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**THE MEGHALAYA**  
**REGISTRATION**

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**OF**

**BIRTHS AND DEATHS**  
**RULES, 1999**



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**No. Health 89/99/87.**-In exercise of the powers conferred by Section 30 of the Registration of Births and Deaths Act, 1969 (18 of 1969) the State Government of Meghalaya, with the approval of the Central Government, hereby make the following rules, namely-

**1. Short title, extent and commencement-**

- (1) These rules may be called the Meghalaya Registration of Births and Deaths Rules, 1999.
- (2) They shall extend to the whole of Meghalaya.
- (3) They shall come into force with effect from 1st January, 2000.

**2. Definition - In these rules, unless the context otherwise requires-**

- (a) "Act" means the Registration of Births and Deaths Act, 1969.
- (b) "Form" means a form appended to these rules.
- (c) "Section" means a Section of the Act.

**3. Period of gestation under Section 2 (1) (g) -** 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 Form 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 under Sections 8 and 9 -** (1) The information required to be given to the Registrar under Section 8 or Section 9, as the case may be shall be in the Form 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, still birth and death.

(4) *The information referred to in sub Rule (1) shall be given to the Registrar in whose jurisdiction the event of birth and death occurred, irrespective of the place of residence.*

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

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

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

**7. Form of Medical Certificate under Section 10 (3) -** The Medical Certificate as to the cause of death required under sub-section (3) of Section 10 shall, after making necessary entries in the register of births and deaths, be forwarded to the Chief Registrar or the officer specified by him in this behalf by the 10th of the month immediately following the month to which the certificates relate.

**8. Extracts of registration entries to be given under Section 12 - (1)** The extracts of particulars from the register relating to births or deaths shall be given to an information under Section 12 in respective form appended to Schedule IV.

(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 births or deaths from the Registrar within thirty days of its reporting.

(3) In the case of domiciliary events of birth 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) or the said Section, the person so specified shall transmit the extracts received from the Registrar of Births and Deaths to the concerned head of the house or household, as the case may be, or in his absence, the nearest relative of the head present in the house within thirty days of its issue by the Registrar.

(4) In 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 extracts from the officer or person in-charge of the institution concerned within thirty days of the occurrence of the event of births or deaths.

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

**9. Authority for delayed registration and fee payable 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, sent within one year of its occurrence, shall be registered only with the written permission of the District Registrar and on payment of a late fee of rupees five and on production of an affidavit authenticated by the Notary Public or the Deputy Commissioner or the Additional Deputy Commissioner or the Extra Assistant Commissioner or the Sub-Divisional Officer (Civil) of the concerned District or Sub-Division.

(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 First Class 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 has been registered without a name, the parents 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 any such information is given after a period of 12 months but within a period of 15 years, subject to the provision of sub-section (4) of Section 23, the Registrar shall:-

(a) If the register is in his possession forthwith enter the name 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 District Registrar for making the necessary entry on payment of late fee of rupees five.

(2) The parents or guardian, as the case may be shall also present to the Registrar the copy of the extract issued 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 provision to sub-rule (1).

**11. Correction and cancellation of entry in the register of births & 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, he shall correct the error (by correcting or cancelling the enquiry) as provided in Section 15 and shall send an extract of the entry showing the error and how it has been corrected to the District Registrar.

(2) In the case, referred to in sub-rule (1), if the register is not in his possession, the Registrar shall make a report to the District Registrar, and call for the relevant register, and after enquiry into the matter if he is satisfied that any such error has been made, make the necessary correction.

(3) Any such correction, as mentioned in sub-rule (2) shall be countersigned by the District Registrar, 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 a declaration setting forth the nature of the error and true facts of the case made by two credible persons having knowledge of the facts of the case.

(5) Notwithstanding anything contained in sub rule (1) and sub-rule (4) the Registrar shall make report of any correction of the kind referred to therein giving necessary details to the Chief Registrar through 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 Chief Registrar 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. Forms of register under Section 16-**

(1) The Legal part of the forms shall constitute the birth register, death register and still birth register in Forms appended to Schedule V respectively and each event should be registered and number serially for each calendar year.

(2) A new register shall be opened on the first day of January of each year.

(3) An event which occurred in any previous year shall be recorded in the register for the year in which it is reported:

Provided that no entry shall be interpolated between two entries recorded earlier.

**13. Fees & Postal Charges payable under Section 17-**

(1) The fees payable for a search to be made, and 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. 5.00/-
- (b) For every additional year for which the search is continued..... Rs. 5.00/-
- (c) For granting extract relating to each birth or death..... Rs. 10.00/-
- (d) For granting Non-Availability Certificate of Birth or Death..... Rs. 5.00/-
- (e) For granting additional copy of extract of Birth or Death.....Rs. 5.00/- (each)

(2) And such extract in regard to a birth or death shall be issued by the Registrar in required form and shall be certified in the manner provided in section 76 of the Indian Evidence Act, 1872 (1 of 1872).

(3) If any particular event of birth or death is not found registered the Registrar shall issue a non-availability certificate in Form appended to.

(4) Any such extract or non-availability certificate may be furnished to the person asking for it by post on payment of the postal charges thereof.

