

**KERALA REGISTRATION OF BIRTH AND
DEATH RULES, 1999**



KERALA GAZETTE

EXTRAORDINARY

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GOVERNMENT OF KERALA

Local Administration (C) Department

NOTIFICATION

G.O. (P) 8/2000/LSGD. *Dated, Thiruvananthapuram, 6th January, 2000.*

S. R. O. No. 150/2000.—In exercise of the powers conferred by Section 30 of the Registration of Births and Deaths Act, 1969 (Central Act 18 of 1969) and in super session of the Kerala Registration of Births and Deaths Rules, 1970, the Government of Kerala with the approval of the Central Government, hereby make the following rules, namely:—

RULES

1. *Short title and commencement.*— (1) These rules may be called the Kerala Registration of Births and Deaths Rules, 1999.

(2) They shall come into force on the 1st day of January, 2000.

2. *Definitions.*—In these rules, unless the context otherwise requires,—

- (a) "Act" means the Registration of Births and Deaths Act, 1969;
- (b) "Form" means a Form appended to these rules; and
- (c) "Section" means a section of the Act.

3. *Period of gestation.*—The period of gestation for the purposes of clause (g) of sub-section (i) of section 2 shall be twenty-eight weeks.

4. *Submission of report under section 4 (4)*—The report under sub-section (4) of section 4 shall be prepared in the prescribed format appended to these Rules and shall be submitted along with the statistical report referred to in sub-section (2) of section 19, to the State Government by the Chief Registrar for every year by the 31st July of the year following the year to which the report relates.

5. *Form, etc. for giving information of births and deaths.*—(1) The information required to be given to the Registrar under section 8 or section 9, as the case may be, shall be in Form No's. 1, 2 and 3 for the Registration of a birth, death and still birth respectively (hereinafter to be collectively called the reporting forms). Information if given orally, shall be entered by the Registrar in the appropriate reporting forms and the signature/thumb impression of the informant obtained.

(2) The part of the reporting forms containing legal information shall be called the 'Legal Part' and the part containing statistical information shall be called the 'Statistical Part'.

(3) The information referred to in sub-rule (1) shall be given within twenty-one days from the date of birth, death and still birth.

6. *Birth or death in a vehicle.*—(1) In respect of a birth or death in a moving vehicle, the person in charge of the vehicle shall give or cause to be given the information under sub-section (1) of section 8 at the first place of halt.

Explanation.—For the purpose of this rule the term "vehicle" means conveyance of any kind used on land, air or water and includes an aircraft, a boat, a ship, a railway carriage, a motor-car, a motor cycle, a cart, a tonga and a rickshaw.

(2) In the case of deaths not falling under clauses (a) to (e) of sub-section (1) of section 8 in which an inquest is held, the officer who conducts the inquest shall give or cause to be given the information under sub-section (1) of section 8.

7. *Form of certificate under section 10 (3).*— The certificate as to the cause of death required under sub-section (3) of section 10 shall be issued in Form No. 4 or 4A and the Registrar shall, after making necessary entries in the register of births and deaths, forward all such certificates to the Chief Registrar or the officer specified by him in this behalf by the 10th of the month immediately following the month to which the certificates relate.

8. *Extracts of registration entries to be given under section 12.*—(1) The extracts of particulars from the register relating to births or deaths to be given to an informant under section 12 shall be in Form No. 5 or Form No. 6, as the case may be.

(2) In the case of domiciliary events of births and deaths referred to in clause (a) of sub-section (1) of section 8 which are reported direct to the Registrar of Births and Deaths, the head of the house or house hold as the case may be, or, in his absence, the nearest relative of the head present in the house may collect the extracts of birth or death from the Registrar within thirty days of its reporting.

(3) In the case of domiciliary events of births and deaths referred to in clause (a) of sub-section (1) of section 8 which are reported by persons specified by the State Government under sub-section (2) of the said section, the person so specified shall transmit the extracts received from the Registrar of Births and Deaths to the concerned head of the house or household as the case may be, or, in his absence, the nearest relative of the head present in the house within thirty days of its issue by the Registrar.

(4) In the case of institutional events of births and deaths referred to in clauses (b) to (e) of sub-section (1) of section 8, the nearest relative of the new born or deceased may collect the extract from the officer or person in charge of the institution concerned within thirty days of the occurrence of the event of birth or death.

(5) If the extract of birth or death is not collected by the concerned person as referred to in sub-rules (2) to (4) within the period stipulated therein, the Registrar or the officer or person in charge of the concerned institution as referred to in sub-rule (4) shall transmit the same to the concerned family by post within fifteen days of the expiry of the aforesaid period.

9. *Authority for delayed registration and fee payable there for*—(1) Any birth or death of which information is given to the Registrar after the expiry of the period specified in rule 5, but within thirty days of its occurrence, shall be registered on payment of a late fee of rupees two.

(2) Any birth or death of which information is given to the registrar after thirty days but within one year of its occurrence, shall be registered only with the written permission of the officer prescribed in this behalf and on payment of a late fee of rupees five.

(3) Any birth or death which has not been registered within one year of its occurrence, shall be registered only on an order of a magistrate of the first class or a Presidency Magistrate and on Payment of a late fee of rupees ten.

10. *Period for the purpose of section 14.*—(1) Where the birth of any child had been registered without a name, the parent or guardian of such child shall, within 12 months from the date of registration of the birth of child, give information regarding the name of the child to the Registrar in writing:

Provided that if the information is given after the aforesaid period of 12 months which shall be reckoned, subject to the provisions of sub-section (4) of section 23, the Registrar shall enter the name in the relevant column of the concerned form in the birth register on payment of a late fee of rupees five.

(2) The parent or the guardian, as the case may be, shall also present to the Registrar the copy of the extract given to him under section 12 or a certified extract issued to him under section 17 and on such presentation the Registrar shall make the necessary endorsement relating to the name of the child.

11. *Correction or cancellation of entry in the register of births and deaths.*—(1) If it is reported to the Registrar that a clerical or formal error has been made in the register or if such error is otherwise noticed by him the Registrar shall enquire into the matter and if he is satisfied that any such error has been made, he shall correct the error (by correcting or canceling the entry) as provided in section 15 and shall send an extract of the entry showing the error and how it has been corrected to the State Government or the officer specified by it in this behalf.

(2) If any person asserts that any entry in the register of births and deaths is erroneous in substance, the Registrar may correct the entry in the manner prescribed under section 15 upon production by that person a declaration setting forth the nature of the error and true facts of the case made by two credible persons having knowledge of the facts of the case.

(3) Notwithstanding anything contained in sub-rule (1) and sub-rule (2) the Registrar shall make report of any correction of the kind referred to therein giving necessary details to the State Government or the officer specified in this behalf.

(4) If it is proved to the satisfaction of the Registrar that any entry in the register of births and deaths has been fraudulently or improperly made, he shall make a report giving necessary details to the officer authorised by the Chief Registrar by general or special order in this behalf under section 25 and on hearing from him take necessary action in the matter.

