

# Maharashtra Registration of Birth and Death Rules, 2000

---

In exercise of the powers conferred by section 30 of the Registration of Births and Deaths Act, 1969, (18 of 1969), and in supperssion of the Maharashtra Registration of Births and Deaths Rules, 1976 the Government of Maharashtra with the approval of the Central Government, hereby makes the following rules, namely:—

**1. Short title and extent :-** (1) These rules may be called the Maharashtra Registration of Births and Deaths Rules, 2000.

(2) These rules shall extend to the whole of the State of Maharashtra.

(3) They shall come into force with effect from 1-5-2002 by a notification in the *Official Gazette*.

(4) These rules will replace the Maharashtra Registration of Births and Deaths Rules, 1976 and all its subsequent amendments notified from time to time.

**2. Definitions :-** In these rules, unless the context otherwise requires—

(a) "Act" means the Registration of Births and Deaths Act, 1969,

(b) "Form" means a Form appended to these rules, and

(c) "Section" means a section of the Act.

**3. Period of gestation 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 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 every year by the 31st July of the year following the year to which the report relates.

**5. Forms, 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 Form Nos. 1, 2 and 3 for the registration of a live 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 Forms and the signature/thumb impression of the informant be obtained there under.

(2) The part of the said 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 21 days from the date of live birth, death and still birth.

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

*Explanation.*— For the purpose of this rule, the term "vehicle" means a 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 Tanga and a rickshaw.

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

**7. Form of certificate under section 10(3) :-** The certificate as to the cause of death required under sub-section (3) of section 10 shall be issued in Form No. 4 or 4A, as the case may be and the Registrar shall, after making necessary entries in the register of births and deaths, forward all such certificates to the Deputy Chief Registrar of Births and Deaths, Maharashtra State, Pune, by the 10th of the month immediately following the month to which the certificates relate.

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

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

(3) In the case of domiciliary events of Births and Deaths referred to in clause (a) of sub-section (1) of section 8 which are reported by persons specified by the State Government under sub-section (2) of the said section 8, 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, to the nearest relative of the head presents in the house within thirty days of its issue by the Registrar.

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

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

**9. Authority for delayed registration and fee payable therefore :-** (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 Block Development Officer for rural area, and Executive Health Officer/Health Officer/ Chief Officer/Executive Officer for concerned urban area and on payment of a late fee of rupees five.

(3) Any birth or death which has not been registered within one year of its occurrence, shall be registered only on an order of Executive Magistrate of respective area, 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,—

<sup>1</sup>[(i) in case where the registration has been made prior to the date of commencement of the Registration of Births and Deaths Rules, 2000, further five years period shall be given, in respect of those cases, where fifteen years period has been completed at the time of publication of the Maharashtra Registration of Births and Deaths (Amendment) Rules, 2021, or

(ii) in case where the registration is made after the date of commencement of the Maharashtra Registration of Births and Deaths (Amendment) Rules, 2021 from the date of such registration, subject to the provisions of sub-section (4) of section 23,] and the 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; and

(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 Block Development Officer for rural area, and Executive Health Officer/Health Officer/Chief Officer/Executive Officer of 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). (Before taking this action, the permission ought to be obtained from concerned Block Development Officer for rural area.)

**11. Correction or cancellation of entry in the register of births and deaths under section 15 :-** (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 will be communicated to the Deputy Chief Registrar of Births and Deaths, Maharashtra State; Pune.

(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 Block Development Officer for rural area, Executive Health Officer/Health Officer/Chief Officer/Executive Officer for concerned urban area, 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-rule (2) shall be countersigned by Block Development Officer for rural area, 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 report of any correction of the kind referred to therein giving necessary details to the Deputy Chief Registrar of Births and Deaths, Maharashtra State, Pune.

(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 Block Development Officer for rural area, 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, an intimation thereof shall 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, or an extract or a non-availability certificate to be issued under section 17, shall be as follows:

(a)	search for a single entry in the first year for which the search is made	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 Registration/Register	2.00

(2) Any such extract in regard to a birth or death shall be issued by the Registrar or Block Development Officer for rural area, and Executive Health Officer/Health Officer/ Chief Officer/Executive Officer for urban area in Form No. 5 or in Form No. 6, as the case may be, and shall be certified in the manner provided for in section 76 of the Indian Evidence Act, 1872 (1 of 1872).