**14. Interval & Forms of Periodical returns under Section 19-**

(1) Every Registrar, including the Registrar for a Municipality after completing the process of registration shall send all the Statistical parts of the reporting form relating to each month along with a summary Monthly Report in Form for birth, death and for still births to the District Registrar on or before the 5th of each month, relating to the month immediately proceeding.

(2) The District Registrar shall forward all such statistical parts of the reporting form relating to Births, Deaths and Still Births received by him to the Chief Registrar not later than the 10th of that month.

The Registrar for a cantonment shall send to the Chief Registrar through the district Registrar a summary monthly report of Births, Deaths, Still Births in the forms to the Chief Registrar by the 10th of that months.....

**15. Statistical Report under Section 19 (2)-**

The Statistical under Sub-Section (2) of Section 19 shall contain the tables in the prescribed forms VII, VIII and IX of 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 5 months from that date.

**16. Conditions for compounding offences under Section 23-**

(1) Any offences punishable under section 23 may, either before or after the institution of criminal proceeding under this Act, be compounded by an officer authorised by the Chief Registrar by a General of Special Order in this behalf, if the officer so authorised is satisfied that the offence was committed through in advertence or oversight or for the first time.

(2) Any such offence may be compounded on payment of such sum, not exceeding rupees fifty for offences under sub-section (1), (2) and (3) and rupees ten for offences under sub-section (4) of 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 recorded of permanent importance and shall not be destroyed.

(2) The court orders and the orders of the specified authorities granting permission for delayed registration received under Section 13 by the Registrar, shall form an integral part of the birth register, death register and still birth register and shall not be destroyed.

(3) The certificate as to the cause of death furnished under sub-section (3) of the Section 10 shall be retained for a period of at least 5 years by the District Registrar.

(4) Every birth register, death register and still birth register shall be retained by the Registrar in his office for a period of 12 months after the end of the Calendar year to which it relates and such-register shall thereafter be transferred for safe custody to the District Registrar.

**18. Repeal:-** The Meghalaya Registration of Births and Deaths Rules, 1973, is hereby repealed.

**FORMAT OF THE REPORT ON THE WORKING OF THE ACT**

**(See Rule 4)**

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

**FORM NO. 1-A BIRTH REPORT FOR ADOPTED CHILD**

**Legal information**

*This part to be added to the Death Register*

*To be filled by the informant*

1\*. **Date of Birth:** (If known, write exact date of birth).  
(Otherwise record the date of birth: as ascertained by the Magistrate)

2\*. **Sex:** (Enter male / female / Transgender do not use abbreviation)

3. **Name of the child:**  
(If name is changed on adoption, write new name)

4\*. **Name of mother:** (If known)  
UID No. of mother (If any)

5\*. **Name of father:** (If known)  
UID No. of father (If any)

6. **Date and number of adoption deed/ order,**

7. **Name of the adoptive mother:**  
UID No. of adoptive mother (If any)

8. **Name of the adoptive father:**  
UID No. of adoptive father (If any)

9. **Address of adoptive parents as recorded in Adoption deed.**

10. **Permanent address of adoptive parents:**

11\*. **Place of birth**

12. **If adoption through agency write the place & address of the Adoption agency.**

13. **Informant's name and address:**  
(After completing all columns 1 to 18 informant will put date and signature here :)

**\*As contained in the original birth certificate.**

**Date:** \_\_\_\_\_ **Signature or left thumb mark of the informant.** \_\_\_\_\_

*To be filled by the Registrar*

Registration No : \_\_\_\_\_ Registration Date: \_\_\_\_\_

Registration Unit : \_\_\_\_\_

Town/Village : \_\_\_\_\_ District: \_\_\_\_\_

Remarks : (if any) \_\_\_\_\_

\_\_\_\_\_ Name and Signature of the Registrar

**BIRTH REPORT FOR ADOPTED CHILD**

**Statistical information**

*This part to be detached and sent for statistical processing*

*To be filled by the informant*

14. **Religion of the adoptive Father:** (Tick the appropriate entry below)  
1. Hindu 2. Muslim 3. Christian  
4. Any other religion: (write name of the religion)

15. **Adoptive father's level of education:**  
(Enter the completed level of education e.g. if studied upto class VII but passed only class VI, with class VI.)

16. **Adoptive mother's level of education:**  
(Enter the completed level of education e.g. if studied upto class VII but passed only class VI, with class VI.)

17. **Adoptive father's occupation:**  
(if no occupation write 'Nil')

18. **Adoptive mother's occupation:**  
(if no occupation write 'Nil')

(Columns to be filled are over. Now put signature at left)

*To be filled by the Registrar*

Name : \_\_\_\_\_ Code No. \_\_\_\_\_

District : \_\_\_\_\_ Registration No. \_\_\_\_\_

Tahsil : \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Town/Village : \_\_\_\_\_ Sex: 1. Male 2. Female 3. Transgender

Registration Unit : \_\_\_\_\_ Place of Birth: \_\_\_\_\_

\_\_\_\_\_ Name and Signature of the Registrar

To be detached and sent for statistical processing (Not to be filled for birth already registered)



**FORM NO.1 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/Female/Transgender 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: \_\_\_\_\_
  8. Permanent address of the parents: \_\_\_\_\_
  9. Address of parents at the time of birth of the child: \_\_\_\_\_
- (After completing all columns 1 to 22, informant will put date and signature here)
- Date: \_\_\_\_\_ Signature or left thumb mark of the informant

