

INDIAN CENSUS CENTENARY

1872—1972

MONOGRAPH SERIES

CENSUS CENTENARY MONOGRAPH NO. 4

civil registration system in india —a perspective

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FOREWORD

Vital Statistics data constitute an integral part of demographic science. If the Census could be regarded as measuring the "stock" of the population at a point of time, vital statistics represents the "flow" by measuring natality and mortality annually. Vital Statistics have, therefore, to portray "a continuous process" of population change and the only satisfactory source of vital statistics is the records of the civil registration system. As someone observed, "Vital Statistics have to do with people rather than with things and consequently this branch of Statistics has, perhaps, the second oldest history in the world surpassed in antiquity only by the closely related Census".

India has a long tradition of registration of vital events—basically births and deaths. Like the Census, the Civil Registration System is a hundred years old. However, the Civil Registration was not uniformly administered throughout the country and it has been functioning at different levels of efficiency in various States. The importance of reliable data on vital events is realised but the problems of collection of the data in a vast country as India where 80 per cent of the people live in over half a million villages spread for and wide, are such that completeness of registration of vital events cannot be easily achieved. The need for improvement of vital statistics had engaged the attention of the Government on several occasions and a number of Committees and Conferences had gone into the problem and had made far-reaching recommendations. It is, therefore, of interest to trace the historical evolution of the vital statistics system in different parts of India, the various methods, by which vital statistics were obtained and the present status of the system which revolves round the Registration of Births and Deaths Act, 1969. This publication is designed to provide an insight into the various efforts that have been made to develop vital statistics in India.

A more appropriate occasion could not have been found for documenting the history of the registration system in India than the Centenary of the Indian Census. This document has, therefore, been made a part of the Monograph Series of the Indian Census Centenary Celebrations in 1972. In the preparation of this publication, material has been drawn freely from the Report of Famine Commission (1880), Royal

Commission on Agriculture (1924), Royal Commission on Labour (1928), The Central Advisory Board of Health (1939), Fales WHO Report (1952), Registrar General's Scheme (1952), Review of the Registration System of Births and Deaths in India, issued by Directorate General, Health Services (1959), Manickavelu Committee Report (1960), First Working Group on Plan Schemes—Vital Statistics (1964), Proceedings of the Conference on State Problems (1965), Recommendations of the Conference on Improvement of Registration and Compilation of Vital Statistics—Hyderabad (1967), and Paper on Registration of Births and Deaths in India for ECAFE Seminar (1968).

I must thank the State Departments responsible for collecting the vital statistics, who readily responded and supplied the requisite information for the preparation of this Monograph. The Vital Statistics Division of this Office has done commendable work in bringing together in this compact volume the material widely scattered in the reports of numerous Committees which dealt with the development of Vital Statistics in India. I am happy to record my appreciation of the efforts put in by Shri S. S. Sota, Investigator, Shri M. M. Dua, Assistant Director of Census Operations, Shri R. K. Gupta, Research Officer, Dr. M. Holla, Senior Research Officer and Shri R. B. Lal, Assistant Registrar General of the Vital Statistics Division.

NEW DELHI;
25-4-1972.

A. CHANDRA SEKHAR,
Registrar General, India

PART I

NATIONAL REVIEW

CHAPTER 1*

HISTORICAL BACKGROUND

1.01 Vital Statistics which deal with an individual's entrance into or departure from life together with the changes in the civil status during his/her life time, is a branch of statistics which has a long history. During this long history the mode of collection and the utility of vital statistics have also changed. Vital statistics which filled an ecclesiastical need in the past, are presently the basis for measuring changes in population characteristics.

1.02 In earlier times, the registration of births and deaths in most European countries was done by Church and other religious institutions. The maintenance of such records appears to have originated in Spain at the instance of the Archbishop of Toledo in 1497. In Britain the recording of these events was made compulsory in 1538, by the order of Thomas Cromwell who was Vicar-General under Henry VIII. In Canada, more particularly in the province of Quebec Catholic communities maintained statistics of births, deaths and marriages, ever since 1621. "France, by the ordinance of villers-collerets in 1539, required the curates to keep registers of baptisms and burials, a measure which by the Council of Trent in 1563 was extended to marriages. By 1608, the first systematic parish register was established in Sweden, followed by similar registers in Canada, Finland (1628) and in Denmark (1646)."[1]

1.03 These records were limited in coverage and quality. The fundamental deficiency stemmed from the fact that the records were designed not to attest to civil or biological facts, but to record the payment of fee for a service. Secondly, such registers were restricted to religious rites of particular parish and at the discretion of priest in charge and thus resulted in the limited coverage with respect to members of other religious faiths.

