# Rajasthan Registration of Births & Deaths Rules, 2000

Published vide Notification No. F 16(1) Statistics/99, G.S.R. 74, dated 4.12.2000. Published in Rajasthan Gazette Extraordinary 4(Ga)(I) dated 4.12.2000 at page 151.)

**G.S.R. 74.** - In exercise of the powers conferred by Section 30 of the Registration of Births and Deaths Act, 1969 (Central Act No. 18 of 1969), the State Government with the approval of the Central Government, hereby makes the following rules, namely:-

**1. Short title, extent and commencement.** - (1)These rules may be called the Rajasthan Registration of Births and Deaths Rules, 2000

(2) These rules extend to the whole State of Rajasthan

(3) These rules shall come into force from the date of their publication in the Official Gazette.

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 subsection (1) of Section 2 shall be twenty eight weeks.

**4. Submission of report.** - 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 preferred 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 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 information obtained.

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

(3) 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"

**6.** Persons required to register birth and death under Section 8(1)(f). - (1) In respect of a birth or death in moving vehicle, the person incharge 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. "If the person in charge of the vehicle does not give the information of a death in a moving vehicle at the first place of halt, in such case registration of the event of death should be done at the place where the deceased has been cremated."

**Explanation.** - For the purpose of this rule, the term "vehicle" means conveyance of any kind used on land, air or water and includes a aircraft, an boat, a ship, a railway carriage, a motor car, a motor cycle, a cart, a tanga and 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 as to the cause of death 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 4-A as the case may be, and the Registrar shall, after making necessary entries in the register of death, 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 house or households as the case may be, or in his absence the nearest relative of the head present in the house may collect the extracts of births or deaths 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 the persons specified by the State Government under sub-Section (2) of the said section, the persons so specified shall transmit the extracts received from the Registrar of Births or 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 institutions 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 therefor.** - (i) Any birth or death or 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.

- (ii) 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 District Registrar and on payment of a late fee of rupees five and on production of an affidavit made before a Notary Public or any other officer authorised in this behalf.
- (iii) Any birth or death which has not been registered within one year, of its occurrence, shall be registered only on an order of a Executive Magistrate and on payment of 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 either orally or in writing:

Provided that if the information is given after the aforesaid 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 Rajasthan Registration of Births and Deaths (Amendment) Rules, 1986 from such date, or
- (ii) In case where the registration is made after the date of commencement of the Rajasthan Registration of Births and Deaths (Amendment) Rules, 1986, from the date of such registration, subject to the provisions of sub-Section (4) of Section 23, the Registrar shall-
  - (a) If the register is in his possession forth-with enter the name in the relevant column of the concerned form in the birth register on payment of 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 District Registrar for making the necessary entry 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 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 District Registrar.

(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 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 as provided in 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 & 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.** - The legal part of the Forms No. 1,2 & 3 shall constitute the births register, deaths register and still birth register (Forms No. 7, 8 & 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 follows.-

(a) search for a single entry in the first year for which the search is made	Rs. 2.00
(b) for every additional year for which the search is continued	Rs. 2.00
(c) for granting extract relating to each birth or death	Rs. 5.00
(d) for granting non-availability certificate of birth or death	Rs. 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 Form No. 6, as the case may be, and shall be certified as provided 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 send to him by post on payment of Rs. 20/- as the postal charges therefor.

**14. Interval and forms of periodical returns under Section 19.** - (1) Every Registrar shall, after completing the process of registration, send all the Statistical Parts of the reporting forms relating to each month alongwith 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 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 format 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 of 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-section (1), (2) and (3), and rupees ten for offences under sub-section (4), of the 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 a records of permanent importance and shall not be destroyed.

(2) The Court orders and the 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 and still birth register and shall not be destroyed.

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

(4) Every birth register, death register and still birth register shall be retained by the Registrar in his office for a period of twelve months after the end of the calendar year to which it relates and as such register shall thereafter, be transferred for safe custody to the District Registrar.

**18. Fees.** - All fees payable under the Act may be paid in cash or money order or postal order.

**19. Repeal and saving.** - As from the coming into force of these rules, the Registration of Births and Deaths Rules, 1972 shall stand repealed:-

Provided that any order made or action taken under the rules so repealed shall be deemed to have been made or taken under provisions of these rules.

#### 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 or births and deaths.
- 8. Progress in the medical certification of cause of death.
- 9. Maintenance of Records.
- 10. Search of birth and death 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.

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.

#### Form No. 1 [BIRTH REPORT] Legal Information

This part to be added to the Birth Register

			the informant		
1	<b>Date of Birth :</b> (Enter the exact day, month and year, the child was born e.g. 1.1.2000)				
2	Sex : (Enter "male" or "f	emale", do not	use abbreviation)		
3	Name of the child, if an	y: (if not name	ed, leave blank)		
4	Name of the father :				
	(Full name as usually wr	tten)			
5	Name of the mother :				
	(Full name as usually wr	tten)			
6			ntry 1 or 2 below and give the name of the e house where the birth took place)		
	1. Hospital/Institution	Name :	Name :		
	2. House	Address:			
7	7 Informant's name :				
	Address :				
	(After completing all columns 1 to 20, informant will put date and signature here :)				
· · · · · · · · · · · · · · · · · · ·		Signature or left thumb mark of the informant			
		To be filled by			
R	Registration No.   Registration Date :		6		
R	Registration Unit:				
Town/Village : District:		District:			
R	Remarks : (if any)				
			Name and Signature of the Registrar		

#### [Form No. 1]

#### [See Rule 5]

#### **Birth Report**

#### **Statistical Information**

This part to be detached 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 to 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 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.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)

**14** Age of mother (in completed years) at 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 to 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.

**18** Method of Delivery : (Tick the appropriate entry below)

1. Natural 2. Caesard	ean 3. Forceps/Vac	euum
19 Birth Weight (in kg	gs) : (if available)	
20 Duration of pregna	ncy : (in weeks)	
(Columns to be filled as	re over, now put si	gnature at left)
	To be filed by t	he Registrar
Registration No.		Registration Date :
Date of Birth :		
Sex 1. Male 2. Female		
Place of Birth : 1. Hos	pital/Institution 2.	House
Name	Code No.	
District:		
Tehsil:		
Town/Village	R	Registration Unit:
		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 t	he informant		
1	<b>Date of Death :</b> (Enter the exact day, month and year, the death took place e.g. 1.1.2000)			
2	Name of the Deceased : (Full name as u	sually 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	<b>5 Place of death :</b> (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 places :			
6	6 Informant's name :			
	Address :			
	(After completing all columns 1 to 17, 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		

# [Form No. 2]

[See Rule 5]