**BIRTH REPORT**  
**Statistical Information**

*This part to be detached and sent for statistical processing*

*To be filled by the informant*

10. Town or Village of Residence of the mother: (Place where the mother usually lives. This can be different from the place where the delivery occurred. The house address is not required to be entered)
  - (a) Name of Town/Village: \_\_\_\_\_
  - (b) Is it a town or village: (Tick the appropriate entry below)
    1. Town \_\_\_\_\_
    2. Village \_\_\_\_\_
  - (c) Name of district: \_\_\_\_\_
  - (d) Name of state: \_\_\_\_\_
11. Religion of the family: (Tick the appropriate entry below)
  1. Hindu \_\_\_\_\_
  2. Muslim \_\_\_\_\_
  3. Christian \_\_\_\_\_
  4. Any other religion: ( write name of the religion) \_\_\_\_\_
12. Father's level of education: (Enter the Completed level of education e.g. if studied upto class VII but passed only class VI, write class VI)
13. Mother's level of education: (Enter the Completed level of education e.g. if studied upto class VII but passed only class VI, write class VI)
14. Father's occupation: (if no occupation write 'Nil')
15. Mother's occupation: (if no occupation write 'Nil')

*To be detached and sent for statistical processing*

*To be filled by the informant*

16. Age of the mother: (in completed years at the time of marriage (if married more than once age at first marriage may be entered)
  17. Age of the mother: (in completed years at the time of this birth)
  18. Number of children born alive to the mother so for including this child: (Number of children born alive to include also those from earlier marriage (s) (if any)
  19. Type of attention at delivery: (Tick the appropriate entry below)
    1. Institutional-Government \_\_\_\_\_
    2. Institutional -Private or Non-Government \_\_\_\_\_
    3. Doctor, Nurse or Trained midwife \_\_\_\_\_
    4. Traditional Birth Attendant \_\_\_\_\_
    5. Relatives or others \_\_\_\_\_
  20. Method of Delivery: (Tick the appropriate entry below)
    1. Natural \_\_\_\_\_
    2. Caesarean \_\_\_\_\_
    3. Forceps/Vacuum \_\_\_\_\_
  21. Birth Weight (in kgs.) (if available): \_\_\_\_\_
  22. Duration of pregnancy (in weeks): \_\_\_\_\_
- (Column to be filled are over. Now put signature at left)

*To be filled by the Registrar*

Registration No: \_\_\_\_\_  
 Registration Unit: \_\_\_\_\_  
 Town/Village: \_\_\_\_\_  
 District: \_\_\_\_\_  
 Remarks: (if any) \_\_\_\_\_  
 Name and Signature of the Registrar \_\_\_\_\_

*To be filled by the Registrar*

Name: \_\_\_\_\_ Code No: \_\_\_\_\_  
 District: \_\_\_\_\_  
 Tahsil: \_\_\_\_\_  
 Town/Village: \_\_\_\_\_  
 Registration Unit: \_\_\_\_\_  
 Registration No: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_  
 Sex: 1. Male \_\_\_\_\_ 2. Female \_\_\_\_\_  
 Place of Birth: 1. Hospital/Institution \_\_\_\_\_ 2. House \_\_\_\_\_  
 Name and Signature of the Registrar \_\_\_\_\_

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

**FORM NO.2 DEATH REPORT**  
Legal Information

**DEATH REPORT**  
Statistical Information

FORM NO.2

*This part to be added to the Death Register*

*This part to be detached and sent for statistical processing*

*To be filled by the Informant*

- Date of Death:** (Enter the exact day, month and year the death took place e.g. 1.1.2000)
- Name of the Deceased:** (Full name as usually written)
- Sex of the deceased:** (Enter, Male/Female/Transgender, do not use abbreviation)
- Name of Mother:**
- Name of Father:**
- Name of Husband/Wife:**
- Name, Age and Contact/Address details of Husband/Wife/Widow/Widower:**
- 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).
- Address of the deceased at the time of death:**
- Permanent address of the deceased:**
- Place of death:** (Tick the appropriate entry 1, 2 or 3 below and give the name of the Hospital/Institution or the address of the house where the death took place. If other place, give location).
  - Hospital/Institution
  - House
  - Other Place

**Date:**      Signature or left thumb mark of the informant

*To be filled by the Registrar*

Registration No:      Registration Date:

Registration Unit:      District:

Town/Village:      Remarks: (if any)

Name and Signature of the Registrar

*To be filled by the informant*

- Informant's name:**  
Address:  
(After completing all columns 1 to 21 informant will put date and signature here)
- Town or Village of Residence of the deceased.** (Place where the deceased actually lived. This can be different from the place where the death occurred. The house address is not required to be entered)
  - Name of Town/Village:
  - Is it a town or village: (Tick the appropriate entry below)
    - Town
    - Village
  - Name of District:
  - Name of State:
- Religion:** (Tick the appropriate entry below)
  - Hindu
  - Muslim
  - Christian
  - Any other religion: (write name of the religion)
- Occupation of the deceased:** (If no occupation writes 'Nil')

*To be detached and sent for statistical processing*

*To be filled by the Registrar*

Name      Code No.