(5) In every case in which an entry is corrected or cancelled under this rule, intimation thereof should be sent to the permanent address of the person who has given information under section 8 or section 9.

12. *Form of register under section 16.*—The legal part of the Form Nos. 1, 2 and 3 shall constitute the birth register, death register and still birth register (Form Nos. 7, 8 and 9) respectively.

13. *Fees and postal charges payable under section 17.*—(1) The fees payable for a search to be made, an extract or a non-availability certificate to be issued under section 17, shall be as follow :

	<i>Rs.</i>
(a) Search for a single entry in the first year for which the search is made	2.00
(b) for every additional year for which the search is continued	2.00
(c) for granting extract relating to each birth or death	5.00
(d) for granting non-availability certificate of birth or death	2.00

(2) Any such extract in regard to a birth or death shall be issued by the Registrar or the officer authorised by the State Government in this behalf in Form No. 5 or, as the case may be, in Form No. 6 and shall be certified in the manner provided for in section 76 of the Indian Evidence Act, 1872 (1 of 1872).

(3) If any particular event of birth or death is not found registered the Registrar shall issue a non-availability certificate in Form No. 10.

(4) Any such extracts or non-availability certificate may be furnished to the person asking for it or sent to him by post on payment of the postal charges therefore.

14. *Interval and forms of periodical returns under section 19(1).—*

(1) Every Registrar shall after completing the process of registration send all the Statistical Parts of the reporting forms relating to each month along with a Summary Monthly Report in Form No. 11 for births, Form No. 12 for deaths and Form No. 13 for still births to the Chief Registrar or the officer specified by him on or before the 5th of the following month.

(2) The officer so specified shall forward all such statistical parts of the reporting forms received by him to the Chief Registrar not later than the 10th of the month.

15. *Statistical report under section 19 (2)—*The statistical report under sub-section (2) of section 19 shall contain the tables in the prescribed formats appended to these rules and shall be compiled for each year before the 31st July of the year immediately following and shall be published as soon as may be thereafter but in any case not later than five months from that date.

16. *Conditions for compounding offences—*(1) Any offence punishable under section 23 may, either before or after the institution of criminal proceedings under this Act, be compounded by an officer authorised by the Chief Registrar by a general or special order in this behalf, if the officer so authorised is satisfied that the offence was committed through inadvertence or oversight or for the first time.

(2) Any such offence may be compounded on payment of such sum, not exceeding rupees fifty for offences under sub-sections (1), (2) and (3) and rupees ten for offences under sub-section (4) of section 23 as the said officer may think fit.

17. *Registers and other records under section 30(2)(k).—*(1) The birth register, death register and still birth register shall be records of permanent importance and shall not be destroyed.

(2) The court orders and orders of the specified authorities granting permission for delayed registration received under section 13 by the Registrar, shall form an integral part of the birth register, death register and still birth register and shall not be destroyed.

(3) The certificate as to the cause of death furnished under sub-section (3) of the section 10 shall be retained for a period of at least 5 years by the Chief Registrar or the officer specified by him in this behalf.

(4) Every birth register, death register and still birth register shall be retained by the Registrar in his office permanently.

FORMAT OF THE REPORT ON THE WORKING OF THE ACT

(See Rule 4)

1. Brief description of the State, its boundaries and revenue Districts.
2. Changes in Administrative Areas.
3. Explanation about the differences in Areas.
4. Changes in Registration Area-Extension
5. Administrative set up of the registration machinery at various levels.
6. General response of the public towards this Act.
7. Notification of births and deaths.
8. Progress in the medical certification of cause of death.
9. Maintenance of Records.
10. Search of births and deaths register for issue of certificates.
11. Delayed, registrations.
12. Prosecutions and compounding of offences.
13. Difficulties encountered in implementation of the Act.
 - (i) Administrative
 - (ii) Others
14. Orders and Instructions issued under the Act,
15. General remarks.

- To be filed by the informant*
1. Date of Birth
(Enter the exact day, month and year the child was born eg 1-1-2000)
 - 2 Sex
(Enter "male" or "female", do not use abbreviation)
 - 3 Name of the child, if any
(If not named, leave blank]
 - 4 Name of the father.
(Full name as usually written)
 - 5 Name of the mother
(Full name as usually written)
 - 6 Place of birth (Tick the appropriate entry 1 or 3 below and give the name of the Hospital/institution or the address of the house where the birth took place)
 - 1 Hospital/ Name institution
 - 2 House Address
 - 7 Informant's name
 - (1) Address
 - (2) Counter signature and seal of the authorities concerned (in the case of hospitals/Institutions)

(After completing ail columns 1 to 20, informant will put date and signature here:)

Signature or left thumb mark of the informant

To be filled by the Registrar

Registration No .	Registration Date	Name	Code No
Registration Unit		District, Tahsil,	
Town/Village	District	Town.'Village ¹	
Remarks (if any)		Registration Unit	
Name and Signature of the Registrar			

BIRTH REPORT
 Statistical information

This part to be deluded and sent for statistical processing

- To be filled by the informant*
- 8 Town or Village of Residence of the mother
(Place where the mother usually lives. This can be different from the place where the delivery occurred. The house address is not required to be entered)
 - (a) Name of Town/Village
 - (b) Is it a town or village (Tick the appropriate entry below) /
 - 1 Town
 - 2 Village
 - (c) Name of District
 - (d) Name of State
 - 9 Religion of the Family (Tick the appropriate entry below)
 - 1 Hindu
 - 2 Muslim
 - 3 Christian
 - 4 Any other religion
(write name of the religion)
 - 10 Father's level of education
(Enter the completed level of education e u If studied up to class VII but passed only class VI, write class VI)
 - 11 Mother's level of education;
(Enter the completed level of education eg If studied up to class VII but passed only class VI, write class VI)
 - 12 Father's occupation
(If no occupation write 'Nil')
 - 13 Mother's occupation
(If no occupation write 'Nil')

In the case of multiple births, fill in a separate form for each child and write 'Twin birth' or 'Triple birth' box below left

No.1

To be filled by the informant

- 14 Age of the mother (m completed years) al the time of marriage
(If married more than once, age at first marriage may be entered)
- 15 Age of the mother (in completed years) at the time of this birth
- 16 Number of children born alive to the mother so far including this child [Number of children born alive lo include also those from earlier marriage(s), if any]
- 17 Type of attention at delivery (Tick the appropriate entry below)
 - 1 Institutional—Government
 - 2 Institutional—Private or Non-Government
 - 3 Doctor, Nurse or Trained midwife
 - 4 Traditional Birth Attendant
 - 5 Relatives or others IS Method of Delivery (Tick the appropriate entry below)
 - 1 Natural
 2. Caesarean
 - 4 Forceps/Vacuum
19. Birth weight (in kgs.) (if available)
20. Duration of pregnancy (in weeks)
(Column to be filled are over., Now put signature at left)