Death Report

#### **Statistical Information**

This part to be detached and sent for statistical processing

	То	be filled by the informant	
7	U U	ence of the deceased : (place where the deceased different from the place where the death occurred. The ed to be entered).	
	(a) Name of town/Village:		
	(b) Is it town or village : (T	ick the appropriate entry below)	
	1. Town 2. Village		
	(c) Name of District :		
	(d) Name of State:		
8	Religion : (Tick the approp	priate entry below)	
	1. Hindu 2. Muslim 3. Chri	stian 4. Any other religion : (write name of the religion)	
9	Occupation of the decease	ed : (If no occupation write 'Nil')	
10	<b>Type of medical attention</b> below)	received before Death : (Tick the appropriate entry	
	1. Institutional		
	2. Medical attention other than institution		
	3. No medical attention		
	Name	Code No.	
	District:		
	Tehsil:		
	Town/Village	Registration Unit:	
	To be filled by the information	nt	
11	Was the cause of death m	edically certified ?: (Tick the appropriate entry below)	
	1. Yes 2. No		
12	Name of Disease or Actua	l 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 6 weeks after the end of pregnancy :				
(Tick the appropriate ent	(Tick the appropriate entry below)			
1. Yes 2. No				
14 If used to habitually sm	4 If used to habitually smoke-for how many years ?:			
15 If used to habitually ch	ew tobacco in any form for how many years ?:			
16 If used to habitually ch how many years ?:	ew arecanut in any form (including pan masala)-for			
17 If used to habitually dr	ink alcohol-for how many years ?:			
	(Columns to be filled are over. Now put signature at left)			
	To be filled by the Decistor			
To be filled by the Register				
Registration No.	Registration Date :			
	Date of Death : Sex 1. Male 2. Female			
Age: Years/months/days/ho	Age: Years/months/days/hours			
Place of Death :				
1. Hospital/Institution	1. Hospital/Institution 2. House			
3. Other Place				
Name	Code No.			
District:				
Tehsil:				
Town/Village	Registration Unit:			
-	Name and Signature of the Registrar			

#### Form No. 3

In the case of multiple, births, fill in a separate form for each Child & write "Twin birth" or "Triple birth" etc. as the case may be, in the remarks column in the box below left

#### **Still Birth Report**

Legal Information

# **Still Birth Report**

.

Statistical Information The part to be added to the Still Birth Register This part to be detached and sent for statistical processing

To be filled by the informant	To be filled by the informant
1.Date of Birth: (Enter the exact day, month and year the Birth took place e.g. 1.1.2000)	<ul><li>Place where the mother usually lives. This can be different from the place where the delivery</li></ul>
2. Sex :(Enter 'male' or 'female', do not use abbreviation)	occurred. The House address is not required to be entered)
3. Name of the Father:(Full Name as usually written)	<ul> <li>(a) Name of Town or Village :</li> <li>(b) Is it a town or village : (tick the appropriate below)</li> <li>1. Town 2. Village</li> </ul>
4. Name of the Mother: (Full Name as usually written)	<ol> <li>Town 2. Village</li> <li>(c) Name of district</li> <li>(d) Name of State</li> </ol>
5. Place of Birth :(Tick the appropriate entry below and give the name of the Hospital/Institution or the address of the house	8. Age of the mother (In completed years) at the time of this birth
where the birth took place.	9. Mother's level of education : (Enter the completed level of education e.g.
1. Hospital/Institution Name :	if studied upto class VII but passed only class VI, write class VI
2. HouseAddress :6. Informant's Name:	10. Type of attention at delivery :(Tick the appropriate entry below)
Address	<ol> <li>Institutional-Governmental</li> <li>Institutional-Private or Non-Government</li> <li>Doctor, Nurse or Trained midwife</li> <li>Traditional Birth Attendant</li> <li>Relative or others</li> </ol>
(After completing all columns 1 to 12, informant will put date and signature here:)	<ul><li>11. Duration of pregnancy : (In weeks)</li><li>12. Cause of foetal death : (if known)</li></ul>
	(column to be filled are over. Now put signature at left)
Signature or left thumbDatemark of the informant	

To be filled by	To be filled by the Registrar			To be filled by the Registrar			
Registration No.: Registration Unit Town/Village : Remarks (if any)	Registration Date :	Name	Code No	Regi Date	stration No.: stration Date : of Birth : 1. Male 2. Female		
itemarks (if any)	District :	District Tehsil Town/V	U	Place	1. Hospital/Institution	2. House	
Name and Signatu	e of the Registrar	Registra	tion Unit		Name and Signat the Registrar	ture of	

#### Form No. 4

#### [See Rule 7]

Medical Certificate of Cause Of Death

(Patient in Hospital, 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.

offi	
	ffice
Sex Age at Death	
If 1 year or If less than If less than one If less than one	
more 1 year Month, age in Days day, age in hours	
1. Male	
2. Female	
CAUSE OF DEATHInterval between on set & death approx.	
I. Immediate cause State (a) Due	
the disease, injury or Due to (or as a to (or as a	
consequences of) complication which caused Death, not the mode of dying such	
as heart failure, Asthenia, etc.	
Antecedent cause Morbid conditions, (b) Due	
if any, giving Due to (or as consequences to (or as a	
of ) rise to the above cause, stating consequences of)	
Under lying conditions last (c)	
II	
Other significant conditions contributing	
to the death but not related to the disease	
or conditions causing it.	
Manner of Death How did the injury occur?	
1. Natural 2. Accident 3. Suicide 4. Homicide1. Yes 2.No	
5.Pending investigation if deceased was a female,	
was pregnancy the death associated with?	
If yes, was there a delivery ? Name and signature of the medical Attend	ndant
1. Yes 2. Nocertifying the cause of deathDate of Verification	

#### 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 admitted to this hospital on...... And expired on .....

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 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) or part I, and nothing more need be written in the rest or Part I or in Part II, for 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 peneumonia; (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 not be 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.

**Completness 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. Dysentry-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 cause 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 invaribly be filled in and the manner of death should be shown as "Pending investigation".

#### Form No. 4-A

[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)

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 DE	CEASED				For use of Statistical office
Sex			Age at Death		
	If 1 year or more	If less than 1 year	If less than one Month, age in Days	If less than one day, age in hours	
1. Male					
2. Female					
		CAUSE OF 1	DEATH	Interval between on set & death approx.	
the diseas consequen caused Deatl as hea <b>Antecedent</b> if any, givin of ) rise t Unde Other signif to the death	ediate cause be, injury or Due ices of) complica h, not the mode of rt failure, Asthen cause Morbid g Due to (or as c to the above cause er lying condition II. ficant conditions but not related to conditions causin	tion which of dying such ia, etc. d conditions, onsequences se, stating as last contributing o the disease	<ul> <li>(a) Due</li> <li>to (or as a consequences of)</li> <li>(b) Due</li> <li>to (or as a consequences of)</li> <li>(c)</li> </ul>		

If deceased was a female, was pregnancy the death associated with ? 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 Instruction

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 years 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, line (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, for 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 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 not be given as a cause of death if a more specific cause is known. If old age was a contributory factor, if 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. 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. Dysentry - 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.

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 not be given as a cause of death if a more specific cause is known. If old age was a contributory factor, if 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. 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. Dysentry - 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.

[FORM NO. 5]
[See Rule 8]
BIRTH CERTIFICATE
(Issued under Sec. 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 Tehsil
Name
Sex:
Date of Birth
Place of Birth:
Name of Father:
Name of Mother:
Registration No
Date of Registration
Date Signature of the issuing authority
Seal

[FORM NO. 6]
[See Rule 8]
DEATH CERTIFICATE
(Issued under Sec. 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 Tehsil
Name
Sex:
Date of Death
Place of Death:
Registration No
Date of Registration
Date Signature of the 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 1 : BIRTH REPORT

