

# The Assam Registration of Births and Deaths Rules, 1999

ASSAM

India

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### Rule

## THE-ASSAM-REGISTRATION-OF-BIRTHS-AND-DEATHS-RULES-1999 of 1999

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### 1. Short title.

(1)These rules may be called the Registration of Births and Deaths Rules, 1999.(2)They shall come into force on the date of its publication in the Official Gazette.

### 2. Definitions.

- In these rules, unless the context otherwise requires-(a)"Act" means the Registration of Births and Deaths Act, 1969;(b)"Section" means a section of the Act;(c)"Form" means forms appended to these rules and printed and circulated by the State Government under the Act.

### 3. Period of gestation.

- The period of gestation for the purposes of Clause (g) of sub-section (1) of Section 2 shall be twenty-eight weeks.

#### **4. Submissions of report under Section 4(4).**

- The report under sub-section (4) shall be prepared in the prescribed format appended to these rules and shall be submitted along with the statistical report referred to in sub-section (2) of Section 19 of the Act, 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 signature/thumb impression of the informant obtained.(2)The part of the reporting forms containing legal information shall be called the "Statistical Part".(3)The information referred to in sub-rule (I) shall be given within twenty one days from the date of birth, death and still birth, as the case may be :Provided that in the case of birth and death in a plantation-(a)persons referred to in Clauses (a) to (f) of sub-section (1) of Section 8 of the Act, shall furnish the necessary particulars to the Manager of the Tea Estate or in his absence to his nominee within fourteen days from the date of birth, death or still birth. The Manager in turn shall furnish the information to the Registrar of the area within seven days from the date or receipt of such information;(b)the Manager or his nominee will receive information in Form Nos. 1, 2 and 3 as prescribed. The information given in written/orally, shall be recorded in the prescribed form and the Manager shall authenticate the same by putting his signature and seal.

#### **6. Birth or death in a vehicle.**

(1)In respect of a birth or death in a vehicle, the person incharge of the vehicle shall give or cause to be given the information under sub-section (1) of Section 8 to the nearest Registrar at the next 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 a 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 4-A 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 certificate 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 household, 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 issued by the Registrar.(4)In the case of institution events of births and deaths referred to in Clauses (b) to (e) of sub-section (1) 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) 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 thereof.**

(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 six months of its occurrence, shall be registered only with the written approval of the local revenue authority not below the rank of the Circle Officer and on payment of the 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 late fee of rupees ten only.(4)The fee (including late fee) mentioned in the Rule 9 should be collected by the registrar by issuing proper official money receipt and shall be deposited in the nearest Treasury within the jurisdiction of the same district under the proper head of accounts within twenty days from the date of collection and a copy of the treasury challan shall be forwarded to the District Registrar. The Registrar shall maintain a book of accounts to reflect fee/late fee collected by him on daily basis and its deposit in the treasury. This shall form an integral part of his office record subject to audit and for all other purposes.

## **10. Period for the purpose of Section 14.**

(1)Where the birth of any, child has been registered without a name, the parent or guardian of such child shall within 12 months from the date of registration of the birth of child, give information

regarding the name of the child to the Registrar either orally or in writing: Provided that if the information is given after the aforesaid period of 12 months but within a period of 15 years, the Registrar shall-(a) if the registrar is in his possession forthwith enter the name in the relevant column of the concerned form in the birth register on payment of a late fee of rupees five only; (b) if the register is not in his possession and if the information is given orally make a report giving necessary particulars, and if the information is given in writing, forward the same to the District Registrar for making the necessary entry on payment of a late fee of rupees five only. (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 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 registrar of births and deaths.**

(1) If it is reported to the Registrar that a clerical or formal error has been made in the register or if such error is otherwise noticed by him and if the register is in his possession, the Registrar shall enquire into the matter and if he is satisfied that any such error has been made, he shall correct the error (by correcting or cancelling the entry) as provided in Section 15 and shall send an extract of the entry showing the error and how it has been corrected to the Chief Registrar of Births and Deaths. (2) In the case referred to in sub-rule (1) if the register is not in his possession the Registrar shall make a report to the District Registrar and obtain relevant records and after enquiring into the matter, if he is satisfied that any such error has been made, make the necessary correction with prior and express approval of the District Registrar. (3) Any such correction as mentioned in sub-rule (2) shall be countersigned by the District Registrar. (4) If any person asserts that any entry in the register of births and deaths is erroneous in substance, the Registrar may correct the entry in the manner prescribed under Section 15 upon production by that person a declaration setting forth the nature of the error and true facts of the case made by two credible persons having knowledge of the facts of the case. (5) Notwithstanding anything contained in sub-rule (1), and sub-rule (4), the Registrar shall make report of any correction made therein giving necessary details to the District Registrar. (6) If it is proved to the satisfaction of the Registrar that any entry in the register of births and deaths has been fraudulently or improperly made, he shall make a report giving necessary details to the officer authorised by the Chief Registrar by general or special order in this behalf under Section 25 and on hearing from him take necessary action in the manner (7) In every case in which an entry is corrected or cancelled under this rule, intimation thereof should be sent to the permanent address of the person who has given information under Section 8 or Section 9.