Registration No:	Registration Date ¹
Date of Birth Sex 1 Male 2. Female Place of Birth. I Hospital/Institution 2 House	

Name and Signature of the Registrar

FORM No. 2

DEATH REPORT

Legal information

• This part to be added to the Death Register

To be filled by the informant

- Date of Death
(Enter the exact day, month and year the death took place eg 1-1-2000)
 - 2. Name of the Deceased
(Full name as usually written)
(a) Permanent address of the deceased
(b) Name of father/Husband
 - 3 Sex of the deceased.
(Enter "male" or "female", do not use abbreviation)
 - A Age of the deceased (If the deceased was over 1 year of age, give age in completed years. If the deceased was below 1 year of age, give age in months, and if below 1 month give age in completed number of days, and if below one day, in hours)
 - 5 Place of death (Tick the appropriate entry 1, 2 or 3 below and give the name of the Hospital/Institution or the address of the house where the death took place. If other place, give location)
 - 1 Hospital/ institution' Name,
 - 2 House Address.
 - 3 Other Place
 - 6. Informant's name.
 - 1 Address.
 - 2 Counter signature and seal of the authorities concerned (in the case of hospitals/Institution)
- (After completing all columns 1 to /7, informant will put date and signature here.)

Signature or left thumb mark of the informant

To be filled by the Registrar

Registration No	Registration	Name
Unit	Town/Village	Remarks
(if any)	Date	District
	Name and Signature of the Registrar	

DEATH REPORT

Statistical information

This part to be detached and send for statistical processing

To be filled by the informant

- 7 Town or Village of Residence of the deceased (Place where the deceased actually lived. This can be different from the place where the death occurred. The house address is not required to be entered.)
 - (a) Name of Town/Village¹
 - (b) Is it a town or village (Tick the appropriate entry below)
 - 1 Town
 - 2 Village
 - (c) Name of District:
 - (d) Name of State
- 8 Religion (Tick the appropriate entry below)
 - 1 .Hindu
 - 2. Muslim
 - 3 Christian
- 4. Any other religion (write name of the religion)
- 9 Occupation of the deceased (If no occupation write 'Nil')
- 10 Type of medical attention received before death. (Tick the appropriate entry below)
 - 1 Institutional
 - 2 Medical attention other than institution
 - 3 No medical attention

To be filled by the informant

- 11. Was the cause of death medically certified¹ (Tick the appropriate entry below)
 - 1. Yes
 - 2 No
- 12. Name of Disease or Actual Cause of Death (For all deaths irrespective of whether medically certified or not)
- 13. In case this is a female death, did the Death occur while pregnant, at the time of delivery or within 4 weeks after the end of pregnancy (Tick the appropriate entry below)
 - 1 Yes
 - 2.No
- 14. If used to habitually smoke-for how many years?
- 15. If used to habitually chew tobacco in any form-for how many years?
- 16. If used to habitually chew arecanut in any form (including pan masala)-for how many years?
- 17. If used to habitually drink alcohol-for how many years"

to be filled are over.- Now put signature at left

To be filled by the Registrar

Registration No:	Registration Date
Date of Death	Sex 1 Male 2. Female
Age	Years/months/days/hours
Place of Death	1. Hospital/Institution 1. House 3 Other Place
Name and Signature of the Registrar	

Legal in formal ion *This part to be added to 'he Still Birth Register*

In the case of multiple births, FOHM No. Hit in a separate

Statistical information birth' etc as the case *This part to be detached and sent fur statistical processing* may be, in the remarks column in the box below left. **Form No 3**

To be filled by the informant 1 Dale of

Birth (Enter the exact day, month and year e.g 1-1-2000)

2. Sex (Enter "male" or "female", (Do not use abbreviation)

3. Name of the father (Full name as usually written) t

Name of the mother (Full name as usually written)

5. Place of birth (Tick the appropriate entry below and give the name of the Hospital/Institution or the address of the house where the birth took place)

(1) Hospital/ institution Name:

(2) House Address

6. Informant's name.

(1) Address:

(2) Countersignature and seal of the authorities concerned (in the case of Hospitals/Institutions)

(After completing all columns 1 to 12, informant mil put dale and signature here)

Signature or left thumb mark of the informant

To be filled by the informant

Town or Village of Residence of the mother (Place where the mother usually lives This can be from the place where the delivery occurred The house address is not required to be entered)

(a) Name of Town/Village

(b) Is it a town or village. (Tick the appropriate entry below)

1. Town 2. Village

(c) Name of District.

(d) Name of Stale

Age of (he mother (in completed years) at the time of this birth;

Mother's level of education (Enter the completed level of education e.g. If studied upto class VII but passed only class VI, write class VI)

Type of attention at delivery (Tick the appropriate entry below)

1 Institutional—Government

2 Institutional—Private or Non-Government

3 Doctor, Nurse or Trained midwife

4 Traditional Birth Attendant

5 Relatives or others

Duration of pregnancy (in weeks)

Cause of foetal death (If known)

(Column *to be fified are over. Now put signature al left*)

To be filled by the Registrar

Registration Date

Registration No

Registration Unit

Town/Village.

Remarks (if any)

Name and Signature of the Registrar

Name
District
Tahsil
Town/Village
Registration Unit.

To be filled by the Registrar

Code No

Registration No:
Registration Date.
Date of Birth

Sex (1) Male (2) Female Place of Birth (!)
Hospital/institution (2) House

Name and Signature of the Registrar

FORM No 4

(See Rule 7)

MEDICAL CERTIFICATE OF CAUSE OF DEATH

(Hospital in-patients. Not to be used for still births) To be sent to Registrar along with Form No 2 (Death Report)

Name of the Hospital

I hereby certify that the person whose particulars are given below died in the hospital in Ward No

at AM./PM

NAME OF DECEASED					For use of Statistical Office
Sex	Age at Death				
	<i>If one year or more, age in Years</i>	<i>If less than one year, age in Months</i>	<i>If less than one month age in Days</i>	<i>If less than one day, age in Hours</i>	
1 Male 2 Female					
CAUSE OF DEATH I Immediate cause State the disease, injury or complication which caused death, not the mode of dying such as heart failure, asthenia, etc Antecedent cause Morbid conditions, if any, giving rise to the above cause, stating underlying conditions last II Other significant conditions to the death but not related to the disease or conditions causing it -			(a) due to (or as a consequences of (b) due to (or as a consequences of)	Internal between on set & death approx	

Manner of Death

- (1) Natural (2) Accident (3) Suicide (4) Homicide
(5) Pending investigation

How did the injury occur¹

If deceased was a female, was pregnancy the death associated with? (1) Yes (2) No.
If yes, was there a delivery? (1) Yes (2) No

Name and signature of the Medical Attendant certifying the cause of death
Date of verification ..