## Legal Information

This part to be added to the Birth Register

	To be filled by t	the informant
1	<b>Date of Birth :</b> (Enter the exact day, mo 1.1.2000)	nth and year, the child was born e.g.
2	Sex : (Enter "male" or "female", do not u	use abbreviation)
3	Name of the child, if any : (if not name	d, leave blank)
4	Name of the father : (Full name as usually written)	
5	Name of the mother : (Full name as usually written)	
6	<b>Place of birth</b> : (Tick the appropriate en Hospital/Institution or the address of the	try 1 or 2 below and give the name of the house where the birth took place)
	1. Hospital/Institution	Name :
	2. House	Address:
7	Informant's name :	
	Address :	
	(After completing all columns 1 to 20, ir	formant will put date and signature here :)
	Date :	Signature or left thumb mark of the informant
	To be filled by	the Registrar
F	Registration No.	Registration Date :
F	Registration Unit:	
Г	Town/Village :	District:
F	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 t	the informant									
1	<b>Date of Death :</b> (Enter the exact day, mo 1.1.2000)	onth and year, the death took place e.g.									
2	Name of the Deceased : (Full name as u	sually written)									
3	Sex of the deceased : (Enter "male" or "	female", do not use abbreviation)									
4		vas over 1 year of age, give age in ow 1 year of age, give age in months, and number of days, and if below one day, in									
5	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 places :										
6	Informant's name :										
	Address :										
	(After completing all columns 1 to 17, in	formant will put date and signature here :)									
	Date :	Signature or left thumb mark of the informant									
	To be filled by	the Registrar									
I	Registration No.	Registration Date :									
ŀ	Registration Unit :										
]	Town /Village :	District :									
R	emarks: (if any)										
		Name and Signature of the Registrar									

#### FORM NO. 9

[See Rule 12]

# Form No. 3

#### STILL BIRTH REGISTER 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 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)

4. 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
- 3. Other place
- 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 filed by the Registrar

Registration Date :

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

District :

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 (Tehsil)...... of (District)...... 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

#### FORN 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 to equal to the number of Statistical Part of Birth Reporting Forms (Form No. 1) attached with this monthly report

Dated: Signature & 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 Deaths	
Registered within one year of occurrence	Registered after one year of occurrence	Total*		
1	2	3	4	5

*Note* - Infant and Maternal Deaths should also be included in the Deaths.

\*Total should be equal to number of Statistical Part of Deaths Reporting Forms (Form No. 2) attached with this monthly report.

#### Dated: Submitted to the Chief Registrar/District Registrar

#### Signature & Name of the 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 & Name of the Registrar

Submitted to the Chief Registrar/District Registrar.

# Table A-1Population, Registration Units, Monthly Returns Due and Received<br/>(Rural Areas)

SI No.	District	Populatior	n as per last Census	INO of Registration Units	No. of Monthly Returns Due	No. of Monthly	Estimated Mid-year population		
			Adjusted for incomplete Receipt of Returns		Returns Due	Returns not Received	Total	Adjusted for Incomplete Receipt of Returns	
	State Total								

# Table A-2Population, Registration Units, Monthly Returns Due and Received<br/>(Urban Areas)

		Population	as per last Census				Estimated I	Vid-year population
SI No.	District		Adjusted for incomplete	No. of Registration Units	No. of Monthly	No. of Monthly		Adjusted for
51 140.	District		Receipt of Returns	No. of Registration Onits	<b>Returns Due</b>	<b>Returns not Received</b>	Total	Incomplete Receipt of
								Returns
	State Total							

Table B-1 Live births by Place of Occurrence, Districts (Rural & Urban) and Towns with Population One lakh and above

		Bir	ths by Place of Occur	rrence	Place of Reside	nce of Mother	
S.No.	District	Μ	F	т	Within the Area	Outside the Area	Place of Residence outside the State
1	District-1 R						
	U						
	Т						
	Towns with Poputation one lak	h and above					
	Town-1						
	Town-2						
2	District-2						
	State Total R						
	U						
	Т						

 TABLE B-2

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

C No	District	Births by P	lace of Residence	of Mother	Birth Rate	Place of occurr	ence of The Birth
S.No.	District	М	F	Т		Within the Area	Outside the Area
1	2	3	4	5	6	7	8
1	District-1 R						
	U						
	Т						
	Towns with Poputation one lakh ar	nd above					
	Town-1						
	Town-2						
2	District-2						
	State Total R						
	U						
	Т						

TABLE B-3 Time Gap in Registration of Live Births (Rural & Urban)

						Rural					Urban						
	District		Number of Live Births Registered								Number of Live Births Registered						
S.No.	District					Delayed Registration]								Delayed F	Registration		
		Within Prescribed Time Limit		Within 30 days After 30 days but within 1 year		After 1 yea	After 1 year		Within Prescribed Time limit		1 30 days	After 30 days but within 1 year		After 1 ye	ar		
		Male		Male	Female	Male	Female		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																

#### Live Births by Sex and Month of Occurence

				Months											
SI. No.	District	Sex	January	February	March	April	Мау	June	July	August	September	October	November	December	Total
1	2	3	4	l 5	6	7	8	9	10	11	12	13	14	15	16
		М													
		F													
		Т													
St	ate Total	М													
		F													
		Т													

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

			Type of Attention at Deliv	ery			
Rural/Urban	Instit	utional	Doctor, Nurse and Trained	Traditional birth	Relatives and		Total
	Government	Private and Non - Government	Midwife	Attendant	Others	Not Stated	Total
1	2	3	4	5	6	7	8
Rural							
Urban							
(i) Towns with popul	ation one lakh and above						
Town-1							
Town-2							
(ii) All other							
Urban areas							
Urban Total							
State Total							

				T	ype of Institution					
Method of Delivery	G	overnment Hospit	al	Privat	e and Non-Gover	nment	Total			
	R	U	Т	R	U	Т	R	U	Т	
1	2	3	4	5	6	7	8	9	10	
Natural										
Caesarean										
Forceps/Vaccum										
Not Stated										
State Total										

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

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

							Birth	Order							
Age of Mother	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/R	ural Areas/	Urban Area	5								
Below 15															
15-19															
20-24															
25-29															
30-34															
35-39															
40-44															
45 & above															
Age Not Stated															
Total															

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

#### Live Births by Birth Order and Age of the Mother for Towns with Population 1 Lakh and above

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

			Level of Education of the N	lother			
Age of Mother	Illiterate	Below Primary	Primary But below Matric	Matric But below Graduate	Graduate & Above	Not Stated	Total
1	2	3	4	5	6	7	8
		All Areas/Rural Areas/Urba	in Areas				
Below 15							
15-19							
20-24							
25-29							
30-34							
35-39							
40-44							
45 & above							
Age not Stated							
Total							

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

Lough of Education of							Live Bir	th Order							
Level of Education of Father	1	2	3	4	5	6	7	8	9	10	11	12	13& above	Note Stated	Total
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
			All Areas/R	ural Areas/	Urban Areas	5									
Illiterate															
Below Primary															
Primary but															
Below Matric															
Matric but below															
Graduate															
Graduate & above															
Not Stated															
Total															

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

Lowel of Education of							Live Bir	th Order							
Level of Education of Mother	1	2	3	4	5	6	7	8	9	10	11	12	13& above	Note Stated	Total
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
			All Areas/R	ural Areas/	Urban Areas	5									
Illiterate															
Below Primary															
Primary but															
Below Matric															
Matric but below															
Graduate															
Graduate & above															
Not Stated															
Total															

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

							Birth	Order							
Age of Mother	1	2	3	4	5	6	7	8	9	10	11	12	13& above	Note Stated	Total
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
			All education	onal levels/	Illiterate/Be	low primary	//Primary b	ut below M	atric/Matric	but below	graduate/G	iraduate an	d above		
Below 15															
15-19															
20-24															
25-29															
30-34															
35-39															
40-44															
45 & above															
Age not Stated															
Total															
All Educational Level a	lso includes	the educati	on level not	stated											

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

							Birth	Order							
Age of Mother	1	2	3	4	5	6	7	8	9	10	11	12	13& above	Note Stated	Total
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
			All educati	onal levels/	  lliterate/Be	low primary	 y/Primary b	ut below M	 atric/Matrie	c but below	graduate/G	iraduate and	d above		
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

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

							Birth	Order							
Age of Mother	1	2	3	4	5	6	7	8	9	10	11	12	13& above	Note Stated	Total
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
			All Religior	is*/Hindus/	Muslims/Ch	ristians/Sik	hs/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"