District:

Tahsil:

Town/Village

Registration Unit:

Name and Signature of the Registrar

*To be filled by the informant*

- Type of medical attention received before death:** (Tick the appropriate entry below)
  - Institutional
  - Medical attention other than institution
  - No medical attention
- Was the cause of death medically certified?** (Tick the appropriate entry below)
  - Yes
  - No
- Name of Disease or Actual Cause of Death:** (For all deaths irrespective of whether medically certified or not).
- In case this is a female death, did the death occur while pregnant, at the time of delivery or within 6 weeks after the end of pregnancy.** (Tick the appropriate entry below).
  - Yes
  - No
- If used to habitually smoke for how many years?**
- If used to habitually chew tobacco in any form for how many years?**
- If used to habitually chew arecanut in any form (including pan masala) for how many years?**
- If used to habitually drinking alcohol for how many years?**

(Column to be filled are over. Now put signature at left)

Registration No.:      Registration Date:

Date of Death:      Sex: 1. Male 2. Female 3. Transgender

Age:      Years/month/days/hours

Place of Death: 1. Hospital/Institution 2. House 3. Other

Place:

Name and Signature of the Registrar

**FORM NO.3 STILL 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 e.g. 1.1.2000)
2. Sex: (Enter Male / Female/Transgender do not use abbreviation)
3. Name of the father: (Full name as usually written)
4. Name of the mother: (Full name as usually written)
5. Place of birth: (Tick the appropriate entry below and give the name of the Hospital/Institution or the address of the house where the birth took place)
  1. Hospital/Institution Name :
  2. House Address :
6. Informant's name: Address:

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

Date: Signature or left thumb mark of the informant

*To be filled by the Registrar*

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

Name and Signature of the Registrar

**STILL BIRTH REPORT**  
Statistical Information

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

*This part to be detached and sent for statistical processing*

*To be filled by the informant*

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

*(Column to be filled are over. Now put signature at left)*

*To be detached and sent for statistical processing*

*To be filled by the Registrar*

Name Code No.  
 District:  
 Tahsil:  
 Town/Village:  
 Registration time:

Registration No: Registration Date :  
 Date of Birth :  
 Sex : 1 Male 2. Female 3. Transgender  
 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**

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**

Sex	Age at Death			For use of Statistical office
	If 1 year or more, age in years	If less than 1 Year age in Month	If less than 1 Month, age in Days	
1. Male 2. Female				
<b>CAUSE OF DEATH</b>				Interval between on set & death approx
I Immediate-cause (a) ..... State the disease, injury or complication due to (for as a consequences of) which caused death, not the mode of dying as heart failure, asthma, etc. Antecedent cause (b) ..... Morbid conditions, if any, giving rise to the due to (for as a consequences of) above Cause, stating underlying conditions last (c) .....				
II Other significant conditions contribution to the death but not related to the diseases or conditions causing it (d) .....				

Manner of Death How did the injury occur?

1. Natural 2. Accident 3. Suicide 4. Homicide  
2. 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 .....

Director .....

(Medical Suptd.  
Name of Hospitals

## MEDICAL CERTIFICATE OF CAUSE OF DEATH

### Directions for completing the form

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

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

**Cause of Death:** This part of the form should always be completed by the attending physician personally

The certificate of cause of death is divided into two parts, I and II. Part I is again divided into three parts, lines (a) (b) (c). If a single morbid condition completely explains the deaths, then this will be written on line (a) of Part I, and nothing more need be written in the rest of Part I or in Part II or example, small pox lobas 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 cause 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 cause 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 event causing death but which contributed in some way to the fatal outcome. Sometimes the Doctor finds it difficult to decide, especially for infant deaths, which of several independent conditions was the primary cause of death; but only one cause can be tabulated, so the doctor must decide. If the other diseases are not effects of the underlying cause, they are entered in Part II.

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

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

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

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

**Old age or senility:** Old age (or senility) should not be given as a cause of death if a more specific cause is known. If old age was a contributory factor, 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:** 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 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 symptoms.

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

**FORM NO.4A**

(See Rule 7)

**MEDICAL CERTIFICATE OF CAUSE OF DEATH**

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

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

I hereby certify that the deceased Shri/Smti./Km ..... 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**

Sex	Age at Death			Interval between on set & death approx.	For use of Statistical office
	Age in completed Year	If less than 1 Year age in Month	If less than 1 Month, age in Day		
1. Male 2. Female					
<b>CAUSE OF DEATH</b>					
I Immediate cause (a) .....					
State the disease, injury or complication due to (for as a consequences of) which caused death, not the mode of dying as heart failure, asthenia, etc.					
Antecedent cause (b) .....					
Morbid conditions, if any, giving rise to the due to (for as a consequences of) above Cause, stating underlying conditions last (c) .....					
I Other significant conditions contribution to the death but not related to the diseases or conditions causing it (d) .....					

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/Smti./Kum ..... S.W.D. of Shri ..... R/O.....

was under my treatment from ..... to ..... and he/she expired on ..... at ..... A.M./P.M..

