

*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 sub-section (i) of Section 2 shall be twenty-eight weeks.

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

5. Form, etc. for giving information of births and deaths.— (1) The information required to be given to the Registrar under Section 8 or Section 9, as the case may be, shall be in Form Nos. 1, 2 and 3 for the Registration of a birth, death and still birth respectively (hereinafter to be collectively called the reporting forms). Information if given orally, shall be entered by the Registrar in the appropriate reporting forms and the signature/thumb impression of the informant obtained.

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

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

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

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

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

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

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

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

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

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

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

"(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.

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.

Form No. 1
[See Rule 5]
BIRTH REPORT FORM

Birth Report
Legal Information

This part to be added to the Birth Register

- To be filled by the informant
- Date of Birth:
(Enter the exact day, month and year the child was born e.g. 1-1-2000)
 - Sex:
(Enter 'Male' or 'Female' do not use abbreviation)
 - Name of the Child, if any: (If not named, leave blank)
 - Name of the father:
(Full name as usually written)
 - Name of the mother:
(Full name as usually written)
 - *15A. Permanent address of the parents
5B. Address of the parents at the time of birth of the child.]
 - 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)
 - Hospital/ Institution Name:
 - House Address:
 - 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.)

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

- To be filled by the informant
- Mother's occupation:
(If no occupation write 'Nil')
 - Age of the mother (in completed years) at the time of marriage:
(If married more than once, age at first marriage may be entered)
 - 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:
(Number of children born alive to include also those from earlier marriage(s), if any)
 - Type of attention at delivery: (Tick the appropriate entry below)
 - Institutional - Government
 - Institutional - Private or Non-Government
 - Doctor, Nurse of Trained midwife
 - Traditional Birth Attendant
 - Relatives or others
 - Method of Delivery: (Tick the appropriate entry below)
 - Natural
 - Caesarean
 - Forceps/Vacuum
 - Birth Weight (in kgs.) (if available):
 - Duration of pregnancy (in weeks):
(Columns to be filled are over. Now put signature at left)

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
Town or Village of Residence of the mother: (Place where the mother usually lives. This can be different from the place where the delivery occurred. The house address is not required to be entered.)
 - Name of Town/Village:
 - Is it a town or village: (Tick the appropriate entry below)
 - Town
 - Village
 - Name of the District:
 - Name of State:
 - Religion of the family: (Tick the appropriate entry below)
 - Hindu
 - Muslim
 - Christian
 - Any other religion (Write name of the religion)
 - 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)
 - Mother's level of education: (Enter the complete level of education e.g. If studied upto class VII but passed only class VI, write Class VI)
 - Father's occupation:
(If no occupation write 'Nil')

This part to be detached and sent for statistical processing

- To be filled by the Registrar
- Name: _____
District: _____
Tahsil: _____
Town/Village: _____
Registration Unit: _____
- To be filled by the Registrar
- Registration No. _____
Registration Date: _____
District: _____
- 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

Death Report
Legal Information

This part to be added to the Death Register

<p>To be filled by the informant</p> <ol style="list-style-type: none"> Date of Death: (Enter the exact day, month and year the death took place e.g.1-1-2000) Name of the deceased: (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.] Sex of the deceased: (Enter 'Male' or 'Female'; do not use abbreviation) 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.) 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: Informant's name: 1. Address: 2. House: 3. Other Place: 	<p>To be filled by the informant</p> <ol style="list-style-type: none"> Counter signature and seal of the authorities concerned (in the case of hospitals/Institutions) (After completing all columns 1 to 17 informant will put date and signature here.) Date Signature or left thumb mark of the informant Town or Village of Residence of the deceased: (Place where the deceased actually lived. This can be different from the place where the death occurred. The house address is not required to be entered.) (a) Name of Town/Village: (b) Is it a town of village: (Tick the appropriate entry below) 1. Town: 2. Village: (c) Name of District: (d) Name of State: Religion (Tick the appropriate entry below) 1. Hindu 2. Muslim 3. Christian 4. Any other religion (write name of the religion) Occupation of the deceased: (If no occupation write 'Nil') Type of the Medical attention received before death (Tick the appropriate entry below) 	<p>To be filled by the informant</p> <ol style="list-style-type: none"> Institutional Medical attention other than institution No medical attention Was the cause of death medically certified? (Tick the appropriate entry below) 1. Yes 2. No Name of Disease or Actual Cause of Death: (For all deaths irrespective of whether medically certified or not) 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 If used to habitually smoke for how many years? 1. Yes 2. No If used to habitually chew tobacco in any form - for how many years? If used to habitually chew arecanut in any form (including pan masala) - for how many years? If used habitually drink alcohol - for how many years? <p>(Columns to be filled are over, Now put signature at left)</p>
<p>To be detached and sent for statistical processing</p> <p>Name District: Tahsil: Town/Village: Registration Unit: Registration No.:</p>	<p>To be filled by the Registrar</p> <p>Code No.</p> <p>Registration Date:</p>	<p>To be filled by the Registrar</p> <p>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</p>