# Live Births by Age of Mother, Birth Order and Religion of the Family (Urban)

							Birth	Order							
Age of Mother	1	2	3	4	5	6	7	8	9	10	11	12	13& above	Note Stated	Total
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
			All Religior	is*/Hindus/	Muslims/Ch	ristians/Sik	hs/Others								
Below 15															
15-19															<u> </u>
20-24															
25-29															
30-34															
35-39															
40-44															
45 & above															
not Stated															
															<u> </u>
Total															

Religion not stated have been included in "All religions"

Minor religious groups have been combined under "Others"

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

							Birth	Order							
Occupation of Father	1	2	3	4	5	6	7	8	9	10	11	12	13& above	Note Stated	Total
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
			All Areas/Rur	al Areas/ Urba	in Areas										
Professional, Technical and															
Related workesr															
Administrative Executive and															
Managerial workers															
Clerical and Related workers															
Sales workers															
Service workers															
Farmers, Fishermen, Hunters,															
Loggers etc. and Related															
workers															
Producation and other related															
workers, Transport Equipment															
Operators and labourers															
workers whose Occupation are															
not elsewhere classified															
Non-workers															
Total															

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

Occurrentian of Mothern							Birth	Order							Tatal
Occupation of Mother	1	2	3	4	5	6	7	8	9	10	11	12	13& above	Note Stated	Total
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
			All Areas/Ru	ral Areas/ Urbai	n Areas										
Professional, Technical and Related workesr															
Administrative Executive and Managerial workers															
Clerical and Related workers															
Sales workers															
Service workers															
Farmers, Fishermen, Hunters, Loggers etc. and Related workers															
Producation and other related workers, Transport Equipment Operators and labourers															
workers whose Occupation are not elsewhere classified															
Non-workers															
Total		1		1	1	1		1				1			

# Live Births by Duration of Marriage of the Mother and Birth Order (Rural & Urban)

Duration of Marriage							Birth	Order							
Duration of Marriage (In Years)	1	2	3	4	5	6	7	8	9	10	11	12	13& above	Note Stated	Total
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
			All Areas/R	ural Areas/	Urban Area	S									
0—4															
5—9															
10-14															
20-24															
25-29															
30 & above															
Not Stated															
		ļ													
Total															

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

Duration of					Age of Mother					Tatal
Marriage	Below 15	15-19	20-24	25-29	30-34	35-39	40-44	45&above	Not Stated	Total
1	2	3	4	5	6	7	8	9	10	11
			All Areas/Rural A	reas/ Urban Areas						
0—4										
5—9										
10—14										
15—19										
20-24										
25-29										
30 & above										
Not Stated										
Total										

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

Duration of				-					Birth Wei	ght (in Kgs)			-			-					
Pregnancy	L	ess than 1.5	600		1.500-2.00	D		2.000-3.000	ס		3.000-4.000	)		4.000+			Not Stated	l		Total	
(In weeks)	R	U	Т	R	U	Т	R	U	Т	R	U	Т	R	U	Т	R	U	Т	R	U	Т
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22
																					<u> </u>
<32																					
32-36																					<u> </u>
37-39																					
40																					<u> </u>
41+																					
Not Stated																					<u> </u>
Total																					

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

							-		Birth Wei	ght (in Kgs)			•						_		
Age Mother	Le	ess than 1.5	00		1.500-2.000	D		2.000-3.00	0		3.000-4.00	0		4.000+			Not Stated			Total	
	R	U	т	R	U	т	R	U	Т	R	U	Т	R	U	Т	R	U	Т	R	U	Т
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 Birth By Birth Order and Birth Weight (Rural & Urban)

									Birth V	Veight (in K	gs)									Total	
Birth Order	Less than 1500         1500-2000         2000-3000         3000-4000         4000 +         Not Stated										Total										
	R	U	т	R	U	Т	R	U	Т	R	U	т	R	U	Т	R	U	Т	R	U	Т
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																					
8																					
9																					
10 & Above																					
Not Stated																					
Total																					

# Table B-23

# Live Births by Method of Delivery and Age of the Mother (Rural & Urban)

					Age of Mother					Total
Method of Delivery	Below 15	15-19	20-24	25-29	30-34	35-39	40-44	45 & above	not stated	
1	2	3	4	5	6	7	8	9	10	11
				All Areas/ Ru	ıral Areas/ Urban	Areas				
Natural										
Caesarean										
Forceps/ Vacuum										
Not Stated										
Total										

# Death By Place of Occurrence, Districts (Rural & Urban) and Towns with Population One Lakh and above.

SI. No.	District	Deat	h by Place of Occurr	ence	Place of F	Residence of Deceas	sed			
51. NO.		М	F	Т	With the Area	Outside the Area		Place of Re	sidencet out sid	e the State
1	2	3	4	5	6		7		8	
1	District/1	R								
		U								
		Т								
	Town with Population	one Lakh and above								
	Town -1									
	Town -2									
2	District/2	R								
		U								
		Т								
	State Total	R								
		U								
		т								

# Death By Place of Residence, Districts (Rural & Urban) and Towns with Population One Lakh and above.

SI. No.	District	Deat	h by Place of Reside	ence	Death rate		Plac	e of Occurrence of	of Death	
51. NO.		м	F	т	Death rate	Within the Area			Outside the Area	
1	2	3	4	5	6	7	7		8	
1	District/1	R								
		U								
		Т								
	Town with Population or	ne Lakh and above								
	Town -1									
	Town -2									
2	District/2	R								
		U								
		Т								
	State Total	R								
		U								
		Т								

# Time Gap in Registration of Deaths (Rural & Urban)

					Ru	ıral							Ur	ban			
								Nui	mber of Dea	aths Registe	red						
SI. No.	District	Within P	rescribed							Delayed R	egistration						
51. 140.	District	Time	Limit	Within	30 days	After 30	days but	After	1 year	Within P	rescribed	Within	30 days	After 30	days but	After	1 year
			Image: Second state       within 1 year       Image: Second state       Time Limit       Image: Second state       within 1 year       Image: Second state         Female       Male       Female </td														
		Male															
1	2	3	Female Male Female														
State	Fotal																

Deaths by sex and	Month of	Occurrence
-------------------	----------	------------

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

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

			Type of Attention at Death		
	Rural/Urban	Institutional	Medical Attention other than Institution	No Medical Attention	Total
1		2	3	4	5
Rural					
Urban					
(1)Town w	ith Population				
1 lakh & ab	oove				
Town -1					
Town -2					
(2) All othe	r Urban areas				
Urban Tota	al				
State Tota					

Tab	le	D-6

Deethe hu Are	Covered Deligion	n of the Deceased	(Dural Q Linham)
Deaths by Age	. Sex and Religior	1 OF THE DECEASED.	(Rural & Urban)

