

The Chhattisgarh Registration of Births and Deaths Rules, 2001

CHHATTISGARH

India

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Rule

THE-CHHATTISGARH-REGISTRATION-OF-BIRTHS-AND-DEATHS-RULES-2001

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The Chhattisgarh Registration of Births and Deaths Rules, 2001 Published vide Notification No. 87/2002/23/P.E.S., Chhattisgarh Gazette Rajpatra (Asadharan), dated 25-1-2002 In exercise of the powers conferred by Section 30 of the Registration of Birth and Deaths Act, 1969 (No. 18 of 1969), the State Government of Chhattisgarh with the prior approval of the Central Government, hereby, makes the following rules, namely :-

1. Short title, extension and commencement.

(1) These rules may be called the Chhattisgarh Registration of Births and Deaths Rules, 2001. (2) These rules are extended in the whole State of Chhattisgarh. (3) They shall come into force with effect from the date of notification.

2. Definitions.

- In these rules, unless the context otherwise requires :- (a) "Act" means the Registration of Births and Deaths Act, 1969 (No. 18 of 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 purpose of clause (g) of sub-section (1) 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 incharge of the vehicle shall give or cause to be given the information under sub-section (1) of Section 8 at the first place of halt.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 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 Nos. 4 and 4-A and the Registrar shall, after making necessary entries in the register of 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 domicilliary events of births anti 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 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 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, may collect the extracts of births or deaths from the Registrar within thirty days of its reporting.(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.

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 authorised in this behalf and on payment of a late fee of rupees five and on the production of an affidavit made before a Notary or any other officer authorised in this behalf by the State Government.(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 an Executive Magistrate and on payment of a late fee of rupees ten.

10. Period for the purpose of Section 14.

(1)Where the birth of any child had been registered without a name, the parent or guardian of such child shall, within 12 months from the date of registration of the birth of child, give information regarding the name of the child to the Registrar either orally or in writing :Provided that if the information is given after the aforesaid period of 12 months but within a period of 15 years, which shall be reckoned-(i)In case where the registration had been made prior to the date of commencement of this Rule, from such date, or(ii)In case where the registration is made after the date of commencement of this Rule, from the date of such registration, subject to the provisions of sub-section (4) of Section 23, Registrar shall-(a)if the register is in his possession forthwith enter the name in the relevant column of the concerned form in the birth register on payment of a late fee of rupees five,(b)if the register is not in his possession and if the information is given orally, make a report giving necessary particulars, and, if the information is given in writing, forward the same to the officer authorised 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 or take action as laid down in clause (b) of the proviso to sub-rule (1).

11. Correction or cancellation of entry in the register of births and deaths.

(1) If it is reported to the Registrar that a clerical or formal error has been made in the register or if such error is otherwise noticed by him and if the register is in his possession, the Registrar shall enquire into the matter and if he is satisfied that any such error has been made, he shall correct the error (by correcting or cancelling the entry) as provided in Section 15 and shall send an extract of the entry showing the error and how it has been corrected to the State Government or the officer specified by it in this behalf. (2) In the case referred to in sub-rule (1) if the register is not in his possession, the Registrar shall make a report to the State Government or the officer authorised by it in this behalf and call for the relevant register and after enquiring into the matter, if he is satisfied that any such error has been made, make the necessary correction. (3) Any such correction as mentioned in sub-section (2) shall be counter-signed by the State Government or the officer authorised by it in this behalf when the register is received from the Registrar. (4) If any person asserts that any entry in the register of births and deaths is erroneous in substance, the Registrar may correct the entry in the manner prescribed under Section 15 upon production by that person of 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 a report if any correction of the kind referred to therein giving necessary details to the State Government or the officer authorised in this behalf. (6) If it is proved to the satisfaction of the Registrar that any entry in the register of births and deaths has been fraudulently or improperly made, he shall make a report giving necessary details to the officer authorised by the Chief Registrar by general or special order in this behalf under Section 25 and on hearing from him take necessary action in the matter. (7) In every case in which an entry is corrected or cancelled under this rule, intimation thereof should be sent to the permanent address of the person who has given information under Section 8 or Section 9.