Director

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

## MEDICAL CERTIFICATE OF CAUSE OF DEATH

### Directions for completing the form

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

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

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

The certificate of cause of death is divided into two parts, I and II. Part I is again divided into three parts, lines (a) (b) (c). If a single morbid condition completely explains the deaths, then this will be written on line (a) of Part I, and nothing more need be written in the rest of Part I or in Part II, or 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 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 mode of dying and not cause of death. Next consider whether the immediate cause is a complication or delay result of some other cause. If so, enter the antecedent cause in Part I, line (b). Some times there will be three stages in the cause of events leading to death. If so, line (c) will be completed. The underlying cause to be tabulated is always written last in Part I.

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

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

**Onset:** Complete the columns for interval between onset and death whenever possible, even if very approximately, e.g. "from birth", "Several years".

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



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

**Old age or senility :** Old age (or senility) should not be given as a cause of death if a more specific cause is known. If old age was a contributory factor, 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:** 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 know. Complications of pregnancy of delivery—Describe the , complication specifically  
Tuberculosis—Give organs affected

**Symptomatic statement :** convulsions, diarrhea, 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 symptoms.



सत्यमेव जयते

No.....

GOVERNMENT OF MEGHALAYA  
DEPARTMENT OF HEALTH AND FAMILY WELFARE

Form-5



Name of local body issuing certificate.....



BIRTH CERTIFICATE

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

This is to certify that the following information has been taken from the original record of birth

which is the register for (local area/ local body).....

oftahsil/block.....of District.....

of the state of Meghalaya

Name.....sex.....

Date of birth..... Place of birth.....

Name of Mother.....

Name of Father.....

Address of parents at the time of birth of  
the child: .....

Permanent Address of the parents:  
.....

.....

.....

.....

.....

Registration No:.....

Date of Registration:.....

Remarks[if any].....

Date of issue..... Signature of the issuing authority.....

Address of the issuing authority.....

Seal

"Ensure registration of every birth and death"



सत्यमेव जयते

No.....

Form-6



GOVERNMENT OF MEGHALAYA  
DEPARTMENT OF HEALTH AND FAMILY WELFARE  
Name of local body issuing certificate.....

DEATH CERTIFICATE

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

This is to certify that the following information has been taken from the original record of death which is the register for (local area/ local body).....of tahsil/block  
.....of District.....of the State of Meghalaya.

Name: .....Sex: .....

Date of Death: ..... Place of Death: .....

Name of Mother: .....

Name of Father: .....

Name of Husband/ Wife: .....

Name, Age, Contact/Address details of Husband/Wife/Widow/Widower: .....

.....

Address of the deceased at the time of death:

Permanent Address of the deceased:

.....

.....

.....

.....

.....

.....

Registration No:.....

Date of Registration:.....

Remarks[if any]: .....

Date of issue: .....

Signature of the issuing authority

Address of the issuing authority

Seal

**Form No. 7**  
**(See Rule 12)**  
**Birth Register**



Month .....  
Year .....  
District .....

Registration Unit .....

Registration No	Date of		Sex	Name of the child	Place of birth	Permanent address of the parents	Address of the parents at the time of birth of the child	Father						Mother				Age of the mother at time of birth of child	Age of mother in completed years at the time of marriage	Order of birth (No of live births including the birth registered)	Type of attention on delivery method of delivery	Duration of pregnancy (in weeks)	Birth weight (in Kgs)	Informant		Remarks
	Registration	Birth						Name	Level of education	Occupation	Nationality	Religion	Name	Level of education	Occupation	Nationality	Religion							Name and address	Signature/Thumb impression/ date	
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27

If the delivery took place in hospital or in any other institution write "hospital" or "institution" giving its name, otherwise give full postal address of the place of birth.

If the delivery was conducted in a hospital, home, write the name of institution otherwise mention whether it was conducted by a qualified or unqualified mid-wife and give her name.

Note :-

1. In the case of multiple births make separate entry for each and a reference in the remark column
2. If the person is a non worker insert the word NIL in the column of occupation.

Total Number of Births Registered :

Within 21 days -

Delayed -

Signature of the Registrar/  
Sub Registrar

**Form No. 8**  
**(See Rule 12)**  
**Death Register**



Month .....  
Year .....

Registration Unit .....

District .....

Registration No.	Date of		Deceased							Type of medical attention received, if any	Whether medically certified or not	Cause of death	If used to habitually smoke for how many years	If used to habitually chew areca nut, for how many years	If used to habitually drink alcohol, for how many years	Informant		Remarks				
	Registration	Death	Name	Sex	Age	Place of death	Permanent Residential Address	Religion	Occupation							Name of Mother	Name of Father		Name of Husband/Wife	Name & address	Signature /Thumb Impression Date	
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23

Note :-

1. If the cause of death is not medically certified ascertain the cause from the list of important causes of death.
2. If the deceased was over 1 year of age, give age in completed years, if the deceased was under 1 year of age, give age in completed months and if below 1 month, give age in completed number of days and if below 1 day give in hours.
3. If the person is a non worker insert the word Nil in the column of occupation.

Total Number of Deaths Registered :  
Within 21 days -  
Delayed :

Signature of the Registrar/  
Sub Registrar

**Form No. 9**  
(See Rule 12)  
**Still Birth Register**



Month .....  
Year .....

Registration Unit .....

District .....

