household	7 Does this household operate any land with other households? Yes <input type="checkbox"/> No <input type="checkbox"/> (Skip to 8)		15 but less than 25	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	7(a) Area operated with other households		25 but less than 50	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			50 but less than 100	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			100 and above	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**LIVESTOCK AND POULTRY**

8 Does this household keep livestock or poultry? Yes <input type="checkbox"/> No <input type="checkbox"/> (Skip to 15)	14 Does this household keep:—				
9 Does this household keep:— Pigs 1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/> 5 <input type="text"/> 6 <input type="text"/> 7-9 <input type="text"/> 10-19 <input type="text"/> 20-49 <input type="text"/> 50-99 <input type="text"/> 100+ <input type="text"/>	(a) Hens (for laying and/or slaughter)			Number	
10 Buffaloes 1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/> 5 <input type="text"/> 6 <input type="text"/> 7-9 <input type="text"/> 10-19 <input type="text"/> 20-49 <input type="text"/> 50-99 <input type="text"/> 100+ <input type="text"/>	(b) Chicks and cocks Total fowls (a) + (b))			<input type="text"/>	
11 Cattle 1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/> 5 <input type="text"/> 6 <input type="text"/> 7-9 <input type="text"/> 10-19 <input type="text"/> 20-49 <input type="text"/> 50-99 <input type="text"/> 100+ <input type="text"/>	(c) Other poultry (ducks, geese, etc.)			<input type="text"/>	
12 Goats 1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/> 5 <input type="text"/> 6 <input type="text"/> 7-9 <input type="text"/> 10-19 <input type="text"/> 20-49 <input type="text"/> 50-99 <input type="text"/> 100+ <input type="text"/>	Number	Fowls		Others (ducks, geese, etc.)	
13 Sheep 1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/> 5 <input type="text"/> 6 <input type="text"/> 7-9 <input type="text"/> 10-19 <input type="text"/> 20-49 <input type="text"/> 50-99 <input type="text"/> 100+ <input type="text"/>		Hens	Chicks and cocks		Total
	1 - 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	5 - 9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	10 - 19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	20 - 29	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	30 - 39	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	40 - 49	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	50 - 99	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	100 - 199	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	200 - 499	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	500 - 999	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	1,000 & over	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**FISHERIES**

15 Is this household engaged in catching or breeding fish? Yes <input type="checkbox"/> No <input type="checkbox"/> (Finish)	18 Type of boat		
16 Where does this household fish? Marine <input type="checkbox"/> Inland <input type="checkbox"/> (Skip to 19)	Powered boat of		
17 Does this household operate its own boat? Yes <input type="checkbox"/> No <input type="checkbox"/> (Finish)	0 - 4 tons <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3+ <input type="checkbox"/>		
	5 - 29 tons <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3+ <input type="checkbox"/>		
	30 - 49 tons <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3+ <input type="checkbox"/>		
	50 & over tons <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3+ <input type="checkbox"/>		
	Non-powered boat <input type="checkbox"/>		
	19 Inland fishing For capture only <input type="checkbox"/>		
	For culture (including capture if any)- <input type="checkbox"/>		

LANSING PUBLISHER

1970 POPULATION AND HOUSING CENSUS

FORM 3a

EAST MALAYSIA  
AGRICULTURE

State	<p style="text-align: center;"><b>AGRICULTURAL LAND OPERATED</b></p> <p>4 Does this household operate any agricultural land?</p> <p style="text-align: center;">Yes <input type="checkbox"/> No <input type="checkbox"/> (Skip to 6)</p> <p style="text-align: center;">↓</p> <p>5 Area operated by the household</p> <table style="width: 100%;"> <tr> <td style="width: 80%;">On land owned</td> <td style="width: 20%; text-align: center;">Acreage</td> </tr> <tr> <td>On land not owned</td> <td style="text-align: center;"><input style="width: 80%;" type="text"/></td> </tr> <tr> <td>Total</td> <td style="text-align: center;"><input style="width: 80%;" type="text"/></td> </tr> </table>	On land owned	Acreage	On land not owned	<input style="width: 80%;" type="text"/>	Total	<input style="width: 80%;" type="text"/>	5(a) Area operated by the household		
On land owned		Acreage								
On land not owned		<input style="width: 80%;" type="text"/>								
Total		<input style="width: 80%;" type="text"/>								
Admin. District		Acreage	Area operated							
Census District			Owned	Not Owned	Total					
Circle		Less than ¼	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Enumeration Block	¼ but less than ½	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Locality	½ but less than 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
START INTERVIEW HERE	1 but less than 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
1 Living Quarters Number	3 but less than 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
2 Household Number	5 but less than 10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
3 Name of Head of Household	10 but less than 15	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
	15 but less than 25	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
	25 but less than 50	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
	50 but less than 100	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
	100 and above	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						