12. Form of register under Section 16.

- 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 follows :-

	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 (No. 1 of 1872). (3) If any particular event of birth and death is not found registered the Registrar shall issue a non-availability certificate in Form No. 10. (4) Any such extract 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 authorised by him on or before the 5th of the following month. (2) The officer so authorised 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 institution of criminal proceeding 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 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 authorised officers 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 authorised 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 such register shall thereafter be transferred for safe custody to such officer as may be authorised by the State Government in this behalf.

18. Repeal and saving.

- The application of Chhattisgarh Births and Deaths Registration Rules, 1999 will cease to be applicable to the State of Chhattisgarh with effect from the date of notification of these rules :Provided that any order made or action taken under above said rules shall be deemed to have been made or taken under the corresponding provisions of these rules.Format of the Report on the Working of the Act(See Rule 4)

1. Brief description of the State, its boundaries and revenue districts.

2. Changes in Administrative Areas.

3. Explanation about the differences in Areas.

4. Changes in Registration Area-Extension.

5. Administrative set up of the registration machinery at various levels.

6. General response of the public towards this Act.

7. Notification of birth 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.

Birth Report Form(See Rule 5)Form No. 1Birth Report Form(Legal Information)(To be filled by the informant)

1. Date of Birth.....

2. Sex : Male/Female.....

3. Name of the child, if any.....

(if not named, leave blank)

4. Name of the father.....and
address.....

5. Name of the mother.....

6. Place of birth (✓ the appropriate entry below)

(1)Hospital/Institution

:Name.....(2)House.....Address.....

7. Informant's name and address

.....Date

:.....Signature/thumb mark of the informant(To be filled by the Registrar)Registration No.....Registration date.....Registration Unit.....Town/Village.....

and Signature of the Registrar and SealBirth Report(Statistical information)(To be filled by the informant)

8. Town or Village of Residence of the mother :

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

9. Religion of the Family

(☐the appropriate entry below)

1. Hindu 2. Muslim 3. Christian

(4)Any other religion.....(mention name)

10. Father's level of education.....

(Enter the completed level of education)

11. Mother's level of education.....

(Enter the completed level of education)

12. Father's occupation.....

13. Mother's occupation.....

14. Age of the Mother at the time of marriage.....(in completed years)

15. Age of the mother at the time of this birth.....

16. Number of children born alive to the mother so far including this child.....

17. Type of attention at delivery :

(☐the appropriate entry below)(1)Institutional-Government(2)Institutional-Private or Non-Government(3)Doctor, Nurse or Trained midwife(4)Traditional Birth Attendant(5)Relatives or others

18. Method of Delivery :

(☐the appropriate entry below)(1)Natural (2) Cesarean (3) Forceps/Vacuum

19. Birth weight (in kgs.) (if available).....

20. Duration of pregnancy (in weeks).....

(To be filled by the Registrar)

Name Code No.
District.....
Tehsil.....
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 and Seal Death Report Form (See Rule 5) Form No. 2 Death Report Form (Legal
information) (To be filled by the informant)

1. Date of Death.....

**2. Name of the deceased.....and full
address.....**

3. Sex of the deceased : Male/Female

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)

4. (a) Name of Father/Husband of the deceased.....

5. Place of Death (✓ the appropriate entry below)

(1) Hospital/Institution

: Name..... (2) House..... Address.....
place.....

6. Informant's name & Address :

..... Date : Signature/thumb mark of the
Informant (To be filled by the Registrar) Registration No. Registration
date..... Registration

Unit.....Town/Village.....
and Signature of the Registrar and Seal Death Report (Statistical Information) (To be filled by the informant)

7. Town or village of Residence of the deceased :

(a) Name of Town/Village..... (b) Is it a town or village (☐ the appropriate entry below)

1. Town 2. Village

(c) Name of District..... (d) Name of State.....

8. Religion of the family :

(☐ the appropriate entry' below)

1. Hindu 2. Muslim 3. Christian

(4) Any other religion..... (mention name)

9. Occupation of the deceased.....

10. Type of medical attention received before death :

(☐ the appropriate entry below) (1) Institutional (2) Medical attention other than institution (3) No medical attention

11. Was the cause of death medically certified.....

(☐ the appropriate entry below)

1. Yes 2. No

12. Name of Disease or Actual Cause of Death :

(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 :

(☐ 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 ?(To be filled by the Registrar)

Name	Code No.
District.....
Tehsil.....
Town Village.....
Registration Unit.....
Registration No.....	Registration date :.....
Date of birth.....	

