*THE KERALA REGISTRATION OF BIRTHS AND DEATHS RULES, 1999

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

RULES

- 1. Short title and commencement.— (1) These rules may be called the Kerala Registration of Births and Deaths Rules, 1999.
 - (2) They shall come into force on the 1st day of January, 2000.
 - 2. Definitions.— In these rules, unless the context otherwise requires,—
 - (a) "Act" means the Registration of Births and Deaths Act, 1969;
 - (b) "Form" means a Form appended to these rules; and
 - (c) "Section" means a Section of the Act.
- 3. Period of gestation.— The period of gestation for the purposes of Clause (g) of subsection (i) of Section 2 shall be twenty-eight weeks.
- 4. Submission of report under Section 4 (4).— The report under sub-section (4) of Section 4 shall be prepared in the prescribed format appended to these Rules and shall be submitted along with the statistical report referred to in sub-section (2) of Section 19, to the State Government by the Chief Registrar for every year by the 31st July of the year following the year to which the report relates.
- 5. Form, etc. for giving information of births and deaths.— (1) The information required to be given to the Registrar under Section 8 or Section 9, as the case may be, shall be in Form Nos. 1, 2 and 3 for the Registration of a birth, death and still birth respectively (hereinafter to be collectively called the reporting forms). Information if given orally, shall be entered by the Registrar in the appropriate reporting forms and the signature/thumb impression of the informant obtained.
- (2) The part of the reporting forms containing legal information shall be called the 'Legal Part' and the part containing statistical information shall be called the 'Statistical Part'.
- (3) The information referred to in sub-rule (1) shall be given within twenty-one days from the date of birth, death and still birth.
- **6. Birth or death in a vehicle.** (1) In respect of a birth or death in a moving vehicle, the person in charge of the vehicle shall give or cause to be given the information under sub-section (1) of Section 8 at the first place of halt.

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

^{*} Published under Notification No. G.O.(P) 8/2000/LSGD dt. in 6-1-2000 in Kerala Gazette Extraordinarty No. 316 dt. 18-2-2000.

- (2) In the case of deaths not falling under Clauses (a) to (e) of sub-section (1) of Section 8 in which an inquest is held, the officer who conducts the inquest shall give or cause to be given the information under sub-section (1) of Section 8.
- 7. Form of certificate under Section 10 (3).— The certificate as to the cause of death required under sub-section (3) of Section 10 shall be issued in Form No. 4 or 4A and the Registrar shall, after making necessary entries in the register of births and deaths, forward all such certificates to the Chief Registrar or the officer specified by him in this behalf by the 10th of the month immediately following the month to which the certificates relate.
- **8. Extracts of registration entries to be given under Section 12.—** (1) The extracts of particulars from the register relating to births or deaths to be given to an informant under Section 12 shall be in Form No. 5 or Form No. 6, as the case may be.
- (2) In the case of domiciliary events of births and deaths referred to in Clause (a) of subsection (1) of Section 8 which are reported direct to the Registrar of Births and Deaths, the head of the house or house hold as the case may be, or, in his absence, the nearest relative of the head present in the house may collect the extracts of birth or death from the Registrar within thirty days of its reporting.
- (3) In the case of domiciliary events of births and deaths referred to in Clause (a) of subsection (1) of Section 8 which are reported by persons specified by the State Government under sub-section (2) of the said section, the person so specified shall transmit the extracts received from the Registrar of Births and Deaths to the concerned head of the house or household as the case may be, or, in his absence, the nearest relative of the head present in the house within thirty days of its issue by the Registrar.
- (4) In the case of institutional events of births and deaths referred to in Clauses (b) to (e) of sub-section (1) of Section 8, the nearest relative of the new born or deceased may collect the extract from the officer or person in charge of the institution concerned within thirty days of the occurrence of the event of birth or death.
- (5) If the extract of birth or death is not collected by the concerned person as referred to in sub-rules (2) to (4) within the period stipulated therein, the Registrar or the officer or person in charge of, the concerned institution as referred to in sub-rule (4) shall transmit the same to the concerned family by post within fifteen days of the expiry of the aforesaid period.
- **9.** Authority for delayed registration and fee payable therefor.— (1) Any birth or death of which information is given to the Registrar after the expiry of the period specified in Rule 5, but within thirty days of its occurrence, shall be registered on payment of a late fee of rupees two.
- (2) Any birth or death of which information is given to the registrar after thirty days but within one year of its occurrence, shall be registered only with the written permission of the officer prescribed in this behalf and on payment of a late fee of rupees five.
- (3) Any birth or death which has not been registered within one year of its occurrence, shall be registered only on an order of a magistrate of the first class or a Presidency Magistrate and on Payment of a late fee of rupees ten.
- 10. Period for the purpose of Section 14.— 1[(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

^{1.} Sub-rule (1) substituted by S.R.O. No.484/2015, dt.28-7-2015. Prior to the substitution sub-rule (1) read as under

[&]quot;(1) Where the birth of any child had been registered without a name, the parent or guardian of such child shall, within 12 months from the date of registration of the birth of child, give information regarding the name of the child to the Registrar in writing:

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

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 twelve months, which shall be reckoned, subject to the provisions of sub-section (4) of section 23;

- (i) in case where the registration had been made prior to the date of commencement of the Kerala Registration of Births and Deaths (Amendment) Rules, 2015, within five year period from the date of commencement of the Kerala Registration of Births and Deaths (Amendment) Rules, 2015; or
- (ii) in case where the registration is made after the date of commencement of the Kerala Registration of Births and Deaths (Amendment) Rules, 2015, within the period of fifteen years from the date of such registration.
- (a) if the register is in his possession forthwith, enter the name in the relevant column of concerned form in the birth register on payment of a late fee of rupees five; or
- (b) if the register is not in his possession and if the information is given orally, make a report giving necessary particulars, and if the information is given in writing, forward the same to the officer specified by the State Government in this behalf for making the necessary entry on payment of a late fee of rupees five.]
- (2) The parent or the guardian, as the case may be, shall also present to the Registrar the copy of the extract given to him under Section 12 or a certified extract issued to him under Section 17 and on such presentation the Registrar shall make the necessary endorsement relating to the name of the child.
- 11. Correction or cancellation of entry in the register of births and deaths.— (1) If it is reported to the Registrar that a clerical or formal error has been made in the register or if such error is otherwise noticed by him the Registrar shall enquire into the matter and if he is satisfied that any such error has been made, he shall correct the error (by correcting or cancelling the entry) as provided in Section 15 and shall send an extract of the entry showing the error and how it has been corrected to the State Government or the officer specified by it in this behalf.
- (2) If any person asserts that any entry in the register of births and deaths is erroneous in substance, the Registrar may correct the entry in the manner prescribed under Section 15 upon production by that person a declaration setting forth the nature of the error and true facts of the case made by two credible persons having knowledge of the facts of the case.
- (3) Notwithstanding anything contained in sub-rule (1) and sub-rule (2) the Registrar shall make report of any correction of the kind referred to therein giving necessary details to the State Government or the officer specified in this behalf.
- (4) If it is proved to the satisfaction of the Registrar that any entry in the register of births and deaths has been fraudulently or improperly made, he shall make a report giving necessary details to the officer authorised by the Chief Registrar by general or special order in this behalf under Section 25 and on hearing from him take necessary action in the matter.
- (5) In every case in which an entry is corrected or cancelled under this rule, intimation thereof should be sent to the permanent address of the person who has given information under Section 8 or Section 9.
- 12. Form of register under Section 16.— The legal part of the Form Nos. 1, 2 and 3 shall constitute the birth register, death register and still birth register (Form Nos. 7, 8 and 9) respectively.
- 13. Fees and postal charges payable under Section 17.— (1) The fees payable for a search to be made, an extract or a non-availability certificate to be issued under Section 17, shall be as follow:—

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

- (2) Any such extract in regard to a birth or death shall be issued by the Registrar or the officer authorised by the State Government in this behalf in Form No. 5 or, as the case may be, in Form No. 6 and shall be certified in the manner provided for in Section 76 of the Indian Evidence Act, 1872 (1 of 1872).
- (3) If any particular event of birth or death is not found registered the Registrar shall issue a non-availability certificate in Form No.10.
- (4) Any such extracts or non-availability certificate may be furnished to the person asking for it or sent to him by post on payment of the postal charges therefor.
- 14. Interval and forms of periodical returns under Section 19 (1).— (1) Every Registrar shall after completing the process of registration send all the Statistical Parts of the reporting forms relating to each month along with a Summary Monthly Report in Form No. 11 for births, Form No. 12 for deaths and Form No. 13 for still births to the Chief Registrar or the officer specified by him on or before the 5th of the following month.
- (2) The officer so specified shall forward all such statistical parts of the reporting forms received by him to the Chief Registrar not later than the 10th of the month.
- 15. Statistical report under Section 19 (2).— The statistical report under sub-section (2) of Section 19 shall contain the tables in the prescribed formats appended to these rules and shall be compiled for each year before the 31st July of the year immediately following and shall be published as soon as may be thereafter but in any case not later than five months from that date.
- 16. Conditions for compounding offences.— (1) Any offence punishable under Section 23 may, either before or after the institution of criminal proceedings under this Act, be compounded by an officer authorised by the Chief Registrar by a general or special order in this behalf, if the officer so authorised is satisfied that the offence was committed through inadvertence or oversight or for the first time.
- (2) Any such offence may be compounded on payment of such sum, not exceeding rupees fifty for offences under sub-sections (1), (2) and (3) and rupees ten for offences under sub-section (4) of Section 23 as the said officer may think fit.
- 17. Registers and other records under Section 30 (2) (k).— (1) The birth register, death register and still birth register shall be records of permanent importance and shall not be destroyed.
- (2) The court orders and orders of the specified authorities granting permission for delayed registration received under Section 13 by the Registrar, shall form an integral part of the birth register, death register and still birth register and shall not be destroyed.
- (3) The certificate as to the cause of death furnished under sub-section (3) of the Section 10 shall be retained for a period of at least 5 years by the Chief Registrar or the officer specified by him in this behalf.
- (4) Every birth register, death register and still birth register shall be retained by the Registrar in his office permanently.