Registration No.	Date		Sex	Place of Birth	Name of the Father	Mother				Type of attention at delivery	Duration of pregnancy (in weeks)	Cause of Foetal death (if known)	Informant		Remarks
	Registration	Birth				Name	Age	Permanent Residential Address	Level of Education				Name & address	Signature/ thumb impression	
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16

Signature of the Registrar/  
Sub Registrar

Form No. 10

**Form No. 10**

(See Rule 8)

**NON-AVAILABILITY CERTIFICATE**

(Issued under Section 17 of the Registration of Birth & Death Act, 1969)

This is certify that a search has been made on the request of Shri/Smti./ Kum. ....  
..... son/wife/daughter of  
..... fin the registration records of 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 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. Details of Births Registered during the month:

Male	Female	Total 1 + 2
1	2	3

Total should be equal to the number of Statistical part of Birth Report (Form No. 1) attached with this monthly report

Date: \_\_\_\_\_

Signature & Name of the Registrar/  
Sub Registrar



**FORM No. 12**  
(See Rule 14)

**SUMMARY MONTHLY REPORT OF DEATHS**

Year :

1. Report for the Month of :
2. District :
3. Town/Village :
4. Registration Unit :
5. Details of Deaths Registered during the Month :

Deaths (Including all Infant & Child Deaths)			Infant Deaths (Age less than 1 Year)			Child Deaths (Age 1 Year or more but less than 5 years)		
Male	Female	Total	Male	Female	Total	Male	Female	Total
1	2	3	4	5	6	7	8	9

\*Total should be equal to the number of number of Statistical part of Death Report (Form No. 2) attached with this monthly report

Date :

Signature & Name of the Registrar/  
Sub 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. Details of Still Births Registered during the Month

Male	Female	Total (1+2)
1	2	3

\*Total should be equal to the number of Statistical part of Still Births Report Forms (Form No. 3) attached with this monthly report.

Date :

Signature & Name of the Registrar/  
Sub Registrar

Table A-1

Population, Registration Units, Monthly Returns Due and Received  
(Rural Areas)

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

State Total

Table A-2

Population, Registration Units, Monthly Returns Due and Received  
(Urban Areas)

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

State Total

Table B-1

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

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

Table B-2

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

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



**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	15	16
		M													
		F													
		T													
State Total			M												
			F												
			T												



Table B-5

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

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

Table B-6

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

Method of Delivery	Type of Institution											
	Government Hospital					Private and Non-Government					Total	
	R	U	T	4	5	R	U	T	7	8		9
1	2	3	3	4	4	5	6	6	7	8	9	10

Natural

Caesarean

Forceps/Vaccuum

Not Stated

State Total





Table B-9

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

Age of Mother	Level of Education of the Mother								Total
	1	2	3	4	5	6	7	8	
		Illiterate	Below Primary	Primary but below Matric	Matric but below Graduate	Graduate's & above	Not Stated		

All Areas/Rural Areas/Urban Areas

Below 15  
 15 - 19  
 20 - 24  
 25 - 29  
 30 - 34  
 35 - 39  
 40 - 44  
 45 & above  
 Age not Stated

Total

**Table B-10**  
**Live Births by Birth by Level of Education of the Father and Birth Order (Rural & Urban)**

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

**All Areas/Rural Areas/Urban Areas**

Illiterate

Below Primary

Primary but below matric

Matric but below graduate

Graduate & above

Not Stated

Total



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

**All Educational Level/Illeterate/Below Primary/Primary but below Matric/Matric but below Graduate/ Graduate & Above.**

Below 15  
 15 - 19  
 20 - 24  
 25 - 29  
 30 - 34  
 35 - 39  
 40 - 44  
 45 & above  
 Age not Stated

Total

All Education Level also includes the education level not stated.



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

All Educational Level/Illeterate/Below Primary/Primary but below Matric/Matric but below Graduate/ Graduate & Above.

Below 15  
 15 - 19  
 20 - 24  
 25 - 29  
 30 - 34  
 35 - 39  
 40 - 44  
 45 & above  
 Age not Stated

Total

All Education Level also includes the education level not stated.

**Table B-14**  
**Live Births by Age of the Mother, Birth Order and Religion of the Family (Rural)**

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

**All Religions\*/Hindus/Muslims/Christians/Sikhs/Others\*\***

Below 15  
 15 - 19  
 20 - 24  
 25 - 29  
 30 - 34  
 35 - 39  
 40 - 44  
 45 & above  
 Age not Stated

Total

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



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

Occupation of Father	Birth Order															Total	
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15		16
<b>Professional</b>																	
<b>Technical and Related workers</b>																	
<b>Administrative</b>																	
<b>Executive and Managerial workers</b>																	
<b>Clerical and Related workers</b>																	
<b>States Workers</b>																	
<b>Service workers</b>																	
<b>Farmers, Fisherman, Hunters, Loggers etc. and related workers</b>																	
<b>Production and other related workers,</b>																	
<b>Transport Equipment Operators and Labourers</b>																	
<b>Workers whose Occupation are not elsewhere classified</b>																	
<b>Non-workers</b>																	
<b>Total</b>																	