## **12. Form of register under under Section 16.**

- The legal part of the Forms No. 1, 2 and 3 shall constitute the Birth Register, Death Register and Still Birth Register.

### **13. Fees and postal charges payable under Section 17.**

(1)The fees payable for search to be made, an extract or a non-availability certificate to be issued under Section 17 shall be as follows :

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

(2)Any such extract in regard to a birth or death shall be issued by the Registrar in Form No. 5, as the case may be, in Form No. 6 and shall be certified in the manner provided for in Section 78 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 non-availability certificate in Form No. 10.(4)Any such extracts or non-availability certificate may be furnished to the person asking for if or sent to him by post on payment of the post charge therefor.

### **14. Interval and forms of periodical returns under Section 19.**

(1)Every Registrar shall, after completing the process of registration, send all the statistical parts of the reporting forms relating to each month along with a Summary Monthly Report in Form No. 11 for birth. Form No. 12 for death and Form No. 13 for still births to the District Registrar on or before the 5th of the following month and District Registrar shall compile all reports and send a consolidated statement of Birth, Death, Still Birth registered in the district on or before the 10th day of the month to the Chief Registrar.(2)The District Registrar shall personally ensure that all such records received from various Registers are properly maintained in his office.

### **15. Statistical report under Section 9(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. Compounding of offences.**

(1)Any offence punishable under Section 23 may either before or after the institution of criminal proceedings under the 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 the first time.(2)Any such offence may be

compounded on payment of such sum not exceeding rupees fifty only for offences under sub-sections (1), (2) and (3) and rupees ten only 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 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 for a period of twelve months after the end of the calendar year to which it relates and all such registers shall thereafter be transferred for safe custody to District Registrar.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 Administration 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 FormBirth ReportLegal information[This part to be added to the Birth Register]To be filled by the informant

**1. Date of birth : (Enter the exact day, month and year the child was born e.g. 1.1.2000)**

**2. Sex : (Enter male or female do not use abbreviation)**

**3. Name of the child, if any :(If not named, leave blank)**

**4. Name of the father :(Full name as usually written)**

**5. Name of the mother :(Full name as usually written)**

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

(1)Hospital/Institution, name :(2)House address :

**7. Informant's name :**

Address;Signature or left thumb mark of the informantDate :.....To be filled by the RegistrarRegistration No. :Registration DateRegistration Unit:Town/Village :District:Remarks : (if any)Name and Signature of the RegistrarBirth ReportStatistical information[This part to be detached and sent for statistical processing]To be filled by the informant

**8. Town or village or residence of the mother : (Place where the mother usually lives.This can be different from the place where the delivery occurred. The house address is not required to be entered)**

(a)Name of Town/village : (b)Is it a town or village : (Tick the appropriate entry below)  
(1)Town(2)Village(c)Name of District:(d)Name of State :

**9. Religion of the family : (Tick the appropriate entry below)**

(1)Hindu(2)Muslim(3)Christian(4)Any other religion : (Write name of the religion)

**10. Father's level of education : (Enter the completed level of education e.g., if studied up to Class VII but passed only Class VI, write VII)**

**11. Mothers level of education : (Enter the completed level of education e.g. if studied up to Class VII but passed only Class VI, write VII)**

**12. Father's occupation : (if no occupation write Nil)**

**13. Mother's occupation : (If no occupation write Nil)**

(To be filled by the Registrar)Name :Code No.District:Tahsil :Town/Village:Registration Unit:Form A[In the case of multiple birth, 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

**14. Age of the mother (in completed years) at the time of marriage : (if married more than once, age at first marriage may be entered).**

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

**16. Number of children born alive to the mother so far including this child : (Number of children born alive to include also those from earlier marriages, (if any)**

**17. Type of attention at delivery : (Tick the appropriate entry below)**

(1)Institutional - Government(2)Institutional - Private or non-Government(3)Doctor, nurse or trained midwife(4)Traditional birth attendant(5)Relatives or others

**18. Methods of delivery : (Tick the appropriate entry below)**

(1)Natural(2)Caesarean(3)Forceps/Vacuum



**19. Birth Weight (in kgs) (if available):**

**20. Duration of pregnancy (in weeks):**(Columns to be filled are over. No put signature at left)(After completing all columns 1 to 20, informant will put date and signature here):