1.04 All these developments were still in the church. It remained for the New World of the Western Hemisphere to introduce civil registration—the first such system being the registers of births and deaths established by the Incas in Peru[2], and the second, the civil registration introduced in the Colonies of Massachusetts Bay and New Plymouth in the early seventeenth century (1639).[3]

1.05 All these statistics, though of a very old and ancient origin, were not collected on a national basis and were mostly regional in character. It was generally in 18th and 19th centuries that most of the countries of the world began collecting vital statistics on a national basis.

1.06 Although registration of births, deaths and marriages was an established fact in England in 1538 and in other European countries in the 17th century, vital records were not used for other than legal purposes until John Graunt in 1662 saw the possibilities of using the "bills of mortality" for another purpose. Using these rudimentary lists, Graunt derived a series of observations under the title, "Natural and Political observations mentioned in a Following Index, and made upon the Bills of Mortality", which constituted

*This Chapter is substantially based on Part A of Chapter I, U.N. Hand book of Vital Statistics Methods; Series F, No. 7.

the first modern use of the registration method for obtaining statistical information. The subject continued to receive only desultory treatment until 1839 when Dr. William Farr became "Compiler of Abstracts" in the newly created General Register Office of England and Wales. Vital statistics of today owe a lot to Dr. William Farr. The impact of this great vital statistician has been described as follows: "Dr. Farr was appointed to the General Register Officer on 10th July, 1839.....The next 40 years of his life were almost exclusively devoted to the, to him, congenial task of creating and developing a national system of vital statistics, which has not only popularised sanitary questions in England in such a manner as to render rapid health progress an accomplished fact, but which, has practically been adopted in all the civilized countries of the World."[6]

1.07 Some of the important land marks in the history of vital statistics are revealed by the following table :—

TABLE*

Year	Country	Year	Country
1521	Egypt (marriages)	1855	Scotland
		1859	Mexico
1628	Finland	1863	Venezuela
1639	U.S.A. (Massachusetts Bay Colony)	1864	Ireland
1646	Denmark	1864	Northern Ireland (live births, deaths & Roman Catholic marriages)
1685	Norway	1879	El Salvdor
1686	Sweden	1879	Nicaragua
1735	Iceland (live births and deaths)	1879	Uruguay
		1882	Honduras
1748	Sweden	1884	*Dominican Republic*
1784	Austria	1885	Chile
1784	Czechoslovakia	1885	Cuba
1784	Hungary	1886	Burma, India and Pakistan (voluntary)
1792	France	1888	Costa Rica
1793	Monaco	1889	Brazil
1796	Belgium	1897	Ceylon (live births and deaths).
1803	Luxembourg	1898	Japan
1811	Netherlands	1898	Paraguay (marriages)
1839	Egypt (live births & deaths)	1901	Ecuador
1845	Northern Ireland (non-Catholic marriages)	1911	Bolivia (marriages)
1852	Peru	1911	Portugal
1855	New Zealand		

Year	Country
1865	Italy
1869	Surinam
1871	Ceylon (Kandyan marriages)
1871	Spain
1874	Poland (in parts of the country)
1875	England & Wales
1876	Germany
1876	Switzerland
1877	Guatemala
1914	Panama
1914	Paraguay (live births and deaths)
1914	Syria
1914	Turkey
1916	Thailand (live births and deaths)
1919	Israel (marriages)
1920	Israel (live births and deaths)
1922	Haiti
1925	Greece
1925	Lebanon
1926	Jordan (live births and deaths)
1926	Liechtenstein
1928	Jordan (marriages)
1931	Philippines
1935	Thailand (marriages)
1937	Ceylon (Moslem marriages)
1938	Colombia
1940	Bolivia (live births and deaths)
1946	Poland
1946	Yugoslavia

*Extracted from Annex. 1, p. 213 of U.N.: Handbook of Vital Statistics Methods; Series F. NO. 7.

CHAPTER 2

EVOLUTION OF REGISTRATION SYSTEM IN INDIA

2.01 Registration of vital events provides a recorded evidence of the occurrence, the time and place of occurrence of such events and thus its development to completeness is of utter importance for any nation. Unfortunately, in India, the development of registration of births and deaths has been very slow and often ill-coordinated, till recently with no central authority armed with the power to obtain the enactment of efficient laws.

2.02 Though registration system in India had been deficient and incomplete so far, India has a long tradition of registration of vital events. The administrative machinery for the purpose has been in existence for over a century The registration system came as a result of the needs of the time. It grew and developed with the passage of time.