(3) If any particular event of birth or death is not found registered in the register or the register is not available, the Registrar shall issue a non-availability certificate in Form No. 10(a) or 10(b), as the case may be.

(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 (For urban area Executive Health Officer/Health Officer/Chief Officer/Executive Officer and for rural area Gram Sevak) 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 Deputy Chief Registrar of Births and Deaths, Pune in case of urban area and to the Block Development Officer in case of rural area on or before the 5th of the following month.

(2) The officer so specified (Block Development Officer for rural area) shall forward all such statistical parts of the reporting forms received by him to the Deputy Chief Registrar of Births and Deaths, Maharashtra State, Pune not later than the 10th of that 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 under section 23 :-** (1) Any offence punishable under section 23 may either before or after the institution of criminal proceedings under this Act, be compounded by Block Development Officer for rural area, and Executive Health Officer/Health Officer/Chief Officer/Executive Officer for concerned urban area by the Chief Registrar by a general or special order in this behalf, if the officer so is satisfied that the offence was committed through inadvertence or oversight or for the first time.

(2) Any such offence may be compounded on payment of such sum, not exceeding rupees fifty for offences under sub-sections (1), (2) and (3) and rupees ten for offences under sub-section (4) of section 23 as the said officer may think fit.

**17. Registers and other records under section 30(2)(K) :-** (1) The birth register, death register and still birth register shall be records of permanent importance and shall not be destroyed.

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

(3) The certificate as to the cause of death furnished under sub-section (3) of the section 10 shall be retained for a period of at least 5 years by the Deputy Chief Registrar of Births and Deaths, Maharashtra State, Pune.

(4) Every birth register shall be retained by the Registrar in the rural areas in his office for a period for six years and every death and still birth register for one year after the end of the

calendar year to which it relates and such registers and forms shall thereafter be transferred for safe custody of Block Development Officer for rural area. In urban area, the respective Registrar shall keep birth, death and still birth register in safe custody at their own level.

**18. Mode of payment :-** All fees payable under the Act should be paid in cash or by money order or postal order.

-----

## REGISTRATION HIERARCHY

In exercise of the powers conferred by sub-sections (i) and (ii) of section 4, sub-section (i) and (ii) of section 6 and sub-section (i) of section 7 of the Registration of Births and Deaths Act, 1969. (18 of 1969) and of all other powers enabling it in that behalf, the Government of Maharashtra has appointed the officers specified in columns (2) of the Schedule below as registration officers for the purposes of the said Act, by the designation specified against them in columns (3) thereof for the local areas specified against them in column (4) thereof.

## Schedule

Sr./ No.	Designation of Officers	Designation specified under the Act	Local areas
(1)	(2)	(3)	(4)
1.	The Director of Health Services, Maharashtra State.	Chief Registrar of Births and Deaths	Whole of the State of Maharashtra
2.	The Deputy Director of Health Services (State Bureau of Health Intelligence and Vital Statistics) Maharashtra State.	Deputy Chief Registrar of Births and Deaths	Whole of the State of Maharashtra.
3	The District Health Officers of all Zilla Parishads	District Registrar of Births and Deaths	Concerned Revenue District.
4	The Dy. Chief Executive Officer (Panchayat) of Zilla Parishads	Additional District Registrar of Births and Deaths	Concerned Revenue District.
5	The Block Development Officer	Additional District Registrar of Births and Deaths	Concerned Revenue Block.
6	The Executive Health Officer/Health Officer/ Chief Officer.	Registrar of Births and Deaths	Concerned Municipal Corporation/ Council Area.
7	The Cantonment, Executive Officer.	Registrar of Births and Deaths	Area of the Cantonment Board.
8	The Gram Sevak or if there is no Gram Sevak, Assistant Gram Sevak.	Registrar of Births and Deaths	Area of the concerned Village Panchayat.
9	The Administrator of the specified area.	Registrar of Births and Deaths	Concerned specified area.