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FORMAT OF THE REPORT ON THE WORKING OF THE ACT

[See Rule 4]

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

402	2	THE REGISTRATION OF BIRTHS & DEATHS RULES, 1999	FURM -
b	In case of multiple births, fill in a seperate form for each child and write 'Twin birth' or 'Triple birth' etc., as the case may be, in the remarks column in the box below left.	To be filled by the informant 13. Mother's occupation: (If no occupation write 'Nil') 14. Age of the mother (in completed years) at the time of marrage: (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 the any) 17. Type of attention at delivery: (Tick the appropriate entry below) 17. Type of attentional - Government 2. Institutional - Government 3. Doctor, Nurse of Trained midwife 4. Traditional Birth Attendant 5. Relatives or others 18. Method of Delivery: (Tick the appropriate entry below) 1. Natural 2. Caesarean 3. Forceps/Vaccum 19. Birth Weight (in kgs.) (if available): 20. Duration of pregnancy (in weeks): (Columns to be filled are over. Now put signature at left)	To be filled by the Registrar Registration No. Registration Date: Date of Birth: 2. Female Place of Birth: 1. Hospital/Institution 2. House Name and Signature of the Registrar
Form No. 1 [See Rule 5]	BIRTH REPORT FORM Birth Report Statistical Information This part to be detached and sent for statistical processing	To be filled by the informant Date Signature of left thumb marks of the informant 8. Town or Village of Residence of the mother: (Place where the mother usually lives. This can be different from the place where the delivery occured. The house address is not required to be entered.) (a) Name of Town/Village: (b) Is it a town or village: (Tick the appropriate entry below) 1. Town 2. Village (c) Name of State: (d) Name of State: (d) Name of State: (d) Name of State: (e) 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 upto class VII but passed only class VI, write class VI) 12. Rather's occupation: (In the VIII) 13. Father's occupation: (If no occupation write VIII)	To be filled by the Registrar Name: Code No. District: Tahsil: Town/Village: Registration Unit:
	Birth Report Legal Information This part ot be added to the Birth Register	To be filled by the informant 1. Date of Birth: (Enter the exact day, month and year the child was born e.g. 1-1-2000) 2. Sex: (Enter 'Male' or 'Female' do not use abbreviation) 3. Name of the Child, if any: (If not named, leave blank) 4. Name of the father: (Full name as usually written) 1. Name of the mother: (Full name as usually written) 1. Sex: (Full name as usually written) 1. Hospital/Institution or the address of the house where the birth took-place) 1. Hospital/Institution or the address of the house where the birth took-place) 1. Hospital/Institution or the address: 2. Informant's name: (1) Address: (2) Counter Signature and seal of the authorities concerned (in the case of hospitals/Institutions) (After completing all columns 1 to 20, informant will put date and signature here:)	To be filled by the Registrar Registration No: Registration Date: Registration Unit: District: Town/Village: District: Remarks (if any)

Inserted by S.R.O. No. 208/2007 dt. 06-03-07 published in Kerala Gazette Extraordinary No. 440 dt. 7-3-2007.

Mauric and School and a second	To be filled by the informant 1. Institutional 2. Medical attention other than institution 3. No medical attention 3. No medical attention 11. Was the cause of death medically certified? (Tick the appropriate entry below) 1. Yes 12. Name of Disease or Actual Cause of Death: (For all deaths irrespective of whether medically certified or not) 13. In case this is a female death, did the Death occur while pregnant, at the time of delivery or within 6 weeks after the end of pregnancy (Tick the appropriate entry below) 1. Yes 2. No 1. Yes 2. No 1. Yes 4. If used to habitually chew tobacco in any years? 15. If used to habitually chew arecanut in any form (including pan masala) - for how many years? 17. If used habitually drink alcohol - for how many years? (Columns to be filled are over, Now put signature at left)	To be filled by the Registrar Date of Death: Sex: 1. Male 2. Female Age: Years/Months/Days/Hours Place of Birth: 1. Hospital/Institution 2. House 3. Other Place Name and Signature of the Registrar
Form No. 2 [See Rule 5] DEATH REPORT FORM Death Report Statistical Information This part to be detached and sent for statistical processing	To be filled by the informant 2. Counter signature and seal of the authorities concerned (in the case of hospitals/institutions) 2. Counter signature and seal of the authorities concerned (in the case of hospitals/institutions) 2. Capter completing all columns 1 to 17 informant will put date and signature here:) 3. Date Signature here:) 3. Town or Village of Residence of the deceased actually lived. This can be different from the place where the death occured. The house address is not required to be entered.) 3. Name of Town/Village: (a) Name of Town/Village: (b) Is it a town of village: (Tick the appropriate entry below) 7. Town: (b) Is it a town of village: (c) Name of State: (d) Name of State: (e) Name of State: (f) Name of State: (g) Name of State: (h) Name of State: (h) Name of State: (g) Name of State: (h) Name of State: (h	To be filled by the Registrar Name Code No. District: Tahsil: Town/Village: Registration Unit: Registration No.: Registration Date:
Death Report Legal Information This part to be added to the Death Register	To be filled by the informant 1. Date of Death: (Enter the exact day, month and year the death took place e.g.1-1-2000) 2. Name of the decased: (Full name as usually written) (a) Permanent address of the deceased: (b) Name of the father/husband: *[(c) Name of mother (d) Address of the deceased at the time of the death.) 3. Sex of the decased: (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 wonth give age in completed number of days, and if below one day, in hours.) 5. Place of death: (Tick the appropriate entry 1, 2 or 3 below and give the name of the Hospital/Institution or the address of the house where the death took-place). If other place, give location 1. Hospital/Institution Name: 2. House: 3. Other Place: 6. Informant's name: 1. Address: 1. Address:	To be filled by the Registrar Registration No: Registration Date: Registration Unit: District: Town/Village Remarks: (if any) Name and Signature of the Registrar

Inserted by S.R.O. No. 208/2007 dt. 06-03-07 published in Kerala Gazette Extraordinary No. 440 dt. 7-3-2007.

Form No. 3	[See Rule 5] STILL BIRTH REPORT FOR	

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This part to be detached and sent for Statistical Information statistical processing Still Birth Report

This part to be added to the

Still Birth Register

Legal Information

Still Birth Report

To be filled by the informant

(Enter the exact day, month and year

Date of Birth:

Sex: (Enter 'Male' or 'Female',

e.g. 1-1-2000)

Do not use abbreviation)

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

To be filled by the informant

Town or Village of Residence of the mother: (Place where the mother usually lives. This can be different from the place where the delivery occured. The house address is not required to be

Name of Town/Village: B

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the appropriate entry below) Is it a town or village: 1. Town

Name of District: (O) (F)

Age of the mother (in completed years) at the time of this birth: Name of State: œ.

(Enter the completed level of education e.g. Mother's level of education: 6

> entry below and give the name of the Hospital/ Institution or the address of the house where

Place of Birth: (Tick the appropriate

Full name as usually written) Full name as usually written)

Name of the mother: Name of the father:

if studied upto class VII but passed only class VI, write class VI) detached and sent for statistical processing

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

> (2) Conter Signature and seal of the authorities concerned (in the case of hospitals/Institutions) '(After completing all columns 1 to 12, informant will

Address:

Informant's name:

ø.

House

Institution 1. Hospital/

(1) Address:

Name:

the birth took place)

- Privalte or Non-Govern-

- Government

Doctor, Nurse or Trained midwife Duration of pregnancy (in weeks) Cause of foetal death (if known) Traditional Birth Attendant Relatives or others 1. 5.

(Columns to be filled are over. Now put

Signature of left thumb

Date:

put date and signature here.)

marks of the informant

To be filled by the Registrar Code No. District:

Place of Birth: 1. Hospital/Institution 2. Female 1. Male Date of Birth: Sex:

Registration Date:

Registration No:

To be filled by the Registrar

Name and Signature of the Registrar

Registration Date: Remarks (if any): Registration Unit: Fown/Village:

To be filled by the Registrar

Registration No:

Name and Signature of the Registrar

signature at left) Tahsil:

Registration Unit: Town/Village:

2. House

FORM No. 4

[See Rule 7]

MEDICAL CERTIFICATE OF CAUSE OF DEATH

(Hospital in-patients. Not to be used for still births)

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

Name of the Hospital.... I hereby certify that the person whose particulars are given below died in the hospital in Ward No. on at A.M./P.M. Name of Deceased For use of Age at Death Statistical Office Sex If one year If less than If less than If less than or more, age one year, one month. one day. in Years age in months age in Days age in Hours 1. Male 2. Female Cause of Death Interval between on set & death approx. Immediate Cause State the disease, injury or complication which caused death, not the due to (or as a mode of dying such as heart failure, consequences of) asthenia, etc. Antecedent cause Morbid conditions, if any, giving rise (b) to the above cause, stating underdue to (or as a lying conditions last. consequences of) 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) Homicide (5) Pending Investigation If deceased was a female, was pregnancy the death associated with? (1) Yes (2) No If Yes, was there a delivery? (1) Yes (2) No Name and signature of the Medical Attendant certifying the cause of death Date of verification..... See Reverse for Instructions (To be detached and handed over to the 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) 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 underlying cause to be tabulated is always written last in Part I.