2.03 The history of registration dates back to mid 19th century. In the beginning, only deaths began to be recorded and registered, with a view to assess the health position and hence emphasis remained on collection of statistics on death at that time. The Provincial Sanitary Commissioners obtained statistics of deaths from the Local Health Officers and passed them on to the Sanitary Commissioner with the Government of India. The quality of statistics thus collected was not satisfactory and was highly deficient and incomplete. This is evident from the observation made in the report of the Sanitary Commissioner with the Government of India, for the year 1867, which read as under :—

> "On receipt of the mortuary statements of the North-Western Provinces for the year 1866, His Honour the Lieutenant Governor remarked that "from the examination to which the returns have been subjected, and a comparison of them with those of other countries, it is unquestionable that the mortality in these Provinces has been greatly under-stated; this is the case in an especial manner with the mortality of women".

2.04 Having realised this deficiency, the Government of India directed the Sanitary Commissioner in December, 1868 to prepare a series of forms for the collection of vital statistics in respect of general population. Such forms were evolved in consultation with the Sanitary Commissioners of various provinces and it was proposed to bring out monthly and annual results. The stress was not only laid on scrutiny of returns but emphasis was put on relative mortality. The Sanitary Commission with the Government of India made the following observations in this respect in 1869 :—

> "For sanitary purposes it is indispensable to know the relative mortality in small and, as far as possible, well defined tracts, to ascertain the death-rates in each of these communities; to see how far this arises from preventible causes, and to apply the remedies. It is only in this way that we can hope to acquire accurate knowledge of the circumstances under which the disease arises and to make vital statistics the stepping-stone to sanitary reforms."[5]

2.05. The registration system was examined by the Army Sanitary Commission in 1870 who found it imperfect. They recommended that new plan of operation, as far as possible, similar to that in vogue in other countries, should be adopted. The recommendation was, however, opposed by the Sanitary Commissioner with the Government of India who observed that to introduce the English system in India it would be necessary to introduce

an Act similar to that in England for which according to him it was necessary that the people become somewhat accustomed to registration before this is done.

2.06 In 1873, the Sanitary Commissioner with the Government of India emphasised the importance of recording every death registered, giving the name of person who died, the father's name, village/street and other particulars for identification of the deceased.

2.07 With regard to births, very little was said. The erstwhile Central Province of Berar, was the solitary example which had gone ahead with the introduction of a system of registration of births as early as 1866. Punjab and United Provinces followed a little later.

2.08 In 1873, the Bengal Births and Deaths Registration Act was passed. It was later adopted by the neighbouring States of Bihar and Orissa. During the years 1874 and 1875 significant advance was made in the notification of vital events. The Sanitary Commissioner observed in his Report :—

> "....that people had started adducing entries in the registers of births and deaths as evidence in law courts. It was perhaps the beginning of the realisation of legal as against statistical needs of registration of births and deaths."[4]

2.09 As a step towards improvement of registration within Military Cantonment a circular was issued to the effect that 'The head of any house or family in which a birth or death may occur shall within 24 hours report, or cause to be reported to the Cantonment Magistrate or in his absence to the Officer Commanding the Station, the fact of such birth or death with cause of such death.'

2.10 By 1875, the registration of births was confined to the areas selected for intensive supervision of registration of deaths in Bengal, in the North-Western Province and Punjab. It was carried out in the municipal areas in Central Provinces and Berar, Madras and Bombay, where it had been introduced with some success.

2.11 A note worthy development in the registration of births and deaths took place in the year 1878 when direction was given to some of the local authorities to make on the spot enquiry in areas where the registered birth and death rates were too high or too low. A memorandum to the Government on the progress of this work was submitted with suggestions for improvement such as teaching the village chowkidars, educating the people to make them realise the importance of these statistics and publication of the weekly statements of births and deaths of municipal towns in Bengal like that of North-Western Province, Punjab, Central Provinces and Berar.

2.12 An important landmark in the development of vital statistics was the stress laid by the Indian Famine Commission on the importance of these statistics. They made the following suggestions in particular :

> "1. That the registration of births and deaths should be made legally obligatory in villages as well as towns;
>
> 2. That regular monthly publication of the main vital statistics should be enforced;
>
> 3. That in each unit of registration, the Registrar should be able to read and write, so that this recollection might be supported by a record made at the time the event occurred;

4. That the officer-in-charge of the registration of each group of villages should be supplied with the census population of each village, and also with the numbers showing what in the opinion of Sanitary Commissioner would be the average number of births and deaths in such population, and that any excess or deficiency should be made the subject of a special report ;

5. That the Health Officer of the district should at once bring to the notice of the Collector and the Sanitary Commissioner any serious indications presented by these reports, and that in all the cases the Collector of the district should see the monthly vital statistics as soon as they are compiled; and

6. That it should be the special duty of the Sanitary Commissioner to warn the Government of any unusual rise in the death-rate, in order that the cause of such rise might be enquired into."