Registration No. ;Registration Date :Date of Birth :Sex : (1) Male (2) FemalePlace of Birth : 1. Hospital/Institution 2. HouseName and Signature of the RegistrarForm No. 2[See Rule 5]DeathLegal 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 of as usually written)**

**3. Sex of the deceased :(Enter male or female do not use abbreviation)**

**4. Age of the deceased : (If the deceased was over 1 year of age give age in completed years. If the deceased was below 1 year of age, give age in months, and if below 1month 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 birth took place. If other place, give location)**

(1)Hospital/Institution, name :(2)House address :(3)Other place :

**6. Informant's name :**

AddressDateSignature 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 RegistrarDeath ReportStatistical information[This part to be detached and sent for statistical processing](To be filled by the informant)

**7. Town or village or residence of the deceased : (Place where the deceased actually 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. Religion : (Tick the appropriate entry below)**

(1)Hindu(2)Muslim(3)Christian(4). Any other religion : (Write name of the religion)

**9. Occupation of deceased :**

**10. Type of medical attention received before death : (tick the appropriate entry below)**

(1)Institutional(2)Medical attention other than institution(3)No medical attention(To be detached and sent for statistical processing)(To be filled by the Registrar)Name :Code No.District:Tahsil :Town/Village :Registration Unit:(To be filled by the informant)

**11. Was the cause of death medically certified ?(Tick the appropriate entry below)**

(1)Yes(2)No

**12. Name of disease or actual cause of death :(For all deaths irrespective of whether medically certified or not)**

**13. In case this is a female death, did the death occur while pregnant, at the time of delivery or within 6 weeks after the end of pregnancy:(Tick the appropriate entry below)**

(1)Yes(2)No

**14. If used to habitually smoke, for how many years;**

**15. If used to habitually chew tobacco in any form, for how many years :**

**16. If used to habitually chew arecanut in any form including pan masala, for how many years ?**

**17. If used to habitually drink alcohol, for how many years?(Columns to be filled are over. Now put signature at left)(After completing all columns 1 to 17, informant will put date and signature here):**

To be filled by the RegistrarRegistration No.:Registration DateDate of death :Sex : (1) Male (2) FemaleAge : Years/Months/Days/HoursPlace of Death : (1) Hospital/Institution (2) HouseName and Signature of the RegistrarForm No. 3[See Rule 5]Still Birth Report FormStill Birth ReportLegal Information[This part to be added to the Death 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 :**

Date :Signature or left thumbmark 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 RegistrarStill Birth ReportStatistical information[This part to be detached and sent for statistical processing]In the case of multiple birth, fill in a separate form for each child and write 'twin birth' or riple birth etc. as the case may be, in the remarks column in the box below left.(To be filled by the informant)

**7. Town or village or residence of the mother : (Place where the mother actually 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. studied up to Class VII but passed only Class VI, write Class VI)**

**10. Type of attention at delivery ; (Tick the appropriate entry below)**

**1. Institutional - Government.**

**2. Institutional - Private or non-Government.**

**3. Doctor, Nurse or trained midwife.**

**4. Traditional Birth attendant**

**5. Relatives or others**

**11. Duration of pregnancy : (in words)**

**12. Cause of foetal death : (if known) (Columns to be filled are over. Now put signature at left) (After completing all columns 1 to 12, informant will put date and signature here) :**

(To be filled by the Registrar)

Name :                      Code No.  
District :                      Tahsil :  
Town/Village :              Registration Unit :  
Registration No. :              Registration Date :  
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 the deceased.....

Sex	Age of death	For use of statistical office	
If 1 year or more, age in 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 Interval between onset and death approx

Immediate cause

State the disease, injury or complication which caused death, not the mode of dying such as heart failure, asthenia etc.

(a) .....due to (or as a consequence of)

Antecedent cause

Morbid conditions, if any, giving rise to the above cause, stating underlying conditions last

(b) .....due to (or as a consequence of)

II

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

(c) .....

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 the deceased. - To be given in full. Do not use initials. If deceased is an infant not yet named at the 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 months and if below one 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) and (c). If a single morbid condition explains the death, 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 labour pneumonia, cardiac beriberi are sufficient cause of death and usually nothing more 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 (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 mode of dying and not caused 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 states in the course of events leading of 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 death, 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 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 or 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, if 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. Amenia - Give type of anemia, 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 pulmonable etc. are mentioned, give the antecedent conditions. Tetanus - Describe the antecedent injury, if known. Operation - State the condition for which the operation was performed. Dysentery - Specify whether bacillary, amoebic, etc. if known. Complications of pregnancy or delivery - Describe the complication specifically Tuberculosis - Give organs affected. Symptomatic statement. - Convulsions, diarrhoea, fever, ascites, jaundice, debility etc. are symptoms which may be due to any one of a number of different conditions. Sometimes nothing more is known, but whenever possible, give the disease which caused the symptom. Manner of death. - Deaths not due to external cause should be identified as "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. 4-A [See Rule 7] Medical Certificate of cause of death (For non-institutional deaths. Not to be used for still birth) 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.