**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 register for issue of certificates.
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 BIRTH REPORT

## Legal information

This part to be added to the Birth Register

To be filled by the informant

1. Date of Birth : .....
- (Enter the exact day, month and year the child was born e.g.1-1-2000)
2. Sex : .....
- (Enter "male" or "female", do not use abbreviation)
3. Name of the child, if any : .....
- (if not named, leave blank)
4. Name of the father : .....
- (full name as usually written)
5. Name of the mother : .....
- (full name as usually written)
6. Place of birth : (Tick the appropriate entry 1 or 2 below and given the name of the Hospital/ Institution or the address of the house where the birth took place)
1. Hospital/ Name : .....
- Institution. ....
2. House. Address : .....
- Informant's name : .....
7. Address : .....
- (After completing all columns 1 to 20, 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 : .....
- Town/Village : .....
- District : .....
- Tahsil : .....
- Registration Unit : .....
- Remarks: (if any) .....
- Name and Signature of the Registrar

## BIRTH REPORT

## Statistical information

This part to be detached and sent for statistical processing

To be filled by the informant

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

To be filled by

- Name : .....
- Code : .....
- No. : .....
- District : .....
- Tahsil : .....
- Town/Village : .....
- Registration Unit : .....

If the case of multiple births, 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.

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

the Registrar

- Registration No. : .....
- Registration Date : .....
- Date of Birth : .....
- Sex : 1. Male 2. Female
- Place of Birth : 1. Hospital/Institution 2. House.
- Name and Signature of the Registrar

**FORM NO.2 DEATH REPORT**

**Legal information**

This part to be added to the Birth Register

To be filled by the informant

1. Date of Death .....  
(Enter the exact day, month and year the death took place e.g. 1-1-2000)
2. Name of the Deceased .....  
(Full name as usually written)
3. Sex of the deceased .....  
(Enter "male" or "female", do not use abbreviation)
4. Age of the deceased .....  
(If the deceased was over 1 year of age, give age in completed years, if the deceased was below 1 year of age, give age in months, and if below 1 month give age in completed number of days, and if below one day, in hours)
5. Place of death .....  
(Tick the appropriate entry 1, 2 or 3 below and given the name of the Hospital/institution or the address of the house where the death took place, give location)  
1. Hospital/ Name .....  
Institution .....  
2. House Address .....  
3. Other Place .....
6. Informant's name .....  
Address .....  
(After completing all columns 1 to 17, informant will put date and signature here )  
Date ..... Signature or left thumb mark of the informant

To be filled by the Registrar

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

Name and Signature of the Registrar

**DEATH REPORT**

**Statistical information**

This part to be detached and sent for statistical processing

To be filled by the informant

7. Town or village of Residence of the deceased : place where the mother usually lives. This can be different from the place where the death occurred. The house address is not required to be entered)  
a) Name of Town/Village .....  
b) Is it a town or village : (Tick the appropriate entry below)  
1. Town 2. Village  
c) Name of District .....  
d) Name of State .....
8. Religion : (Tick the appropriate entry below)  
1. Hindu 2. Muslim 3. Christian  
4. Any other religion .....  
(write name of the religion)
9. Occupation of the deceased .....  
(if no occupation write 'Nil')
10. Type of medical attention received before death : (Tick the appropriate entry below)  
1. Institutional  
2. Medical attention other than institution-  
3. No medical attention

To be filled

Name ..... Code No .....  
District .....  
Tahsil .....  
Town/Village .....  
Registration Unit .....

**FORM NO.2**

To be filled by the informant

11. Was the cause of death medically certified? : (Tick the appropriate entry below)  
1. Yes 2. No
12. Name of Disease or Actual Cause of Death :  
(For all deaths irrespective of whether medically certified or not)
13. In case this is female death, did the death occur while pregnant, at the time of delivery or within 6 weeks after the end of pregnancy  
(Tick the appropriate entry below)  
1. Yes 2. No
14. If used to habitually smoke -  
for how many years?  
15. If used to habitually chew tobacco in any form-  
for how many years?  
16. If used to habitually chew arecanut in any form (including pan masala)-  
for how many years?  
17. If used to habitually drink alcohol-  
for how many years?