2.13 In consultation with the Local Administrations, the Government of India issued a resolution agreeing that the time had not arrived when the registration of births and deaths should be made obligatory by law. The registration of births and deaths has already been compulsory within the units of municipalities in all Provinces except Berar, it was necessary, therefore, that after due notice and warning to the public, the municipality take some firm and judicious action to prevent the law from being merely a dead letter. However, harsh measures of coersion were not to be resorted to.

2.14 Further, the Government of India considered that in addition to monthly statement of deaths by district, separate weekly statement of deaths in larger municipalities should be published and that as far as possible the officers responsible for registration should be in a position to read and write.

2.15 As a result of this, in 1885, the Central Province, where registration was said to be conducted more accurately, recorded large number of convictions in the municipalities for neglecting registration of births. A similar action was noted in Punjab as well. In 1886, in Bengal proper the work of collecting vital statistics was transferred to the Municipal Agencies which proved to be a change for worse. During the same year a Central Act—The Births, Deaths and Marriages Registration Act—was passed. It came into force with effect from 1st October, 1888. This Act provided for voluntary registration of births and deaths throughout British India and applied also to the British subjects within the dominions of Provinces and States. This Act was not to affect any law on the subject already in force or which might be passed subsequently for any particular local area. Thus the act had only limited force. Advantage was taken of the Act by the foreigners particularly Europeans and the Britishers residing in the country. It soon became virtually a dead letter as far as the general population was concerned. Registration was, however, carried on in the urban areas under municipal bye-laws and in the rural areas according to administrative orders issued to village officials under the revenue codes and police manuals from time to time. In 1891, the duty of collecting vital statistics in towns of Bengal was again transferred from the municipalities to the town police and birth registration was made general over rural as well as town circles.

2.16 In 1894 in Punjab special appointments were made to ensure completeness of registration.

2.17 In 1895 in Central Province the registration was compulsory and compilation was done by the Civil Surgeons.

2.18 In 1896 the authorities in Bengal also became stringent. Omissions were brought to the notice of the Magistrate and Police Officers and the defaulters were punished.

2.19 By 1897 the registration, voluntary or compulsory was extended in different Provinces to cover percentage of population shown below :—

Bengal	99.6
Assam	91.7
North-Western Provinces and Oudh	100.0
Punjab	98.5
Central Province	88.1
Berar	98.5
Madras	91.5
Bombay	99.9
Coorg	100.0

2.20 In 1899 in Madras Presidency, the Births and Deaths Registration Act 1899 was passed.

2.21 By 1903, Census population of 226,831,150 in the British India was under registration out of the total population of 283, 872, 359 thus bringing about 79.9 per cent of the population under registration.

2.22 During the decade 1901-10 "in the main provinces the vital statistics for the decade show an excess of 9.4 million births over deaths whereas the census shows that the actual increase in the population was 12.1 million."[7]

2.23 The Census report observes that "the imperfection of vital statistics is not wondered when we remember the weakness of reporting agency. In this connection Mr. Blunt writes as follows":—

> "....In rural circles, the reporting agency is chowkidar, a low paid, totally illiterate person, who brings his records of births and deaths (which is written up by the patwari or the other literate person in the village) to the thana with him when he visits it. He is frequently away from his circle on duty, assisting the police, mounting guard at camps, or giving evidence in courts and it is obvious that error from omission in such cases must frequently occur.....His powers of judging of the causes of death are not particularly great and unless it is well known and easily distinguishable disease, his diagnosis of death is not reliable."[8]

2.24 The quality of data, as stated, was not satisfactory. Realising that the existing system could not give details of causes of death correctly, an experimental enquiry to ascertain the causes of death was conducted by an Assistant Surgeon in 1906, in one rural and one urban area of Bengal. A similar enquiry in the year 1914 was instituted in Lucknow City into the actual causes of mortality in the cases of deaths attributed to fevers. An attempt was made in Madras in the year 1916 to distinguish malaria from other causes of death. In 1918 the Mysore Registration of Births and Deaths Act was passed. During 1919-20, provision was made in the forms for classification of deaths from plague and respiratory diseases separately as these were the most prevalent diseases in those times. At an informal Conference of Sanitary Commissioners in the year 1919 it was decided to introduce into the provincial sanitary report, the supplementary annual form of tabular statements dividing the main heading 'fever' into sub-heads viz., Malaria, Enteric Fever, Measles, Relapsing fever, Kalaazar, and other fevers. Detailed classification of infant deaths according to age at death was also introduced.