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

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

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

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

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

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

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

Example.— Anaemia - Give type of anaemia, if known. Neoplasms - indicate whether benign or malignant, and site, with site of primary neoplasm, whenever possible, Heart disease - Describe the condition specifically, if congestive heart failure, chronic on pulmonale, etc., are mentioned, given the antecedent conditions. Tetanus-Describe the antecedent injury, if known.

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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.

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

FORM No. 4A

[See Rule 7]

MEDICAL CERTIFICATE OF CAUSE OF DEATH

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

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

recident of

I heraby certify that the deceased Shri/Smt./Kum.....son of/wife of/daughter

Taga Esta	Name of th	e Deceased	Take of been	remorbation agai 1910/11 ghirlen ans 1910/11 shaorusan		For use of Statistical Office
			Age	at Death	Jebeen si s	om printen viteus
en (t) VIII II File (T)	Sex	Age in Completed Years	If less than 1 year age in Months	If less than one month age in Days	If less than one day age in Hours	ework netto a nedl reen reco skrotted for seut
no tarti	 Male Female 	termis should be a second of the second of t	perill the etc. The etc. of long to the etc.	lute, respiratory fai modes of dying an	et then the entre	ie mode of dying. ie conflicatevit ali
	which cau dying suc Antecede	e Cause disease, inju used death, n h as heart fa nt cause	ry or complica ot the mode of ilure, asthenia	(a) tion due to (or as f a consequ- , etc. ences of) (b)	death appropriate the colors in the colors of the colors o	ween onset & some ox. Have of going ox. Have of going on the factor of t
	to the about the lying condition of the dear to the de	ove Cause, st ditions last	tions contributi	due to (or as a consequences of) (c)ng	cates us legit implote the co tenter out or water der be stated Th	Do not write a full) in the certification of the ce

See Reverse for Instructions

Name and signature of the Medical Practitioner, Certifying the cause of death

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

If Yes, was there a delivery? 1. Yes 2. No

Date of certification

(To be detached ar	nd handed over to	the relative o	f the deceased)
--------------------	-------------------	----------------	-----------------

	Certified that	Shri/Smt./Kum	§	S/W/D	of Shri	1	R/O		was
under	my treatment	from	to			. and he/she	expired	on	at
	A.M./	P.M.					ALF TOTAL		

Doctor

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

MEDICAL CERTIFICATE OF CAUSE OF DEATH Directions for completing the form

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

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

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

The certificate of cause of death is divided into two parts, I and II. Part I is again divided into three parts, lines (a) (b) (c). If a single morbid condition completely explains the deaths, then this will be written on line (a) of Part I, and nothing more need be written in the rest of Part I or in Part II, 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 pneumonia; (b) Fracture of neck of femur, (c) Fall from ladder at home.

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

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

Form - 5

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

Example.— Anaemic-Give type of anaemia, if known, Neoplasms-Indicate whether benign or malignant, and site, with site of primary neoplasm, whenever possible, Heart disease-Describe the condition specifically; if congestive heart failure, chronic on pulmonale, etc., are mentioned, give the antecedent conditions. Tetanus-Describe the antecedent injury, if known. Operation-State the condition for which the operation was performed. Dysentry-Specify whether bacillary, amoebic, 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 Bi	ile 8	1

No
കേരള സർക്കാർ GOVERNMENT OF KERALA
പഞ്ചായത്ത്/നഗരകാര്യ വകുപ്പ് DEPARTMENT OF PANCHAYATS/URBAN AFFAIRS
സർട്ടിഫിക്കറ്റ് നൽകുന്ന തദ്ദേശ സ്ഥാപനത്തിന്റെ പേര് Name of local body issing certificate
ജനന സർട്ടിഫിക്കറ്റ് Birth Certificate
(1969-ലെ ജനന-മരണ രജിസ്ട്രേഷൻ ആക്ടിലെ 12/17 വകുപ്പും 1999-ലെ കേരള ജനന്മരണ രജിസ്ട്രേഷൻ ചട്ടങ്ങളിലെ 8/13-ാം ചട്ടവും അനുസരിച്ച് നൽകുന്നത്.
(Issued under Section 12/17 of the Registration of Births and Deaths Acts, 1969 and Ru 8/13 of the Kerala Registration of Births and Deaths Rules, 1999.
താഴെ പറയുന്ന വിവരങ്ങൾ കേരള സംസ്ഥാനത്തിലെ ലെ (തദ്ദേശ സ്ഥാപനം) അസ്റ്റര
ജനന രജിസ്റ്ററിൽ നിന്ന് എടുത്തിട്ടുള്ളവയാണെന്ന് സാക്ഷ്യപ്പെടുത്തുന്നു.
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)
പേര് /Nameആൺ/പെൺ/Sexജനന തീയത് Date of Birthജനന സ്ഥലം/Place of Birth
മാതാവിന്റെ പേര്/ Name of Mother
ിട ് പിതാവിന്റെ പേര്/ Name of Father ചെട്ടുകളുടെ അവ

Inserted by S.R.O. No. 208/2007 dt. 06-03-07 published in Kerala Gazette Extraordinary No. 440 dt. 7-3-2007.

കുട്ടിയുടെ ജനന സമയത്ത് മാതാ	മാതാപിതാക്കളുടെ സ്ഥിരമായ
പിതാക്കളുടെ മേൽവിലാസം	മേൽവിലാസം
Address of the Parents at the time of birth of the child	Permanent address of parents
on and execution lead and in every control	en version le leur d'un alte tene un seglét et se
challure, organiz un pulmonale, diz. are amentra di.	tead suiteaco e chechecale e cocadica head
രജിസ്ട്രേഷൻ നമ്പർ /Registration No	രജിസ്ട്രേഷൻ തീയതി / Date of Registration
അഭിപ്രായക്കുറിപ്പ് /Remarks (if any) നൽകുന്ന തീയതി/Date of issue	Tubertulanskilde organs
് പടിയാട് വിധാരി നൽകുന്ന അധികാര്	
നൽകുന്ന അധികാരിയുടെ മേ	ൽവിലാസം/Address of the issuing authority
സീൽ / SE	
"Ensure Registration of eve	
"ഓരോ ജനനവും മരണവും രജിസ്റ്റർ ഒ	ചയതുവെന്ന ഉറപ്പുവരുത്തുക."
*[FORM NO	0. 6
[See Rule	8]
നമ്പർ	Form - 6
No	
(A)	
MENT OF KERALA	Marine Million Co.
കേരള സർക	െ ർ
GOVERNMENT OF	KERALA
പഞ്ചായത്ത്/നഗരകാ	ാര്യ വകുപ്പ്
DEPARTMENT OF PANCHAY	AT/URBAN AFFAIRS
സർട്ടിഫിക്കറ്റ് നൽകുന്ന തദ്ദേശ സ്ഥാപനത്തിെ	ന്റ പേര്
Name of local body issuing certificate	rife
മരണ സർട്ടിഹ	ിക്കറ്റ് നിഴർ സ്വധ-ന്നാല 196-9891).
DEATH CERTIF	ICATE A LEGISTICAL COMPLICATION OF CHARGE
(1969-ലെ ജനന-മരണ രജിസ്ട്രേഷൻ ആക്ടിലെ 12/13 സ്ട്രേഷൻ ചട്ടങ്ങളിലെ 8/13-ാം ചട്ടവും അനുസരിച്ച് റ	7 വകുപ്പും 1999-ലെ കേരള ജനന-മരണ രജി റൽകാന്നത്.
(Issued under Section 12/17 of the Registratio 8/13 of the Kerala Registration of Births and Deaths	n of Births and Deaths Act, 1969 and Rule
താഴെ പറയുന്ന വിവരങ്ങൾ കേരള സംസ്ഥാനത	
മരണ രജിസ്റ്ററിൽ നിന്ന് എടുത്തിട്ടുള്ളവയാണെന്ന് സ	ല (തദ്ദേശ സ്ഥാപനം) അസ്സൽ
This is to certify that the following information	
Death which is the register for (local area/local body	
of District of State Kerala.	
പേര്/Name	
മരണ തീയതി/Date of Death	이 마음이 그리는 것이 모든데 이 이렇게 이렇게 되었다면 하는데 이렇게 되었다면 하는데 하는데 하는데 되었다면 하는데

Inserted by S.R.O. No. 208/2007 dt. 06-03-07 published in Kerala Gazette Extraordinary No. 440 dt. 7-3-2007.