Sex : (1) Male (2) Female Age- (Years/Months/Days/Hours)..... Place of death : (1) Hospital/Institution(2)House(3)Other Name and Signature of the Registrar and Seal Still Birth Report Form(See Rule 5)Form No. 3 Still Birth Report Form(Legal information)(To be filled by the Informant)

1. Date of Birth :

2. Sex : Male/Female :

3. Name of the father :and address :

.....

4. Name of the mother :

5. Place of birth : (✓ the appropriate entry below)

(1)Hospital/Institution :Name:(2)HouseAddress :

6. Informant's name :

Address :Date :.....Signature/thumb marks of the
Informant(Statistical information)(To be filled by the informant)

7. Place of Residence of the mother :

(a)Name of Town/Village :(b)It is town or village (☐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)

10. Type of attention at delivery :

(☐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)

(To be filled by the Registrar) Registration No..... Registration date.....

Unit..... Town/Village.....

(if any)..... Name and

Signature of the Registrar and Seal (To be filled by the Registrar)

Name	Code No.
District.....
Tehsil.....
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 and Seal 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 alongwith 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

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 Interval between onset and death approx.

I. Immediate cause

(a)

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

due to (or as a consequence of)

Antecedent cause

(b)

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

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) how did the injury occur?

Manner of Death

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./Ku.....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 of 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, in hours. Cause of death :- This part of the form should always

be completed by the attending physician personally. This 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 can be entered in Part II. Do not write two or

more conditions on a single line. Please write 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 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 known. Examples :

(a) Hypostatic pneumonia; (b) Fracture of neck of femur, (c) fall from ladder at home. Marital deaths

:- Be sure to answer the question on pregnancy and delivery. This information is needed for all women of child-bearing age, even though the pregnancy may have had nothing to do with the death. Old age or senility :- Old age (or senility) should not be given as a cause of death if a more specific cause is known. If old age was a contributor 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, 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 complications specifically Tuberculosis Give organs affected. Symptomatic statement :- Convulsions diarrhoea, fever, ascites, jaundice debility, etc., are symptoms, which may be due to may one a number of different conditions. Sometimes nothing more is known, but whenever possible, give the disease which caused the symptoms. Manner of death :- Deaths not due to external cause should be identified as 'nature'. If the cause of death is known, but it is not known whether it was the result of an accident suicide or homicide and is subject to further investigation, the cause of death should invariably be filled in and the manner of death should be shown as 'pending investigation'. Form No. 4-A (See Rule 7) Medical Certificate of Cause of Death (For non-Institutional death. 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./Ku.....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 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 Interval between on set and death approx.			
I. Immediate cause			(a)
State the disease, injury or complication which caused death, not the mode of dying such as heart failure, asthenia, etc.			due to (or as a consequence of)
Antecedent cause			(b)
Morbidity conditions, if any, giving rise to the above cause stating underlying conditions last			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 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/Sml./Kum..... 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 of 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, in hours. Cause of death :- This part of the form should always

be completed by the attending physician personally. This 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 condition

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 can be entered in Part II. Do not write two or more

conditions on a single line. Please write 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 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 known. Examples :

(a) Hypostatic pneumonia; (b) Fracture of neck of femur, (c) fall from ladder at home. Marital deaths

:- Be sure to answer the question on pregnancy and delivery. This information is needed for all

women of child-bearing age, even though the pregnancy may have had nothing to do with the

death. Old age or senility :- Old age (or senility) should not be given as a cause of death if a more

specific cause is known. If old age was a contributory factor, it should be entered in Part II, example