Sex

Age of death

For use of statistical office

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
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1. Male 2. Female

Cause of death Interval between onset and death approx

Immediate cause

State the disease, injury or complication which caused death, not the mode of dying (a) ..... due to (or as a consequence of) such as heart failure, asthenia etc.

Antecedent cause

Morbid conditions, if any, giving rise to the above cause, stating underlying conditions last (b) ..... due to (or as a consequence of)

II

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

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

1. Yes 2. No

If yes was there a delivery ?

1. Yes 2. No

Name and signature of the Medical 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 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. Form No. 6[See Rule 8] Death Certificate[Issued under Section 12/17] This is to certify that the following information has been taken from the original record of death which is the register for (Local Area)..... of Tahsil ..... of District ..... of State..... Name..... Sex..... Date of death..... Place of death..... Registration No..... Date of Registration..... Signature of issuing authority Seal No disclosure shall be made of particulars regarding the cause of death as entered in the Register. [See proviso to Section 17(1)]. Form No. 7[See Rule 12]

Form No. 1 Birth Register/Birth Report

Legal Information This part to be added to the Birth Register (To be filled by the informant)

**1. Date of birth : (Enter the exact day, month and year the child was born e.g. 1.1.2000)**

**2. Sex : (Enter male or female do not use abbreviation)**

**3. Name of the child, if any : (If not named, leave blank)**

**4. Name of the father : (Full name as usually written)**

**5. Name of the mother : (Full name as usually written)**

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

(1)Hospital/Institution-Name :(2)House address :

**7. Informant's name :**

Address :DateSignature or left thumb mark of the informant(To be filled by the Register)

Registration No.      Registration Date

Registration Unit : Town/Village

District                      Remarks (if any)

Name and signature of the RegistrarForm No. 8[See Rule 12]

Form No. 2 Death Register/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 of as usually written)**

**3. Sex of the deceased : (Enter male or female do not use abbreviation)**

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



**5. Place of death : (Tick the appropriate entry 1 2 or 3 below and give the name of the hospital/institution or the address of the house where the birth took place. If other place, give location)**

(1)Hospital/Institution, Name :Address :(2)House address :(3)Other place :

**6. Informant's name :**

Address:DateSignature or left thumb mark of the informant(To be filled by the Register)

Registration No.      Registration Date

Registration Unit : Town/Village

District                      Remarks (if any)

Name and signature of the RegistrarForm No. 9[See Rule 12]

Form No. 3 Still Birth Register/Still Birth 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 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 :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 RegistrarForm No. 10[See Rule 13]Non-availability Certificate(Issued under Section 17 of the Registration of Births and Deaths Act, 1969)This is to certify that a search has been made on the request of Shri/Smt./Kum ..... son/wife/daughter of ..... in the registration records for the year(s) ..... relating to (Local area) ..... of Tahsil ..... of (District) ..... of

(State) ..... and found that the event relating to the birth/death of ..... son/daughter of was not registered. Date..... Signature of issuing authority Seal Form No. 11 [See Rule 14] Summary Monthly Report of Births

**1. Report for the month of..... Year.....**

**2. District.....**

**3. Town/Village.....**

**4. Registration Unit.....**

**5. Number of Births Registered.....**

(a) within one year of this occurrence..... (b) After one year of the occurrence..... Total\* (a + b)..... \*Total should be equal to the number of Birth Report Forms (Form No. 1) attached with this monthly report. Dated..... Signature and name of the Registrar Submitted to the Chief Registrar/District Registrar Form No. 12 [See Rule 14] Summary Monthly Report of Deaths

**1. Report for the month of..... Year.....**

**2. District.....**

**3. Town/Village.....**

**4. Registration Unit.....**

**5. Details of death registered during the month.....**

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

Note. - Infant and maternal death should be included in the report. Total should be equal to the number of statistical part of Death Reporting Form (Form No. 2) attached with this monthly report. Dated..... Signature and name of the Registrar Submitted to the Chief Registrar/District Registrar. Form No. 13 [See Rule 14] Summary Monthly Report of Still Births

# 1. Report for the month of Year.....

## 2. District.....

## 3. Town/Village.....

## 4. Registration Unit.....

## 5. Number of Still Births Registered.....

\* Number of still births registered should be equal to the number of Still Birth Forms (Form No. 3) attached with this monthly report. Date Signature and name of the Registrar Submitted to the Chief Registrar/District Registrar. Table A-1 Population, Registration Units, monthly returns due and received (Rural Areas)