Form No. 3
[See Rule 5]

STILL BIRTH REPORT FORM

**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
 2. House
6. Informant's name:
(1) Address:
(2) Conter Signature and seal of the authorities concerned (in the case of hospitals/institutions)
*(After completing all columns 1 to 12, informant will put date and signature here.)

Date: Signature of left thumb marks of the informant

To be filled by the Registrar
Registration No: _____
Registration Date: _____
Town/Village: _____
District: _____
Remarks (if any): _____
Name and Signature of the Registrar

**Still Birth Report
Statistical Information**

This part to be detached and sent for statistical processing

To be filled by the informant

7. Town or Village of Residence of the mother: (Place where the mother usually lives. This can be different from the place where the delivery occurred. The house address is not required to be entered.)
 - (a) Name of Town/Village:
 - (b) Is it a town or village:
(Tick the appropriate entry below)
 1. Town
 2. Village
 - (c) Name of District:
 - (d) Name of State:
8. Age of the mother (in completed years) at the time of this birth:
9. Mother's level of education:
(Enter the completed level of education e.g. if studied upto class VII but passed only class VI, write class VI)
10. Type of attention at delivery: (Tick the appropriate entry below)
 1. Institutional - Government
 2. Institutional - Private or Non-Government
 3. Doctor, Nurse or Trained midwife
 4. Traditional Birth Attendant
 5. Relatives or others
11. Duration of pregnancy (in weeks)
12. Cause of foetal death (if known)
(Columns to be filled are over. Now put signature at left)

To be detached and sent for statistical processing

To be filled by the Registrar
Name _____
District: _____
Tahsil: _____
Town/Village: _____
Registration Unit: _____
Code No. _____

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

To be filled by the Registrar
Registration No: _____
Date of Birth: _____
Sex: 1. Male 2. Female
Place of Birth: 1. Hospital/Institution
2. House
Name and Signature of the Registrar

FORM No. 4

[See Rule 7]

MEDICAL CERTIFICATE OF CAUSE OF DEATH

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

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

Name of the Hospital.....

I hereby certify that the person whose particulars are given below died in the hospital in Ward No. on at A.M./P.M.

Name of Deceased				For use of Statistical Office
Sex	Age at Death			
	If one year or more, age in Years	If less than one year, age in months	If less than one month, age in Days	If less than one day, age in Hours
1. Male				
2. Female				
Cause of Death				Interval between onset & death approx.
I. Immediate Cause State the disease, injury or complication which caused death, not the mode of dying such as heart failure, asthenia, etc. Antecedent cause Morbid conditions, if any, giving rise to the above cause, stating underlying conditions last.				
II. Other significant conditions 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.

Operation-State the condition for which the operation was performed. Dysentery-Specify whether bacillary, amoebic, etc., if known. Complications of pregnancy or delivery - Describe the complication specifically. Tuberculosis - Give organs affected.

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

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

FORM No. 4A

[See Rule 7]

MEDICAL CERTIFICATE OF CAUSE OF DEATH

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

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

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

Name of the Deceased				For use of Statistical Office
Sex	Age at Death			
	Age in Completed Years	If less than 1 year age in Months	If less than one month age in Days	If less than one day age in Hours
1. Male				
2. Female				
Cause of Death I. Immediate Cause (a) State the disease, injury or complication due to (or as a consequence of) which caused death, not the mode of dying such as heart failure, asthenia, etc. Antecedent cause (b) Morbid conditions, if any, giving rise to the above Cause, stating underlying conditions last (c)..... II. Other significant conditions contributing to the death but not related to the disease or conditions causing it.				Interval between onset & death approx.

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

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

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

Date of certification

See Reverse for Instructions

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

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

Doctor

Signature and address of Medical Practitioner/
Medical attendant with Registration 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.

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

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

നമ്പർ.....

No.....

Form - 5



കേരള സർക്കാർ

GOVERNMENT OF KERALA

പഞ്ചായത്ത്/നഗരകാര്യ വകുപ്പ്

DEPARTMENT OF PANCHAYATS/URBAN AFFAIRS

സർട്ടിഫിക്കറ്റ് നൽകുന്ന തദ്ദേശ സ്ഥാപനത്തിന്റെ പേര്

Name of local body issuing certificate.....

