

LOCAL ADMINISTRATION SECRETARIAT

(G. O. Ms. No. 172/LAS/99-2000, dated 29th December, 1999)

NOTIFICATION

In exercise of the powers conferred by section 30 of the Registration of Births and Deaths Act, 1969, (18 of 1969), the Lieutenant-Governor of Pondicherry, with the approval of the Central Government, hereby makes the following rules, namely :

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

(2) They shall come into force from 1st January 2000.

(3) These rules will replace the Pondicherry Registration of Births and Deaths Rules, 1978 and all its subsequent amendments notified from time to time.

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;

(c) “section” means a section of the Act; and

(d) “special District Registrar” means an officer of the Judicial Department specified as such by the Government.

3. *Period of Gestation.*—The period of gestation for the purposes of clause (g) of sub-section (1) section 2 shall be twenty-eight weeks.

4. *Submission of report under section 4(4).*—The report under sub-section (4) shall be prepared in the prescribed format appended to these rules and shall be submitted alongwith 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 day of 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 Nos. 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 afore said period.

9. *Authority for delayed registration and fee payable therefor.—*

(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 the child, give information regarding the name of the child to the Registrar either orally or in writing:

Provided that if the information is given after the afore said period of 12 months but within a period of 15 years, which shall be reckoned,—

(i) in case where the registration had been made prior to the date of commencement of the Registration of Births and Deaths (Amendment) Rules 1987 from such date, or

(ii) in case where the registration is made after the date of commencement of the Registration of births and deaths (Amendment) Rules 1987, from the date of such registration.

(2) Subject to the provisions of sub-section (4) of section 23, the Registrar shall,—

(a) If the register is in his possession forthwith enter the name in the relevant column of the concerned form in the birth register on payment of a late fee of rupees five.

(b) If the register is not in his possession and if the information is given orally, make a report giving necessary particulars, and, if the information is given in writing, forward the same to the officer specified by the State Government in this behalf for making the necessary entry on payment of a late fee of rupees five.

(3) 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 or take action as laid down in clause (b) of the proviso to sub-rule (1).

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 and if the register is in his possession, 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 cancelling 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) In the case referred to in sub-rule (1) if the register is not in his possession, the Registrar shall make a report to the State Government or the officer specified by it in this behalf and call for the relevant register and after enquiring into the matter, if he is satisfied that any such error has been made, make the necessary correction.

(3) Any such correction as mentioned in sub-rule (2) shall be countersigned by the State Government or the officer specified by it in this behalf when the register is received from the Registrar.

(4) 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.

(5) Notwithstanding anything contained in sub-rule (1) and sub-rule (4) 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.

(6) 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.

(7) 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.*—(1) The legal part of the Forms No. 1, 2 and 3 shall constitute the birth register, death register and still birth register (Form Nos. 7, 8 and 9) respectively and shall be in the form of books showing on the front page, the registration district and the

registration sub-district to which the registers relate and containing a certificate from the Special District Registrar as to the number of pages of entry spaces in the form. The register shall be signed on the first and last page and initialled on each page by the Special District Registrar. In each part of the register, the events shall be numbered serially for each calendar year.

(2) A new register shall be opened on the 1st of January, each year, and all events registerable under sections 8, 9 and 13 regardless of the date of occurrence of the event, shall be entered in it.

(3) No entry shall be interpolated between two serial numbers.

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 follows :—

(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 and 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 therefor.

14. *Intervals 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 a 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 subsection (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) One copy of register of births, deaths and still births shall be retained by the Registrar in his office permanently and this copy shall be called the original register. The other copy of the register of births, deaths, and still births, called the duplicate register, shall be transferred to the Special District Registrar within 30 days from the close of the calendar year to which it relates for permanent keeping. The Special District Registrar before filing them in his office shall verify the register, draw a report of such verification, copy of which shall be sent to the Chief Registrar and take whatever action he deems fit under the Act.

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.

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

BIRTH REPORT

Statistical Information

(This part to be detached and sent for statistical processing)

@ In the case of multiple births, fill in a separate Form for each child and write 'Twin birth' or 'Triple birth' etc., as the case may be, in the remarks column in the box below left.