Sl. No.	District	Population as per last census	No. of registration units	No. of monthly returns due	No. of monthly returns not received	Estimated mid-year population	
Actual	Adjusted for incomplete receipt of returns	Total	Adjusted for incomplete receipts 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	No. of registration units	No. of monthly returns due	No. of monthly returns not received	Estimated mid-year population	
Actual	Adjusted for incomplete receipt of returns	Total	Adjusted for incomplete receipts of returns				
1	2	3	4	5	6	7	8 9

State Total Table B-1 Live births by place of occurrence, district (Rural and 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
M	F	T	Within the area	Outside the area Outside

the  
State

1	2	3	4	5	6	7	8
1. District :			R				
			U				
			T				
		Town with population one lakh and above					
		Town : 1					
		Town : 2					
2. District : 2							
State Total-			R				
			U				
			T				

Table B-2 Live births by place of residence, district (Rural and Urban) and towns with population one lakh and above

Sl. No. District			Births by place of residence of mother		Birth rate		Place of residence or mother	
M	F	T			Within the area		Outside the area	
1	2	3			4	5	6 7 8	
1. District :				R				
				U				
				T				
		Town with population one lakh and above						
		Town : 1						
		Town : 2						
2. District : 2								
State Total-				R				
				U				
				T				

Table B-3 Time Gap in Registration of Live Births (Rural &amp; Urban)

Sl. No.	District	Rural							
Within prescribed time limit	Number of Live Births Registered								
Within 30 days	Delayed registration after 30 days but within 1 year	After 1 year							
Male	Female	Male	Female	Male	Female	Male	Female		
1	2	3	4	5	6	7	8	9	10
State Total									

Urban

Within prescribed time limit  
Number of Live Births Registered

Within 30 days	After 30 days but within 1 year	After 1 year						
Male	Female	Male	Female	Male	Female	Male	Female	
11	12	13	14	15	16	17	18	

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	4	5	6	7	8	9	10	11	12	13	14			

MFTState  
Total

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

Rural/Urban	Institutional	Type of attention at Delivery	Not stated	Total
	Private and non-Government	Doctor, nurse, and trained midwife	Traditional birth attendant	Relatives and others
1	2	3	4	5

6 7 8

RuralUrban(i) Towns with population one lakh and aboveTown 1Town 2(ii) All othersUrban areasUrban  
TotalState Total

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

Method of Delivery	Government Hospital	Type of Institution Private and non-Government	Total
R	U	T	R
1	2	3	4

5 6 7 8 9 10

NaturalCaesareanForceps/VacuumNot StatedStateTotal

Table B-7 Live Births by age of the Mother and Birth Order (Rural &amp; Urban)

Age of Mother	Birth Order	Total
1	2	3

4 5 6 7 8 9 10 11 12 13

Table B-8Live Births by Birth order age of the mother for towns with population 1 lakh and aboveTable B-9Live Births by age and level of education of the mother (Rural and Urban)Table B-10 Live Births by age and level of education of the mother (Rural and Urban)

Level of Education of Father	Live Birth Order	Total
1	2	3 4 5 6 7 8 9 10 11 12 13 & Not above

stated

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
---	---	---	---	---	---	---	---	---	----	----	----	----	----	----	----

All Areas/ Rural Areas/ Urban Areas

IlliterateBelow PrimaryPrimary but below  
 matricMatric but below graduateGraduate  
 and aboveNot stated

Total

Table B-11Live Births by level of education of the mother and Birth Order (Rural and Urban)

Level of Education of Father	Live Birth Order	Total													
1	2	3	4	5	6	7	8	9	10	11	12	13	& Not above stated		

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
---	---	---	---	---	---	---	---	---	----	----	----	----	----	----	----

All Areas/ Rural Areas/ Urban Areas

IlliterateBelow PrimaryPrimary but below  
 matricMatric but below graduateGraduate  
 and aboveNot stated

Total

Table B-12Live Births by age of mother and Birth Order for each level of education of the mother (Rural)

Age of Mother	Birth Order	Total													
1	2	3	4	5	6	7	8	9	10	11	12	13	& Not above stated		

1
 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 |

All Education all Level/ Illiterate/ Below  
 Primary/ Primary but below Matric/ Matric  
 but below Graduate/ Graduate and above  
 Below 1515-1920-2425-2930-3435-3940-4445  
 and aboveAge not statedTotalAll Educational  
 Level also includes the education level not  
 stated.

Table B-13Live Births by age of mother and Birth Order for each level of education of the mother (Urban)

Age of Mother	Birth Order	Total													
1	2	3	4	5	6	7	8	9	10	11	12	13	& Not above		

stated

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
---	---	---	---	---	---	---	---	---	----	----	----	----	----	----	----

All Education all Level/ Illiterate/ Below  
Primary/ Primary but below Matric/ Matric  
but below Graduate/ Graduate and above

Below 1515-1920-2425-2930-3435-3940-4445  
and aboveAge not statedTotalAll Educational  
Level also includes the education level not  
stated.