: (a) chronic bronchitis, II old age. Completeness of information :- A complete case history is not

wanted, but if the information is available, enough details should be given to enable the underlying

cause to be properly classified. Example :- Anaemia-Give type of anaemia, if known. Neoplasms-indicate, whether benign or Malignant, and site, with site of primary neoplasm, whenever possible. Heart disease-Describe the condition specifically; if congestive heart failure, chronic on pulmonale, etc., are mentioned, give the antecedent conditions, Tetanus-Describe the antecedent injury, if known. Operation-State the condition for which the operation was performed. Dysentery-specify whether bacillary, amoebic, etc., if known. Complications of pregnancy or delivery-Describe the complications specifically Tuberculosis-Give organs affected. Symptomatic statement :- Convulsions diarrhoea, fever, ascites, jaundice debility, etc., are symptoms, which may be due to may one a number of different conditions. Sometimes nothing more is known, but whenever possible, give the disease which caused the symptoms. Form No. 5(See Rule 8) Birth Certificate(Issued under Section 12/17) This is to certify that the following information has been taken from the original record of birth which is the register for (Local Area).....of Tehsil.....of District.....of State Chhattisgarh Name.....Sex..... of Birth.....Place of Birth.....Name of Father.....Name of Mother.....Registration No.....Date of Registration.....Parents Address.....Date.....Signature of Issuing Authority Seal Form No. 6(See Rule 8) Death Certificate(Issued under Section 12/17) This is to certify that the following information has been taken from the original record of death which is the register for (Local Area).....of Tehsil.....of District of State Chhattisgarh Name.....Father's Name.....Sex.....Date of Birth.....Place of Birth.....Registration No.....Date of Registration.....Date.....Signature of Issuing Authority Seal No disclosure shall be made of particulars regarding the cause of death as entered in the Register. See proviso to Section 17 (1). Form No. 7(See Rule 12) Birth Register Form No. 1 : Birth Report(Legal information)(To be filled by the informant)

1. Date of Birth:

2. Sex : Male/Female :

3. Name of the Child, if any (If not named, leave blank).....

4. Name of the father.....and address.....

5. Name of the mother.....

6. Place of birth (✓ the appropriate entry below)

(1)Hospital/Institution :Name:(2)House
:.....Address :

7. Informant's name and address.....

Date :.....Signature/thumb mark of the informant(To be filled by the
Registrar)Registration No.Registration.....date.....Registration
Unit.....Town/VillageDistrict
.....RemarksName and Signature of the
Registrarand SealForm No. 8(See Rule 12)Death RegisterForm No. 2 : Death Report(Legal
information)(To be filled by the informant)

1. Date of Death.....

**2. Name of the Deceased..... and full
address.....**

3. Sex of the deceased : Male/Female.....

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)

4. (a) Name of Father/Husband of the deceased :

.....

5. Place of Death (✓ appropriate entry below)

(1)Hospital/Institution :Name:(2)House Address :
.....(3)Other Place :

6. Informant's name :.....

Address :Date :.....Signature/thumb
mark of the informant(To be filled by the Registrar)Registration No. :
.....Registration.....date.....Registration Unit :Town/Village :
.....District :Remarks :

.....Name and Signature of the Registrar and Seal Form No. 9 (See Rule 12) Still Birth Register Form No. 3 : Still Birth Report (Legal information) (To be filled by the Informant)

1. Date of Birth:

2. Sex : Male/Female :

3. Name of the father :and address :

4. Name of the mother :

5. Place of birth (✓ the appropriate entry below)

(1) Hospital/Institution : Name: (2) House : Address :

6. Informant's name :

Address : Date : Signature/thumb mark of the Informant (To be filled by the Registrar) Registration No. :

..... Registration date Registration Unit : Town/Village :

..... District : Remarks :

..... Name and Signature of the Registrar and Seal Form 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 (Tehsil) 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 Occurrence.....(b) After one year of their Occurrence.....Total* (a + b) : Date :Signature and Name of the Registrar Submitted to the Chief Registrar/District Registrar.* Total should be equal to the number of statistical part of Birth Reporting Forms (Form No. 1) attached with this monthly report. 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. Number of Deaths Registered during the Month :

Deaths	Infants 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 Deaths should also be included in the Deaths. Dated :Signature and Name of the Registrar Submitted to the Chief Registrar/District Registrar.* Total should be equal to the number of statistical part of Death Reporting Forms (Form No. 2) attached with this another report. 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*

Dated :.....Signature and Name of the RegistrarSubmitted to the Chief Registrar/District Registrar.*Number of Still Births Registered should be equal to the number of Still Report Forms (Form No. 3) attached with this monthly report.