 പേര്/	മാതാവിന്റെ പേര്/Name of Mother Name of Father/Husband	പിതാവിന്റെ /ഭർത്താവിന്റെ
	മരിച്ച വൃക്തിയുടെ മരണസമയത്തെ മേൽവിലാസം	 മരിച്ച വൃക്തിയുടെ സ്ഥിരമായ മേൽവിലാസം
	Address of the deceased at the time of death	Permenant address of deceased
	3 ca Rule 12] ATH REGISTER	
	ATH REGISTER	Form No. 2
	രജിസ്ട്രേഷൻ നമ്പർ/Registration No	രജിസ്ട്രേഷൻ തീയതി/ Date of Reg- istration
	അഭിപ്രായക്കുറിപ്പ്/Remarks (if any)	
	നൽകുന്ന തീയതി/ Date if issue	Date of Death (Enterthen)
	നൽകുന്ന അധികാരിയുടെ ഒപ്പ് / Signati	
	നൽകുന്ന അധികാരിയുടെ മേൽവിലാസം / <i>F</i>	Address of the issuing authority
		briedauM\vadte-1 to envist. Sy
	"Ensure registration of every I	
	ഓരോ ജനനവും മരണവും രജിസ്റ്റർ ചെയ	
		anna) arakaanaa aha aha aha a
	FORM No. 7	(noiteivertide sau
	[See Rule 12] BIRTH REGISTE	earth if the deceased was below 1 year
	BIRTH REGISTE	eled to boas area to redoming betalance as
	Legal informatio	AND
F	Form No. 1	specially distinct or the address of the
	This part to be added to the	Birth Register
7	o be filled by the informant	- 105) Liduri
	. Date of Birth: (Enter the exact day, month a	and vear
	the child was born e.g. 1.1.2000)	S Other Place
2		bbreviation)
3	. Name of the child, if any: (If not named, leav	ve blank)
4		ritten) amulos lis patielemos reliA)
5	(and the decising	written) is fue this insemiorni Thiotin
	5A.Permanent address of the parents	
	 B. Address of the parents at the time of birth o 	
6		or 2 below
	and give the name of the Hospital/Institution	or the addressoM_nchenzipeA
	of the house where the birth took-place) 1. Hospital/ Name:	
	Hospital/ Name: formal@institution	
7.		
	Address: [ST club as2]	
	(After completing all columns	LITE STATE
	1 to 20, informant will put	NTS STEE
	date and signature here.) dollarsold laps	3.1
Da	ate: Signa	ture of left thumb marks of the informant

To be filled by the Registrar passions will yet belief ed or

Inserted by Kerala Gazette Extraordinary No. 440 dt. 7-3-2007.

Registration No.:

Registration Unit:

Town/Village: Remarks (if any) Registration Date:

District:

Name and Signature of the Registrar.

FORM No. 8 [See Rule 12] DEATH REGISTER

Form No. 2

DEATH REPORT

Legal information

This part to be added to the Death Register

To be filled by the informant

1. Date of Death: (Enter the exact day, month and year the death took place e.g. 1.1.2000)

2. Name of the Deceased: (Full name as usually written)

*[2A. Permanent address of the deceased

2B. Name of Father/Husband

2C. Name of Mother

Address of the deceased at the time of the death]

3. Sex of the deceased: (Enter 'Male' or 'Female' do not use abbreviation)

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

5. Place of birth: (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.)

Hospital/

Name:

Institution

2. House

Address:

3. Other Place

6. Informant's name:

Address:

(After completing all columns of the viscosia and signature here:)

Date:

Signature or left thumb mark of the informant

To be filled by the Registrar

Registration No.: Registration Unit:

Registration Date:

Town/Village:

District:

Remarks (if any):

Name and Signature of the Registrar

FORM No. 9
[See Rule 12]

STILL BIRTH REGISTER
STILL BIRTH REPORT
Legal information

Form No. 3

This part to be added to the Still Birth Register

To be filled by the informant

1. Date of Birth:

Inserted by S.R.O. No. 208/2007 dt. 06-03-07 published in Kerala Gazette Extraordinary No. 440 dt. 7-3-2007.

(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 Hosptial/Institution or the address of the house where the birth took place)
 - 1. Hospital/

Name:

Institution

House

Address:

6. Informant's name:

Address:

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

Date:

Signature or left thumb mark of the informant

To be filled by the Registrar

Registration No.

Registration Date:

Registration Unit:

Town/Village:

District:

Remarks: (if any):

Name and Signature of the Registrar

FORM No. 10

[See Rule 13]

NON-AVAILABILITY CERTIFICATE

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

Seal

FORM No. 11

[See Rule 14]

SUMMARY MONTHLY REPORT OF BIRTHS

- 1. Report for the Month of..... year.....
- 2. District:
- 3. Town/village:
- 4. Registration Unit:
- 5. Number of Births Registered: A londal@lastageA leidO add of bettendu2
 - (a) Within one year of their Occurrence:
 - (b) After one year of their Occurrence:

Total* (a+b)

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

Signature & Name of the Registrar

Dated:

Submitted to the Chief Registrar/District Registrar.

and and to emen out avia bus wole FORM NO. 12

(sople les [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: Management and Application (Application of Deaths)

	Deaths	State fug line treamotre	21 of 1	
Registered within one	Registered after one	Total*	Infant Deaths	Materna Deaths
year of occurrence	year of occurrence	ard by the Registre Registre		roitstlaige#
(1)	(2)	(3)	(4)	(5)
) 'extisiosA

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

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

Signature & Name of the Registrar.

Datad.

Submitted to the Chief Registrar/District Registrar.

FORM NO. 13

described and of pulls of theve and far [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* YMMINGM YMAMIAGE
- * Number of Still Births Registered should be equal to the number of Still Birth Report Forms (Form No. 3) attached with this monthly report.

Signature & Name of the Registrar.

Dated:

Submitted to the Chief Registrar/District Registrar.good and to redoubt

TABLE A - 1
Population, Registration Units, Monthly Returns Due and Received

				(Rural Areas)	reas)			
		Population as p Census	as per last isus				Estimated mid-year	mid-year
SI.No.	District	Actual	Adjusted for	No.of	No.of	No.of	Total	Adjusted for
			Incomplete Receipt of	Registration	Monthly	Monthly	5	Incomplete
A Comment			Returns	2	end sumen	Received		Receipt of Returns
Ξ	(2)	(3)	(4)	(5)	(9)	(2)	(8)	(6)
io								
State Total	al							
· · · · · · · · · · · · · · · · · · ·	Description of the policy of t	obnistrou oue e	TABLE A - 2 Population, Registration Units, Monthly Returns Due and Received (Urban Areas)	TABLE A - 2 ttion Units, Monthly ((Urban Areas)	4 - 2 thly Returns Du reas)	ue and Receive	ğ	
	Table	Population as	as per last		The second secon		Estimated mid-year	mid-year
	/07	Census	Sn	(3)		3	population	ation
SI.No.	District	Actual	Adjusted for Incomplete Receipt of Returns	No. of Registration Units	No. of Monthly Returns Due	No. of Monthly Returns not Received	Total	Adjusted for Incomplete Receipt of Returns
Ξ	(2)	(3)	(4)	(5)	(9)	(7)	(8)	(6)
		20 12 12 12 12 12 12 12 12 12 12 12 12 12		08 F8kh 8	5,000.5			
State Total	ગ							a a
				AND THE PARTY OF T				

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

			Births b	Births by place of Occurence	of	Place of Residence of Mother	Residence other	Pla	ace of
Si. No.	District	N	nelsulp.A	9 10 H		Within the Area	Outside the Area	- Res Outside	Residence Outside the State
(1)	(2)	(3)	0 000	(4)	(5)	(9)	(2)	novalence and and a	(8)
1. D	1. Disrtict -1 R U T		A Anolis						
다 6 6	Towns with population one Town-1		lakh and above	ove					
2. D	District-2								
	(6) (5)								
		The second second	LISTON	12			STATE STANDARD		
S	State TotalR U		dufford QueueH	₹ B	Programme	Anthrolis Subsection	entroite Petroite		
	EUN DATE								

TABLE B-2 Live Births by Place of Residence, Districts (Rural & Urban) and Towns with Population One Lakh and above

	Births by place of Residence of Mother		Birth		lace of F	Place of Residence of Mother	
Si. No.	District M F T	Е.	Rate	Within the	9	Outs	Outside the
\exists	(2) (3) (4) (5)		(9)	(£)			(8)
-	Disrtict -1 R						
	Towns with population one lakh and above Town-1 Town-2						
ci i	2. District-2	ule				4.16 6	
	Cliude SO galve # A635.						
-	State TotalR U		THE THE PARTY OF			06,1974	
						N. W.	

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

Live Births by Place of Residence, Districts (Rural & Lichar) and Towns with Population STORE DIE THE STORE PO WASS

TABLE B-4
Live Births by Sex and Month of Occurrence

	Total	(16)			(S)		, , , , , , , , , , , , , , , , , , ,		The Property of Section 1975 of Sections conditions
	Decemper	(15)			3				the angle of the state of the s
	November	(14)			All the state of t	N. Ti	Political D		emilijot te aate procesi
	October	(13)			(6)	Charle	1 6		edy and adequate product
	September	(12)				Aterican	TENGINGSIT		A Committee of the Comm
	tsúguA	(11)			(3)	Atte	4 081		The state of the s
Months	չյու	(10)					1		ABIA
Mo	əunr	(6)				STANDING	4 00 mg		18 3 18
	Мау	(8)						1	Mention.
	li₁dA	(5)	9 4 9 G			Coverander:		des a compression of the compres	Type of Attention at Dalivery
	March	(9)	776 TX		(3)			A1 (C)	And the state of t
	February	(5)	eroda bas nysterio ao					MANAGAM	
	าุรมทรเง	(4)			(S)		Covernia		
	Sex	PHOSING HA	John S Jekus Alle			M	ЕЩ∣	and the second	of more relative products of the state of th
	SI. District	(1) (2)	(I) THEORY	80 151 151		State Total		A CONTRACTOR OF THE PARTY OF TH	

madul & lough yearled is remained by Type of Admin S links out

TABLE B-5 Live Births by Type of Attention at Delivery (Rural & Urban)