					Religion	n of the Dec	eased						Total	
	Hindus			Muslins			Christians			others*			iotai	
Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
2	2 3	4	5	6	7	8	9	10	11	12	13	14	15	16
			•		All	Areas/Rura	Areas/Urb	an Areas						
Age not sta	ited													
-		1												
	2	Male Female	Male Female Total       2     3     4       2     3     4       2     3     4       2     3     4       2     3     4       2     3     4       2     3     4       2     3     4       2     3     4       2     3     4       2     3     4       2     3     4       2     3     4       2     3     4       3     4     1       3     4     1       3     4     1       3     4     1       3     4     1       3     4     1       3     4     1       3     4     1       3     4     1       3     4     1       3     4     1       3     4     1       3     4     1       3     4     1       3     4     1       3     4     1       3     4     1       4     1     1       4     1     1       4     1	Male     Female     Total     Male       2     3     4     5	Hindus     Muslins       Male     Female     Total     Male     Female       2     3     4     5     6	Hindus       Muslins         Male       Female       Total         2       3       4       5       6       7         2       3       4       5       6       7         All       All       All       All       All         All       All	Religion of the Dec         Hindus       Muslins         Male       Female       Total       Male         2       3       4       5       6       7       8         All Areas/Rura         Image: Second se	Religion of the Deceased         Hindus       Muslins       Christians         Male       Female       Total       Male       Female       Total       Male       Female         2       3       4       5       6       7       8       9         All Areas/Rural Areas/Urb	Religion of the Deceased         Hindus       Muslins       Christians         Male       Female       Total       Male       Female       Total         2       3       4       5       6       7       8       9       10         2       3       4       5       6       7       8       9       10         2       3       4       5       6       7       8       9       10         All Areas/Rural Areas/Urban Areas       Image: Areas/Urban Areas       Image: Areas/Urban Areas       Image: Areas/Urban Areas       Image: Areas/Urban Areas         Image: Areas       Image: Areas       Image: Areas       Image: Areas/Urban Areas       Image: Areas/Urban Areas         Image: Areas       Image: Areas       Image: Areas       Image: Areas       Image: Areas       Image: Areas         Image: Areas       Image: Areas       Image: Areas       Image: Areas       Image: Areas       Image: Areas         Image: Areas       Image: Areas       Image: Areas       Image: Areas       Image: Areas       Image: Areas         Image: Areas       Image: Areas       Image: Areas       Image: Areas       Image: Areas       Image: Areas       Image: Areas         Ima	HindusMuslinsChristiansMaleMaleFemaleTotalMaleFemaleTotalMale234567891011234567891011All Areas/Rural Areas/Urban AreasImage: Second colspan="4">Areas/Urban AreasImage: Second colspan="4">Image: Second colspan="4">ChristiansAll Areas/Rural Areas/Urban AreasImage: Second colspan="4">ChristiansImage: Second colspan="4">ChristiansAll Areas/Rural Areas/Urban AreasImage: Second colspan="4">ChristiansAll Areas/Rural Areas/Urban AreasImage: Second colspan="4">Image: Second colspan="4">ChristiansImage: Second colspan="4">ChristiansAll Areas/Rural Areas/Urban AreasImage: Second colspan="4">ChristiansImage: Second colspan="4">ChristiansImage: Second colspan="4">Areas/Rural Areas/Urban AreasImage: Second colspan="4">Image: Second colspan="4">Image: Second colspan="4">Areas/Image: Second colspan="4">Image: Second colspan="4">ChristiansImage: Second colspan="4">Image: Second colspan="4">Image: Second colspan="4">ChristiansImage: Second colspan="4">Image: Seco	Religion of the Deceased         Hindus       Muslins       Christians       others*         Male       Female       Total       Male       Total       Male       Female       Total       Male       Female       Male       Total       Male </td <td>Religion of the Deceased         Hindus       Muslins       Christians       others*         Male       Female       Total       Male       Female       Total       Male       Female       Total         2       3       4       5       6       7       8       9       10       11       12       13         All Areas/Rural Areas/Urban Areas         Image: State of the State of t</td> <td>Religion of the Deceased         Hindus       Muslins       Christians       others*         Male       Female       Total       Male       Female       Total       Male         2       3       4       5       6       7       8       9       10       11       12       13       14         2       3       4       5       6       7       8       9       10       11       12       13       14         All Areas/Rural Areas/Urban Areas         Under the Deceased         All Areas/Rural Areas/Urban Areas         Under the Decease/Rural Areas/Urban Areas         All Areas/Rural Areas/Urban Areas         Official Areas         Official Areas         All Areas/Rural Areas/Urban Areas         Official Areas         All Areas/Areas         All Areas/Areas         All Areas/Areas         All Areas/Areas         All Areas/Areas         Add colspan="6"&gt;Add colspan="6"&gt;Add colspan="6"&gt;Add colspan= 6"Add colspan= 6"Add colspan="6"&gt;Add colspan= 6"Add colspan= 6"Add colspan= 6"Add colspan= 6"Add colspan= 6"Add colspan= 6"Add colspan= 6</td> <td>Religion of the Deceased     Total       Hindus     Muslins     Christians     others*       Male     Female     Total     Male     Female       2     3     4     5     6     7     8     9     10     11     12     13     14     15       All Areas/Rural Areas/Urban Areas       1</td>	Religion of the Deceased         Hindus       Muslins       Christians       others*         Male       Female       Total       Male       Female       Total       Male       Female       Total         2       3       4       5       6       7       8       9       10       11       12       13         All Areas/Rural Areas/Urban Areas         Image: State of the State of t	Religion of the Deceased         Hindus       Muslins       Christians       others*         Male       Female       Total       Male       Female       Total       Male         2       3       4       5       6       7       8       9       10       11       12       13       14         2       3       4       5       6       7       8       9       10       11       12       13       14         All Areas/Rural Areas/Urban Areas         Under the Deceased         All Areas/Rural Areas/Urban Areas         Under the Decease/Rural Areas/Urban Areas         All Areas/Rural Areas/Urban Areas         Official Areas         Official Areas         All Areas/Rural Areas/Urban Areas         Official Areas         All Areas/Areas         All Areas/Areas         All Areas/Areas         All Areas/Areas         All Areas/Areas         Add colspan="6">Add colspan="6">Add colspan="6">Add colspan= 6"Add colspan= 6"Add colspan="6">Add colspan= 6"Add colspan= 6"Add colspan= 6"Add colspan= 6"Add colspan= 6"Add colspan= 6"Add colspan= 6	Religion of the Deceased     Total       Hindus     Muslins     Christians     others*       Male     Female     Total     Male     Female       2     3     4     5     6     7     8     9     10     11     12     13     14     15       All Areas/Rural Areas/Urban Areas       1

\*Minor religious group may be classified into others

Table D-7 Deaths by Age, Occupation and Sex (Rural)

Occupation of the	Deceased	Sex			2000027	Age, Occupation and					Total
			10-14	15-24	25-34	35-44	45—54	55—64	65—69	70 and above	Age not Stated
1		2		3 4					9	10	
		М			-	-					
Professional Technical and	Related workers	F									
		Т									
Administrative Executive	and Managerial	М									
workers		F									
		T									
Clinival and Related workers		М									
		F									
		Т									
		·	1								
Sales Workers		М	1					1			
		F									
		Т									
Service Workers		М									
		F									
		т									
Farmers, Fishermen, Hunte	rs. etc and Related	М									
workers		F									
		т									
		М									
Production and other re	elated workers,										
Transport Equipment Opera	tors and Labourers	F									
		Т									
Workers whose Occupation	are not elsewhere	М									
classified	l	F									
		Т									
Non worke	ers	М									
		F									
		Т									
		м									
Total		F									
		т				ſ					

**Occupation of the Deceased** Sex Total Age not Stated 10-14 15-24 25-34 35-44 45-54 55-64 65-69 70 and above 7 12 1 2 3 5 8 10 11 4 6 9 Μ Professional, Technical and retated workers F Т 1 Μ Administrative Execuitive and Managerial F workers Т Μ Cierical and Related workers F Т Μ F Sales workers Т Μ Service workers F Т Μ Farmers, Fishermen, Hunters, Loggers etc and Rela F Т М Production and other related workers, Transport E F Т М Workers whose Occupation are not eisewhere clas F Т Μ Non-workers F Т М Total F Т

Table D-8Deaths by age, Occupation and sex (Urban)