SEE REVERSE FOR INSTRUCTIONS

(To be detached and handed over to the realive of the deceased)

Certified that Shri/Smt./Kum
this hospital on and expired on

.SAV/Dof Shri . '

.... R/O

was admitted to

Doctor.....
(Medical Supdt. Name of Hospital)

MEDICAL CERTIFICATE OF CAUSE OF DEATH

Directions for completing the form

Name of deceased—To be given in full. Do not use initials. If deceased is an infant, not yet named at time of death, write 'Son of (S/o) or 'Daughter of (D/O), followed by names of mother and father.

Age.—If the deceased was over 1 year of age, give age in completed years. If the deceased was below 1 year of age, give age in months and if below month give age in completed number of days, and if below one day, in hours.

Cause of Death.—This part of the form should always be completed by the attending physician personally.

The certificate of cause of death is divided into two parts, I and II. Part I is again divided into three parts, lines (a) (b) (c). If a single morbid condition completely explains the deaths, then this will be written on line (a) of Part I, and nothing more need be written in the rest of Part I or in Part II, or, example, smallpox, lobar pneumonia, cardiac beriberi, are sufficient cause of death and usually nothing more is needed.

Often, however, a number of morbid, conditions will have been present at death, and the doctor must then complete the certificate in the proper manner so that the correct underlying cause will be tabulated. First, enter in Part. I (a) the immediate cause of death. This does not mean the-mode of dying, e.g., heart failure, respiratory failure, etc. These terms should not appear on the certificate at all since they are modes of dying and not causes of death. Next consider whether the immediate cause is a complication or delayed result of some other cause. If so, enter the antecedent cause in Part i, line (b). Sometimes there will be three stages in the course of events leading to death. If so, line (c) will be completed. The under-lying cause to be tabulated is always written last in Part I.

Morbid conditions or injuries may be present which were not directly related to the train of events causing death but which contributed in some way to the fatal outcome. Sometimes the doctor finds it difficult to decide, especially for infant, deaths, which of several independent conditions was the primary cause = of death; but only one cause can be tabulated, so the doctor must decide. If the other diseases are not effects of the underlying cause, they are entered in Part II.

Do not write two or more conditions on a single line. Please write the names of the diseases (in full) in the certificates as legibly as possible to avoid the risk of their being misread.

Onset.—Complete the column for interval between onset and death whenever-possible, even if very approximately, e.g., "from birth" "several years".

Accidental or violent deaths.—Both the external cause and the nature of the injury are needed and should be stated. The doctor or hospital should always be able to describe the injury, stating the part of the body injured, and should give the external cause in full when this- is shown. Example: (a) Hypostatic pneumonia; (b) Fracture of neck of femur, (c) Fall from ladder at home.

Maternal deaths.—Be sure to answer the questions on pregnancy and delivery. This information is needed for all women of child-bearing age, even though the pregnancy may have had nothing to do with the death.

Old age or senility.—Old age (or senility) should be not given as a cause of death if a more specific cause is known. If old age was a contributory factor, it should be entered in Part II. Example; (a) Chronic bronchitis, H old age.

Completeness of information.—A complete case history is not wanted, but, if the information is available, enough details should be given to enable the underlying cause to be properly classified.

Example.—Anaemia—Give type of anaemia, if known. Neoplasms—indicate whether benign or malignant, and site, with site of primary neoplasm. whenever possible, Heart disease—Describe the condition specifically, if congestive heart failure, chronic on pulmonale, etc., are mentioned, given the antecedent conditions. Tetanus—Describe the antecedent injury, if known. Operation—State the condition for which the operation was performed, Dysentery—Specify whether bacillary, amoebic, etc., if know. Complications of pregnancy or delivery—Describe the complication specifically Tuberculosis—Give organs affected.

Symptomatic statement.—*Convulsions*, diarrhoea, fever, ascites, jaundice, debility etc., are symptoms which may be due to any one of a number of different conditions. Sometimes nothing more is know, but whenever possible, give the disease which caused the symptom.

Manner of Death.—Deaths not due to external cause should be identified as 'Natural'. If the cause of death is known, but it is not known whether it was the result of an accident suicide or homicide and is subject to further investigation, the cause of death should invariably be filled in and the manner of death should be shown as 'Pending investigation'.

FORM No. 4A

(See Rule 7)

MEDICAL CERTIFICATE OF CAUSE OF DEATH

(For non-institutional deaths. Not to be used for still births)

To be sent to Registrar along with Form No. 2 (Death Report)

I hereby certify that the deceased Shri/Smt./Km..... son of/wife
of/daughter of..... resident of.....
was under my treatment from.... to..... and he/she died on. at..... A.M./P.M.

NAME OF DECEASED	%			For use of Statistical Office
Sex	Age at Death			
	Age in completed Years	If less than 1 year age in Months	If less than one month age in Days.	If less than one day age in Hours
1. Male 2. Femal				
CAUSE OF DEATH		Interval between on set & death approx		
I Immediate cause State the disease, injury or condition which caused death, not the mode of dying such as heart asthenia, etc.		(a)... Due to (or as a consequence of)		
Antecedent cause Morbidity conditions, if any, giving to the above Cause, stating underlying conditions last		(b) due to (or as a consequence of)		
II Other significant conditions contributing to the death but not related to it or conditions causing it		(c).....		

If deceased was a female, was pregnancy the death associated with? 1. Yes 2. No
If yes, was there a delivery? 1. Yes 2. No

Name and signature of the Medical Practitioner Certifying the cause of death
Date of Certification.....

SEE REVERSE FOR INSTRUCTIONS

(To be detached and handed over to the relative of the deceased)

Certified that Shri/Smt./Kum.....S/W//D of Shri
RAX.....was under my treatment fromto
And he/she expired onat A.M./P.M.

Doctor.....
Signature and address of Medical Practitioner/
Medical attendant with Registration No.

MEDICAL CERTIFICATE. OF CAUSE OF DEATH

Directions for completing the form

Name of deceased—To be given in full. Do not use initials. If deceased is an infant, not yet named at time of death write. Son of (S/o) or 'Daughter of (D/o), followed by names of mother and father.

Age.—If the deceased was over 1 year of age, give age in completed years. If the deceased was below 1 year .of age, give age in months and if below 1 month give age in completed number of days, and if below one day, in hours.

Cause of Death.—This part of the form should always be completed by the attending physician personally.

The certificate of cause of *death* is divided into two parts, I and II. Part I is again divided into three parts, lines (a) (b) (c). If a single morbid condition completely explains the deaths, then this will be written on line (a) of Part I, and nothing more need be written, in the rest of Part I or in Part II, or example, smallpox, lobar pneumonia, cardiac beriberi, are sufficient cause of death and usually nothing more is needed.