ജനന സർട്ടിഫിക്കറ്റ്

Birth Certificate

(1969-ലെ ജനന-മരണ രജിസ്ട്രേഷൻ ആക്ടിലെ 12/17 വകുപ്പും 1999-ലെ കേരള ജനന-മരണ രജിസ്ട്രേഷൻ ചട്ടങ്ങളിലെ 8/13-ാം ചട്ടവും അനുസരിച്ച് നൽകുന്നത്.

(Issued under Section 12/17 of the Registration of Births and Deaths Acts, 1969 and Rule 8/13 of the Kerala Registration of Births and Deaths Rules, 1999.

താഴെ പറയുന്ന വിവരങ്ങൾ കേരള സംസ്ഥാനത്തിലെ ജില്ലയിലെ താലൂക്കിലെ ലെ (തദ്ദേശ സ്ഥാപനം) അസ്സൽ 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) of Taluk of District of State Kerala.

പേര് /Nameആൺ/പെൺ/Sex..... ജനന തീയതി/

Date of Birth.....ജനന സ്ഥലം/Place of Birth.....

മാതാവിന്റെ പേര്/ Name of Mother.....

പിതാവിന്റെ പേര്/ Name of Father.....

* 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 പിതാക്കളുടെ മേൽവിലാസം
Address of the Parents at the time of birth of the child

മാതാപിതാക്കളുടെ സ്ഥിരമായ മേൽവിലാസം
Permanent address of parents

.....
.....

.....
.....

രജിസ്ട്രേഷൻ നമ്പർ /Registration No.

രജിസ്ട്രേഷൻ തീയതി / Date of Registration

അഭിപ്രായക്കുറിപ്പ് /Remarks (if any)

നൽകുന്ന തീയതി/Date of issue.....

നൽകുന്ന അധികാരിയുടെ ഒപ്പ്/Signature of the issuing authority

നൽകുന്ന അധികാരിയുടെ മേൽവിലാസം/Address of the issuing authority

സീൽ / SEAL

“Ensure Registration of every birth and death”/

“ഓരോ ജനനവും മരണവും രജിസ്റ്റർ ചെയ്തുവെന്ന് ഉറപ്പുവരുത്തുക.”

***[FORM NO. 6**

[See Rule 8]

നമ്പർ
No.....

Form - 6



കേരള സർക്കാർ
GOVERNMENT OF KERALA

പഞ്ചായത്ത്/നഗരകാര്യ വകുപ്പ്
DEPARTMENT OF PANCHAYAT/URBAN AFFAIRS

സർട്ടിഫിക്കറ്റ് നൽകുന്ന തദ്ദേശ സ്ഥാപനത്തിന്റെ പേര്

Name of local body issuing certificate

**മരണ സർട്ടിഫിക്കറ്റ്
DEATH CERTIFICATE**

(1969-ലെ ജനന-മരണ രജിസ്ട്രേഷൻ ആക്ടിലെ 12/17 വകുപ്പും 1999-ലെ കേരള ജനന-മരണ രജിസ്ട്രേഷൻ ചട്ടങ്ങളിലെ 8/13-ാം ചട്ടവും അനുസരിച്ച് നൽകുന്നത്.

(Issued under Section 12/17 of the Registration of Births and Deaths Act, 1969 and Rule 8/13 of the Kerala Registration of Births and Deaths Rules, 1999)

താഴെ പറയുന്ന വിവരങ്ങൾ കേരള സംസ്ഥാനത്തിലെ ജില്ലയിലെ താലൂക്കിലെ ലെ (തദ്ദേശ സ്ഥാപനം) അസ്സൽ മരണ രജിസ്റ്ററിൽ നിന്ന് എടുത്തിട്ടുള്ളവയാണെന്ന് സാക്ഷ്യപ്പെടുത്തുന്നു.

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 Taluk of District of State Kerala.

പേര്/Name.....ആൺ/പെൺ/Sex.....

മരണ തീയതി/Date of Deathമരണ സ്ഥലം/ Place of Death

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

..... മാതാവിന്റെ പേര്/Name of Mother പിതാവിന്റെ /ഭർത്താവിന്റെ പേര്/ Name of Father/Husband.....

മരിച്ച വ്യക്തിയുടെ മരണസമയത്തെ മേൽവിലാസം

മരിച്ച വ്യക്തിയുടെ സ്ഥിരമായ മേൽവിലാസം

Address of the deceased at the time of death

Permenant address of deceased

രജിസ്ട്രേഷൻ നമ്പർ/Registration No.....