Table D-9 Deaths by Age, Occupation and sex (All Areas)

Occupation of The Deceased	Sex										Total
		10-14	15-24	25-34	35-44	45-54	55-64	65-69	70 and above	Age not Stated	
1	2	3	4	5	6	7	8	9	10	11	12
	М										
Professional, Technical and retated workers	F										
	Т										
	М										
Administrative Execuitive and Managerial workers	F										
	Т										
	М										
Cierical and Related workers	F										
	Т										
	М										
Sales workers	F										
	Т										
	М										
Service workers	F										
	Т										
Formars Fishermon Hunters Laggers ats and	М										
Farmers, Fishermen, Hunters, Loggers etc and Related workers	F										
Related workers	Т										
Production and other related workers, Transport	М										
	F										
Equipment Operators and Labourers	Т										
Workers where Oscupation are not sizewhere	М										
Workers whose Occupation are not eisewhere classified	F										
classified	Т										
	М										
Non-workers	F										
	Т										
	М										
Total	F										
	Т										

				Agse of the Deceased										
					-			se of the De	eceased				-	1
SI. No.	cause of death	Sex	Belows1 years	1-4	5-14	15-24	25-34	35-44	45-54	55-64	65-69	70 and above	Age notStated	Total
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
		М												
		F												
		Т												
	Total	М												
		F												
		т												

Table D-10 Deaths by Cause of Death, Age and Sex all Deaths Medically Certified or Not

Agse of the Deceased cause of death si. Sex Total 1-4 5-14 15-24 25-34 35-44 45-54 70 and above Age not Stated Belows1 years 55-64 65-69 no. 5 7 10 12 13 1 2 4 6 8 9 11 14 15 3 Μ F Т Total Μ F Т

 Table D-11

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

# Table D-13 Infant Deaths by place of Residence, Districts (Rural & Urban) and Towns with

Si	District	Deaths by Pla	ace of Residence of	f Mother	Infant	place of o	ccurrence
No		М	F	Т	Mortality Rate	within the Area	Outside the Area
1	2	3	4	5	6	7	8
1	District-1 R						
	U						
	Т						
	town with Po	pulation one lak and abo	ove				
	Town-1						
	town-2						
2	District-2						
	R						
	U						
	Т						
State Total	R						
	U						
	Т						

# Table D-12 Infant Deaths by place of Occurence, Districts (Rural & Urvan) and Towns with

# population One Lakh and above.

Si	District	Deaths	by Place of Occu	irence	Place of	Residence of Mother	Place of Residence out side
No		М	F	т	within the Area	Outside the Area	the State
1	2	3	4	5	6	7	8
	1 District-1 R						
	U						
	Т						
	town with Popu	llation one lak and a	above				
	Town-1						
	town-2						
	2 District-2						
	R						
	U						
	Т						
State Total	R						
	U						
	т						

Table D-14 Infant Deaths by Age and Sex (Rural & Urben)

Si	Age		Rural			Urban			All Areas	
No.		Male	Femal	Total	Male	Femal	Total	Male	Femal	Total
1	2	3	4	5	6	7	8	9	10	11
1	L 7 days									
2	2 7 day 28 days									
3	3 28 days-1 years									
4	Age not stated									
	Total									

# Table D-15 pregnancy Related Deaths by Age Group of the Deceased and Cause of Death for Medically Certified Deaths (Rural & Urban)

Caus	e of Death				Age of the deceased	1			Total		
	Below 15	15-19	20-24	25-29	30-34	35-39	40-44	45& Above	Not Stated		
1	2	3	4	5	6	7	8	9	10	11	
				All Area	s/Rural Areas/Urba						
Total											

Cause of Death							e Deceased				Total
Cause of Death	Below 15	15-19	20-24	25-29	30-34	35-39	40-44	45& Above		Not Stated	
1	2	3	4	5	6	7	8	9	10	11	
			*	A	I Areas/ Rural	Areas/ Urbain /	Areas	F	•	-	
	_										
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			Level	of Education			
	Illiterate	Below	Primary but	Matric but	Graduate	Not	Total
		Primary	below Matric	below Graduate	& Above	Stated	
1	2	3	4	5	6	7	8
			Rural Area	s/ Urbain Areas /All Area	IS		
Below 15							
15-19							
20-24							
25-29							
30-34							
35-39							
40-44							
45& Above							
Not Stated							
Total							

 Table D-17

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

Occupation of the Deceased				Age of the Dece	eased						
	Below 15	15-19	20-24	25-29	30-34	35-39	40-44	45& Above		Not Stated	Total
1	2	3	4	5	6	7	8	9	10	11	
	-	-	-	All Areas/ Rur	al Areas/ Urbair	n Areas	-	-	-	-	-
Professional Technical and Related workers											
Administrative Executive and Managerial Workers											
Clerical and Related workers											
Sales Workers											
Service workers											
Farmer, Fishermen, Hunters, Loggers etc and Labourers											
Producation and other related workers Transport Equipment operators and labourers											
Workers whose Occupation are not elesewhere classifed											
Non- workers											
Total											

 Table D-18

 Table D18: Pregnancy Related Deaths by Age and occupation (Rural & Urban)

SI. Selected Cause Sex			Age o	of the Dece	eased								
No. of Death		Below 15	15-19	20-24	25-29	30-34	35-39	40-44	45-54	55-64	65-69	70 and avove age ont stated	Total
1	2	3	4	5	6	7	8	9	10	11	12	13	
		М	Only smok	ing/only C	hewing Tob	acco/only C	hewing Are	canut/					
		F	Only Drink	ing Alcolto	l/Smoking a	nd Chewing	g Tobacco/S	Smoking and					
		Т	Chewing	ving Arecanut/Chewing Tabacco and Drinking Alcohol/Chewing Tabacco									
			and Arec	anut/Chew	ing Tabocco	o and Drinki	ng Alcohol,	Chewing are	ecanut and				
			Drinking	Alcohol/Sn	noking Chev	ving Tabacc	o and Arec	anut/smokin	g, Chewing				
			Tobac	co and Drii	nking alcoho	ol/Smoking,	Chewing A	recanut and	Drinking				
			Alcohol/0	Chewing To	obacco Arec	anut and Di	rinking Alco	hol/All Habit	:/Habit Not				
						Known							
			]										

Table D-19 Deaths by Selected Cause of Death, Age, Sex and Habit (Rural)

Table D-20Deaths by Selected Cause of Death, Age, Sex and Habit (Urban )

SI. No.	Selected Cause of Death	Sex		Age of the Deceased								Total
			Below 15	15-24	25-34	35-44	35-54	55-64	65-69	70 and above	Age not Stated	
1	2	3	4	5	6	7	8	9	10	11	12	13
			М	Only smoking/only Chewing Tobacco/only Chewing Arecanut/								
			F	Only Drinking	Only Drinking Alcoltol/Smoking and Chewing Tobacco/Smoking and							
			Т	Chewing Arecanut/Chewing Tabacco and Drinking Alcohol/Chewing Tabacco and								
				Arecanut/Chewing Tabocco and Drinking Alcohol/ Chewing arecanut and Drinking								
				Alcohol/Smoking Chewing Tabacco 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								
				1								

Sl. No.	Selected Cause of Death	Sex	Age Group									
			Below 15	15-24 25-34 35-44 45-54 55-64 65-69 70 and avove					Age ont state	Total		
1	2	3	4	5	6	7	8	9	10	11	12	13
			М	Only smoking/only Chewing Tobacco/only Chewing Arecanut/								
			F	Only Drinking	Only Drinking Alcoltol/Smoking and Chewing Tobacco/Smoking and							
			Т	Chewing Arecanut/Chewing Tabacco and Drinking Alcohol/Chewing Tabacco and								
				Arecanut/Chewing Tabocco and Drinking Alcohol/ Chewing arecanut and Drinking								
				Alcohol/Smoking Chewing Tabacco and Arecanut/smoking, Chewing Tobacco and Drinking								
				alcohol/Smoking, Chewing Arecanut and Drinking Alcohol/Chewing Tobacco Arecanut and								
					C	Drinking Alcoh	ol/All Habit/Ha	abit Not Know	n			
				]								