Often, however, a number of morbid conditions will have been present at death, and the doctor must then complete the certificate in the proper manner so that the correct underlying cause will be tabulated. First enter in Part I (a) the immediate cause of death. This does not mean the mode of dying, e.g., heart failure, respiratory failure, etc. These terms should not appear on the certificate at all since they are modes of dying and not causes of death. Next consider whether the immediate cause is a complication or delayed result of some other cause. If so enter the antecedent cause in Part I, line (b). Sometimes there will be three stages in the course of events leading to death. If so, line (c) will be completed. The underlying cause to be tabulated is always written last in Part I.

Morbid conditions or injuries may be present which were not directly related to the train of events causing death but which contributed in some way to the fatal outcome. Sometimes the doctor finds it difficult to decide, especially for infant deaths, which of several independent conditions was the primary cause of death; but only one cause can be tabulated, so the doctor must decide. If the other diseases are not effects of the underlying cause, they are entered in Part II.

Do not write two or more conditions on a single line. Please write the names of the diseases (in full) in the certificates as legibly as possible to avoid the risk of their being misread.

Onset.—Complete the column for interval between onset and death whenever possible, even if very approximately, e.g., "from birth" "several years".

Accidental or violent deaths.—Both the external cause and the nature of the injury are needed and should be stated. The doctor or hospital should always be able to describe the injury, stating the part of the body injured, and should give the external cause in full when this is shown. Example : (a) Hypostatic pneumonia; (b) Fracture of neck of femur, (c) Fall from ladder at home.

Maternal deaths.—& sure to answer the questions on pregnancy and delivery. This information is needed for all women of child -bearing age, even though the pregnancy may have had nothing to do with the death.

Old age or senility.—*Old* age (or senility) should be not given as a cause of death if a more specific cause is known. If old age was a contributory factor, it should be entered in Part II. Example : (a) Chronic bronchitis, II old age.

Completeness of information.—A complete case history is not wanted, but, if the information is available, enough details should be given to enable the underlying cause to be properly classified,

Example.— Anaemic—Give type of anaemia, if known, Neoplasms—Indicate whether benign or malignant, and site, with site of primary neoplasm, whenever possible, Heart disease—Describe the condition specifically; if congestive heart failure, chronic on pulmonale, etc., are mentioned, give the antecedent conditions. Tetanus—Describe the antecedent injury, if known. Operation—State the condition for which the operation was performed. Dysentery—Specify whether bacillary, amoebic, etc., if know. Complications of pregnancy or delivery—Described the complication specifically Tuberculosis—Give organs affected

Symptomatic Statement.—*Convulsions*, diarrhoea, fever, ascitae, jaundice, debility etc, are symptoms which may be due to any one of a number of different conditions. Sometimes nothing more is know, but whenever possible, give the disease which caused the symptom.

FORM No. 5

(See Rule 8)

BIRTH CERTIFICATE

(Issued under Section 12/17)

This is to certify that the following information has been taken from the original record of birth which is the register for (*Local Area*)..... of Tahsil..... of District..... of State.....

Name.....

Sex.....

Date of Birth.....

Place of Birth.....

Name of Father.....

Name of Mother.....

Registration No.....

Date of Registration.....

Date.....

Signature of issuing authority

Seal

FORM No. 6

(See Rule 8)

DEATH CERTIFICATE
(Issued under Section 12/17)

This is to certify that the following information has been taken from the original record of death which is the register for (*Local Area*)..... of Tahsil..... of District of State

Name.....

Sex.....

Date of Death

Place of Death.....

Name of Father/Husband

Registration No.....

Date of Registration.....

Date.....

Signature of issuing authority

Seal

No disclosure shall be made of particulars regarding the cause of death as entered in the Register. See proviso to Section 17 (1).

FORM No. 7

(See Rule 12)

BIRTH REGISTER

FORM No.1

BIRTH REPORT

Legal Information

This part to be added to the Birth Register

To be filled by the informant

1. Date of Birth : (Enter the exact (day, month and year the child was born e.g. 1-1-2000)
- 2.- Sex : (Enter "Male" or "female". do not use abbreviation)
3. Name of the child, if any : (If not named, leave blank)
4. Name of the father : (Full name as usually written)
5. Name of the mother : (Full name as usually written)
6. Place of birth ; (Tick the appropriate entry 1 or 2 below and give the name of the Hospital/Institution or the address of the house where the birth took place)

(1). Hospital/ Institution Name ;

(2) House Address

Informant's, name :

Address .

(After completing all columns 1 to 20, informant will put date and signature here).

Date ;

Signature or (let) thumb mark of the informant

To be filled by the Registrar

Registration No. ;

Registration Date

Registration Unit :

Town/Village :

District ;

Remarks (if any):

Name and Signature of the Registrar

FORM No. 8

(See Rule 12)

DEATH REGISTER

FORM No. 2

DEATH REPORT

Legal Information

This part to be added to the Death Register

To be filled by the informant

1. Date of Death : (Enter the exact day, month and year the death took place e.g. 1-1-2000)
2. Name of the Deceased :
(Full name as usually written)
3. Sex of the deceased :
(Enter "Male" or "Female", do not use abbreviation)
4. Age of the deceased : (if the deceased was over 1 year of age. give age in completed years. If the deceased was below 1 year of age. give age in months, and if below 1 month give age in completed number of days, and if below one day, in hours)
5. Place of death ; (Tick the appropriate entry 1, 2 or 3 below and give the name of the Hospital/Institution or the address of the house where the death took place. If other place, give location)

(1) Hospital/ Institution Name

(2) House Address

(3) Other Place

Informant's name :

Address ;

(After completing all columns 1 to 17. informant will put date and signature hers)

Date

Signature or left thumb mark of the informant

To be filled by the Registrar

Registration No. :

Registration Date :

Registration Unit :

Town/Village :

District :

Remarks (if any):

Name and Signature of the Registrar

FORM No. 10
(See Rule 13)

NON-AVAILABILITY CERTIFICATE

(Issued under Section 17 of the Registration of Births & Deaths Act, 1969)

This is to certify that a search has been made on the request of Shri/Smt./Kum..... son/wife/daughter of..... in the registration records for the year (s) relating to (Local area)..... of (Tahsil) of (District) of (State) and found that the event relating to the birth/death of..... son/daughter of..... was not registered.

Date

Signature of issuing authority

Seal

FORM No. 11

(See Rule 14)

SUMMARY MONTHLY REPORT OF BIRTHS

1. Report for the Month ofyear.
2. District:
3. Town/Village :
4. Registration Unit:
5. Number of Births Registered :
 - (a) Within one year of their Occurrence :
 - (b) After one year of their Occurrence :

Total* (a + b):

* Total should be equal to the number of Birth Report Forms (Form No. 2) attached with this monthly report.

*Signature & Name of
the Registrar.*

Dated :

Submitted to the Chief Registrar/District Registrar.