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

by the Registrar

Registration No. .... Registration Date ..... Date of Death ..... Sex : 1. Male 2. Female  
Age ..... Years/months/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 Still Birth Register

To be filled by the informant	
1. Date of Birth : (Enter the exact day, month and year e.g. 1-1-2000)	
2. Sex : (Enter "Male or female") (Do not use abbreviation)	
3. Name of the father : (full name as usually written)	
4. Name of the mother : (full name as usually written)	
5. Place of birth : (Tick the appropriate entry below and give the name of the Hospital/Institution or the address of the house where the birth took place)	
1. Hospital/Name : Institution	
2. House Address : Institution	
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 Unit : Town/Village : Remarks: (if any) :	Registration Date : District : Name and Signature of the Registrar

STILL BIRTH REPORT  
Statistical information

This part to be detached and sent for statistical processing

To be filled by the informant	
7. Town or village of Residence of the mother : ( Place where the mother usually lives. This can be different from the place where the delivery occurred. The house address is not required to be entered)	
a) Name of Town/Village : b) Is it a town or village : (Tick the appropriate entry below)	1. Town 2. Village
c) Name of District : d) Name of State : 8. Age of the mother (in completed years) at the time of this birth : 9. Mother's level of education : (Enter the completed level of education e.g. if studied up to class VII but passed only class VI, write class VI)	
10. Type of attention at delivery : (Tick the appropriate entry below)	1. Institutional - Government 2. Institutional - Private or Non-Government 3. Doctor, Nurse or Trained midwife 4. Traditional Birth Attendant 5. Relatives or others
11. Duration of pregnancy : (in weeks) 12. Cause of foetal death : (if known)	
(Columns to be filled are over. Now put signature at left)	
Name : District : Town/Village : Registration unit :	To be filled by the Registrar Registration No. : Registration date : Date of Birth : Sex : 1. Male 2. Female Place of Birth : 1. Hospital/ Institution 2. House
Name and Signature of the Registrar	

## FORM NO.4

(See Rule 7)

## MEDICAL CERTIFICATION OF CAUSE OF DEATH

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

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

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

NAME OF DECEASED					For use of Statistical Office
Sex	Age at Death				
	If 1 year or more, age in Years	If less than 1 year, age in Months	If less than one month, age in Days	If less than one day, age in Hours	
1. Male 2. Female					
CAUSE OF DEATH.					Interval between on set & death approx.
Immediate cause State the disease, injury or complication which caused death, not the mode of dying such as heart failure, assthenia, etc.		(a) .....	Due to (or as a consequences of)		
Antecedent cause Mention conditions, if any, giving rise to the above Cause, stating underlying conditions last		(b) .....	Due to (or as a consequences of)		
Other significant conditions contributing to the death but not related to the disease or conditions causing it		(c) .....			

## Manner of Death

How did the injury occur ?

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

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

Name and signature of the Medical Attendant certifying the cause of death

Date of verification .....

## SEE REVERSE FOR INSTRUCTIONS

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

Certified that Shri/Smt./Kum. .... S/W/D of Shri  
..... R/O ..... Was admitted to this hospital on  
..... and expired on .....

Doctor.....  
(Medical Supdt.  
Name of Hospital)

**MEDICAL CERTIFICATE OF CAUSE OF DEATH**  
**Directions for completing the form**

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

**Age :** If the deceased was over 1 year of age, give age in completed years. If the deceased was below 1 year of age, give age in months and if below 1 month give age in completed number of days, and if below oneday, 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 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 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 chain 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 legible as possible to avoid the risk of their being misread.

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

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

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

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

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

**Example :** Anaemia - Give type of anaemia, if known, Neoplasms- indicate whether benign or malignant, and site with site of primary neoplasm, whenever possible, Heart disease-Describe the condition specifically, if congestive heart failure, chronic on pulmonale, etc are mentioned, give the antecedent conditions. Tetanus -Describe the antecedent injury, if known. Operation-Siate the condition for which the operation was performed. Dysentery-Specify whether bacillary, amoebic, etc, if know. 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 know, but whenever possible, give the disease which caused the symptom.