Table B-14Live 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	& Not above stated			
1	2	3	4	5	6	7	8	9	10	11	12	13	14		15	16
All religious*/ Hindus/ Muslims/ Christians/ Sikhs/ Others**																

Below 1515-1920-2425-2930-3435-3940-4445  
and aboveAge not statedTotal\* Religion not  
stated have been included in "All religions".\*\*  
Minor religious groups have been combined  
under "other".

Table B-15Live Births by age of the mother, Birth Order and religion of the family (Urban)

Age of Mother	Birth Order	Total														
1	2	3	4	5	6	7	8	9	10	11	12	13	& Not above stated			
1	2	3	4	5	6	7	8	9	10	11	12	13	14		15	16
All religious*/ Hindus/ Muslims/ Christians/ Sikhs/ Others**																

Below 1515-1920-2425-2930-3435-3940-4445  
and aboveAge not statedTotal\* Religion not  
stated have been included in "All religions".\*\*  
Minor religious groups have been combined  
under "other".

Table B-16Live Births by occupation of the father and Birth Order (Rural and Urban)

Occupation of Father	Birth Order	Total														
1	2	3	4	5	6	7	8	9	10	11	12	13				



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

Table B-17 Live Births by occupation of the mother and Birth Order (Rural and Urban)

Occupation of Father	Birth Order	Total	4	5	6	7	8	9	10	11	12	13	14	15	16
1	2	3													
1	2	3													
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

Table B-18 Live Births by duration of marriage of the mother and Birth Order (Rural and Urban)

Duration of Marriage (in years)	Birth Order	Total	4	5	6	7	8	9	10	11	12	13	14	15	16
1	2	3													
1	2	3													

All Areas/ Rural Areas/ Urban Areas

Areas 0-45-910-1415-1920-2425-2930

and aboveNot stated

Total

Table B-19Live Births by duration of marriage and age of the mother (Rural and Urban)

Duration of marriage	Age of mother		Total							
	15-19	20-24	25-29	30-34	35-39	40-44	45 and not above	stated		
1	2	3	4	5	6	7	8	9	10	11

All Areas/RuralAreas/Urban

Areas0-45-910-1415-1920-2425-2930and

aboveNot stated

Total

Table B-20Live Births by duration of pregnancy and Birth Weight (Rural and Urban)

Duration of pregnancy Week	Birth weight (in Kgs)											
	1.500-2.000	2.000-3.000	3.000-4.000									
1	2	3	4									

3232-3637-3940-41Not

stated

Total

Birth Weight (Kgs.) Total

1.000	Not stated											
R	U	T	R	U	T	R	U	T				
14	15	16	17	18	19	20	21	22				

Table B-21Live Births by age of the mother and (Rural and Urban)

Age of Mother	Birth weight (in Kgs)											
	1.500-2.000	2.000-3.000	3.000-4.000									
1	2	3	4									

Below

1515-1920-2425-2930-3425-3940-4445

and aboveNot stated

Total

Birth Weight (Kgs.) Total

4.000+ Not stated

R	U	T	R	U	T	R	U	T
14	15	16	17	18	19	20	21	22
Table B-22 Live Births by Birth Order and Birth Weight (Rural and Urban)								
Age of Mother		Birth weight (in Kgs)						
Less than 1.500		1.500-2.000		2.000-3.000		3.000-4.000		
		R		U		T		R U T R U T R U T
1		2		3		4		5 6 7 8 9 10 11 12 13
12345678910 and above	Not stated							

Total

Birth Weight (Kgs.) Total

4.000+ Not stated

R	U	T	R	U	T	R	U	T
14	15	16	17	18	19	20	21	22

Table B-23 Live Births by methods of delivery and age of the mother (Rural and Urban)

Method of delivery	Age of mother	Total							
Below 15	15-19	20-24	25-29	30-34	35-39	40-44	45 and above	Not stated	
1	2	3	4	5	6	7	8	9	10 11

All Areas/Rural Areas/Urban

Areas Natural

Caesarean Forceps/Vacuum Not

stated

Total

Table D-1 Deaths by place of occurrence, Districts (Rural and 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		
M	F	T		Within the area	Outside the area	Outside the State	
1	2	3		4	5	6	7 8

1. District :

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-2Deaths by place of residence, Districts (Rural and Urban) and Towns with population one lakh and above

Sl. No.	District	Death 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 :			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-3Time Gap in registration of deaths (Rural and Urban)

