

Appendix 10.1 Agriculture and fisheries schedule for Peninsular Malaysia: Census of Malaysia, 1970

1970 POPULATION AND HOUSING CENSUS - WEST MALAYSIA

FORM 3

AGRICULTURE & FISHERIES		<div style="display: flex; justify-content: space-around;"> <div> <div style="display: flex; justify-content: space-between;"> <div>h</div> <div>0 1 2 3 4 5 6 7 8 9</div> </div> <div style="display: flex; justify-content: space-between;"> <div>t</div> <div>0 1 2 3 4 5 6 7 8 9</div> </div> <div style="display: flex; justify-content: space-between;"> <div>u</div> <div>0 1 2 3 4 5 6 7 8 9</div> </div> </div> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <div>0 1 2 3 4 5 6 7 8 9</div> </div> </div>										2 L/Qs No. <div style="display: flex; justify-content: space-around;"> <div>h</div> <div>t</div> <div>u</div> </div>																																																																																																												
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Appendix 10.3 Living quarters schedule: Census of Malaysia, 1970

1970 POPULATION AND HOUSING CENSUS OF MALAYSIA

FORM 2

Start Interview here

LIVING QUARTERS

Hundreds	0	1	2	3	4	5	6	7	8	9	8 L/Qs No h t u
Tens	0	1	2	3	4	5	6	7	8	9	
Units	0	1	2	3	4	5	6	7	8	9	

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

Males	Females	Persons		
		h	t	u

(Mark in lines below)