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

## FORM NO.4A

(See Rule 7)

## MEDICAL CERTIFICATION OF CAUSE OF DEATH

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

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

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

NAME OF DECEASED:					For use of Statistical Office
Sex	Age at Death				
	If 1 year or more, age in Years	If less than 1 year, age in Months	If less than one month, age in Days	If less than one day, age in Hours	
3. Male					
4. Female					
CAUSE OF DEATH					Interval between onset & death, approx.
Immediate cause (a) ..... State the disease, injury or complication which caused death, not the mode of dying such as heart failure, ashenia, 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 (c) ..... Other significant conditions contributing to the death, but not related to the disease or conditions causing it .....					

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

Name and signature of the Medical Practitioner certifying the cause of death

Date of certification: .....

## SEE REVERSE FOR INSTRUCTIONS

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

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

Doctor .....  
 (Medical Superintendent  
 Name of Hospital)

**MEDICAL CERTIFICATE OF CAUSE OF DEATH**  
**Directions for completing the form.**

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

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

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

The certificate of cause of death is divided into two parts, I and II. Part I, is again divided into three parts, lines (a) (b) (c). If a single morbid condition completely explains the deaths, then this will be written on line (a) of Part I, and nothing more need be written in the rest of Part I or 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 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 chain 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 legible as possible to avoid the risk of their being misread.

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

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

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

**Old age or senility :** Old age (or senility) should be not given as a cause of death if a more specific cause is known. If old age was a contributory factor, it should be entered in Part II. Example: (a) Chronic bronchitis, (b) 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 or 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, jaundice, ascites, debility, etc. are symptoms which may be due to any one of a number of different conditions. Sometimes nothing more is known, but whenever possible, give the disease which caused the symptom.

FORM No.5  
(See Rule 8)

**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 Tahsil ..... of  
District ..... of State .....

Name .....

Sex .....

Date of Birth .....

Name of father .....

Name of Mother .....

Registration No. ....

Date of Registration .....

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 birth which is the register for (Local Area) of Tahsil ..... of District ..... of State .....

Name .....

Sex .....

Date of Death .....

Place of Death .....

Name of father .....

Name of Mother .....

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

This part to be added to the Birth Register

To be filled by the informant

1. Date of Birth : .....  
(Enter the exact day, month and year the child was born e.g. 1-1-2000)
2. Sex : .....  
(Enter "male" or "female", do not use abbreviation)
3. Name of the child, if any : .....  
(if not named, leave blank)
4. Name of the father : .....  
(full name as usually written)
5. Name of the mother : .....  
(full name as usually written)
6. Place of birth : (Tick the appropriate entry 1 or 2 below and give the name of the Hospital/ Institution or the address of the house where the birth took place)
  1. Hospital/ Institution Name : .....
  2. House/Address : .....
7. Informant's name : .....  
Address : .....

(After completing all columns 1 to 20, informant will put date and signature here.)

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

To be filled by the Registrar

Registration No.: ..... Registration Date: .....

Registration Unit : .....

Town/Village : ..... District : .....

Remarks: (if any) .....

Name and Signature of the Registrar

FORM NO. 8  
(See Rule 12)  
**DEATH REGISTER**  
FORM NO.2 DEATH REPORT

Legal information

This part to be added to the Birth Register

To be filled by the informant

1. Date of Death : .....  
(Enter the exact day, month and year the death took place  
e.g. 1-1-2000)
2. Name of the Deceased : .....  
(full name as usually written)
3. Sex of the deceased : .....  
(Enter "male or female", do not use abbreviation)
4. Age of the deceased : .....  
(If the deceased was over 1 year of age, give age in  
completed years, if the deceased was below 1 year of age,  
give age in months, and if below 1 month give age in  
completed number of days, and if below one day, in hours)
5. Place of death : .....  
(Tick the appropriate entry 1, 2 or 3 below and give the  
name of the Hospital/Institution or the address of the  
house where the death took place, give location)
  1. Hospital/ Name : .....  
Institution
  2. House Address : .....
  3. Other Place : .....
6. Informant's name : .....  
Address : .....