**All Areas/Rural Areas/Urban Areas**

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

Occupation of Mother	Birth Order														Total		
	1	2	3	4	5	6	7	8	9	10	11	12	13	14		15	16
<b>All Areas/Rural Areas/Urban Areas</b>																	
Professional																	
Technical and Related workers																	
Administrative																	
Executive and Managerial workers																	
Clerical and Related workers																	
States Workers																	
Service workers																	
Farmers, Fisherman, 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																	
<b>Total</b>																	

Table B-18

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

Occupation (in years)	Birth Order													Total
	1	2	3	4	5	6	7	8	9	10	11	12	13 & Above	
1	1	2	3	4	5	6	7	8	9	10	11	12	13 &	Not Stated
	1	2	3	4	5	6	7	8	9	10	11	12	13 &	Not stated

All Areas/Rural Areas/Urban Areas

0 - 4  
 5 - 9  
 10 - 14  
 15 - 19  
 20 - 24  
 25 - 29  
 30 & above  
 Age not Stated

Total

**Table B-19**  
**Live Births by Duration of Marriage of the Mother (Rural & Urban)**

Duration of Marriage	Age of Mother										Total
	Below 15	15-19	20-24	25-29	30-34	35-39	40-44	45 & above	Not stated		
1		3	4	5	6	7	8	9	10	11	

**All Areas/Rural Areas/Urban Areas**

0 - 4  
 5 - 9  
 10 - 14  
 15 - 19  
 20 - 24  
 25 - 29  
 30 & above  
 Age not Stated

<b>Total</b>
--------------

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

Duration of Pregnancy (in weeks)	Birth Weight (in Kgs)																				
	Less than 1,500		1,500-2,000		2,000-3,000		3,000-4,000		4,000+		Not Stated		Total								
	R	U	T	R	U	T	R	U	T	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	14	15	16	17	18	19	20	21	22
< 32																					
32-36																					
37-38																					
40																					
41+																					
Not stated																					
Total																					



Table B-21

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

Duration of Pregnancy (in weeks)	Birth Weight (in Kgs)												Total								
	Less than 1.500	1.500-2.000	2.000-3.000	3.000-4.000	4.000+	Not Stated															
	R	U	T	R	U	T	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	14	15	16	17	18	19	20	21	22
Below 15																					
15 - 19																					
20 - 24																					
25 - 29																					
30 - 34																					
35 - 39																					
40 - 44																					
45 & above																					
Total																					

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

Birth Order (in weeks)	Birth Weight (in Kgs)																							
	Less than 1,500		1,500-2,000		2,000-3,000		3,000-4,000		4,000+		Not Stated		Total											
	R	U	T	R	U	T	R	U	T	R	U	T	R	U	T	R	U	T	17	18	19	20	21	22
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22			
2																								
3																								
4																								
5																								
6																								
7																								
8																								
9																								
10 & above																								
Not stated																								
Total																								

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

Method of Delivery	Age of Mother										Total
	Below 15	15-19	20-24	25-29	30-34	35-39	40-44	45 & above	Not stated		
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 & 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	·	T	Within the Area	Outside the Area	
1	2	3	4	5	6	7	8		
1.	District - 1	R							
		U							
		T							
	Town with Population one lakh and above								
	Town - 1								
	Town - 2								
2.	District - 2	R							
		U							
		T							
	District - 2	R							
		U							
		T							

Table D - 3

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

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

Table D -- 3

Time Gap in Registration of Deaths (Rural & Urban)

Sl. No.	District	Rural		Urban		Number of Death Registered																	
		Within Prescribed Time limit		Delayed Registration		Within 30 days						After 30 days						After 1 year					
		Male	Female	Male	Female	Within 30 days		After 30 days		After 1 year		Within Prescribed Time Limit		Delayed Registration		After 30 days		After 1 year					
		3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20				
1	2																						

State Total

**Table D-4  
Death by Sex and month 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	15	16
		M													
		F													
		T													
State Total			M												
			F												
			T												

Table D-5

Deaths by Type of Attention at Deaths (Rural & Urban)

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) Town and Population				
1 Lakh and above				
Town - 1				
Town - 2				
(i) All other Urban Areas				
Urban Total				
State Total				



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

Age	Religion of the Deceased												Total		
	Hindus		Muslims		Christian		Others								
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female			
1	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17

**All Areas/Rural Areas/Urban Areas**

Below 1 year  
 1 - 4  
 5 - 14  
 15 - 24  
 25 - 34  
 35 - 44  
 45 - 54  
 55 - 64  
 65 - 69  
 70 & above  
 Age not stated

Total

\*Minor religious groups may be classified as "Others"



**Table D-8**  
**Deaths by Age, Occupation and Sex (Urban)**

Occupation of the Deceased	Sex	Age										Total					
		1	2	3	4	5	6	7	8	9	10		11	12			
Professional Technical and Related workers	M																
	F																
	T																
Administrative Executive and Managerial workers	M																
	F																
	T																
Clerical and Related workers	M																
	F																
	T																
Sales workers	M																
	F																
	T																
Service workers	M																
	F																
	T																
Farmers, Fisherman Hunters, Loggers etc and Related workers	M																
	F																
	T																
Production and other related workers Transport Equipment Operators and Labourers	M																
	F																
	T																
Workers whose Occupation are not elsewhere classified	M																
	F																
	T																
Non workers	M																
	F																
	T																
Total	M																
	F																
	T																