(To be filled by the informant)

(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)
(1) Town
(2) Village
9. Religion : (Tick the appropriate entry below)
1. Hindu 2. Muslim 3. Christian
4. Any other religion, (write name of the religion)
10. Name of District :
(d) Name of State :
11. 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
12. Age of the mother (in completed years) at the time of marriage :
[If married more than once, age at first marriage may be entered]
13. Age of the mother (in completed years) at the time of this birth :
14. Number of children born alive to the mother so far including this child. [Number of children born alive to include also those from earlier marriage(s), if any] :
15. Type of attention at delivery :
(Tick the appropriate entry below)

To be detached and sent for statistical processing

(2) House Address 7. Informant's name : Address : (After completing all columns 1 to 20, informant will put date and signature here)	10. Father's level of education : (Enter the completed level of education e.g. 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 e.g. 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') Date : <i>Signature or left thumb mark of the informant</i>	(4) Traditional Birth Attendant (5) Relatives or Others 18. Method of Delivery (Tick the appropriate entry) (1) Natural (2) Caesarean (3) Forceps/Vacuum 19. Birth Weight (in kgs.) [If available] 20. Duration of pregnancy (in weeks) (Columns to be filled are over. Now put signature at left)
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(To be filled by the Registrar)		(To be filled by the Registrar)	
Registration No. :	Registration Date :	Name	Registration No. :
Registration Unit :		District :	Date of Birth :
Town/Village :	District :	Tahsil :	Sex : 1. Male 2. Female
@ Remarks (if any) :		Town/Village :	Place of Birth : (1) Hospital/Institution (2) House
		Registration Unit :	
Name and Signature of the Registrar		Name and Signature of the Registrar	

DEATH REPORT**Legal Information***(This part to be added to the Birth Register)***DEATH REPORT****Statistical Information***(This part to be detached and sent for statistical processing)**(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 monthss, and if below 1 month give age in completed number of days, and if below one day, in hours)
5. Father/Mother/Husband Name :

(To be filled by the informant)

8. 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/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 : (Tick the appropriate entry below)
1. Hindu 2. Muslim 3. Christian
4. Any other religion, (write name of the religion)
13. Name of disease or actual cause of death :
(For all deaths irrespective of whether medically certified or not)
14. In case this is a female death, did the death occur while pregnant, at the time of delivery or within 6 weeks after the end of pregnancy :
(Tick the appropriate entry below)
1. Yes 2. No
15. If used to habitually smoke -for how many years :
1. Hindu 2. Muslim 3. Christian
16. If used to habitually chew tobacco in any form -for how many years?

To be detached and sent for statistical processing

6. Place of death : (Tick the appropriate entry 1 or 2 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 Address
(2) House Address
(3) Other place:

7. Informant's name :

Address :

(After completing all columns 1 to 18, informant will put date and signature here)

Date :

Signature or left thumb mark of the informant

10. Occupation of the deceased : (If no occupation write 'Nil')

11. Type of the medical attention received before death :

(Tick the appropriate entry below)

1. Institutional

2. Medical attention other than Institution

3. No medical attention

12. Was the cause of death medically certified ? :

(Tick the appropriate entry below)

1. Yes 2. No

17. If used to habitually chew arecanut in any form (including pan masala) - for how many years?

18. If used to habitually drink alcohol - for how many years?

(Columns to be filled are over. Now put signature at left)

(To be filled by the Registrar)

Registration No. : Registration Date :
Registration Unit :
Town/Village : District :
Remarks (if any) :

Name and Signature of the Registrar

(To be filled by the Registrar)

Name : Code No. : Registration No. : Registration Date :
District : Date of Death : Sex : 1. Male 2. Female
Tahsil : Age : Years/Months/Days/Hours
Town/Village : Place of Death : (1) Hospital/Institution (2) House
Registration Unit : (3) Other place

STILL BIRTH REPORT**Legal Information**

(This part to be added to the Still 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 father :
4. Name of the mother :
(Full name as usually written)
5. 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
(2) House
6. Informant's name :
Address :

(After completing all columns 1 to 12, informant will put date and signature here)

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

STILL BIRTH REPORT**Statistical Information**

(This part to be detached and sent for statistical processing)
 @ In the case of multiple births, fill in a separate Form for each child and write 'Twin birth' or 'Triple birth' etc., as the case may be, in the remarks column in the box below left.