(After completing all columns  
1 to 17, informant will put  
date and signature here.)

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

To be filled by the Registrar

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

Name and Signature of the Registrar

FORM NO. 9  
(See Rule 12)  
**STILL BIRTH REGISTER**  
FORM NO.3 **STILL BIRTH REPORT**  
Legal information  
This part to be added to the Still Birth Register

To be filled by the informant

1. Date of Birth : .....  
(Enter the exact day, month and year e.g. 1-1-2000)
2. Sex : (Enter "0male or female") .....  
(Do not use abbreviation)
3. Name of the father : .....  
(full name as usually written)
4. Name of the mother : .....  
(full name as usually written)
5. Place of birth : (Tick the appropriate entry below  
and give the name of the Hospital/Institution or  
the address of the house where the birth took  
place)
  1. Hospital/Name : .....  
Institution
  2. House Address : .....
6. Informant's name : .....  
Address : .....  
(After completing all columns  
1 to 12, informant will put  
date and signature here.)

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

To be filled by the Registrar

Registration No..... Registration Date : .....

Registration Unit : .....

Town /Village : ..... District : .....

Remarks: (if any) .....

Name and Signature of the Registrar

**FORM No. 10 A**  
**(See Rule 13)**

**Non-availability Certificate of Registration**

*(Issued under section 17 of the Registration of Births and Deaths Act, 1969.)*

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

Date :

Signature of the issuing authority

Seal

**FORM No. 10 B***(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  
 ..... for the birth/death certificate of  
 ..... Son/wife/daughter of  
 ..... In the registration records relating to  
 ..... (Local area) of ..... (Tahsil)  
 ..... (District) ..... (State) ..... and found that the  
 original register of births/deaths for the year ..... is not available..

Date :

Signature of the issuing authority

Seal

FORM No.11  
(See Rule 14)

SUMMARY MONTHLY REPORT OF BIRTHS

1. Report for the Month of ..... Year .....
  2. District .....
  3. Town/ Village .....
  4. Registration Unit .....
  5. Number of Births Registered
    - (a) Within one year of their Occurrence .....
    - (b) After one year of their Occurrence .....
- Total \* (a + b) .....

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

Dated :

Signature & Name  
of the Registrar

Submitted to the Chief Registrar/District Registrar.

FORM No.12  
(See Rule 14)

**SUMMARY MONTHLY REPORT OF DEATHS**

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

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

Note : Infant and Maternal Deaths should also be included in the Deaths-

The number of Statistical Reporting Form (Form No.2) attached be equal to the number of deaths registered.

Signature & Name  
of the Registrar

Dated :

Submitted to the Chief Registrar/District Registrar.

FORM No.13  
(See Rule 14)

SUMMARY MONTHLY REPORT OF STILL BIRTHS

6. Report for the Month of ..... Year .....
7. District .....
8. Town/ Village .....
9. Registration Unit .....
10. Number of Still Births Registered \*

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

Signature & Name  
of the Registrar

Dated :

Submitted to the Chief Registrar/District Registrar.

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

Sr.No.	District	Population as per last Census		No. of Registration Units	No. of Monthly Returns Due.	No. of Monthly Returns not Received	Estimated mid-year population	
		Actual	Adjusted for incomplete Receipt of Returns				Total	Adjusted for Incomplete 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.