രജിസ്ട്രേഷൻ തീയതി/ Date of Registration.....

അഭിപ്രായക്കുറിപ്പ്/Remarks (if any)

നൽകുന്ന തീയതി/ Date if issue.....

നൽകുന്ന അധികാരിയുടെ ഒപ്പ് / Signature of the issuing authority

നൽകുന്ന അധികാരിയുടെ മേൽവിലാസം / Address of the issuing authority

സീൽ/SEAL

“Ensure registration of every birth and death”

ഓരോ ജനനവും മരണവും രജിസ്റ്റർ ചെയ്തുവെന്ന് ഉറപ്പുവരുത്തുക]

FORM No. 7

[See Rule 12]

BIRTH REGISTER

BIRTH REPORT

Legal information

Form No. 1

This part to be added to the Birth Register

To be filled by the informant

- 1. Date of Birth: (Enter the exact day, month and year the child was born e.g. 1.1.2000)
2. Sex: (Enter 'Male' or 'Female', do not use abbreviation)
3. Name of the child, if any: (If not named, leave blank)
4. Name of the father: (Full name as usually written)
5. Name of the mother: (Full name as usually written)

*[5A. Permanent address of the parents

5B. Address of the parents at the time of birth of the child]

6. Place of birth: (Tick the appropriate entry 1 or 2 below and give the name of the Hospital/Institution or the address of the house where the birth took-place)

1. Hospital/ Institution Name:

2. House Address:

7. Informant's name:

Address:

(After completing all columns

1 to 20, informant will put

date and signature here.)

Date:

Signature of left thumb marks of the informant

To be filled by the Registrar

* 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**DEATH REPORT**

Legal information

Form No. 2

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
- 2D. 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.)

1. Hospital/
Institution

Name:

2. House
3. Other Place

Address:

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 Unit:
Town/Village:
Remarks (if any):

Registration Date:

District:

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:

(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:

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)

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

Date.....

Signature of issuing authority
Seal

FORM No. 11

[See Rule 14]

SUMMARY MONTHLY REPORT OF BIRTHS

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

Total* (a+b)

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

Signature & Name of the Registrar

Dated:

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

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.

Dated:

Submitted to the Chief Registrar/District Registrar.

FORM NO. 13

[See Rule 14]

SUMMARY MONTHLY REPORT OF STILL BIRTHS

1. Report for the Month of..... year.....
2. District:
3. Town/Village:
4. Registration Unit:
5. Number of Still Births Registered*

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

Signature & Name of the Registrar.

Dated:

Submitted to the Chief Registrar/District Registrar.

TABLE A - 1
Population, Registration Units, Monthly Returns Due and Received
(Rural Areas)

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

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

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

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

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

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

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

Ministry of Health and Family Welfare, Government of India
 Registrar General of India, New Delhi
 Date of publication: 1999

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

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

One page and more
 Five pages of the District (1991 & 1999) and some other pages
 TABLE B-3

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

Sl. No.	District	Sex	Months												Total	
			January	February	March	April	May	June	July	August	September	October	November	December		
(1)	(2)	(3) All sexes	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	
(ii) All other JOMU - S JOMU - L M - L F - L T			JOMU - S JOMU - L M - L F - L T													
(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)
State Total	M	F	T													

Table of Variation of District
 Live Births by Sex and Month of Occurrence
 TABLE B-2

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

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

TABLE B-7
Live Births by Age of the Mother and Birth Order (Rural & Urban)

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

TABLE B-7
Live Births by Age of Mother and Birth Order (Rural & Urban)

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

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

(1) 15-19 (2) 20-24 (3) 25-29 (4) 30-34 (5) 35-39 (6) 40-44 (7) 45 & above
 (8) Not stated (9) Total (10) Births (11) Deaths (12) Population (13) Towns (14) Districts (15) States (16) India

TABLE B-9
Live births by Age and Level of Education of the Mother (Rural & Urban)

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

TABLE B-12
Live Births by age of the Mother and Birth Order for each Level of Education of the Mother (Rural)

Age of Mother	Birth Order										Total				
	1	2	3	4	5	6	7	8	9	10		11	12	13 & Above	Not Stated
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)
All Educational Levels/Below Primary/Primary but below Matric/Matric but below Graduate/Graduate & Above															
Below 15															
15 - 19															
20 - 24															
25 - 29															
30 - 34															
35 - 39															
40 - 44															
45 & above															
Not stated															
Total															
All Educational Level also includes the education level not stated															