		Institutional		Type of Attention at Delivery	Allenno	at Dell	very					The state of the s	
	Government	nent	Privat Non- Gover	Private and Non- Government		Doctor, Nurse and Trained Midwife	ned	Traditional Birth Attendant	tional	Relatives and Others	ives	Not Stated	Total
(1)	(2)		(3)			(4)		(5)		(9)		(2)	(8)
Urban (i)	Towns with population one lakh and above Town - 1 Town - 2	ion one la	akh and	above					×				
(S)	All other Urban areas Urban Total							Ξ					
	าสม. ส.	Eep as	Marm	Apri	M87	Aug.	July	ynā ie	geb er	Osti be	province province	Decen	

TABLE B-6

Live Births by Method of Delivery and Type of Institution for Institutional

Births (Rural & Urban)

Method of Government Hospital Private and No T R U T R (1) (1) (2) (3) (4) (5) (6) Natural Caesarean Forceps/Vaccum Not Stated				
Accum	Private and Non-Government		Total	
1) (2) (3) (4) (5) ral arean sps/Vaccum Stated	L n	æ	ח	F
Natural Caesarean Forceps/Vaccum Not Stated	(2) (9)	(8)	(6)	(10)
Natural Caesarean Forceps/Vaccum Not Stated			۵	
Forceps/Vaccum Not Stated				
Forceps/Vaccum Not Stated				
i i				
(1) (A) (A) (B) (S) (T) (D) (A) (B) (S) (T)		d		
(a) (b) (b) (c) (s)				
State Total				

TABLE B-7

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

							rder							
Mother 1	2	င	4	ī.	9	2	ω	6	10 11	1	12	13 & Above	Not Stated	Total
(1) (2)	(3)	(4)	(2)	(9)	(2)	(8)	(6)	(10)	(11)	(11) (12) (13)	(13)	(14)	(15)	(16)
				₹	Areas/R	lural Are	as/Urba	All Areas/Rural Areas/Urban Areas						
Polision for														
Below 15 Lotceberyeconum 15 - 19														
20-24889														
25,729														
30 - 34 35 - 39														
40 - 44	And the second second second	(2)	(2)	(P)	The second of the second	(3)		(3)	3		33	(8)		(9)
45 & above		20)	Con			10		garieri Camar	nueg)		-shift	73,2		port.
Age not stated		COAR	Covernment Hospital	Hospital		Prive	ste and	Private and Non-Covement	SWILIEL			GT.	[0/8]	en commentence
Total		And the state of t	The second second second second	10 The state of th	and the second second	JAbs	Type of Institution	No.itu!						1

(nacto 2 laws) affile

tenditified to notification to say? The grevited to borden yet with say.

TABLE B-8
Live Births by Birth Order and Age of the Mother for Towns with Population 1 Lakh and above

of Emperor of Process conflictions also an exception and particle of the consequences and	The second of the second	PRESENTATION OF THE PROPERTY.			TO ABOUT THE PURE SHAPE OF	Birth Order	Order							
Age of Mother	2	3	4	ro.	Q .	2	8	6	10	=	12	13 & Above	Not Stated	Total
(1) yde uot stated (2)	(3)	(4)	(5)	(9)	(2)	(8)	(6)	(10)	(11)	(11) (12) (13)	(13)	(14)	(15)	(16)
45 g above														
Below 15														
15⊱ 19∂														
20:524:4														
25 - 29														
30 ∋ 34 ∜														
35 - 39														
403-5444 12														
45 & above	10	The second second second second	(3)		14)						Q.			
Age not stated		7.0	Puttigle	8	Minchel wated	311		STREET CORRECTION				26.87		
Total -	Oct and a	'n	anio	T)	C 17 15 17 17 1			the street		0.63	915	Š		5.2

Live biffs by Age and Level of Education of the Mother (Aural & Liter)

TABLE B-9

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

			Level of educativ	Level of education of the Mother			
Age of Mother	Illiterate	Below Primary	Primary but below Matric	Matric but below Graduate	Graduate & Above	Not Stated	Total
train spoke	(2)	(3)	(4)	(5)	(9)	(7)	(8)
Below 15			8				
15 - 19							
20 - 24							20 16 10
25 - 29			: :		* * * * * * * * * * * * * * * * * * *		
30 - 34					8 02 02 03 03 03 03 03 03 03 03 03 03 03 03 03	E E	
35 - 39			# 20 80 80				60 1
□ 40 - 44				2 = 8 2 = 8			15 % 16 %
45 & above						8	
Age not stated	(8)						
Total					7-6 - 2 - 3 - 1		

TABLE B-10

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

1 2 3 4 5 6 7 8 9 10 11 12 13 & Not Above Stated (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) (12) (13) (14) (15) All Areas/Bural Areas/Urban Areas	Level of							Live Birth Order	סrder Order							
(2) (3) (4) (5) (6) (7) (8) (9) (10) (11) (12) (13) (14) (15) All Areas/Rural Areas/Urban Areas	Education of Father	-	N	ო	4	ರ	9	7	ω	တ	9	F	12	13 & Above	Not Stated	Total
	(1)	(2)	(3)	(4)	(2)	(9)	(<u>C</u>)	(8)	(6)	(10)	(11)	(12)	(13)	(14)	(15)	(16)
						A	Areas/R	ural Are	es/Urb	an Areas						
literate Selow Primary Frimary but elow Matric flatric but elow Graduate siraduate & Above lot Stated Jotal																
Selow Primary Primary but relow Matric flatric but elow Graduate straduate & Above flot Stated obtal	Illiterate															
rimary but felow Matric flatric but flow Graduate flow Graduate flow Graduate flow Stated flot Stated flot Stated flot Stated	Below Primary															
flatric but elow Graduate elow Graduate & Above iot Stated elos Stated elos Graduate & Above elos Stated elos Stated elos Stated elos Stated elos elos elos elos elos elos elos elos	Primary but below Matric															
iraduate & Above lot Stated	Matric but below Graduate															
lot Stated ————————————————————————————————————	Graduate & Above															
Otal 98%	Not Stated															
	- Total								5							

TABLE B-11

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

						_	Live Birth Order	Order							
Level of Education of Mother	-	2	က	4	ις	9	7	ω	6	10	=	12	13 & Above	Not Stated	Total
(i) Sisted	(2)	(3)	(4)	(2)	(9)	8	(8)	(6)	(10)	(11)	(12)	(13)	(14)	(15)	(16)
ovodA 3 stautiens					All,	Areas/F	ural Are	eas/Urb	All Areas/Rural Areas/Urban Areas						
Illiterate															
Below Primary															
Primary but below Matric															
Matric but below Graduate															
Graduate & Above															
Not Stated	B	(3)	3	19	5	3				7	1 2				
Total		v	r	je											

TABLE B-12

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

							Birth	Birth Order							
Age of Mother		2	က	4	2	9	7	∞	0	10	=	12	13 & Above	Not	Total
(1)	(2)	(3)	(4)	(5)	(9)	(5)	(8)	(6)	(10)	(11)	(12)	(13)	(14)	(15)	(16)
to or or	All Edu	sational	Levels	/Below	Primary/	Primary	but belo	w Matri	ic/Matric	hiit held	Ograd.	late/Grad	All Educational Levels/Below Primary/Primary but below Matric/Matric hut helow Graduata/Croducts on Annual		
Below 15											5	ממוס/ סומ	uuale & A	DOVe	
15 - 19															
20 - 24															
25 - 29															
30 - 34															
35 - 39															
40 - 44															
45 & above															
Not stated															
_ Total														The second second	
TO SOUTH		5				9									

All Educational Level also includes the education level not stated

TABLE B-13

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

							Birth	Birth Order							
Age of Mother	-	0	ო	4	ro	9	7	∞	o	5	F	12	13 & Above	Not Stated	Total
(1)	(2)	(3)	(4)	(5)	(9)	(2)	(8)	(6)	(10)	(Ħ)	(12)	(13)	(14)	(15)	(16)
All	Educatic	onal Lev	vels/Illite	rate/Bel	ow Prin	nary/Prim	lary but	below !	Matric/M≀	atric but	below G	raduate/	All Educational Levels/Illiterate/Below Primary/Primary but below Matric/Matric but below Graduate/Graduate & Above	& Above	
Below 15															
15 - 19															
20 - 24															
25 - 29															
30 - 34															
35 - 39															
40 - 44															
45 & above															
Not stated															
Total															
27420175555															

All Educational Level also includes the education level not stated

TABLE B-14

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

										,			an)		
And of					Bad Bad		Birth	Birth Order							
Mother	-	7	က	4	cs	9	^	ω	o	10	=	5	13 & Above	Not Stated	Total
(1)	(2)	(3)	(4)	(2)	(9)	(7)	(8)	(6)	(10)	(11)	(12)	(13)	(14)	(15)	(16)
				All re	eligions*,	All religions*/ Hindus/ Muslims/ Christians/ Sikhs/ Others**	/ Muslin	ıs/ Chri	stians/ §	Sikhs/ O	thers**				
Below 15															
15 - 19															
20 - 24															
25 - 29															
30 - 34															
35 - 39															
40 - 44															
45 & above															
Not stated															
Total															
		М	- (2
															¥ 0.000

*Religion not stated have been included in "All religions". **Minor religious groups have been combined under "Others".