Sr. No.	District	Births by Place of Occurrence			Place of Residence of Mother		Place of Residence Outside the State
		Male 3	Female 4	Total 5	Within the Area 6	Outside the Area 7	
1	District:1 Towns with population one lakh and above Town-1 Town-2						8
2	District:2						
	State Total						



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

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



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

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





Table B-8  
Live Births by Birth Order and Age of the Mother for Towns with Population 1 Lakh and above (Rural & Urban)

Age of the Mother	Birth Order													Total	
	1	2	3	4	5	6	7	8	9	10	11	12	13 & Above		Not Stated
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Below 15.															
15-19															
20-24															
25-29															
30-34															
35-39															
40-44															
45 and Above															
Age Not Stated															
Total															

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

Age of Mother	Live Births by Education of the Mother			Total			
	Illiterate	Below Primary	Primary but below Matric				
1	2	3	4	5	6	7	8
All Areas/ Rural Areas/ Urban Areas							
Below 15							
15-19							
20-24							
25-29							
30-34							
35-39							
40-44							
45 and Above							
Age Not Stated							
Total							

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

Level of Education of Father	Birth Order																Total
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	
Illiterate																	
Below Primary																	
Primary but below Matric																	
Matric but below Graduate																	
Graduate And 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)

Level of Education of Mother	Birth Order																Total
	1	2	3	4	5	6	7	8	9	10	11	12	13 & Above	14	15	16	
1																	
Below 15																	
15-19																	
20-24																	
25-29																	
30-34																	
35-39																	
40-44																	
45 and Above																	
Age Not Stated																	
Total																	

All Educational 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)

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

All Educational Level also includes the education level not stated.

Table B-14  
Live Births by Age of 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	
Below 15																
15-19																
20-24																
25-29																
30-34																
35-39																
40-44																
45 and Above																
Age Not Stated																
Total																

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

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

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

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

















Table D-1  
Death by Place of Occurrence, Districts (Rural & Urban) and Towns with Population One Lakh and above

Sr. No.	District	Deaths by Place of Occurrence		Total	Place of Residence of Deceased		Place of Residence Outside the State
		Male	Female		Within the Area	Outside the Area	
1	2	3	4	5	6	7	8
1	District-1 Towns with population one lakh and above Town-1 Town-2						
2	District-2						
	State Total						

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

Sr. No.	District	Deaths by Place of Residence			Death Rate	Place of Occurrence of the Death	
		Male	Female	Total		Within the Area	Outside the Area
		3	4	5	6	7	8
1	District-1 Towns with population one lakh and above Town-1 Town-2						
2	District-2						
State Total	R U T						





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

Rural/Urban	Institutional 2	Type of Attention		Total
		Medical Attention other than Institution 3	No Medical Attention 4	
1				5
Rural				
Urban (i) Towns with population one lakh and above Town -1 Town -2 (iii) 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			Christians			Others*			Total	Male	Female	Total	
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total					
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16		
Below 1 year																	
1-4																	
5-14																	
15-24																	
25-34																	
35-44																	
45-54																	
55-64																	
65-69																	
70 and above																	
Age not stated																	
Total																	

Minor religious groups may be classified in to Others.











Table D-12  
Deaths by Cause of Death, Age and Sex for Medically Certified Deaths

Sr. No.	District	Deaths by Place of Occurrence		Total	Place of Residence of Mother		Place of Residence Outside the State
		Male	Female		Within the Area	Outside the Area	
1	2	3	4	5	6	7	8
1	District-1 Towns with population one lakh and above Town-1 Town-2						
2	District-2						
	State Total						

Table D-13  
 Infant Deaths by Place of Residence Districts (Rural & Urban) and Towns with Population One lakh and above.

Sr. No.	District	Deaths by Place of Residence of Mother			Infant Mortality Rate	Place of Occurrence	
		Male	Female	Total		Within the Area	Outside the Area
1	2	3	4	5	6	7	8
1	District-1 Towns with population one lakh and above Town-1 Town-2						
2	District-2						
State 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 And Above		Not Stated
1	2	3	4	5	6	7	8
Below 15							
15-19							
20-24							
25-29							
30-34							
35-39							
40-44							
45 and Above							
Age Not Stated							
Total							







Table D-21  
Deaths by Selected Cause of Death, Age, Sex and Habit (All Areas)