LIVESTOCK AND POULTRY

<p>1 Living Quarters Number</p> <p>2 Household Number</p> <p>3 Name of Head of Household</p> <p>-----</p> <p>-----</p>	<p>6 Does this household keep livestock?</p> <p style="text-align: center;">Yes <input type="checkbox"/> No <input type="checkbox"/> (Skip to 12)</p>	<p>12 Does this household keep poultry?</p> <p style="text-align: center;">Yes <input type="checkbox"/> No <input type="checkbox"/> (Finish)</p> <p style="text-align: center;">↓</p> <p>Hens (for laying and/or slaughter) <span style="float: right;">Number</span></p> <p>Chicks and cocks</p> <p>Total Fowls</p> <p>Other Poultry (ducks, geese, etc.)</p>																																																															
	<p>7 Does this household keep:- Pigs</p> <p style="text-align: right;">Number</p> <p>1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7-9 <input type="checkbox"/> 10-19 <input type="checkbox"/> 20-49 <input type="checkbox"/> 50-99 <input type="checkbox"/> 100+ <input type="checkbox"/></p>	<p>Hens (for laying and/or slaughter) <span style="float: right;">Number</span></p> <p>Chicks and cocks</p> <p>Total Fowls</p> <p>Other Poultry (ducks, geese, etc.)</p>																																																															
	<p>8 Buffaloes</p> <p style="text-align: right;">Number</p> <p>1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7-9 <input type="checkbox"/> 10-19 <input type="checkbox"/> 20-49 <input type="checkbox"/> 50-99 <input type="checkbox"/> 100+ <input type="checkbox"/></p>	<table border="1"> <tr> <th rowspan="2">Number</th> <th colspan="3">Fowls</th> <th rowspan="2">Others (Ducks, Geese, etc.)</th> </tr> <tr> <th>Hens</th> <th>Chicks &amp; Cocks</th> <th>Total</th> </tr> <tr> <td>1 - 4</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>5 - 9</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>10 - 19</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>20 - 29</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>30 - 39</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>40 - 49</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>50 - 99</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>100 - 199</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>200 - 499</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>500 - 999</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>1000 &amp; over</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	Number	Fowls			Others (Ducks, Geese, etc.)	Hens	Chicks & Cocks	Total	1 - 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5 - 9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10 - 19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	20 - 29	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	30 - 39	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	40 - 49	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	50 - 99	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	100 - 199	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	200 - 499	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	500 - 999	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1000 & over	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Number	Fowls			Others (Ducks, Geese, etc.)																																																												
		Hens	Chicks & Cocks	Total																																																													
	1 - 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																												
	5 - 9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																												
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	40 - 49	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																												
50 - 99	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																													
100 - 199	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																													
200 - 499	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																													
500 - 999	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																													
1000 & over	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																													
<p>9 Cattle</p> <p style="text-align: right;">Number</p> <p>1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7-9 <input type="checkbox"/> 10-19 <input type="checkbox"/> 20-49 <input type="checkbox"/> 50-99 <input type="checkbox"/> 100+ <input type="checkbox"/></p>																																																																	
<p>10 Goats</p> <p style="text-align: right;">Number</p> <p>1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7-9 <input type="checkbox"/> 10-19 <input type="checkbox"/> 20-49 <input type="checkbox"/> 50-99 <input type="checkbox"/> 100+ <input type="checkbox"/></p>																																																																	
<p>11 Sheep</p> <p style="text-align: right;">Number</p> <p>1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7-9 <input type="checkbox"/> 10-19 <input type="checkbox"/> 20-49 <input type="checkbox"/> 50-99 <input type="checkbox"/> 100+ <input type="checkbox"/></p>																																																																	

1970 POPULATION AND HOUSING CENSUS

FORM 5a

EAST MALAYSIA

State	
Admin. District	
Census District	7 To what community do you belong ?
Circle	0 1 2 3 4 5 6 7 8 9
Enumeration Block	8 During the last 12 months what did you do most of the time ?
Locality	Emp/ S Empl Wages Family Worker Look after H. Student Child at play Other
<b>START INTERVIEW HERE</b>	
Living Quarters Number	9 What is your religion ?
Household Number	10 Are you going to school ? (excluding adult education and kindergarten)
Person Number	11 Have you ever been to school ?
1 Name	2 Sex
3 Relationship to Head of Household	12 What was the highest level you completed ?
4 How old are you ?	5 Source
6 Age (from I.C., Birth Certificate, etc.)	13 Did you pass any of these exams ?
Year of Birth	14 Are you a Malaysian Citizen ?
Month of Birth	15 Colour of I/C.
Day of Birth	
	16 What citizenship do you have ?
	17 Country of birth ?
	18 How long in total have you lived in (Sarawak) (Sabah) ?
	19 How long have you lived in this kampong, town, etc. ?
	20 Where did you last live ?
	21 What was the name of the place where you lived before ?