(To be filled by the informant)

7. 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 :

8. Age of the mother (in completed years) at the time of this birth :

9. Mother's level of education :
(Enter the completed level of education e.g. if studied up to class VII but passed only class VI, write class VI)

10. 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. Relative or others

11. Duration of pregnancy (in weeks)

12. Cause of foetal death (if known)

(Columns to be filled are over. Now put signature at left)

(To be filled by the Registrar)

District : Name : Registration No. : Registration Date :
 Tahsil : Date of Birth : Sex : 1. Male 2. Female
 Town/Village : Place of Birth : (1) Hospital/Institution (2) House
 Registration Unit :

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.....on.....
at.....A.M./P.M.

NAME OF DECEASED				For use of Statistical Office
Sex		Age at Death		
1. Male		If 1 year or more, age in years	If less than 1 year, age in Months	If less than one day, age in Hours
2. Female				
CAUSE OF DEATH				
Immediate cause				
State the disease, injury or complication which caused death, not the mode of dying such as heart failure, asthenia, etc.				
(a) due to (or as a consequences of)				
Antecedent cause				
Morbid conditions, if any, giving rise to the above cause, stating underlying conditions last				
(b) due to (or as a consequences of)				
(c)				
Interval between onset & death approx.				

II.

Other significant conditions contributing to the death but not related to the disease or conditions causing it.

Manner of Death

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

How did the injury occur?

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

Date of verification.....

Name and signature of the Medical Attendant certifying the cause of death

SEE REVERSE FOR INSTRUCTIONS

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

Certified that Shri / Smt. / Kum.....

Son / Wife / Daughter of Thiru.....

Resident of.....

was admitted to this Hospital on..... and expired on.....

Doctor.....
(Medical Superintendent,
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 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 as 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 certificate 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 (b) 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, 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 known. 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 known, but whenever possible, give the disease which caused the symptom.

Manner of Death : Deaths not due to external cause should be identified as 'Nature'. 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./Kumari..... son of/wife of/daughter of
resident of.....
and he/she died on..... at..... A.M./P.M. was under my treatment from..... to.....

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. 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.						
(a) due to (or as a consequences of)						
Antecedent cause						
Morbid conditions, if any, giving rise to the above cause, stating underlying conditions last						
(b) due to (or as a consequences of)						
(c)						
Interval between onset & death approx.						

II.

Other significant conditions contributing to the death
but not related to the disease or conditions causing it

If deceased was a female, was pregnancy the death associated with?
If yes, was there a delivery?

(1)	Yes	(2)	No
(1)	Yes	(2)	No

Date of certification

Name and signature of the Medical practitioner certifying the cause of death

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 R/O.....
was under my treatment from to and he/she expired
on.....at.....a.m./p.m.

Doctor.....
Signature and address of Medical
Practitioner/Medical Attendant with
registration number

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 certificate 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, 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 : Anaemia—Give type of anaemia, if known. Neoplasm—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—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.

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 :

Registration No. :

Date of Registration :

Name of Father/ :

Mother/Husband name

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.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 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 of : Year :

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.

Dated:

*Signature and Name
of the Registrar*

Submitted to the Chief Registrar/District Registrar

FORM No.12*(see rule 14)***SUMMARY MONTHLY REPORT OF DEATHS**

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

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

Note: Infant and Maternal 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.

Dated:

*Signature and Name
of the Registrar*

Submitted to the Chief Registrar/District Registrar

FORM No.13

(see rule 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.