TABLE B-15

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

AMBUSE INSPIRED SUCIDE para per-		- 13 - 02 - 03 - 13	Dec.		ISON DISC	8 CITE	Birth	Birth Order							
Age of Mother	-	N	က	4	2	9	7	ω	0	5	7	12	13 & Above	Not Stated	Total
(1)	(2)	(3)	(4)	(2)	(9)	(2)	(8)	(6)	(10)	(£)	(12)	(13)	(14)	(15)	(16)
				All re	*suoigili	/ Hindus	All religions*/ Hindus/ Muslims/ Christians/ Sikhs/ Others**	S/ Chri	istians/	Sikhs/ O	thers**				
Below 15															
15 - 19															
20 - 24															
25 - 29															
30 - 34															
35 - 39															
40 - 44															
45 & above Not stated															
Total									3	2					
	Name of Street or other Designation of the Owner, where the Owner, which is the Owner, where the Owner, which is the Owner, where the Owner, which is the Owner, w	THE PERSON NAMED AND POST OFFICE ADDRESS OF THE PERSON NAMED AND POST OF T	The same of the sa	-						-	-	-	-	-	

*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) TABLE B-16

					1		ָ ס								
Occupation of Father	-	2	က	4	ſΩ	9	7	∞	0	10	£	12	13 & Above	Not Stated	Total
(1) The state which a completion	(2)	(3)	(4)	(2)	(9)	(7)	(8)	(6)	(9) (10)		(11) (12)	(13)	(14)	(15)	(16)
Observation and Proportion			¥	All Areas/ Rural Areas/ Urban Areas	/ Rure	l Area	ls/ Urb	an Ar	Ses						
Profesional, Technical and Related workers															
Administrative, Executive and Managerial workers															
Clerical and related workers															
Sales workers															
Service workers															
Farmers, Fishermen, Hunters, Loggers etc. and Related workers															
Production and other related workers, Transport Equipment Operators and Labourers															
Workers whose Occupation are not elsewhere classified															
Non-workers															
								1	G			1			

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

				The second second	ĺ	.)	5								
Occupation of Mother	-	2	ဇ	4	υ	9	7	ω	თ	5	₽	12	13 & Above	Not Stated	Total
(1)	(2)	(3)	(4) (5)	(2)	(9)	(7)	(8)	6)	(9) (10) (11)	(11)	(12)	(13)	(14)	(15)	(16)
			A	Areas	3/ Run	al Are	All Areas/ Rural Areas/ Urban Areas	Jan A	eas						
Profesional, Technical and Related workers															
Administrative, Executive and Managerial workers															
Clerical and related workers															
Sales workers															
Service workers															
Farmers, Fishermen, Hunters, Loggers etc. and Related workers	ွ														
Production and other related workers, Transport Equipment Operators and Labourers															
Workers whose Occupation are not elsewhere classified															
Non-workers															
Total		ŀ						e;	9						

TABLE B-18

i i i i i i i	
Marriage —	Birth Order
(in years)	1 2 3 4 5 6 7 8 9 10 11 12 13 & Not Total Above Stated
(1)	(4E)
	F
0-4	
5-9	
10-14	
15-19	
20-24	
25-29	
30 & above	
Not stated	
Iotal	
(6)525	

TABLE B-19

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

Duration of		·		Age	Age of Mother					
(in years)	Below 15	15-19	20-24	25-29	30-34	35-39	40-44	45 & above	Not Stated	Total
(1)	(2)	(3)	(4)	(5)	(9)	(2)	(8)	(6)	(10)	(11)
horale lord			All	Areas/ Ru	ral Areas/ L	All Areas/ Rural Areas/ Urban Areas	S			
0-4 % 00000										
ુ 6-9										
10-14										
15-19										
20-24										
25-29										
30 & above										
Not stated										
Total		3	2 2	3 T		18	17 (31	1512 151		
Contraction (Contraction)										

TABLE B-20

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

(if) weeks) Less than 1,500 1,500-2,000 2,000-3,000 3,000-4,000 4,000 + Not stated Total	Duration of									Birth \	Neight	Birth Weight (in Kgs)	(st								
R U T R U T	(in weeks)		ess tha	าก 1.500	1.50	00-5.00	00	2.	000-3	000	3.	000-4	000	4	+ 000		N	State			1 -
6 6 6 6 7 (3) (4) (5) (6) (7) (8) (9) (10) (10) (10) (10) (10) (10) (10) (10	laigi	ш	D	H	æ	ח	-	ш	ם	-	۱۳		-	m		-	۳ ا) J
Per 2002 1	Company of	(2)	(3)	(4)	(2)	(9)	8	(8)	(6)	(10)	£	(12)	(13)	(14)	(15)	(16)	(17)	18) (.	19) (2)	0 (0	1) (20)
per	क्षा के दिल्ला																			1	
Per Des Bar 1	<32																				
ed (2) (3) (4) (5) (3) (8) (8) (8) (9) (10) (10) (10) (10) (10) (10) (10) (10	32-36																				
	90 - 94																				
Per Des 1997 (5) 1998	96-10 Sec. 10																				
Stated (S. (S. (4) (D. (2) (B) (B) (B) (B) (B) (B) (B) (B) (B) (B	40																				
Stated (S. (S. (4) (D. (2) (B) (B) (B) (B) (B) (B) (B) (B) (B) (B	+ 1+																				
(5) (3) (4) (5) (5) (5) (5) (6) (7) (8) (6) (7) (10) (10) (10) (10) (10) (10) (10) (10	Not stated																				
Serva) Fede April 19																					
eska) fese gran Lev	Total	D	C		n		-	2	æ				1								
	(1) Mgs(8)																				
			The state of the s																		

TABLE B-21

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

Age of									Birth Weight (in Kgs)	Veight	(in Kg	(S								
(in weeks)	Fe	ss thar	Less than 1.500	1.50	1.500-2.000	او	2	2.000-3.000	000	e.	3.000-4.000	000	4.0	4.000 +		Not stated	tated		Total	_
	œ	ם	H	œ	D	H	Œ	n	H	Œ	_	H	ш	L U		۳ د	<u></u> П	l œ	Э	۱
(1)	(2)	(3)	(4)	(5)	(9)	6	8)	6)	(10)	(11)	(12)	(13)	(10) (11) (12) (13) (14) (15) (16) (17) (18) (19) (20) (21)	15) (1	(9	(7)	3) (19)	(20)	(21)	(22)
Below 15																				
15 - 19																				
20 - 24														85						
25 - 29																				
30 - 34																				
35 - 39																				
40 - 44																				
45 & above																				
Not stated																				
Total				10									X.							

TABLE B-22

Live Births by Birth Order and Birth Weight (Rural & Urban)

Order									Birth Weight (in Kgs)	Veight	(in Kg	(s)							
100	Les	Less than 1.500	1.500	7.	.500-2.000	000	2.0(2.000-3.000	8	3.0	3.000-4.000	000	4.000 +	+ 0	Not stated	ate		1 ct	
(10 kg/s/2)	щ	ח	F	æ	ם	⊢	Œ	ם	H	œ	_	-	B C	-	B C	-	E		-
(1)	(2)	(3)	(4)	(2)	(9)	(7)	(8)	(6)	(10)	(11)	(12)	(13)	(14) (1	(16)	(10) (11) (12) (13) (14) (15) (16) (17) (18) (19) (20) (21)	(19	(20)	(21)	(22)
2 /800/110																			
က																			
4 Ecresisa																			
2																			
9																			
2																			
ω (
6																			
10 & above																			
Not stated																			
			12										7						
Total																			

Live Births by Method of Delivery and Age of the Mother (Rural & Urban) **TABLE B-23**

Method of Delivery					Age o	Age of Mother				
	Below 15 15 - 19	15 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40 - 44	45 & above	Not stated	Total
(1)	(2)	(3)	(4)	(5)	(9)	(7)	(8)	(6)	(10)	(H)
				All Areas/	Rural Area	All Areas/ Rural Areas/ Urban Areas	as			
Natural										
Caesarean										
Forceps/										
Vaccum										
Not stated	(2)							(4)		
Total			200-S-00E	100.5						

TABLE D-1
Deaths by Place of Occurrence, districts (Rural & Urban) and Towns with Population
One Lakh and above

					The Lakii aliu abo	ve		
SI. No.	District		ths by Plac Occurrence		Place of R of Dece			Place of Residence out side the State
		М	F	T	Within the Area	Outside	the Are	
(1)	(2)	(3)	(4)	(5)	(6)		(7)	(8)
To To To	istrict - 1 own with own - 1 own - 2 strict - 2	R U T Popula	ation one I	∟akh ai	nd above			
State	Total	R U T				1		

TABLE D-2
Deaths by Place of Residence, Districts (Rural & Urban) and Towns with Population
One Lakh and above

SI. No.	District	8	Deaths by Pl Residenc		Death Rate		Occurrence Death
		М		(S, T		Within the Area	Outside the Area
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
1.	District - 1					8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	
	Town with Town - 1 Town - 2 District - 2	Popu	lation one La	kh and al	oove	() (2) (2) (district visits was visited as v	
-[1]	<u>z -u</u>	R U T	30 S			183 SH	
State	e Total	R U T					
	- 7	1			180		