FORM No, 12

(See Rule 14)

SUMMARY MONTHLY REPORT OF BIRTHS

1. Report for the Month ofyear.....
2. District:
3. Town/Village :
4. Registration Unit:
5. Details of Deaths Registered during the Month :

Deaths			Infant Deaths	Maternal Deaths
Registered within one year of occurrence	Registered after one year of occurrence	Total*		
1	2	3	4	5

Note :—Infant and Material Deaths should also be included in the Deaths,

- * The Number of Statistical Reporting Form (Form No. 4) attached should be equal to the number of deaths registered.

*Signature & Name of
the Registrar.*

Dated :

Submitted to the Chief Registrar/District Registrar.

FORM No. 13

(See Ride 14)

SUMMARY MONTHLY REPORT OF STILL BIRTHS

1- Report for the Month of Year.....

2. District:

3. Town/Village :

4. Registration Unit:

5. Number of Still Births Registered :

* Number of Still Births Registered should be equal to the number of Still Birth Report Forms (Form No. 3) attached with this monthly report.

*Signature & Name
of the Registrar.*

Dated : Submitted to the Chief Registrar/District

Registrar.

TABLE A- 1

**Population, Registration Units, Monthly Returns Due and Received
(Rural Areas)**

Sl.No	District	Population as per last Census	Adjusted for Incomplete Receipt of Returns	No. of Registration Units	No. of Monthly Returns Due	No. of Monthly Returns not Received	Estimated mid-year population	Total Adjusted for Incomplete Receipt Returns
(1)	(2)	(3)	(4)	(5)		(7)	(8)	(9)

State Total

**Table A -2 Population, Registration Units, Monthly Returns Due and Received
(Urban Areas)**

Sl.No	Population as per last Census		No.of	No.of	No.of	Estimated mid-year population		
	District	Actual	Adjusted for Incomplete Receipt of Return	Registration Returns Due	Monthly Returns Due	Monthly Returns not Received	Total	Adjusted for Incomplete Receipt of Returns
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)

State Total

Table B-1 Live Births by Place of Occurrence, Districts (Rural & Urban) and towns with Population One Lakh and above

Sl. No.	Births by Place of Occurrence			Palce of Residence Of Mother	Place of Residence Outside the State		
	District	M	F	T	Within the Area	Outside the Area	Place of Residence Outside the State
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
1.	District-1 R U T						
	Towns with population one lakh and above						
	Town—1						
	Town—2						
2.	District—2						
	State Total—R						
	U						
	T						

TABLE B-2

**Live Births by Place of Residence, Districts (Rural & Urban) and Towns with
Population one Lakh and above**

Sl- No.	District	Births by Place of Residence of Mother			Birth Rate	Place of Residence of Mother	
		M	F	T		Within the Area	Outside the Area
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
1.	District-1 R U T						
	Towns with population one lakh and above						
	Town—1						
	Town—2						
2.	District—2						
	State Total—R						
	U						
	T						

TABLE B-3

Time Gap in Registration of Live Births (Rural & Urban)

Sl. No.	Rural								Urban								
	District	Number of Live Births Registered								Number of Live Births Registered							
		Delayed Registration Within Prescribed Time limit				Within 30 days Limit				Delayed Registration				After 1 year			
		After 30 days but within 1 year		After 1 year		Within Prescribed Time Limit		Within 30 days		After 30 days but within 1 year		After 1 year		After 1 year			
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)

State Total

TABLE. B-5

Live Births by Type of Attention at Delivery (Rural & Urban)

Rural/Urban	Type of Attention at Delivery						Total
	Institutional		Doctor		Traditional Birth Attendant	Relatives and Others	
(0)	Government (2)	Private and non Government (3)	Nurse and Trained Midwife (4)	(5)			(6)
Rural							
Urban							
(i) Towns with population one lakh and above							
		Town—1					
		Town—2					
(ii) All other Urban areas.							
Urban Total							
State Total							

TABLE B-6
Live Births by Method of Delivery and Type of Institution for Institutional Births (Rural & Urban)

Method of Delivery	Government Hospital		Type of Institution			Private and Non-Government		Total	
	U	T	R	U	T	R	U	T	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)

Natural

Caesarean

Forceps/Vaccum

Not Stated

State Total

TABLE B-9

Live Births by Age and Level of Education of the Mother (Rural & Urban)

Age of Mother	Level of education of the Mother						Total
	Illiterate	Below Primary	Primary but below Matric	Matric but below Graduate	Graduate & Above	Not Stated	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Below 15							
15-19							
20-24							
25-29							
30-34							
35-39							
40-44							
45 & above							
Age not stated							
Total							

TABLE B-10

Live Births by Level of Education of the Father and Birth Order (Rural & Urban)

Level of Education of Father	Live Birth Order									10 Above	11 .Stated	12	13 &	Not-	Total
	1	2	3	4	5	6	7	8	9						
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)

Ail Areas /Rural Areas/Urban Areas

Illiterate Below

Primary

Primary but below matric

Matric but below Graduate

Graduate & above
Not stated

Total

TABLE B-12

Live Births by Age of Mother and Birth Order for each Level of Education of the Mother (Rural)

Birth Order

Mother	1	2	3	4	5	6	7	8	9	10	11	12	13& Above	Stated	Total
(I)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)
All Educational Levels/Below Primary/Primary but below Martric/Matric but below Graduate/Graduate & Above															
Below 15															
15-19															
20-24															
25-29															
30-34															
35-39															
40-44															
45 & above															
Not stated															
Total	<hr/>														

All Educational Level also includes the education level not stated.

TABLE B-13

Live Births by Age of Mother and Birth Order for each Level of Education of the Mother (Urban)

Age of Mother	Birth Order															Total
	1	2	3	4	5	6	7	8	9	10	11	12	13 & Above	No Stated	(16)	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	
Below 15																
15-19																
20-24																
25-29																
30-34																
35-39																
40-44																
45 & above																
Not stated																
Total							*									

-----*-----^-----
 All Educational Level also includes the education level not stated.-

Table B-14
Live Births by Age of the Mother, Birth Order and Religion of the Family
(Rural)

Age of Mother	Birth Order															Total
	1	2	3	4	5	6	7	8	9	10	11	12	13 & Above	Not Stated		
(I)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	
	All religions*/Hindus/Muslims/Christians/Sikhs/Others**															
Below 15																
15-19																
20-24																
25-29																
30-34																
35-39																
40-44																
45 & above																
Not stated																
Total																

* Religion not stated have been included in "All religions".

** Minor religious groups have been combined under "Others".

TABLE B-15

**Live Births by Age of the Mother; Birth Order and Religion of the Family
(Urban)**

Age of Mother	Birth Order														
	1	2	3	4	5	6	7	8	9	10	11	12	13 & Above	Not Stated	Total
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)
Below 15															
15-19															
20-24															
25-29															
30-34															
35-39															
40-44															
45 & above															
Not stated															
Total															

* Religion not stated have been included in "All religions".