FOR PERSONS 10 YEARS AND OVER

OFFICE USE ONLY

Before asking Qs 22-31 explain that the questions are for the PREVIOUS 7 DAY PERIOD only		32 Language of everyday conversation ?		L.Q. No.	n/n	Per No.	Fam.	Age
22 Did you have a regular job or business ?	Yes No	Malay Chinese English Iban	0 0 0 0	0 0 0 0	0 0 0 0	0 0 0 0	0 0 0 0	0 0 0 0
23 Did you help in a family business or farm ?	Yes No	Kadazan/ Bajau Other Lang Dumb	1 1 1 1	1 1 1 1	1 1 1 1	1 1 1 1	1 1 1 1	1 1 1 1
24 About how many hours per day did you work ?	3 or less more than 3	33 Read a n.p./ letter ?	2 2 2 2	2 2 2 2	2 2 2 2	2 2 2 2	2 2 2 2	2 2 2 2
25 Did you earn any money by working or by selling home made goods ?	Yes No	Yes No Blind	3 3 3 3	3 3 3 3	3 3 3 3	3 3 3 3	3 3 3 3	3 3 3 3
26 Did you look for work ?	Yes No	34 Write a letter ?	4 4 4 4	4 4 4 4	4 4 4 4	4 4 4 4	4 4 4 4	4 4 4 4
27 Employment status	S. E'yer E'yed s & w	35 What languages can you write ?	5 5 5 5	5 5 5 5	5 5 5 5	5 5 5 5	5 5 5 5	5 5 5 5
28 Main occupation (use two or more words if possible)	Family L for Worker 1st job	Malay Chinese English Iban	6 6 6 6	6 6 6 6	6 6 6 6	6 6 6 6	6 6 6 6	6 6 6 6
29 Main industry (use two or more words if possible)	30 Work at home ?	Kadazan/ Bajau Other Lang	7 7 7 7	7 7 7 7	7 7 7 7	7 7 7 7	7 7 7 7	7 7 7 7
	Yes No	Dusun	8 8 8 8	8 8 8 8	8 8 8 8	8 8 8 8	8 8 8 8	8 8 8 8
31 Name and address of establishment at which working		36 Ever been married ?	9 9 9 9	9 9 9 9	9 9 9 9	9 9 9 9	9 9 9 9	9 9 9 9
		Yes No (Finish)	Previous Residence		Occupation		Ind. 100 +	
			0 0	0 0	0 0	0 0	0 0	0 0
			1 1	1 1	1 1	1 1	1 1	1 1
			2 2	2 2	2 2	2 2	2 2	2 2
			3 3	3 3	3 3	3 3	3 3	3 3
			4 4	4 4	4 4	4 4	4 4	4 4
			5 5	5 5	5 5	5 5	5 5	5 5
			6 6	6 6	6 6	6 6	6 6	6 6
			7 7	7 7	7 7	7 7	7 7	7 7
			8 8	8 8	8 8	8 8	8 8	8 8
			9 9	9 9	9 9	9 9	9 9	9 9
			Living a + b		Living a + b		Living a + b	
			0 1 2	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2
			3 4 5 6 7 8 9	3 4 5 6 7 8 9	3 4 5 6 7 8 9	3 4 5 6 7 8 9	3 4 5 6 7 8 9	3 4 5 6 7 8 9
			Born alive a + b + c		Born alive a + b + c		Born alive a + b + c	
			0 1 2	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2
			3 4 5 6 7 8 9	3 4 5 6 7 8 9	3 4 5 6 7 8 9	3 4 5 6 7 8 9	3 4 5 6 7 8 9	3 4 5 6 7 8 9
			Total a - d		Total a - d		Total a - d	

LAMBSON PUBLICATION

**1970 POPULATION AND HOUSING CENSUS,  
MALAYSIA**

FORM 56

FOR OFFICE USE ONLY			
State			
Admin. District			
Census District			
Circle			
Enumeration Block			
Locality (E.M. only)			

**START FROM HERE**

*For questions 2, 3, 6, 7, 8, 9, 10, shade in the box that is applicable.  
For questions 1, 4, 5, 11, 12, write in the answer.*

1. Name (in full) Mr./Mrs./Miss .....

2. Sex:                                      Male                                       Female

3. Marital Status:                      Currently Married                       Widowed                       Divorced or Separated                       Single

4. Date of birth:    Year .....    Month .....    Day .....

5. To what community (race) do you belong: .....

6. Citizenship:                              Malaysian                                       Other

7. Birthplace:                                Malaysia                                       Outside Malaysia

8. Highest level of schooling completed:

None	<input type="checkbox"/>
Primary	Attended some years <input type="checkbox"/> Completed all years <input type="checkbox"/>
Secondary	Attended some years <input type="checkbox"/> Completed all years <input type="checkbox"/>

9. (a) Can you read a newspaper or letter:                      Yes                       No

(b) Can you write a letter:                      Yes                       No

10. Activity:    Employer     Self Employed     Salary & Wages     Worker in Family Business     Looking For Work     Housewife     Student     Other

Finish

11. Occupation (explain clearly, e.g. mechanical engineer, lorry driver)

12. Industry (explain clearly, e.g. transport company, machine repairs)