2.25 It is worth mentioning here that in view of the importance of vital statistics in the study of man-power and health conditions prevailing among different groups of population, the inadequacy of Indian vital statistics were spot-lighted by the Royal Commission on Agriculture (1924) and Royal Commission on Labour (1938). The Royal Commission on Agriculture pointed out the inaccuracies :—

> "(1) that the problems involved in securing uniformity in the returns from the different provinces were serious;
>
> (2) that the information though existed in numerous reports, is not collected in a systematic form" and suggested as follows:
>
> ....the only suggestion we have to make is that statistics under the various heads should always be shown separately for rural and urban areas. At present this separation is only affected in the case of deaths. We think also that the number and distribution of institutions for treatment of disease and the strength and the distribution of medical and health services, including trained mid wives, should be shown separately for urban and rural districts. We consider it very important that the extent to which rural areas still lack these essential services, and the progress which is made in supplying them should be clearly stated in the returns. There is also much useful work to be done in correlating the data of the incidence of disease and the death rate in the rural areas with those relating to agricultural conditions which prevail in those areas and with changes in those conditions arising from such causes as the extension of irrigation, improvement in the drainage of deltaic tracts and the like. Similarly the correlation of statistical data relating to health conditions with changes in diet and with the conditions under which the staple foods consumed in the tract under consideration are grown; whether for example, they come from irrigated or dry land, should in time yield information of greatest value."[9]

2.26 The Royal Commission on Labour made the following observations:

Vital Statistics: Although more than one attempt was made to give us vital statistics for groups of Industrial Workers, none of these gave picture sufficiently accurate to demonstrate any relation between industrial activity and increased death rates. This is not a matter for surprise when it is remembered that, even in the larger towns, few sick persons see a doctor and certification of death is usually matter of guess work on the part of non-medical registrar. Moreover, deaths are registered under one or other of only six or seven heads, three of these being small pox, cholera and plague, so that by far, the largest number is entered under, "all other causes". Lack of appreciation of their value in public health and of training on the part of the individuals responsible for their collection lead to the continuance of grave inaccuracies in such records. Again, in industrial areas, the influx of large numbers of young males changes the age distribution to a marked extent, and the failure to apply the necessary correction factor, before comparing them with other areas where the population is distributed more normally over the different age and sex periods, makes fair comparison very difficult. There is, therefore, little chance of obtaining reliable statistics for special groups such as industrial workers and, in consequence we have been unable to make any estimate of the effect of industrial life, as distinct from urbanisation, on the death rates of these communities. Curious variations prevail in the methods of registering still births throughout the different provinces. We recommend that still-births should be excluded from both birth and death registers and that they should be separately recorded, only when this is done will it be possible to obtain useful information which these figures should provide.

Medical Registrars: The necessity of improved vital statistics is generally recognised, and in several provinces marked improvements have been effected within recent years by stricter supervision and more effective inspection.

It is essential, however, that municipal council and local bodies, who are primarily responsible for registration should devote much more attention to the matter. In larger towns and more important industrial areas, at least, the appointment of medical registrars should be compulsory since only then will it be possible to improve the classification of causes of death. This has already been done in certain areas and, as a result, special investigations which were previously impossible have been successfully carried out.[10]

2.27 In 1930, in the whole of British India, Bengal was the only Province in which registration of births and deaths was compulsory throughout rural and urban areas. In Madras, compulsory registration was extended to all villages with a population of 2000 and over, registration in all municipal towns was already compulsory. In rural areas, though not legally compulsory, it was virtually so. In Bihar and Orissa, registration was compulsory in 58 municipalities only, in the Punjab and Central Provinces, it was compulsory in all municipal towns. In Bombay nearly all municipalities fell in this category while in Assam it covered all municipal towns, small towns in all tea gardens and 4 towns of hill districts.

2.28 In 1932, the compilation of vital statistics in Madras Province was centralised in the office of the Director of Public Health although the Madras Registration of Births and Deaths Act was passed in the year 1898. This step resulted in a remarkable improvement in vital registration. Similar arrangements were existing in Mysore State. In 1936 an investigation into the detection of omission in registration in different States revealed, that in districts and municipalities with Health Officers, work was done more satisfactorily, than in municipalities and districts without Health Officers.

2.29 In response to the resolution of the inter governmental Conference of far eastern countries on rural hygiene at Java, 1938, the Government of India and the Provisional governments proposed the inclusion of the subject on improvement of vital statistics in India in discussion by Central Advisory Board of Health held in Madras, January, 1939 (Annexure III). The Board reviewed the problem in bigger context pointing out the defects of the existing system and made some recommendations for improvement which are summarised below :

(1) Compulsory nature of registration of vital events with parallel provision for strict enforcement;

(2) Appointment of medical registrar, with the object of obtaining medical certification before disposal of death ;

(3) Training of Registrar and minimum qualifications to be prescribed for the Registrar ;

(4) Care and vigilence of the Health officer to scrutinise the records to detect missing events;

(5) Speedy Central compilation of vital statistics ;

(6) Special investigation to enquire events which escaped registration;

(7) Establishment of Bureau of Vital Statistics with medical statistician and suitable staff for each Province.