** Minor religious groups have been combined under "Others".

TABLE B-17

Live Births by Occupation of the Mother and Birth Order (Rural & Urban)

Occupation of Mother	Birth Order														
	1	2	3	4	5	6	7	8	9	10	11	12	13 & Above	Not Stated	Total
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)

All Areas/Rural Areas/Urban

Professional, Technical
and Related Workers

Administrative Executive
and Managerial workers

Clerical and Related workers Sales
Workers

Service workers

Farmers, Fishermen, Hunters,

Loggers etc. and Related workers

Production and-other related workers.

Transport Equipment Operators and

Labourers

Workers whose Occupation are
not elsewhere classified

Non-workers

Total

Table B-20

Live Births by duration of Pregnancy and Birth Weight (Rural & Urban)

Duration of Pregnancy (in weeks)	Less Than 1.500						1.500 - 2.000			2.000-3.000			3.000-4.000			4.000 +			Not stated		Total	
	R	U	T	R	U	T	R	U	T	R	U	T	R	C	T	R	U	T	R	u		T
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)	
<32																						
32-36																						
37-39																						
40																						
Not stated																						
Total																						

TABLE B-21

Live Births by Age of the Mother and Birth Weight (Rural & Urban)

Age of Mother	Birth Weight (in Kgs)																				
	Less than 1.500			1.500 -2000			2.000 - 3-000			3.000 - 4.000			4.000 +			Not stated			Total		
	R	U	T	R	U	T	R	U	T	R	U	T	R	U	T	R	U	T	R	U	T
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)

Below 15

15-19

20-24

25-29

30-34

35-39 .

40-44

45 & above

Not stated

Total

Table B-22
Live Births by Birth Order and Birth Weight (Rural & Urban)

Birth Order	Birth Weight (in-Kgs)																				
	Less than 1.500			1.500 - 2.000			2.000 - 3.000			3.000 - 4.000			4.000 -H			Not stated			Total		
	R	U	TR	U	TR	U	TR	U	T	R	U	T	R	0	T	R	U	T			
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)
1																					
2																					
3																					
4																					
5																					
6																					
7																					
10 & above																					
Not stated																					
Total																					

TABLE B-23

Live Births by Method of Delivery and Age of the Mother

(Rural & Urban)

Method of Delivery	Age yf Mother								Not stated	Total
	Below 15	15-19	20-24	25-29	30-34	35-39	40-44	45 & 3bove		
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
	All Areas		Rural Areas			Urban Areas				

Natural

Caesarean

Forceps/

Vacuum

Not stated

Total

TABLE- D-I

**Deaths by Place of Occurrence, Districts (Rural & Urban) and Towns with
Population One Lakh and above**

Sl.No	District	Deaths by Place of Occurrence			Place of Residence of Deceased		Place of Residence out side the Stale
		M	F	T	Within the Area	Outside the Area	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)

1. District-1

R

U

T

Town with Population one Lakh and above

Town - I.

Town - 2

2. District -2 .

R

U

T

State Total R .

U

T

TABLE D-2

**Deaths by Place of Residence, Districts (Rural & Urban) and Towns w
Population One Lakh and above**

Sl. N	District	Deaths by Place of Residence			Death Rate	Place of Occurrence of Death	
		M	F	T		Within the Area	Outside the Ares
(1)	(2)	(3),	(4)	(5)	(6)	(7)	(8)

1.District-I

R

U

T

Town with Population one Lakh and above

Town - 1

Town - 2

2 District - 2

R

U

T

State Total R

U

T

TABLE D-3
Time Gap in Registration of Deaths (Rural & Urban)

SI No.	Rural										Urban							
	Number of Deaths Registered										Number of Deaths Registered							
	Delayed Registration										Delayed Registration							
	District	within Prescribed Time Limit	within 30 days	After 30 days but within 1 year	After 1 year	With Prescribed Time Limit	Within 30 days	but within 1 year	After 1 year	Male	Female	Male	Female	Male	Female	Male	Female	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	
State Total																		

TABU; D-5

Deaths by Type of Attention at Death (Rural & Urban)

Rural/Urban	Type of Attention at Death			Total
	Institutional	Medical Attention other than Institution	No Medical Attention	
(1)	(2)	(3)	(4)	(5)
Rural				
Urban				
(i) Towns with Population				
.1 Lakh & above				
Town-1				
Town-2				
(ii) All other Urban area				
Urban Total				
State Total				

TABLE D--6

Deaths by Age, Sex and Religion of the Deceased (Rural & Urban)

Age	Religion of the Deceased														
	Hindus			Muslims			Christians			Others			Total		
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)
	All Areas/Rural Areas/Urban Areas														
Below 1 year															
5-14															
15-24															
25-34															
35-44															
45-54															
55-64															
65-69															
70 and above															
Age not stated															
Total															

* Minor religious group may be classified in to others.

TABU- D-S
Deaths by Age, Occupation and Sex (Urban)

Occupation of the Deceased (1)	Sex (2)	Age Group								Age not Stated (11)	Total (12)
		10-14 (3)	15-24 (4)	25-34 (5)	35-44 (6)	45-54 (7)	55-64 (8)	65-69 (9)	70 and Above (10)		
Professional Technical and Related workers	M										
	F										
	T										
Administrative, Executive and Managerial workers	M										
	F										
	T										
Clerical and Related workers	M										
	F										
	T										
Sales workers	M										
	F										
	T										

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
Service workers	M F T										
Farmers, Fishermen, Hunters Loggers etc. and Related workers	M F T										
Production and other related workers, Transport Equipment Operators and Labours	M F T										
Workers whose Occupation are not elsewhere classified	M F T										
Non-workers	M F T										
Total	M F T										

-

Table D-10

Deaths by Cause of Death, Age and Sex for all Deaths Medically Certified or Not

Age of Deceased

Sl	Cause of	Sex	Age of Deceased										Age	Total
No	death		Below 1 year	1-4	5-14	15-24	25-34	35-44	45-54	55-64	65-69	70	Above	not state

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
-----	-----	-----	-----	-----	-----	-----	-----	-----	------	------	------	------	------	------

M

F

T

Total

M

F

T

TABLE D-11

Deaths by Cause of Death, Age and Sex for Medically Certified Deaths

Age of Deceased

Sl	Cause of	Sex	Age of Deceased										Age	Total
No	death		Below 1 year	1-4	5-14	15-24	25-34	35-44	45-54	55-64	65-69	70	Above	not state
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)

M
F
T

Total
M
F
T

TABLE D-12

**Infant Deaths by Place of Occurrence, Districts (Rural & Urban) and Towns with
Population One Lakh and Above**

Sl. No	District	Deaths by Place of Occurrence			Place of Residence of Mother		Place of Residence outside the State
		M	F	T	Within the Area	Outside the Area	
(i)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
1	District-1	R					
		U					
		T					
		Town with Population one lakh and above					
		Town-1					
		Town-2					
3	District-2	R					
		U					
		T					
	State Total	R					
		U					
		T					