Dated:

*Signature and Name
of the Registrar*

Submitted to the Chief Registrar/District Registrar

Table A-1

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

Sl. No.	District	Puplation as per last Census		No. of Registraton Units
		Actual	Adjusted for Incomplete Receipt of Returns	
(1)	(2)	(3)	(4)	(5)

State Total

No.of Monthly Returns Due	No.of Monthly Returns not Received	Estimated mid-year population	
		Total	Adjusted for Incomplete Receipt of Returns
(6)	(7)	(8)	(9)

Table A-2

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

Sl. No.	District	Population as per last Census		No. of Registrar Units
		Actual	Adjusted for Incomplete Receipt of Returns	
(1)	(2)	(3)	(4)	(5)

State Total

No. of Monthly Returns Due	No. of Monthly Returns not Received	Estimated mid-year population	
		Total	Adjusted for Incomplete Receipt of Returns
(6)	(7)	(8)	(9)

Table

Live Births by Place of Occurrence, Districts (Rural &

[illegible]

B—1

Urban) and Towns with Population One Lakh and above.

Place of Residence of Mother		Place of Residence outside the State
Within the Area	Outside the Area	
(6)	(7)	(8)

Table

Live Births by Place of Residence, Districts (Rural &

Sl. No.	District	Births by place of Residence of Mother		
		M	F	T
(1)	(2)	(3)	(4)	(5)
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		

B—2

Urban) and Towns with Population One Lakh and abvoe.

Birth Rate	Place of Occurrence of the Birth	
	Within the Area	Outside the Area
(6)	(7)	(8)

Table B-4

Live Births by Sex and Month of Occurrence

[illegible]

Table B-5

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

Rural/Urban	Type of Attention at Delivery		
	Institutional		Doctor, Nurse and Trained Midwife
	Government	Private and Non-Government	
(1)	(2)	(3)	(4)
Rural			
Urban			
(i) Towns with population one lakh and above			
Town-1			
Town-2			
(ii) All other Urban Areas.			
Urban Total			
State Total			
	Type of Attention at Delivery		Total
Traditional	Relatives	Not	
Birth	and	Stated	
Attendant	Others		
(5)	(6)	(7)	(8)

Table B-6

Live Births by Method of Delivery and Type of Institution of Institutional Births (Rural & Urban)

[illegible]

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
(2)	(3)	(4)	(5)	(6)	(7)	(8)
						(9)
All Areas/ Rural Areas/ Urban Areas						
Below 15						
15 - 19						
20 - 24						
25 - 29						
30 - 34						
35 - 39						
40 - 44						
45 & above						
Age Not Stated						
Total						

Table B-12

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

Age of Mother	Birth Order												Total		
	1	2	3	4	5	6	7	8	9	10	11	12		13 & above	Not Stated
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)
All Educational Levels/ Illiterate/Below Primary/Primary but below Matric/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															

*All Educational Levels also includes the education level not stated.

Table B-14

Live Births by Age of Mother and Birth Order and Religion of Family (Rural)

Age of Mother	Birth Order															Total
	1	2	3	4	5	6	7	8	9	10	11	12	13 & above	Not Stated	(15)	(16)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	
All religions*/Hindus/Muslims/Christians/Sikhs/Other**																
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 Mother, Birth Order and Religion of the Family (Urban)

Age of Mother	Birth Order												Total		
	1	2	3	4	5	6	7	8	9	10	11	12		13 & above	Not Stated
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)
All religions*/Hindus/Muslims/Christians/Sikhs/Other**															
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-16
Live Births by Occupation of the Father and Birth Order (Rural & Urban)

Table B-17
Live Births by Occupation of the Mother and Birth Order (Rural & Urban)

Table B-19

Live Births by Duration of Marriage and Age of the Mother (Rural & Urban)

[illegible]

Table B-21

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

[illegible]

Table D-1

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 State
		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 - 1						
	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 with Population One Lakh and above

Sl. No.	District	Place of Residence of Deceased			Death Rate	Deaths by Place of Occurrence	
		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 - 1						
	Town - 2						
2	District-2	R					
		U					
		T					
State Total		R					
		U					
		T					

Table D-3—(Concl.d.)
Time Gap in Registration of Deaths (Rural & Urban)