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

Number of Deaths Registered							901	Rural							Urban	L			
District Within Prescribed		1				Numk	per of De	eaths Re	egistere	pg Pg			Z	umber	of Death	ns Regi	stered		
District Within Prescribed Affer 30 days Time Limit Affer 1 year Affe	$\overline{\sigma}$	1					Jelayed	Registra	ation		ı	,		Dela	yed Re	gistratic	nc		-
Male Female Male Male Male Male Male Male Male M	Distr	ic	Within	r Prescr ne Limi		Vithin 30 days	After 3 but v	i0 days vithin ear	After	1 year		Vithin F cribe Time L	Pres-	Wit 30 d	hin lays	After but	30 days within 1 year		1 year
Color Colo			Male F	-emale	Male		Male F		Male	Femal		ale Fε	1 1		Female	Male	Female	Male	Female
Table D-4 District sex Month May June July Aug. Sept. Oct. Nov. Dec. Month May June July Aug. Sept. Oct. Nov. Dec.	(2)		(3)	(4)	(2)	(9)	(£)	(8)	(6)	(10)			(12)	(13)	(14)	(15)		(17)	(18)
Total TABLE D-4 District sex Uan. Feb. March April May June July Aug. Sept. Oct. Nov. Dec. (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) (12) (13) (14) (15) Ite Total March April May June June July Aug. Sept. Oct. Nov. Dec. (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) (12) (13) (14) (15) Ite Total March April May June July Aug. Sept. Oct. Nov. Dec. (4) (5) (6) (7) (8) (9) (10) (11) (12) (13) (14) (15)																	881	9 v 3060	gels.
TABLE D-4 Deaths by sex and Month of Occurrence	Total	_					(8)										4 (5) 1		
District sex Jan. Feb. March April May June July Aug. Sept. Oct. Nov. Dec. (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) (12) (13) (14) (15) M F T T T T T T T T T T T T					geda tura		Deat	hs by s	TA sex an	BLE D	th of	Occurr	rence		Rouge SAL				
(2) (3) (4) (5) (6) (7) (8) (9) (10) (11) (12) (13) (14) (15) M M M M M M M M M M M M M		istri		 	ig I so		10	5/= \;	,ea06	Month									Total
(2) (3) (4) (5) (6) (7) (8) (9) (10) (11) (12) (13) (14) (15) M F T T T THE Total M T THE Total M THE Total T	0				Jan.	Feb.	March	April				July	Aug.					o.	
	((2)	(3)		(4)	(2)	(9)	8	8)			(10)	(11)	(12				<u>(c</u>	(16)
	U.	id /ate	ΣUF	S tailV	off rither to	To tone) (j) (s)	To to to	P), Flace			E la	Ų.	a sta	Joe ⁵ No.	Fi U			
	tate T	otal	ı≥⊩⊢	61 10 <u>\$</u>	ol är	O.	(1)	18 0 ov	otlees	S		5" - 1		Section 15	t W			- 1	

State Total

TABLE D-5 Deaths by Type of Attention at Death (Rural & Urban)

	Туре	of Attention at Death		
Rural/Urban	Institutional	Medical Attention other than Institution	No Medical Attention	- Total
(1)	(2)	(3)	(4)	(5)
Rural				
riulai				
				3
Urban				
(i) Towns with P	opulation			
1 Lakh & abo	ve			
Town - 1				
Town - 2 ii) All other Urba				15.
ii) All other Urba	iii Aieas) (0) (0)
Urban Total				
	Company of the second of the			

							Rel	igion c	Religion of the Deceased	ceased		Religion of the Deceased	(2)	a cT	. stage to entrar	
Age –		Hindus	Or adjustic Special con-		Muslims	S			Christians	 St		Others*	a de mario de constante de la	Total	nels mix se	
2	Male	Female	Total	Male	Female	e Total		Male	Female	Total	Male	Female	Total	Male Female		Total
(1)	(2)	(3)	(4)	(2)	(9)	(2)		(8)	(6)	(10)	(11)	(12)	(13)	(14) (15)		(16)
				n arabicon s		¥	Areas	/ Rura	ll Areas/	All Areas/ Rural Areas/ Urban Areas	eas			Special Control		STL
Below 1 year	year		, k. says itmago, "stra	oten gover									*******	f ((3)
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5 - 14				en armeten.										srtt	1 18	8()
15 - 24			es agreement											lad Institution	noil	is r
25 - 34			rg), +> senji, e k	or to oppose o									nio Fra e sion		net	oir
35 - 44			المعادة والمناس	(1741 #TH)									2.33	VA.	A to	1011
45 - 54				274777100									17 s t - 17 s		30	AN
55 - 64			garbinomen is										enint i pe	lg.;	γŤ	1.00
69 - 99			**************************************	en art artis e v		8							(\$	in it		1. 3
70 and above	above					B91/			dsa				v /s.), *	r Ve		yd :
Age not Stated	State	þé		***		A rus		SVÇ	iac ^c					ri <u>i</u>	A LONG TO SERVE	erije
Total			IstaT	the second	n Total	arU teri		sh & abs	i elliw ca				. Nguyan dan Birthin, in Nadar jiwa tan	(12xc	to the paper with the great or the	PO
			State		lidiU	р ИА	MO!						(1)	·U\ie	on level of a c	
			LK 1772 PC						BC			15714		78.1	· 2 2-	

TABLE D-7

Deaths by Age, Occupation and Sex (Rural)

Occupation]
Or the Deceased	Sex	Sex 10-14	15-24	25-34	35-44	45-54	55-64	65-69	70 and	Δ 00 0 0 V	lota
								} }	above	Stated	
	(2)	(3)	(4)	(2)	(9)	(2)	(8)	(6)	(10)	(11)	(49)
Professional, Technical and Related workers	ΣĽΗ			*					Obligation in the Contract of Australia	Anna Canada	(71)
Administrative, Executive and Managerial workers	Z #F			The state of the s					the control of the co		
Clerical and Related workers for sie uo.	ZHE										
Salessworkers, Esponteur Lausbout Eddibuight telsfed, markeur Blognersu eng otber Service workers	Z L L Z Z			26							
Hunters, Francinieri, Hunters, Lodgers etc.	<u>≅</u> ഥ ല ≧										
	(2)	(6)		(6)	6	· ·).00	To the same of the	Administration of the Control of the		A Company of the Comp
de en	a proprieta de state de la constantina		The state of the s		TANK TO SERVICE THE PARTY OF TH	7.7%	Ô	S	1		√. -v

(b)	(2)	(3)	4	(2)	(9)	6	(8)	(6)		(10)	(E)	(12)
Farmers Fishermen	2			in the second							No.	
Hunters, Loggers etc. and Related workers	ЩЬ										2 B	3 8 8
Production and other related workers,	∑⊩											* **
Transport Equipment Operators and Labourers	h z											
Workers whose Occupation are not elsewhere classified	Z L F											
Non-workers	∑L						2 6 2 2 2 2 6 2 2 2		The state of the s		% =	
AGDINISTING EXECUTIVE	LE.		*									
Totallegged wolkers	- Σ		40 68 40	*	3	Ess.						15
Professional Technical	ц⊢				8					1 K	23 9 2	
	0	(8)	(2)	(5)		2 !	3 (3				2 .

TABLE D-8

Deaths by Age, Occupation and Sex (Urban)

Occupation of the	Sex										Total
Deceased		10-14	15-24	25-34	35-44	45-54	55-64	69-59	70 and above	Age not Stated	<u>g</u>
(t)	(2)	(3)	4	(5)	(9)	8	(8)	(6)	(10)	. (44)	0.7
Professional, Technical and Related workers	ΣL⊢										(12)
Administrative, Executive and Managerial workers Clerical and Related workers Sales workers Service workers	Z TH Z TH Z TH										

(12)					(51)		
(11)					(11)	Age mo	Committee of the committee of
(10)						400/46 N0 9/00	And the second second second second
(6)					103	23-20	And the second control of the second
(8)					(8)	#8-36	The state of the factor of the state of the
(2)					(7)	22.3	Appear and other particular and the
9(9)					(8)	24.38	1700 017 testing 014 a
(5)				3-	(3)	\$5.28	The state of the s
(4)					(4)	25.31	THE STATE OF THE PARTY OF THE PARTY.
(3)					(6)	\$1-01	The second secon
(2)	≥ ⊯⊨ ₹≥ ⊯⊨ ₹	ΣŒÆ	∑ (L .) 	ΣLL	(2)	å	500
(1)	Farmers, Fishermen, Hunters, Loggers etc. and Related workers Production and other related workers, Transport Equipment Operators and Labourers	Workers whose Occupation are not elsewhere classified	Non-workers out Mensdelist motieus yquiliyatistine' Executive	Total sud Heisted Morkers Brojessiousi Jechnics	(1)	December	

Dealire by Age, Cecupation and Sax (Urban)

TABLE D-9

Deaths by Age, Occupation and Sex (All Areas)

of the	Sex										
Deceased		10-14	15-24	25-34	35-44	45-54	55-64	65-69	70 and above	Age not Stated	E
des designations () and (). On a systematic constituent mentioned the artistic special constituent () and a place	(2)	(3)	(4)	(5)	(9)	(2)	(8)	(6)	(10)	(11)	
Professional, Technical and Related workers	.≥ <u>u</u> ,⊢										
Administrative, Executive and Managerial workers	Z L L					A Company of the Comp			Part of the Control o		
Clerical and Related workers on sie nor Motrest apose	$\sum_{i} \mathbf{L}_{i,i} \mathbf{L}_{i,j}$										
Sales workers pooners progress tested morkers blogreson and other Service workers	> L.H. > >										
Hurters, Location, Hurters, Loggers etc.	ш,Е. Д						2				
1 1	1-1/	10.13	A STATE OF THE PERSON NAMED IN	and or state of the state of			To the second se		the second of the party and the second of	The section of the later to the later to	
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	r in I
*	Farmers, Fishermen, Hunters, Loggers etc. and Related workers Production and other related workers, Transport Equipment Operators and Labourers Workers whose Occupation are not elsewhere classified Non-workers
	Farmers, Fishermer Hunters, Loggers e and Related workers, related workers, Transport Equipmer Operators and Labo Workers whose Occupation are not elsewhere classified Non-workers
	Farmers, Fisl Hunters, Log and Related and Related worker related worker Coperators and Workers who Occupation a elsewhere clasewhere clasewher
	mer titers Re Re Red Mac M
Ξ	Farm Hunt and I Prod relate Oper Occuelsev