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TABLE B-13
Live Births by age of the Mother and Birth Order for each Level of Education of the Mother (Urban)

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

All Educational Level also includes the education level not stated

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

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

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

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

TABLE B-15
Live Births by age of the Mother, Birth Order and Religion of the Family (Urban)

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

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

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

TABLE B-16
Live Births by Occupation of the Father and Birth Order (Rural & Urban)

Occupation of Father	Birth Order													Total	
	1	2	3	4	5	6	7	8	9	10	11	12	13 & Above		Not Stated
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)
All Areas/ Rural Areas/ Urban Areas															
Professional, Technical and Related workers															
Administrative, Executive and Managerial workers															
Clerical and related workers															
Sales workers															
Service workers															
Farmers, Fishermen, Hunters, Loggers etc. and Related workers															
Production and other related workers, Transport Equipment Operators and Labourers															
Workers whose Occupation are not elsewhere classified															
Non-workers															
Total															

THE STATES OF ANDHRA PRADESH, ANDHRA PRADESH GOVT. PRINTING AND STATIONERY, HYDRABAD. 1999.

TABLE B-20
Live Births by Duration of Pregnancy and Birth Weight (Rural & Urban)

Duration of Pregnancy (in weeks)	Birth Weight (in Kgs)																																
	Less than 1.500						1.500-2.000				2.000-3.000				3.000-4.000				4.000 +				Not stated										
	R	U	T	(2)	(3)	(4)	R	U	T	(5)	(6)	(7)	R	U	T	(8)	(9)	(10)	(11)	(12)	(13)	(14)	R	U	T	(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)
(1) 32-34																																	
<32																																	
32-36																																	
36-39																																	
37-39																																	
40																																	
41 +																																	
Not stated																																	
Total																																	

1999
 THE REGISTRATION OF BIRTH & DEATH RULES, 1999
 TABLE B-20

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

Birth Order	Birth Weight (in Kgs)																					
	Less than 1.500		1.500-2.000		2.000-3.000		3.000-4.000		4.000 +		Not stated		Total									
	R	U	R	U	R	U	R	U	R	U	R	U	R	U	R	U						
(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)

Method of Delivery	Age of Mother										Total
	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											
Natural											
Caesarean											
Forceps/											
Vaccum											
(4) Not stated	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	
Total											

THE RULES OF 1999 GOVERN THE REGISTRATION OF BIRTHS & DEATHS

TABLE D-1

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

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

TABLE D-2

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

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

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

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

TABLE D-6
Deaths by Age, Sex and Religion of the Deceased (Rural & Urban)

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

*Minor religious group may be classified into others

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

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

(1)

(5)

(3)

(4)

(2)

(6)

(7)

(8)

(9)

(10)

(11)

(12)

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

Source: Registrar General's Office, Registrar General, Government of India, New Delhi.

TABLE D-9
Deaths by Age, Occupation and Sex (All Areas)

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

(1)

(5)

(4)

(2)

(6)

(7)

(8)

(9)

(10)

(11)

(12)

TABLE D-12
Infant Deaths by place of Occurrence, Districts (Rural & Urban) and Towns with Population One Lakh and above

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

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

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

TABLE D- 21

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

Sl. No.	Selected Cause of Death	Sex	Age Group									Total
			Below 15	15-24	25-34	35-44	45-54	55-64	65-69	70 & Above	Age Not Stated	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)
M	Only Smoking/											
F	Only Chewing Tobacco/											
T	Only Chewing Arecanut/											
	Only Drinking Alcohol/											
	Smoking and Chewing Tobacco/											
	Smoking and Chewing Arecanut/											
	Smoking and Drinking Alcohol/											
	Chewing Tobacco and Arecanut/											
	Chewing Tobacco and Drinking Alcohol/											
	Smoking, Chewing Tobacco and Arecanut/											
	Smoking, Chewing Tobacco and Drinking Alcohol/											
	Smoking, Chewing Arecanut and Drinking Alcohol/											
	Chewing Tobacco, Arecanut and Drinking Alcohol/											
	All Habit/											
	Habit not known.											

TABLE S-1

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

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

TABLE S-4

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

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

TABLE S-5

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

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

TABLE S-6
Still Births by Cause of Still Births and Age of the Mother
(Rural & Urban)

Sl. No.	Cause of Still Births	Age of Mother									Total
		Below 15	15-19	20-24	25-29	30-34	35-39	40-44	45 and above	Age not Stated	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
Rural Areas/ Urban Areas/ All Areas											
Total											

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

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