LIVING QUARTERS	CONDITION	TOILET FACILITIES
<p>9 Built or converted for living/sleeping (Skip to 11) <input type="checkbox"/></p> <p>Not intended for l/s but used for these purposes at time of census <input type="checkbox"/></p> <p>10 In a perm. building, e.g. office, school, shop, mosque <input type="checkbox"/></p> <p>A living space, e.g. court yard, open verandah <input type="checkbox"/></p> <p>A natural shelter (Finish) <input type="checkbox"/></p> <p>11 Are the L.Q.'s Private <input type="checkbox"/></p> <p>Non-private (Skip to 13) <input type="checkbox"/></p> <p>Mobile (Finish) <input type="checkbox"/></p> <p>12 House/Bungalow Detached <input type="checkbox"/></p> <p>Semi-detached <input type="checkbox"/></p> <p>Terrace, Row Flat or Room In/Attached to House <input type="checkbox"/></p> <p>In Shophouse <input type="checkbox"/></p> <p>In Housing Block <input type="checkbox"/></p> <p>Other <input type="checkbox"/></p> <p>Labour Line <input type="checkbox"/></p> <p>Makeshift, Improvised Hut, etc. (Skip to 14) <input type="checkbox"/></p> <p>13 Non-Private—Hotel, lodging house, rest house, etc. <input type="checkbox"/></p> <p>Hospital <input type="checkbox"/></p> <p>Educational, charitable, or religious institution <input type="checkbox"/></p> <p>Temporary labour camp <input type="checkbox"/></p> <p>Other (Finish) <input type="checkbox"/></p> <p>FOUNDATION</p> <p>14 Raised off the ground? Yes <input type="checkbox"/> No <input type="checkbox"/> (Skip to 16)</p> <p>15 Supports of Brick/Concrete Iron/Steel Other <input type="checkbox"/></p> <p>WALLS</p> <p>16 Brick Concrete Brick & Plank <input type="checkbox"/></p> <p>Plank only <input type="checkbox"/> Attap etc. <input type="checkbox"/> Zinc/Corr. Iron <input type="checkbox"/></p> <p>Other <input type="checkbox"/></p> <p>ROOF</p> <p>17 Tiles <input type="checkbox"/></p> <p>Attap, bamboo, etc. <input type="checkbox"/></p> <p>Zinc/Corr. Iron Sheets <input type="checkbox"/></p> <p>Asbestos Sheets <input type="checkbox"/></p> <p>Concrete <input type="checkbox"/></p> <p>Other <input type="checkbox"/></p>	<p>18 Sound <input type="checkbox"/> Deteriorating <input type="checkbox"/> Dilapidated <input type="checkbox"/></p> <p>OCCUPANCY</p> <p>19 Occupied <input type="checkbox"/> Vacant <input type="checkbox"/> (Skip to 21)</p> <p>20 Reason for being vacant Seasonal Wk. Qt. <input type="checkbox"/></p> <p>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"/></p> <p>PERIOD OF CONST.</p> <p>21 0-4 <input type="checkbox"/> 10-29 <input type="checkbox"/> 5-9 <input type="checkbox"/> 30+ <input type="checkbox"/> Not known <input type="checkbox"/></p> <p>OWNERSHIP</p> <p>22 Govt. <input type="checkbox"/> Non Govt. <input type="checkbox"/></p> <p>WATER SUPPLY</p> <p>23 Piped Water? Yes <input type="checkbox"/> No <input type="checkbox"/> (Skip to 26)</p> <p>24 Inside L.Q. <input type="checkbox"/> Outside L.Q. <input type="checkbox"/> (Skip to 27)</p> <p>25 Within 100 yards <input type="checkbox"/> Beyond 100 yards (Skip to 27) <input type="checkbox"/></p> <p>26 Well or pump <input type="checkbox"/> River <input type="checkbox"/> Part. drain. canal <input type="checkbox"/> Other <input type="checkbox"/></p> <p>27 Exclusive to this L.Q.? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>LIGHTING</p> <p>28 Electr. <input type="checkbox"/> No Electr. <input type="checkbox"/> (Skip to 30)</p> <p>29 Public supply <input type="checkbox"/> Private Gen. Plant <input type="checkbox"/> (Skip to 31)</p> <p>30 Pressure/Gas lamp <input type="checkbox"/> Oil Lamp <input type="checkbox"/> Other <input type="checkbox"/></p> <p>ROOMS</p> <p>31 Number t u t u t u t u t u</p>	<p>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"/></p> <p>33 Exclusive to this L.Q.? Yes <input type="checkbox"/> No <input type="checkbox"/> (Skip to 35)</p> <p>34 Units 1 2 3 4 5+ <input type="checkbox"/></p> <p>BATHING FACILITIES</p> <p>35 Separate bathroom or enclosed Bathing Space? Yes <input type="checkbox"/> No <input type="checkbox"/> (Skip to 38)</p> <p>36 Piped water to bathroom? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>37 Built in Long bath <input type="checkbox"/> Tank <input type="checkbox"/> Shower <input type="checkbox"/> Hand basin <input type="checkbox"/> Moveable jar, cont. <input type="checkbox"/> Pipe only <input type="checkbox"/> (Skip to 39)</p> <p>38 Pipe inside L.Q. <input type="checkbox"/> Pipe outside L.Q. <input type="checkbox"/> Well or pump <input type="checkbox"/> River <input type="checkbox"/> Part. drain. canal <input type="checkbox"/> Other <input type="checkbox"/></p> <p>39 Exclusive to this L.Q.? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>COOKING FACILITIES</p> <p>40 Separate kitchen? Yes <input type="checkbox"/> No <input type="checkbox"/> (Skip to 42)</p> <p>41 Area set aside for cooking? Yes <input type="checkbox"/> No <input type="checkbox"/> (Skip to 43)</p> <p>42 Exclusive to this L.Q.? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>VEHICLES/SCOOTERS</p> <p>43 Veh. 0 1 2 3 4+ <input type="checkbox"/></p> <p>MC 0 1 2 3 4+ <input type="checkbox"/></p> <p>SC 0 1 2 3 4+ <input type="checkbox"/></p>

Mark number of Households here →

Mark Total Persons here →

Hundreds	0	1	2	3	4	5	6	7	8	9
Tens	0	1	2	3	4	5	6	7	8	9
Units	0	1	2	3	4	5	6	7	8	9

1970 POPULATION AND HOUSING CENSUS OF MALAYSIA

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

HOUSEHOLDS

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.