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

SI. Cause of No. Death			63			Age of the	Age of the Deceased	sed					
	Sex	Below 1 year	4	5-14	15-24	15-24 25-34		35-44 45-54	55-64	69-99	70 and	Age not	Total
(1) (2)	(3)	(4)	(5)	(9)	(7)	(8)	(6)	(10)	(11)	(12)	(13)	Stated (14)	(15)
	Μ								8				
	ш												
	-												
					*								
			1										
Total (S)	∑				3	(3)		1 3	T. I				
	L -												

Deaths by Cause of Death, Age and Sex for all Medically Certified Deaths TABLE D-11

Total Mar							Age of the Deceased	e Deceas)eq					
(3) (4) (5) (6) (7) (8) (9) (10) (11) (12) (13) (14) M M M M T T T T T T T T T	SI. Cause of No. Death		Below 1 year				25-34	35-44	45-54	55-64	62-69	70 and above	Age not Stated	Total
Handle to the state of the stat	(2)	(3)	(4)	(2)	(9)	(2)	(8)	(6)	(10)	(11)	(12)	(13)	(14)	(15)
100 (30 M) (30 M		Σ												
M (a) (b) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d		ш.												
Bright (a) (b) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d		-												
M (g) (g) (g) (g) (h) (g) (g) (h) (h) (h) (h) (h) (h) (h) (h) (h) (h														
T														
The state of the														
	Total	Σ												
		L.												
		-												

TABLE D-12

Infant Deaths by place of Occurrence, Districts (Rural & Urban) and Towns with Population

One Lakh and above

o d	1	De	Deaths by place of Occurrence	e of	Place of Reside	Place of Residence of Mother	3- 000 <u>I</u> O
		Σ	L	F	Within the Area	Outside the Area	Residence Outside the State
(1)	(2)	(3)	(4)	(5)	(9)	(2)	(δ)
1. District-1	# D F						(0)
Town with Town-1 Town-2	Town with Population one lakh Town-1 Town-2	e lakh and above	ove				
2. District-2	æ ⊃ ⊢						
State Total	œ <u>:</u>		E		3		

Infant Deaths by Place of Residence, Districts (Rural & Urban) and Towns with Population One Lakh and above **TABLE D-13**

		Resi	Residence of Mother	ther	Infant	Place of Occurrence	Occurrence
SI.No.	District	Σ	Щ	F	- Mortality Rate	Within the Area	Outside the Area
(1)	(2)	(3)	(4)	(5)	(9)	(2)	(8)
1. District-1 Towns with Popu Town-1 Town-2	District-1 U T T Towns with Population one lakh 6 Town-1	and above					
2. District-2	æ⊃⊢		8				
State Total	Œ	3	(6)			2	2
	⊃⊢						

TABLE D-14 Infant Deaths by Age and Sex (Rural & Urban)

SI. No.	Age		Rural			Urban			All Areas	
110.	DE .	Male	Female	Total	Male	Female	Total	Male	Female	Total
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
1.	7 days						171			
2.	7 days - 2	8 days								
3.	28 days -	1 year								
4.	Age not st	ated								
	Total			* 11 15						

TABLE D-15

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

				Age of	the Dec	eased				
Cause of Death	Below 15	15-19	20-24	25-29	30-34	35-39	40-44	45 & above	Not Stated	Tota
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)

All Areas/ Rural Areas/ Urban Areas

	445 & Above
Total	Not Stated
- Alexandrea	

TABLE D-16

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

				Age of	the Dec	eased				
Cause of Death	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 Areas/ Urban Areas

Total

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

	m spensie b	op skrevet	Level of	Education	nod paratio	yonenee.	1
Age	Illiterate	Below Primary	Primary but below Matric	Matric but below Graduate	Graduate & Above	Not Stated	Total
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)

Rural Areas/ Urban Areas/ All Areas

Below 15 15-19 20-24 25-29 30-34 35-39

40-44

45 & Above

Not Stated

Total

TABLE D-18 Pregnancy Related Deaths by Age and Occupation (Rural & Urban)

Occupation of the		yi Vu	(4)			Age	Age of the Deceased	ceased					
Deceased	toojA Iurus	Below 15	15-19	20-24	25-29	30-34	35-39	40-44	45 ar	45 and above	Not Stated	pe	Total
(1)	galai galai		(3)	(4)	(5)	(9)	(£)	(8)		(6)	(10)		E
				II Areas/	Rural Are	All Areas/ Rural Areas/ Urban Areas	n Areas	3.3					led
Professional, Technical and	and		On)						igrika No ka				
icialed wolkers													
Administrative, Executive and	e and									(C)			
vialiagellal wolners													
Clerical and Related workers	kers												
Sales workers			9				NO PH						
Service workers													
Farmers, Fishermen, Hunters.	inters.												
Loggers etc. and Related	73												
workers													
Production and other related	ated												
workers, Transport Equipment	oment												
Operators and Labourers													
Workers whose Occupation	tion												
are not elsewhere classified	fied												
Non-workers													
Total													

TABLE D-19

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

				10.	А	ge Gro	ир	1415 P. W. B. W. W. B.	1.77001.2			
SI. No.	Selected Cause of Death	Sex	Below 15	15-24	25-34	35-44	45-54	55-64	65-69	70 & Above	Age Not Stated	Total
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)
	М										t/ Only E ecanut/S	
	F	and I	Drinking	Alcoho	I/ Chev	ving Tol	oacco a	and Are	canut/	Chewin	g Tobac	co and
	Т	Tobac Chew	cco and	Arecanu canut a	ıt/ Smok nd Drink	ing, Ch	ewing T ohol/ Ch	obacco	and Dr	inking A	ing, Che Icohol/Sr nut and E	moking,

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

					А	ge Gro	up					
SI. No.	Selected Cause of Death	Sex	Below 15	15-24	25-34	35-44	45-54	55-64	65-69	70 & Above	Age Not Stated	Total
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)
	М										t/ Only [ecanut/S	
	F	and I	Drinking	Alcoho	I/ Chev	ving To	bacco a	and Are	canut/	Chewin	g Tobac	co and
	No.				•			Charles Sept.			ing, Che	•
	Т	Chew		canut a	nd Drink	king Alc	ohol/Cł				IcohoI/Sı nut and [0,

TABLE D- 21

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

					Α	ge Gro	up					
SI. No.	Selected Cause of Death	Sex	Below 15	15-24	25-34	35-44	45-54	55-64	65-69	70 & Above	Age Not Stated	Total
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)
	М	Only Alcoh	Smokin	g/ Only	Chewir Chewir	ng Toba	acco/ O	nly Che	ewing A	recanut	/ Only E	Prinking
	F	and I	Orinking	Alcoho	I/ Chew	ing Tol	oacco a	and Are	canut/	Chewin	g Tobac ing, Che	co and
	T	Chew	cco and A	Arecanu canut ai	ıt/ Smok nd Drink	ing, Chaing Alca	ewing To hol/ Ch	obacco	and Dri	nkina Al	cohol/Sr nut and D	nokina

TABLE S-1
Still Births by Place of Occurrence in Districts (Rural & Urban)

SI. No.	Disrtict		till Birth: e of Occ	s by currence		Residence Mother	Place of Residence outside the State
		М	F	adhla T ille	Within the Area	Outside the Area	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)

State Total	R	48.08
	U	
	T	70-03 oc.s.r
		10°40.

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

SI. No.	Disrtict		Births by posterior		Still Birth Rate		of Occurence of Still Births
		М	F	T	Hat AS-83 No.	Within the Area	Outside the Area
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)

State Total R
U
T

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

					Still Births				
Age of Mother	F	Rural Area	s		Jrban Area	s		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					- 100 - 100				

TABLE S-4
Still Births by Sex and Duration of Pregnancy (Rural & Urban)

Duration of						Still Births	3			
Pregnancy		F	Rural Area	ıs	l	Jrban Area	as		All Areas	
(in weeks)		Male	Female	Total	Male	Female	Total	Male	Female	Total
(1)	osti c	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
<32					112		10000	AVENUE DANK		
32-36 37-39										
40						and the				
41+										
Not Stated										
Total			9							

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

		Тур	e of Attention	at Delivery			
Rural	Insti	itutional					
Urban	Government	Private and Non-Govern- ment	Doctor, Nurse and Trained Midwife	Traditional Birth Attendant	Relatives and others	Not Stated	Total
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Rural Urban							
Urban (i) To		ulation one Lak	h & above				
Urban (i) To	owns with Pop own - 1 own - 2	ulation one Lak	h & above				
Urban (i) To To	own - 1		h & above				

TABLE S-6

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

	Cause of Still Births	Age of Mother									
SI. No.		Below 15	15-19	20-24	25-29	30-34	328 - MESSES 18	40-44	45 and above	Age not Stated	Total
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)

Rural Aeas/ Urban Areas/ All Areas

Total

TABLE S-7
Still Births by Cause of Still Births and Age of the Mother

(Rural & Urban)

SI. No.	Age of Mother	Duration of Pregnancy (in weeks)							
		Below 32	32-36	37-39	40	41+	Not Stated	Total	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	

Rural Areas/ Urban Areas/ All Areas

Total