Table D-21Deaths by Selected Cause of Death, Age, Sex and Habit (All Areas )

 Table S-1

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

SI.No.	District	Stil	ll Births by Place of Oo	currence	Pla	ace of Residence of Mothe	er Place of Residence
		М	F	Т	Within the Area	Outside the Area	Cutside the State
1	2	3	4	5	6	7	8
State To	tal	R					
		U					
		Т					

	-			th by Place of Resider					
SI	District		Still Births by Place	of Residence of Moth	ner	Still Birth	Place of Occurrent	ce of Still Birth	
No.		М	F	Т		Rate	Within the Area	Cutside the State	
1	2	3	4	5	6	7		8	
State Total		R							
		U							
		Т							

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

### Table S-3

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

	Still Births										
Age of Mother		Rural Areas			Urban Areas			All Areas			
	Male	Female	Total	Male	Female	Total	Male	Female	Total		
1	2	3	4	5	6	7	8	9	10		
Below 15 years											
15-19											
20-24											
25-29											
30-34											
35-39											
40-44											
45 & above											
Age not stated											
Total											

### Table S-4

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

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

Rural/Urban			Type of Attention at Deliyery	1			
		Institutional	Doctor, Nurse and Trained	Traditional	<b>Relatives and</b>		Total
	Government	Private and Non-Government	midwife	<b>Birth Attendant</b>	Others	Not Stated	
1	2	3	4	5	6	7	8
Rural							
Urban							
(i) Towns with po	opulation one lak	n and above					
Town-1							
Town-2							
(ii)All Other							
Urban areas							
Urban Total							
State Total							

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

Sl. No.	Cause of Still Births					Age of Mother					Total
SI. NO.	Cause of Sull Dirths	Below 15	15-19	20-24	25-29	30-34	35-39	40-44	45& Above	Age not Stated	TOLAT
1	2	3	4	5	6	7	8	9	10	11	12
					Rural Areas/ Urba	ain Areas/ All Area	IS				
Total											

 Table S-6

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

	Age of Mother		· · ·		gnancy (In weeks)				
SI. No.		Below 32	36-36	37-39	40	41+	Not Stated	Total	
1		2	2	3	4	5	6	7	8
	-	-		Rural Areas/ Urbain A	Areas/ All Areas			-	
Total									

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

{ No. F. 16 (1) Statistics/99}

By Order of the Governor

ए. मुखोपाध्याय,

Secretary (Plan) Government of Rajasthan

# STATISTICS DEPARTMENT NOTIFICATION Jaipur, November 23, 2007

**G.S.R.81.-** In exercise of the powers conferred by section 30 of the Registration of Births and Deaths Act, 1969 (Central Act No. 18 of 1969), the State Government with the approval of the Central Government, hereby makes the following rules further to amend the Rajasthan Registration of Births and Death Rules, 2000; namely:-

 Short title and commencement .- (1) These rules may be called the Rajasthan Registration of Births and Deaths (Amendment) Rules, 2007

(2) They Shall come into force on the date of their publication in the official Gazette.

Amendment of Forms - The existing form No. 1,2,5,6,7 and 8 appended to the Rajasthan Registration of Births and Deaths Rules, 2000 shall be substituted by the following Forms respectively; namely:-

# [BIRTH REPORT]

Legal Information

This part to be added to the Birth Register

r	be filled by the informant					
	<b>Date of Birth :</b> (Enter the exact day, mo 1.1.2000)	onth and year, the child was born e.g.				
2	Sex : (Enter "male" or "female", do not	use abbreviation)				
3	Name of the child, if any : (if not name	ed, leave blank)				
4	Name of the father :					
	(Full name as usually written)					
5	Name of the mother :					
	(Full name as usually written)					
6	Permanent address of the Parents:					
7	Address of Parents at the time of birt	h :				
8	8 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:				
9	Informant's name :					
	Address :					
	(After completing all columns 1 to 22, informant will put date and signature here :)					
	Date :	Signature or left thumb mark of the informant				
	To be filled by	the Registrar				
ŀ	Registration No.	Registration Date :				
F	Registration Unit:					
]	Fown/Village :	District:				
F	Remarks : (if any)					
		Name and Signature of the Registrar				

# [Form No. 1]

[See Rule 5]

### 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 t	he informant							
	<b>Town or Village of Residence of the mo</b> lives. This can be different from the place address is not required to be entered).								
	(a) Name of town/Village:	e of town/Village:							
	b) Is it town or village : (Tick the appropriate entry below)								
	1. Town 2. Village								
	(c) Name of District :								
	(d) Name of State :								
11	Religion of the Family : (Tick the appro	priate entry below)							
	1. Hindu 2. Muslim 3. Christian								
	4. Any other religion : (write name of the	religion)							
	Father's level of education : (Enter the studied up to class VII but passed only cl	· ·							
	Mother's level of education : (Enter the studied up to class VII but passed only cl								
14	Father's occupation : (if no occupation	write Nil)							
15	Mother's occupation : (if no occupation	write Nil)							
	To be filed by t	he Registrar							
	Name	Code No.							
	District:								
	Tahsil:								
	Town/Village :								
	Registration Unit:								

16	Age of mother (in completed years) at the time of marriage : (If married more							
10	than once, age at first marriage may be entered)							
17	Age of the mother (in completed years) at the time of this birth :							
	Number of children born alive to the mother so far including this child							
10	: (Number of children born alive to include also those from earlier marriage(s), if any)							
19	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.							
20	Method of Delivery : (Tick the appropriate entry below)							
	1. Natural 2. Caesarean 3. Forceps/Vacuum							
21	Birth Weight (in kgs) : (if available)							
22	Duration of pregnancy : (in weeks)							
(C	olumns to be filled are over, now put signature at left)							
R	egistration No. Registration Date :							
D	ate of Birth :							
Se	ex 1. Male 2. Female							
Р	lace of Birth : 1. Hospital/Institution 2. House							
	Name and Signature of the Registrar							

# [DEATH REPORT]

Legal Information

Т	This part to be added to the Death Register						
To l	be filled by the informant						
1	<b>Date of Death :</b> (Enter the exact day, m 1.1.2000)	onth and year, the death took place e.g.					
2	Name of the Deceased : (Full name as	usually written)					
3	Sex of the deceased : (Enter "male" or	"female", do not use abbreviation)					
4	Name of the Father/Husband of the d	eceased:					
	(Full name as usually written)						
5	Name of the mother of the deceased :						
	(Full name as usually written)						
6	Permanent address of the deceased:						
7	Address of the deceased at the time of	f death :					
8	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)						
9	<b>Place of death :</b> (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 places :						
10	Informant's name :						
	Address :						
	(After completing all columns 1 to 21, inf	formant will put date and signature here :)					
	Date :	Signature or left thumb mark of the informant					
	To be filled b	y the Registrar					
F	Registration No.	Registration Date :					
F	Registration Unit :						
Г	Cown /Village :	District :					
F	Remarks (if any)						
		Name and Signature of the Registrar					