2.30 As a result of the recommendations of Central Advisory Board of Health, Medical Registrars were appointed in some large municipalities of some of the Provinces to ensure the accurate registration of deaths.

2.31 Progress achieved during the last 75 years was largely dissipated during the emergency of World War II, when the whole Government machinery was geared to all-out war effort. At the end of the war the system of registration and compilation of vital statistics was left highly battered. This was observed and commented upon by the various committees which met soon after the normal conditions returned after the hostilities.

2.32 The Health Survey and Development Committee 1946 (popularly known as Bhore Committee after the name of the Chairman) which made an extensive survey of the problem of Public Health in India, made some useful and note worthy recommendations for the improvement of vital statistics (Annexure IV). In their scheme for health organisation in a district, they recommended that the start should be made by establishing five primary health units and one secondary unit to provide a higher type of medical care and the units should be gradually increased in number.

2.33 The Committee recommended that four registration offices should be opened in each primary health unit (one of these being at the headquarters of the Unit) of the areas served by the short-term* programme and the public health nurses and mid-wives may be made Registrars of Births and Deaths. The other members of public health staff may be required to check the birth and death registration by house to house enquiry during their visits on routine duties. In areas not covered by short-term programmes, the employment of non-medical personnel as Registrars who have some elementary training was recommended.

2.34 The other important recommendations of the committee are as follows:—

(i) Preparation of houselists and conduct of sample surveys for the collection of demographic information of various types;

(ii) The provision of adequate incentives to the people for the registration of births and deaths;

(iii) Compulsory registration of vital events with provisions for enforcing it.

(iv) Appointment of Registrar General of Vital and Population Statistics to be attached to the Central Ministry of Health. He will be responsible for collection, compilation, study and presentation of Vital Statistics from all parts of the country. He will work independently of the Central Health Department but in close co-operation with it. A "medical section" should be created in the Registrar General's Office for the purpose of providing statistical help to the Central Health Department.

(v) The provincial statistical organisation should correspond to that proposed for the Centre and the functions of the provincial officer-in-charge should be similar to those of the Registrar General and he may be designated as the Provincial Registrar of Vital & Population Statistics.

2.35 The Second Health Minister's Conference (Annexure V) held in August, 1948 appointed a Committee known as Vital Statistics Committee to examine

*This Committee drew up their health plan in two parts, one a comprehensive programme for the some-what distant future and the other a short-term covering two five-year periods.

the recommendations of the Bhore Committee and to recommend a uniform procedure for adoption on a country-wide basis. It drew the attention of the Government to the need for improving vital statistics and recommended the adoption of Bhore Committee's recommendations in this connection. It particularly stressed the creation of organisation in States under the charge of a Registrar on lines suggested by Bhore Committee. It also recommended immediate centralisation and compilation of vital statistics at the state headquarters. Recommendations were also made for the creation of medical section in the office of registrars and the development of the facilities for statistical training of a high order as proposed by the Bhore Committee.

2.36 Further they suggested the enactment of an Indian Vital Statistics Act with Central Government having power to prescribe regulation for registration and compilation.

2.37 While some of the recommendations made by the Bhore Committee and the Vital Statistics Committee were implemented the whole position of registration was again reviewed by the Registrar General of India, Shri R. A. Gopalaswami in 1951, (Annexure VI) as a result of which :—

(a) "Vital Statistics including Registration of Births and Deaths" was included in the field of concurrent legislation;

(b) The Office of the "Registrar General, India" was created.

2.38 The Registrar General proposed a scheme which consisted of an annual review of population records and annual census of sample households. The data collected by these two operations and those yielded by the civil registration of births and deaths are to be centrally compiled, tabulated and studied and on the basis of such studies population reports are to be prepared and published every year. The organisation required for this purpose would consist of a central office of the Census of India under a Registrar General and ex-officio Census Commissioner, branch offices of the Census of India each under a Superintendent of Census Operations and agencies of each State Government viz., a Director of Population Records for each State with necessary office staff and an organisation in each district consisting of Chief Registration Officers, Registrars, Supervisors, Registrars and Additional Registrars, all appointed on an ex-officio basis. House to house visits and enquiries were proposed to be organised annually in order to effect "Rotational Revision of the National Register" and the "Annual Census of Sample Households".