TABLE-D-13

**Infant Deaths by Place of Residence, Districts (Rural & Urban) and Towns with
Population One Lakh and above**

Si. No.	District	Deaths by Place of Residence of Mother			Infant Mortality rate	Place of Occurrence	
		M	F	T		Within the Area	Outside the Area
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
I	District-1						
	R						
	U						
	T						
	Town with Population one lakh and above						
	Town-1						
	Town-2						
2	District-2						
	R						
	U						
	T						
	State Total						
	R						
	U						
	T						

TABLE D-14

Infant Deaths by Age and Sex (Rural & Urban)

Sl No.	Age	Rural			Urban			All-Areas		
		Male	Female	Total	Male	Female	Total	Male	Female	Total
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)-	(9)	(10)	(11)
1.	7 days									
2.	7 days—28 days									
3.	28days—1 year									
4.	Age not stated									
	Total									

TABLE D-15

Pregnancy Related Deaths by Age Group of the deceased and Cause of

Cause of	Age of the Deceased								Not stated	Total
	Below 15	15-19	20-24	25-29	30-34	35-39	40-44	45&Above		
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)

All Areas/Rural Areas/Urban Areas

Total

Table D-16

Pregnancy Related Deaths by Age Group of the Deceased and Cause of Death for all Deaths Medically Certified or not (Rural & Urban)

Age of the Deceased									Not stated	Total
Below 15	15-19	20-24	25-29	30-34	35-39	40-44	45&Above			
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
All Areas/Rural/Areas/Urban Areas										

Total

TABLE D-17. Pregnancy Related Deaths by Age and Level of Education (Rural & Urban);

Age	Illiterate	Primary Below	Level of Education			Not	Total
			Primary but below Matric	Matric but Graduate	Graduate		
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Below 15			Rural Areas/Urban	Areas/All Areas			
15-19							
20-24							
25-29							
30-34							
35-39							
40-44							
45 & Above							
Not stated							
Total							

TABLE D-19

Deaths by Selected Cause of Death, Age, Sex and Habit (Rural)

Sl.No	Selected Cause of death	Age Group								Age not Stated	Total
		below 15	15-24	25-34	35-44	45-54	55-64	65-69	70 and above		
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)

M Only Smoking/Only Chewing Tobacco/Only Chewing
 F Areca nut/Only Drinking Alcohol/Smoking and Chewing
 T Tobacco/Smoking and Chewing Arecanut/Smoking aw
 Drinking Alcohol/Chewing Tobacco and Areca nut/Chewing
 Tobacco and Drinking Alcohol/Chewing Arecanut and Drinking
 Alcohol/Smoking, Chewing , Tobacco and Areca nut/Smoking
 Chewing Tobacco and Drinking Alcohol/Smoking , Chewing,
 Areca nut and Drinking Alcohol/Chewing Tobacco, Areca nut
 and Drinking Alcohol/All Habit/Habit Not Known .

TABLE. D-21

Deaths by Selected Cause of Death, Age, Sex and Habit (All Areas)

Sl.No	Selected Cause of death	Age Group								Age not Stated	Total
		below 15	15-24	25-34	35-44	45-54	55-64	65-69	70 and above		
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)

M Only Smoking/Only Chewing Tobacco/Only Chewing Arecanut/Only Drinking Alcohol/Smoking and Chewing

F Tobacco/Smoking and Chewing Arecanut/Smoking Drinking Alcohol/Chewing Tobacco and Arecanut/Chewing.

T Tobacco and Drinking Alcohol/Chewing Arecanut and Drinking Alcohol/Smoking, Chewing Tobacco and Arecanut/Smoking Chewing Tobacco and Drinking Alcohol/Smoking , Chewing Arecanut and Drinking Alcohol/Chewing Tobacco, Arecanut and Drinking Alcohol/All Habit/Habit Not Known .

TABLE S-1

Still Births by Place of Occurrence in Districts*(Rural & Urban)

Sl No	District	Still Births by Place of Occurrence			Place of Residence of Mother	Place of Residence outside the State	
		M	F	T	Within the area	Outside the area	
(1)		(3)	(4)	(5)	(6)	(7)	(8)
(

Sub Total R
U
T

TABLE S-2

Still Births by Place of Residence in Districts (Rural & Uroan)

SL No.	District	Still Births by Place of Residence of Mother			Still Birth Rate	Place of Occurrence of Still Births'	
		M	F	T		Within the Area	Outside the Area
(1)	(2) (3)	(4)	(5)	(6)	(7)	(8)	

State Total R
U
T

TABLE S-I

Still Births by Place of Occurrence in Districts (Rural & Urban).

Sl. No.	District	Still Births by Place of Occurrence			Place of Residence of Mother		Place of Residence outside the State
		M	F	T	Within the area	Outside the area	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)

State Total R
 U
 T

Table S-2

Still Births by Place of Residence in District (Rural & Urban)

Sl. No.	District	Still Births by Residence of Mother			Still Birth Rate	Place of Occurrence of still Births	
		M	F	T		Within the Area	Outside the Area
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)

State Total R
 U
 T

Table S-5
Still Birth by Sex and Type of Medical Attention Received at Delivery (Rural & Urban)

		Type of attention at delivery			
	Traditional Birth Attendant	Institutional Relatives & Others	Not stated	Doctor Nurse & Trained Total midwife	
Rural/ Urban	Government	Private and Non-Government			

(1)	(2) (5)	(3) (6)	(7)	(4) (8)
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Rural

Urban

(i) Towns with population one lakh and above

Town-1

Town -2

(ii) All Other

Urban areas

Urban Total

State Total

Table S-5

Still Births by Cause of Still Births and age of the Mother (Rural & Urban)

Sl	Cause of Still births	Age of Mother									Total
		Below 15	15-19	20-24	25-29	30-34	35-39	40-44	45 and above	Age not Stated	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
Rural Areas/Urban Areas/All Areas											

Total

TABLE: S-7

Still Births by Cause of Still Births and Age of the Mother (Rural & Urban)

Sl.	Age of Mother	Duration of Pregnancy (in weeks)						Total
		Below 32	32-36	37-39	40	41+	Not Stated	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
Rural Areas/Urban Areas/All Areas								

Total

By order of the Governor,

S. M. VIJAYANAND.
Secretary to Government-

Explanatory Note

(This does not form part of the notification, but is intended to indicate its general purport.)

As per Circular No. 6/4/97VS(CRS) dated 31st May, 1999 of office of Registrar General of India the revamped Civil Registration System will be introduced with effect from 1-1-2000. The newly introduced forms and the major changes in the process of registration, statistical reporting, tabulation plan etc., in the registration system call for amendments of several provisions of the Registration of Births and Deaths Rules. Keeping this in view it is proposed to replace the current Registration of Births and Deaths Rules with a comprehensively redrafted new set of rules. This notification is intended to achieve the above object.