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

[illegible]

11	List the names of any friends or other visitors who slept here on Census Night	12 Sex	13 Person No.	14 Males										
				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
				15 Females										
				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
				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
	(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) (skip to 23)		21 Rent th h t u 0 0 0 0 1 1 1 1 2 2 2 2 3 3 3 3 4 4 4 4 5 5 5 5 6 6 6 6 7 7 7 7 8 8 8 8 9 9 9 9				23 Main Cooking Fuel elect. <input type="checkbox"/> gas <input type="checkbox"/> ker/oil <input type="checkbox"/> char/wood <input type="checkbox"/> other <input type="checkbox"/>		25 L.Q.'s code 1 12 2 13 3 14 4 15 5 16 6 17 7 8 9 10 11	
18 Renting from: Another H.H. in L.Q.'s <input type="checkbox"/> Individual outside L.Q.'s <input type="checkbox"/> Govt. or Pub. authority <input type="checkbox"/> (Skip to 20) Firm/Company <input type="checkbox"/> Other <input type="checkbox"/>		22 turn. <input type="checkbox"/> unfurn. <input type="checkbox"/>				24 Household equipment m/car <input type="checkbox"/> m/cycle <input type="checkbox"/> bicycle <input type="checkbox"/> air cond. <input type="checkbox"/> telephone <input type="checkbox"/> refrig <input type="checkbox"/> elect. fan <input type="checkbox"/> radio <input type="checkbox"/> sew mach. <input type="checkbox"/> boat with motor <input type="checkbox"/> boat without motor <input type="checkbox"/>		19 H.H. number 1 2 3 4 5 6 7 8 9 10	
20 Is the landlord your employer? Yes <input type="checkbox"/> No <input type="checkbox"/>									

Appendix 10.5 Individual form for Peninsular Malaysia: Census of Malaysia, 1970

1970 POPULATION AND HOUSING CENSUS WEST MALAYSIA

FORM 5

PERSONS		t u	
State			
Admin. District			
Census District			
Circle			
Enumeration Block			
START INTERVIEW HERE			
Living Quarters No.			
Household Number			
Person Number			
1 Name		2 Sex	
		Male <input type="checkbox"/> Female <input type="checkbox"/>	
3 Relationship to Head of Household		11 Have you ever been to school?	
		Yes <input type="checkbox"/> No <input type="checkbox"/> (Skip to 12)	
4 How old are you?		12 What was the highest level you completed?	
Completed years		Primary some years com. all years low. upp.	
Months from last Birthday to C. Day		Secondary 1-2 3 4 5 6 6	
5 Age (From I/C Birth Certificate, etc.)		13 Did you pass any of these exams?	
Day of Birth		I.c.e. s.c. h.s.c. none	
Month of Birth		14 Do you have a Malaysian Citizenship?	
Year of Birth		Yes <input type="checkbox"/> No <input type="checkbox"/> under 12 (Skip to 16)(Skip to 18)	
6 Chinese Date of Birth		15 Colour of I.C.	
Day		blue <input type="checkbox"/> other <input type="checkbox"/> no I.C. (Skip to 17)	
Moon Month		16 What citizenship do you have?	
Animal Year		S.pore Foreign Stateless/ Applied/N.S.	
FOR PERSONS 10 YEARS AND OVER			
Before asking Qs 25-34 explain that the questions are for the PREVIOUS 7 DAY PERIOD only		36 Everyday conversation?	
25 Did you have a regular job or business?		Fl. El. Man. Malay Malay darrn English Tamil Other langs Dumb	
Yes <input type="checkbox"/> No <input type="checkbox"/> (Skip to 30)		37 Read a n.p./Letter 38 Write a letter?	
26 Did you help in a family business or farm?		Yes <input type="checkbox"/> No <input type="checkbox"/> Blind <input type="checkbox"/> (Skip to 40)	
Yes <input type="checkbox"/> No <input type="checkbox"/> (Skip to 28)		39 What languages can you write?	
27 About how many hours per day did you work?		Malay Chinese English 3 or less more than 3 (Skip to 30)	
Yes <input type="checkbox"/> No <input type="checkbox"/> (Skip to 30)		Tamil Other	
28 Did you earn any money by working or by selling home made goods?		40 Ever been married? 41 How many times?	
Yes <input type="checkbox"/> No <input type="checkbox"/> (Skip to 35)		Yes <input type="checkbox"/> No <input type="checkbox"/> 1 3 2 4+	
29 Did you look for work?		(Finish)	
Yes <input type="checkbox"/> No <input type="checkbox"/> (Skip to 35)		42 Present marital status	
30 Employment status		married widowed div/p.s.	
S. Ever E'yes & w		43 No. of years married	
Family L. for worker 1st job (Skip to 35)		Total Present M Prev. M's	
31 Main occupation (use two or more words if possible)		FOR EVER-MARRIED WOMEN	
32 Main industry (use two or more words if possible)		44 How many children have you ever given birth to?	
33 Work at home? Yes <input type="checkbox"/> No <input type="checkbox"/>		0 1 2 3 4 5 6 7 8 9	
34 Name and address of establishment at which working		(Excl. adoptions)	
		a Living here b Living some-where else	
35 Degrees, Diplomas, Certificates, Papers		0 1 2 3 4 5 6 7 8 9	
Name of qualification and institution from which obtained		Living a + b	
Field of Study		0 1 2 3 4 5 6 7 8 9	
		Born alive a + b + c	
		0 1 2 3 4 5 6 7 8 9	
Total a-d			