# [Form No. 2]

# [See Rule 5]

### Death Report

# **Statistical Information**

This part to be detached and sent for statistical processing

To ł	be filled by the informant							
11		be different from th	eased : (place where the deceased he place where the death occurred. The ).					
	(a) Name of town/Village:							
	(b) Is it town or village	: (Tick the appropri	iate entry below)					
	1. Town 2. Village							
	(c) Name of District :							
	(d) Name of State:							
12	Religion : (Tick the ap	propriate entry below	w)					
	1. Hindu 2. Muslim 3. ( religion)	Christian 4. Any oth	her religion : (write name of the					
13	Occupation of the dec	eased : (If no occup	pation write 'Nil')					
14	<b>Type of medical atten</b> t below)	tion received befor	re Death : (Tick the appropriate entry					
	1. Institutional							
	2. Medical attention oth	er than institution						
	3. No medical attention							
	No.	Name	Code					
	District:	1						
	Tahsil:							
	Town/Village Registrat	ion Unit:						
	To be filled by the info	rmant						
15	Was the cause of deat	h medically certifie	ed ?: (Tick the appropriate entry below)					
	1. Yes 2. No							
16	Name of Disease or A	ctual Cause of Dear	th :					
	(For all deaths irrespect	ive of whether med	lically certified or not)					
17	In case this is a female of delivery or within 6	,	ath occur while pregnant, at the time nd of pregnancy :					

(	(Tick the appropriate entry below)				
1	1. Yes 2. No				
18	If used to habitually smoke-for how many years ?:				
19 I	If used to habitually chew tobacco in any form for how many years ?:				
	If used to habitually chew areca nut in any form (including pan masala)-for how many years ?:				
21	21 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 Register				
Reg	gistration No.	Registration Date :			
Dat	e of Death :	Sex 1. Male 2. Female			
Ag	Age: Years/months/days/hours				
Pla	Place of Death :				
	1. Hospital/Institution 2. House				
	3. Other Place				
	Name and Signature of the Registrar				

प्रारूप सं 5				
<b>[FORM NO. 5</b> ]				
जन्म प्रमाण पत्र				
BIRTH CERTIFICATE				
(जन्म और मृत्यु रजिस्ट्रीकरण अधिनियम 1969 की धांरा 12/17 और राजस्थान जन्म और मृत्यु रजिस्ट्रीकरण नियम 2000 के नियम 8/13 के अधीन जारी किया गया)				
(Issued under Sec. 12/17 of the Registration of Births and Deaths Act, 1969 and Rule 8/13 of the Rajasthan Registration of Births and Deaths Rules, 2000)				
यह प्रमाणित किया जाता है कि निम्नलिखित सूचना जन्म के मूल अभिलेख से ली गई है जो कि (स्थानीय क्षेत्र/स्थानीयनिकाय )तहसील/खण्डजिलाजिलाराज्य/ संघ राज्य क्षेत्रका रजिस्टर है।				

This is to certify that the following information has been taken from the original record of birth which is the register for (local area/local body) of tehsil/blockof District
नाम/Name
लिंग/Sex:जन्म तिथि/Date of birth:
जन्म स्थान/Place of Birth:माता का नाम/Name of Mother:
पिता का नाम/Name of Father:
बच्चे के जन्म के समय माता पिता का पता/Address of parents at the time of birth of the child:
माता पिता का स्थायी पता/Permanent address of parents:
रजिस्ट्रीकरण सं./Registration Noरजिस्ट्रीकरणं की तारीख/Date of Registration
टिप्पणी/Remarks (if any):
जारी करने की तारीख/Date of issue
जारी करने वाले प्राधिकारी के हस्ताक्षर/Signature of the issuing authority
जारी करने वाले प्राधिकारी का पता/Address of the issuing authority
मुहर/Seal

प्रारूप सं 6				
[FORM NO. 6]				
मृत्यु प्रमाण पत्र				
DEATH CERTIFICATE				
(जन्म और मृत्यु रजिस्ट्रीकरण अधिनियम 1969 की धांरा 12/17 और राजस्थान जन्म और मृत्यु रजिस्ट्रीकरण नियम 2000 के नियम 8/13के अधीन जारी किया गया)				
(Issued under Sec. 12/17 of the Registration of Births and Deaths Act, 1969 and Rule 8/13 of the Rajasthan Registration of Births and Deaths Rules, 2000)				
यह प्रमाणित किया जाता है कि निम्नलिखित सूचना मृत्यु के मूल अभिलेख से ली गई है जो के (स्थानीय क्षेत्र/स्थानीय निकाय )तहसील/खण्डजिलाजिलाराज्य/ संघ राज्य क्षेत्रका रजिस्टर है।				
This is to certify that the following information has been taken from the original record of death which is the register for (local area/local body) of tehsil/blockof District of State/Union territory.				
नाम/Name				
लेंग/Sex:मृत्यु तिथि/Date of Death:				
मृत्यु स्थान/Place of Death:माता का नाम/Name of Mother:				
पेता/पति का नाम/Name of Father/Husband:				
मृतक का मृत्यु के समय का पता/Address of the deceased at the time of death:				
मृतक का स्थायी पता /Permanent address of deceased:				
रजिट्रकरण सं./Registration Noरजिस्ट्रीकरणं की तारीख/Date of Registration				
टेप्पणी/Remarks (if any):				
जारी करने की तारीख/Date of issue				
जारी करने वाले प्राधिकारी के हस्ताक्षर/Signature of the issuing authority				
जारी करने वाले प्राधिकारी का पता/Address of the issuing authority				
मुहर/Seal				

# [Form No. 7]

# [See Rule 12] BIRTH REGISTER FORM 1 : BIRTH REPORT

Legal Information

This part to be added to the Birth Register

To l	To be filled by the informant				
1	<b>Date of Birth :</b> (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	Permanent address of the Parents:				
7	Address of Parents at the time of birth :				
8	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:			
9	Informant's name :				
	Address :				
	(After completing all columns 1 to 22, informant will put date and signature here :)				
Date :		Signature or left thumb mark of the informant			
	To be filled b	by the Registrar			
R	Registration No.	Registration Date :			
R	Registration Unit:				
Т	'own/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 l	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	Name of the Father/Husband of the deceased:		
(Full name as usually written)			
5 Name of the mother of the deceased :			
	(Full name as usually written)		
6	Permanent address of the deceased:		
7	Address of the deceased at the time of death :		
8	<b>Age of the deceased :</b> (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)		
9	<b>Place of death :</b> (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 places :		
10	Informant's name :		
	Address :		
	(After completing all columns 1 to 21, 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 :	
ł	Registration Unit :		
Town Village :		District :	
	emarks: (if any)		
		Name and Signature of the Registrat	
		(No. F. 16(1) Statistics/2005)	

By Order of the Governor, वी. श्रीनिवास, Secretary to the Government

# **GOVERNMENT OF RAJASTHAN**

# PLANNING DEPARTMENT

No. F 16(1)/Stat/2005/

Jaipur Dated 04.02.2006

### NOTIFICATION

In exercise of the powers conferred by section 30 of the Registration of Births and Deaths Act, 1969 (Central Act, No. 18 of 1969), the State Government with the approval Of the Central Government, hereby makes the following rules, further to amend the Rajasthan Registration of Births and Deaths Rules, 2000, namely

 Short title and commencement .- (1) These rules may be called the Rajasthan Registration of Births and Deaths (Amendment) Rules, 2005

(2) They Shall come into force on the date of their publication in the official Gazette.

2. Amendment of Rule 9 .- In rule 9 of the Rajasthan Registration of Births and Deaths Rules, 2000, the existing expressions "rupees two", "rupees five" or "rupees ten" shall be substituted by the expression "rupee one".

By Order of the Governor,

**Sd/-**

(Veenu Gupta) Secretary to Government Planning Department