Sl. No.	District	Rural							
Within prescribed time limit	Number of Deaths Registered								
Within 30 days	Delayed registration after 30 days but within 1year	After 1 year							
Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
1	2	3	4	5	6	7	8	9	10

Urban

Within prescribed time limit	Number of Deaths Registered								
Within 30 days	After 30 days but within 1 year	After 1 year							
Male	Female	Male	Female	Male	Female	Male	Female	Male	Female

Sl. No.	District	Sex	Months										
January	February	March	April	May	June	July	August	September	October	November	December	Total	
1	2	3	4	5	6	7	8	9	10	11	12	13	
MFTState													
Total													

Rural/Urban		Type of attention at death	Total	
Institution		Medical attention other than institution	No medical attention	
1		2	3	4 5
Rural	Urban	(i) Towns with population-1 lakh and above	Town 1	Town 2
		(ii) All others	Urban areas	State
Total				

Age		Religions of the deceased			Total			Total		
Hindus		Muslims			Christians			Others*		
Male	Female	Male	Female	Total	Male	Female	Total	Male	Female	Total
1	2	3	4	5	6	7	8	9	10	11
All Areas/Rural Areas/Urban Areas										
Below 1 year										
1-45	15-24	25-34	35-44	45-54	55-64	65-69	70 and above	not stated		
Total										
Age		Religions of the deceased								
Others*										
Male	Female	Total			Male	Female	Total			
11	12	13	14	15	16	17	18	19	20	21

[illegible]

Administrative, Executive and managerial workers	MFT
Clerical and related workers	MFT
Sales workers	MFT
Service workers	MFT
Farmers, fishermen, hunters, loggers etc. and related workers	MFT
Production and other related workers	
transport equipmentoperators and labourers	MFT
Workers whose occupation are not else-where classified	MFT
Non-workers	MFT
Total	MFT

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

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
1	2	3	4	5	6	7	8	9	10	11	12
Professional, technical and related workers	MFT										
Administrative, Executive and managerial workers	MFT										
Clerical and related workers	MFT										
Sales workers	MFT										
Service workers	MFT										
Farmers, fishermen, hunters, loggers etc. and related workers	MFT										
Production and other related workers											
transport equipmentoperators and labourers	MFT										

Workers whose  
occupation are not  
else-where classified MFT

Non-workers MFT

Total MFT

Table D-9Deaths 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
1	2	3	4	5	6	7	8	9	10	11	12
Professional, technical and related workers	MFT										
Administrative, Executive and managerial workers	MFT										
Clerical and related workers	MFT										
Sales workers	MFT										
Service workers	MFT										
Farmers, fishermen, hunters, loggers etc. and related workers	MFT										
Production and other related workers											
transport equipmentoperators and labourers	MFT										

Workers whose  
occupation are not  
else-where classified MFT

Non-workers MFT

Total MFT

Table D-10Deaths by cause of death, age and sex for all deaths medically certified or not

Sl. No.	Cause of death	Sex	Age of the deceased	Total										
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				
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
		MFT												
	Total	MFT												

Table D-11Deaths by cause of death, age and sex for medically certified deaths

Sl. No.	Cause of death	Sex	Age of the deceased	Total							Age not stated			
Below 1 year	1-4	5-14	15-24	25-34	35-44	45-54	55-64	65-69	70 and above					
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
MFT														
Total MFT														

Table D-12Infant deaths by place of occurrence, Districts (Rural and 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			
M	F	T	Within the area	Outside the area	Outside the State		
1	2	3	4	5	6	7	8
1. District :			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-13Infant deaths by place of residence, Districts (Rural and Urban) and towns with population one lakh and above

Sl. No.	District	Death by place of residence of mother	Infants rate	Place of Occurance			
M	F	T	Within the area	Outside the area			
1	2	3	4	5	6	7	8
1. District :			R				
			U				
			T				
Town with population one lakh and above							
Town : 1							
Town : 2							



2. District : 2

R

U

T

State Total-

R

U

T

Table D-14 Infant deaths by age and sex (Rural and Urban)

Sl. No.	Age		Rural		Urban		All areas					
	F	T	M	F	T	M	F	T	M	F	T	M
1	2	3	4	5	6	7	8	9	10	11	12	13
1. 7 days	2. 7 days-28 days	3. 28 days-1 year	4. A genot stated	5. Total								

Table D-15 Pregnancy related deaths by age group of the deceased and cause of death for medically certified deaths (Rural and-Urban)

Cause of death	Age of the deceased	Total							
		20-24	25-29	30-34	35-39	40-44	45 and above	not stated	
Below 15	15-19	3	4	5	6	7	8	9	10 11
1	2	3	4	5	6	7	8	9	10 11
All areas/Rural areas/Urban areas	Total								