Appendix 10.6 Individual form for Sabah and Sarawak: Census of Malaysia, 1970

1970 POPULATION AND HOUSING CENSUS										FORM 5a									
EAST MALAYSIA																			
State																			
Admin. District																			
Census District																			
Circle																			
Enumeration Block																			
Locality																			
START INTERVIEW HERE																			
Living Quarters Number																			
Household Number																			
Person Number																			
1 Name		2 Sex																	
3 Relationship to Head of Household		4 How old are you?		5 Source															
6 Age (from I.C., Birth Certificate, etc.)		7 To what community do you belong?		8 During the last 12 months what did you do most of the time?															
9 What is your religion?		10 Are you going to school? (excluding adult education and kindergarten)		11 Have you ever been to school?															
12 What was the highest level you completed?		13 Did you pass any of these exams?		14 Are you a Malaysian Citizen?															
15 Colour of I/C		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?		22 Did you have a regular job or business?		23 Did you help in a family business or farm?															
24 About how many hours per day did you work?		25 Did you earn any money by working or by selling home made goods?		26 Did you look for work?															
27 Employment status		28 Main occupation (use two or more words if possible)		29 Main industry (use two or more words if possible)															
30 Work at home?		31 Name and address of establishment at which working		32 Language of everyday conversation?															
33 Read a n p / letter?		34 Write a letter?		35 What languages can you write?															
36 Ever been married?		37 Present marital status		38 How many children have you ever given birth to?															
39 a Living here		39 b Living somewhere else		39 c Dead		39 d Born dead													
Total a - d																			

Appendix 10.7 Institutions and wayfarers schedule: Census of Malaysia, 1970

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.

- Name (in full) Mr./Mrs./Miss
- Sex:

Male	Female
<input type="checkbox"/>	<input type="checkbox"/>
- Marital Status:

Currently Married	Widowed	Divorced or Separated	Single
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Date of birth: Year Month Day
- To what community (race) do you belong:
- Citizenship:

Malaysian	Other
<input type="checkbox"/>	<input type="checkbox"/>
- Birthplace:

Malaysia	Outside Malaysia
<input type="checkbox"/>	<input type="checkbox"/>
- Highest level of schooling completed:

None	Attended some years	Completed all years
Primary	<input type="checkbox"/>	<input type="checkbox"/>
Secondary	Attended some years	Completed all years
	<input type="checkbox"/>	<input type="checkbox"/>
- (a) Can you read a newspaper or letter:

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

 (b) Can you write a letter:

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
- Activity:

Employer	Self Employed	Salary & Wages	Worker in Family Business	Looking For Work	Housewife	Student	Other
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Finish
- Occupation (explain clearly, e.g. mechanical engineer, lorry driver)
- Industry (explain clearly, e.g. transport company, machine repairs)