2.39 As stated earlier, vital statistics were collected in the past largely with a view to controlling pestilence and disease and not so much for studying population trends. Growth rates etc., worked out by the actuaries were used, whenever and wherever information was required on the growth of population. This information, however, proved to be somewhat deficient particularly when growth of population acquired greater momentum and did not behave in the expected manner after 1921. In the fiftees, the growth of population turned out to be 2 per cent as against 1.3 per cent in the previous decade. The growth rate of 1.3 per cent per year, assumed for second Five Year Plan, went so much off the mark, that attention had to be focussed for organising population statistics properly for planning purposes. Vital Statistics which had so long been the charge of Sanitary Commissioners and, thereafter, of the Director General of Health Services, was transferred to the

Registrar General of India in February 1960, the genesis of which can be traced as far back as 1941. It was observed in 1941 Census :

> "Vital Statistics are primarily demographic in relevance, although of course, their connection with the public health administration is obvious enough, and perhaps, their importance from demographic aspect has been obscured by the tendency to look at them as a purely departmental feature, affecting the Public Health Commissioner and provincial Public Health Officers. The population developments in a country of this size are much more than public health significance, however, for in one way or another, the entire administration of the country is conditioned by them. Vital Statistics, therefore, when ever they are handled in the first place, should be immediately and directly related to a central statistical authority which would be in constant touch with their development and be able to integrate them at once with the main statistical system of country."[11]

CHAPTER 3

SYSTEM OF REGISTRATION PREVALENT

3.01 The ninth decennial census conducted in the year 1961 brought into bold belief the weakness of vital statistics system in India. Census figures revealed a wide gap between the actual count and the estimate made by the Planning Commission in 1959. This gap was appreciable even with the allowance of migration that has occurred from other neighbouring countries of India during the decade of fifties. It would be worthwhile to narrate in brief the main features of registration system prevailing in the sixties before discussing the steps that have been taken in recent years to improve the weak vital statistics system.

Organisation

3.02 In India, there had been no uniform piece of legislation applicable to the entire country, except for the Birth, Death and Marriages Registration Act of 1886, which provided only for voluntary registration. The whole hierarchy of officials dealing with registration and compilation of vital statistics in various states was being pressed into service on part-time basis. The States adopted different system of registration depending on their convenience. The agency for registration of vital event in the 560,000 villages, in particular, depended on the department which could spare the part-time services of its village officials, resulting in a heterogenity of pattern in the country as a whole. In most States, Revenue or Panchayat Departments were made responsible for this work and in a few States this was entrusted to Health or Police Departments. There are instances when private Companies or Railways have appointed their own persons for this work like tea and oil companies officials in Assam and Railway Station Masters in West Bengal.

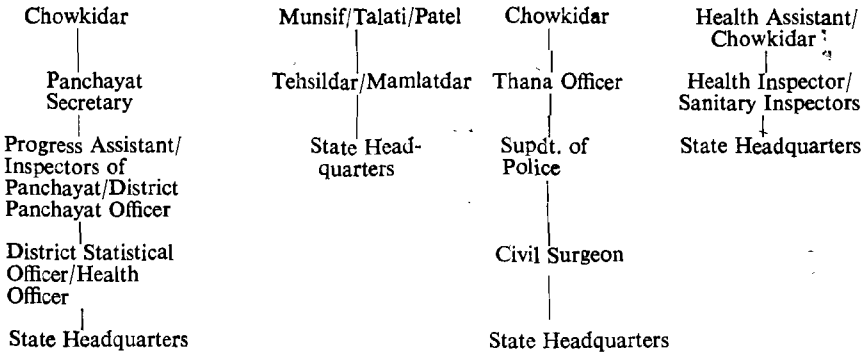
3.03 The registration system of today in rural areas can broadly be classified into four categories: Revenue, Police, Public Health and Panchayat (Statewise details in the Annexure I), the last of which came into operation in the wake of the enactment of the Panchayat Raj Act in the States.

In municipal towns and cities, the municipal authority is responsible for the registration of vital events and this function is usually a part of the duties of the Health Department. Health Officials like sanitary inspector, vaccinator and health assistant are responsible for this work.

Flow of Returns

3.04 In the rural areas, by and large, the registration authority prepares a monthly return of births and deaths for his area and sends it to the subdivisional officer concerned. The latter compiles the data from such returns and submits a consolidated statement to the District Health Officer, Civil Surgeon or as the case may be either directly in some provinces or through the collector, Deputy Commissioner in-charge of the District. These officers in turn prepare similar consolidated returns and send them to the Headquarters of Province on a time schedule. The system of flow of returns as

it operates (except where the centralised compilation has started functioning) can be dipicted as follows :—



3.05 The responsibility of registration of births and deaths lies with the State Governments. Each State has an authority for the administration of the law on registration and for the collection of vital statistics. This authority is, generally, either the Director of Public Health or the Director of Economics and Statistics. Births and Deaths of Indian citizens outside India are registered by the Government of India's Consular representatives, who also send copies of lists of all births and deaths registered by them to the Registrar General.