Table D-16 Pregnancy related deaths by age group of the deceased and cause of death for all deaths medically certified or not (Rural and Urban)

Cause of death	Age of the deceased	Total							
		20-24	25-29	30-34	35-39	40-44	45 and above	not stated	
Below 15	15-19	3	4	5	6	7	8	9	10 11
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 and Urban)

Age	Level of education of the mother					Not stated	Total
	Below primary	Primary but	Matric but below	Graduate and			
Illiterate							

		below metric	Graduate	above			
1	2	3	4	5	6	7	8
Rural Areas/UrbanAreas/All AreasBelow							
1515-1920-2425-2930-3435-3940-4445and							
aboveNot statedTotal							

Table D-18Pregnancy related deaths by age and occupation (Rural and Urban)

Occupation of the deceased	Below 15	15-19	20-24	25-29	30-34	35-39	40-44	45 and above	Age not stated	Total
1	2	3	4	5	6	7	8	9	10	11
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 equipmentoperators and labourers										
Workers whose occupation are not elsewhere classified										
Non-workers										
Total										

Table D-19Deaths by selected cause of death, age, sex and habit (Rural)

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 and above	Age not stated					
1	2	3	4	5	6	7	8	9	10	11	12	13	
		MFT	Only smoking/ tobacco/ only chewing										

arecanut/only drinking  
 alcohol/smoking and chewing  
 tobacco/smoking andchewing  
 arecanut/ smoking and  
 drinking alcohol/chewing  
 tobaccoand arecanut/  
 chewing tobacco and drinking  
 alcohol/ chewingarecanut  
 and drinking alcohol/  
 smoking, chewing tobacco  
 andarecanut/ smoking  
 chewing tobacco and  
 drinking/ alcohol/  
 chewingarecanut and  
 drinking alcohol/ chewing  
 tobacco, arecanut  
 anddrinking alcohol/ All  
 habit/ habit not known.

Table D-20Deaths by selected cause of death, age, sex and habit (Urban)

Sl. No.	Selected cause of death	Sex	Age group	Total									
								70 and above	Age not stated				
Below 15	15-24	25-34	35-44	45-54	55-64	65-69							
1	2	3	4	5	6	7	8	9		10	11	12	13
		MFT	Only smoking/ only chewing tobacco/ only chewing arecanut/only drinking alcohol/smoking and chewing tobacco/smoking andchewing arecanut/ smoking and drinking alcohol/chewing tobaccoand arecanut/ chewing tobacco and drinking alcohol/ chewingarecanut and drinking alcohol/ smoking, chewing tobacco andarecanut/ smoking chewing tobacco and drinking/ alcohol/ chewingarecanut and drinking alcohol/ chewing										

[illegible]

Sl. No.	District	Still Birth by place of occurrence	Place of residence of Mother	Place of residence		
M	F	T	Within the area	Outside the area	Outside the State	
1	2	3	4	5	6	7 8
State Total-		R				
		U				
		T				

Indian Kanoon - <http://indiankanoon.org/doc/119208221/>

SI. No.	Still birth by place of residence of mother			Still Birth Rate	Place of occurrence of Still Birth		
	M	F	T		Within the area	Outside the area	
1	2	3		4	5		6 7 8
State Total- R							
U							
T							

Table S-3 Still Births by sex and age of the mother (Rural and Urban)

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

Table S-4 Still Births by sex and duration and pregnancy (Rural and Urban)

Duration of pregnancy (in weeks)	Still Births								
	Urban Areas			All Areas					
	Male	Female	Total	Male	Female	Total	Male	Female	Total
1	2	3	4	5	6	7	8	9	10
32 33 34 35 36 37 38 39 40 41+ Not									
stated Total									

Table S-5 Still Births by sex and type of medical attention received at delivery (Rural and Urban)

Rural /Urban	Type of attention at deliver				Total			
	Institutional			Traditional Birth attendant			Relatives and others Not Stated	
	Government			Private and Non-Government				
1	2	3	4	5	6	7	8	9
Rural Urban (i) Town with population one lakh and above Town-1 Town-2 (ii) Urban areas Urban areas State Total								

Table S-6 Still Births by cause of birth of Still Births and age of the mother and Urban)

SI. No.	Cause of Still Births	Age of the deceased	Total							
Below 15	16-19	20-24	25-29	30-34	35-39	40-44	45 and above	not state		
1	2	3	4	5	6	7	8	9	10	11 12

All  
areas/Rural areas/Urban  
areasTotal

Table S-7 Still Births by cause of Still Births and age of the other (Rural Urban)

Sl. No.	Age of mother	Duration of pregnancy (in weeks)	Total							
Below 32	32-36	37-39	40-	41+	Not state					
1	2	3	4	5	6	7	8	9		

Rural areas/Urban areas/All  
AreasTotal