Sl.No.	Selected Cause of Death	Sex	Age Group							45 & above	Total	
			Below 15	15-19	20-24	25-29	30-34	35-39	40-44			
1	2	3	4	5	6	7	8	9	10	11	12	13
	Only Smoking/ Only Chewing Tobacco/ Only Drinking Alcohol/ Smoking and Chewing Tobacco/ Smoking and Chewing Areconut/ Smoking and Drinking Alcohol/ Smoking and Drinking Alcohol/ Chewing Tobacco and Areconut/ Chewing Tobacco and Drinking Alcohol/ Chewing Areconut and Drinking Alcohol/ Smoking, Chewing Tobacco and Drinking Alcohol/ Smoking, Chewing Areconut and Drinking Alcohol/ Chewing Tobacco, Areconut and Drinking Alcohol/ All Habit/ Not Known	M F T										
		M F T										
		M F T										
		M F T										
		M F T										
		M F T										
		M F T										

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

Sr. No.	District	Still Births by Place of Occurrence			Total	Place of Residence of Mother Outside the Area		Place of Residence Outside the State
		Male	Female			Within the Area		
1	2	3	4	5	6	7	8	
	R							
	U							
	T							
	R							
	U							
	T							
	R							
	U							
	T							
	R							
	U							
	T							
	R							
	U							
	T							
	R							
	U							
	T							
	R							
	U							
	T							
	R							
	U							
	T							
	R							
	U							
	T							
	R							
	U							
	T							
	R							
	U							
	T							
	R							
	U							
	T							
	R							
	U							
	T							
	R							
	U							
	T							
	R							
	U							
	T							
	R							
	U							
	T							
	R							
	U							
	T							
	R							
	U							
	T							
	R							
	U							
	T							
	R							
	U							
	T							
	R							
	U							
	T							
	R							
	U							
	T							
	R							
	U							
	T							
	R							
	U							
	T							
	R							
	U							
	T							
	R							
	U							
	T							
	R							
	U							
	T							
	R							
	U							
	T							
	R							
	U							
	T							
	R							
	U							
	T							
	R							
	U							
	T							
	R							
	U							
	T							
	R							
	U							
	T							
	R							
	U							
	T							
	R							
	U							
	T							
	R							
	U							
	T							
	R							
	U							
	T							
	R							
	U							
	T							
	R							
	U							
	T							
	R							
	U							
	T							
	R							
	U							
	T							
	R							
	U							
	T							
	R							
	U							
	T							
	R							
	U							
	T							
	R							
	U							
	T							
	R							
	U							
	T							
	R							
	U							
	T							
	R							
	U							
	T							
	R							
	U							
	T							
	R							
	U							
	T							
	R							
	U							
	T							
	R							
	U							
	T							
	R							
	U							
	T							
	R							
	U							
	T							
	R							
	U							
	T							
	R							
	U							
	T							
	R							
	U							
	T							
	R							
	U							
	T							
	R							
	U							
	T							
	R							
	U							
	T							
	R							
	U							
	T							
	R							
	U							
	T							
	R							
	U							
	T							
	R							
	U							
	T							
	R							
	U							
	T							
	R							
	U							
	T							
	R							
	U							
	T							
	R							
	U							
	T							
	R							
	U							
	T							
	R							
	U							
	T							
	R							
	U							
	T							
	R							
	U							
	T							
	R							
	U							
	T							
	R							
	U							
	T							
	R							
	U							
	T							
	R							
	U							
	T							
	R							
	U							
	T							
	R							
	U							
	T							
	R							
	U							
	T							
	R							
	U							
	T							
	R							
	U							
	T							
	R							
	U							
	T							
	R							
	U			</				

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

Sr. No.	District	Still Births by Place of Residence			Still Births Rate	Place of Occurrence of Still Births	
		Male	Female	Total		Within the Area	Outside the Area
1	2	3	4	5	6	7	8
	R U T						
	R U T						
	R U T						
	R U T						
	R U T						
	R U T						
	R U T						
	R						
	T						
State Total							
U							





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

Rural/Urban	Type of Attention at Delivery				Total
	Government	Private and Non-Government	Doctor, Nurse and Trained Midwife	Traditional Birth attendant	
1	2	3	4	5	6
Rural					
Urban					
(i) Towns with population one lakh and above					
Town - 1					
Town - 2					
(ii) All other Urban areas.					
Urban Total					
State Total					
					7
					8