**Table D-9**  
**Death 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		
11	12	1	2	3	4	5	6	7	8	9	10	
Professional Technical and Related workers	M F T											
Administrative Executive and Managerial workers	M F T											
Clerical and Related workers	M F T											
Sales workers	M F T											
Service workers	M F T											
Farmers, Fisherman, Hunters Loggers etc, and related workers	M F T											
Production and other related workers-Transport Equipment Operators and Labourers	M F T											
Workers whose Occupation are not elsewhere classified	M F T											
Non-workers	M F T											
<b>Total</b>	<b>M F T</b>											

Table D-10

Deaths 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	55-69	70 and above	Age not stated	
1	2	3	4	5	6	7	8	9	10	11	12	13	14
		M											
		F											
		T											
	Total	M											
		F											
		T											

**Table D-11**

**Deaths by cause of Death, Age and Sex for Medically Certified Deaths**

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	55-69	70 and above	Age not stated	
1	2	3	4	5	6	7	8	9	10	11	12	13	14
		M											
		F											
		T											
	Total	M											
		F											
		T											

Table D-12

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

Sl. No.	District	Deaths by Place of Occurrence			Place of Residence of Mother		Place of Occurrence
		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					
1	District	R					
		U					
		T					
State Total		R					
		U					
		T					

Table D-13

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

Sl. No.	District	Deaths by Place of Occurrence			Infant	Place of Occurrence	
		M	F	T	Mortality Rate	When 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					
1	District	R					
		U					
		T					
State Total		R					
		U					
		T					



**Table D-14**

**Infant Deaths by Age and Sex (Rural & Urban)**

Sl. No.	Age	Rural			Urban			All Areas		
		Male	Female	Total	Male	Female	Total	Male	Female	Total
1	2	3	4	5	6	7	8	9	10	

- 1 7 days
- 2 7 days – 28 days
- 3 28 days – 1 year
- 4 Age not stated

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Total

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Table D-15

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

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

All 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 & Urban)

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

All Areas/Rural Areas/Urban Areas

Total

Table D-17

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

Age	Level of Education					Total	
	Illiterate	Below Primary	Primary but below Matric	Matric but below Graduate	Graduate & Above		Not Stated
1	2	3	4	5	6	7	8

Rural Areas/Urban Areas/All Areas

Below 15

66 15 --- 19

20 --- 24

25 --- 29

30 --- 34

35 --- 39

40 --- 44

45 & Above

Not stated

Total

Table D-18

Table D 18 : Pregnancy Related Deaths by Age and occupation (Rural & Urban)

Occupation of the Deceased	Age of the Deceased							Total		
	Below 15	15-19	20-24	25-29	30-34	35-39	40-44		45 & above	Not Stated
1	2	3	4	5	6	7	8	9	10	11

All Areas/Rural Areas/Urban Areas

Professional, Technical and Related Workers

Administrative Executive and Managerial workers

Clerical and Related workers

Sales workers

Service workers

Farmers, Fisherman, 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 D-19

Deaths 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 & above	Not Stated
1	2	3	4	5	6	7	8	9	10	11	12	13

M Only Smoking/Only Chewing Tobacco/Only Chewing Arecanut/  
 F Only Drinking Alcohol/Smoking and Chewing Tobacco/Smoking and  
 T Chewing Arecanut/Smoking and Drinking Alcohol/Chewing Tobacco and Arecanut/Chewing Tobacco and Drinking Alcohol. Chewing Arecanut and Drinking Alcohol/Smoking, Chewing Tobacco and Arecanut/Smoking, Chewing Tobacco and Drinking Alcohol/Smoking, Chewing Arecanut and Drinking Alcohol/Chewing Tobacco, Arecanut and Drinking Alcohol/All Habit/Habit not known.



**Table D-21**

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

Sl. No.	Selected Cause of Death	Sex	Age Group								Total	
			Below 15	15-24	25-34	35-44	45-54	55-64	65-69	70 & above		Not Stated
1	2	3	4	5	6	7	8	9	10	11	12	13

M Only Smoking/Only Chewing Tobacco/Only Chewing Arecanut/

F Only Drinking Alcohol/Smoking and Chewing Tobacco/Smoking and

T Chewing Arecanut/Smoking and Drinking Alcohol/Chewing Tobacco and Arecanut/Chewing Tobacco and Drinking Alcohol. Chewing Arecanut and Drinking Alcohol/Smoking, Chewing Tobacco and Arecanut/Smoking, Chewing Tobacco and Drinking Alcohol/Smoking, Chewing Arecanut and Drinking Alcohol/Chewing Tobacco, Arecanut and Drinking Alcohol/All Habit/Habit not known.



Table S-1

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

Sl. No.	District	Still Births by Place of Occurrence			Place of Residence of Mother		Place of Residence
		M	F	T	Within the Area	Outside the Area	
1	2	3	4	5	6	7	8

State Total	R
	U
	T

Table S-2

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

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

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

Age of Mother	Still Birth									
	Rural Areas			Urban Areas			All Areas			
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Total
1	2	3	4	5	6	7	8	9	10	
Below 15										
15 --- 19										
20 --- 24										
25 --- 29										
30 --- 34										
35 --- 39										
40 --- 44										
45 & Above										
Not stated										
<b>Total</b>										

Table S-4

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

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

Table S-5

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

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