Urban					
Number of Live Death Registered					
Within prescribed		Delayed Registration			
time limit		Within 30 days		After 30 days but within 1 year	
Male	Female	Male	Female	Male	Female
(11)	(12)	(13)	(14)	(15)	(16)
				(17)	(18)

Table D-4

Deaths by Sex and Month of Occurrence

Sl. No.	District	Sex	Month												Total
			January	February	March	April	May	June	July	August	September	October	November	December	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)

M

F

T

State Total

M

F

T

Table 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 and above			
	Town-1			
	Town-2			
(ii)	All other Urban Areas.			
Urban Total				
State Total				

Table D-6

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

Age	Religion of the Deceased										Total				
	Hindus		Muslims		Christians		Others*								
	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															
1 - 4															
5 - 14															
15 - 24															
25 - 34															
35 - 44															
45 - 54															
55 - 64															
65 - 69															
70 & above															
Age not stated															
Total															

* Minor religious groups have been classified in to Others.

Table D-7—(Concl'd.)
Deaths by Age, Occupation and sex (Rural)

[illegible]

Table D-8-(Concl'd.)
Deaths by Age, Occupation and sex (Urban)

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	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
1	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-13

**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 out side the State	
		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-1						
	Town-2						
2	District - 2	R					
		U					
		T					
State Total		R					
		U					
		T					

**Pregnancy Related Deaths by Age Group of the Deceased and Cause of Death
For Medically Certified Deaths (Rural & Urban)**

[illegible]

Table D-17

Pregnancy Related Deaths by Age and Level of Education (Rural & Urban)

Age	Level of Education						Total
	Illiterate	Below Primary	Primary but below Matric	Matric but below Graduate	Graduate & Above	Not Stated	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Rural Areas/Urban Areas/All Areas							
Below 15							
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	Sex	Age Group										Total
(1)	(2)	(3)	Below 15	15-24	25-34	35-44	45-50	55-60	65-69	70 and Above	Age not Stated	(12)	(13)

M Only Smoking/Only Chewing Tobacco/Only Chewing Arecanut/
 F Only Drinking Alcohol/Smoking and Chewing Tobacco/Smoking and
 T Chewing Arecanut/Smoking and Drinking Alcohol/Chewing Tobacco
 and Arecanut/Chewing 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 D-20

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

Sl. No.	Selected Cause of Death	Sex	Age Group										Total
			Below 15	15-24	25-34	35-44	45-50	55-60	65-69	70 and Age not Above Stated			
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	

M Only Smoking/Only Chewing Tobacco/Only Chewing Arecanut/
 F Only Drinking Alcohol/Smoking and Chewing Tobacco/Smoking and
 T Chewing Arecanut/Smoking and Drinking Alcohol/Chewing Tobacco
 and Arecanut/Chewing 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)

Table S-2
Still Births by Place of Residence in Districts (Rural & Urban)

Sl.	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-3
Still Births by Sex and Age of the Mother (Rural & Urban)

Table S-4

Still Births by Sex and Duration of Pregnancy (Rural & Urban)

Duration of Pregnancy (in weeks)	Still Births							
	Rural Areas			Urban Areas			All Areas	
	Male	Female	Total	Male	Female	Total	Male	Female
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
(10)								
<32								
32-36								
37-39								
40								
41 -								
Not Stated								
Total								

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

Rural/Urban	Type of Attention at Delivery						Total
	Institutional		Doctor, Nurse and Trained Midwife	Traditional Birth Attendant	Relatives and Others	Not Stated	
	Government	Private and Non- Government					
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
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-6
Still Births by Cause of Still Births and Age of the Mother (Rural & Urban)

[illegible]

Table S-7
Still Births by Cause of Still Births and Age of the Mother (Rural & Urban)

Sl. No.	Age of Mother	Duration of Pregnancy (in weeks)				Total
		Below 32	32-36	37-39	40 41+	
(1)	(2)	(3)	(4)	(5)	(7)	(8)
						(9)

Rural Areas/Urban Areas/All Areas

Total

(By order of the Lieutenant-Governor)

K. JAYAVELU,
Under Secretary to Government.