Period of Reporting

3.06 No uniformity in time allowed for reporting births and deaths was being maintained and it varied from State to State. In the case of births the period of reporting varied from 3 days to 15 days, though the common practice in most of the States has been one week only. In the case of deaths, the period of reporting varied from 24 hours to 8 days. These norms, though laid down by various States, are hardly adhered to in practice.

Delayed Registration

3.07 In many States, the law did not provide for delayed registration. On the other hand in some States, however, there existed provision for the registrar to register any event which comes to his notice within one year. The Registrar, however, was supposed to satisfy himself about the actual occurrence of the event by making enquiries. Events coming to his notice after one year of its occurrence could be registered only on an order of Magistrate.

Time Schedule

3.08 Great deal of divergence existed from State to State in the time schedule for flow of information. In certain States like Gujarat, there was no prescribed time schedule, while in the case of Mysore and Madras, where there was a centralised system of compilation, returns were to submitted within three days in the case of Mysore and a week in the case of Madras in the urban areas. In other States it used to take 10 to 30 days of the following month

to reach the final stage of compilation. Similar procedure followed in the case of rural areas. However, no information is available on how the actual timings were being observed.

Inspection Arrangements

3.09 Inspection arrangements also varied from State to State Generally persons of Revenue and Health Departments are responsible for the inspection. In some States, personnel of the statistics departments, and Panchayat departments are also doing this work. In most of the States, these officials, while on tour for some other purpose inspected the registers in a routine way and no specific procedure of inspection was being followed, while in Bihar detailed procedure has been chalked out, e.g. in the rural area of Bihar the Panchayat Department of the Bihar State has clearly laid down the following instructions for inspection purposes :

(i) Every Panchayat sevak should inspect registration work in all villages under his charge once a month.

(ii) The registered events of Births and Deaths should be read out in the Panchayat meetings, so that if any such event is left it may be registered.

(iii) At Block level the junior Statistical Supervisors should select 20% of the villages of his block and should inspect 10% villages for their registration work.

(iv) The junior Statistical Supervisor, the Gram Panchayat Supervisor and the other health staff working at the block level will distribute every month amongst 20% of their Block villages and shall make inspection of the registered data.

The Health Department has also laid down instructions for staff for inspection purposes.

(i) The Sanitary Inspector shall inspect 4 villages once a month.

(ii) Every midwife or Auxiliary Nurse shall inspect one village in three months.

(iii) The Health Officers shall inspect 4 villages in Thana circle in 3 months. The inspecting staff during their inspection shall contact local dais, chamaines, etc., or those who attend delivery cases and shall verify the the registered data and shall impress on them about collection of correct information. The junior statistical supervisors send their monthly inspection observations to their District Statistical Officer. The inspection report once in three months is sent by Block Offices to District Statistical Offices. The District Statistical Offices send a consolidated inspection report to the Director of Statistics once in three months. Though such procedures existed yet it cannot be said that registration of vital events in Bihar did not make much headway.

Cost of Registration

3.10 Registration is done without any charge, if the event is reported in time. However, a fee is levied for a certificate or extract from a birth or death register.

Incentives and Penalties

3.11 Incentives to parents or heads of the households to register vital events are negligible. To most people in the country, a birth or death certificate was considerd of small practical value. Some schools in certain urban areas have now begun insisting on the production of birth certificate as a condition for admission of children to schools. There are penalties for failure to register but these are not heavy nor are they generally levied. Further, in practice it is not possible to take legal action against innumerable persons who due to ignorance or carelessness, fail to comply with the law. Intensive publicity is a real necessity to make the public aware of their obligation.

Form of Registration Records

3.12 The main items of information registered for births are: (i) Dates of registration and occurrence, (ii) name of the child, (if the child has been named), (iii) name of parents, (iv) religion, (v) nationality, (vi) sex; and for deaths: (i) name of the deceased, (ii) name of father or husband, (iii) age of deceased, (iv) dates of registration and occurrence, (v) place of death, (vi) sex, (vii) nationality, (viii) religion, (ix) cause of death.

CHAPTER 4

SOME OF THE DEFICIENCIES IN THE REGISTRATION SYSTEM

4.01 India has a tradition of registration of vital events basically of births and deaths. The administrative machinery for the purpose has been in existence for nearly a century. But the civil registration system as it stands today is deficient in regard to its *content, accuracy and timeliness.* The vital rates based on civil registration for the last decade are given below :—

Year	Birth rate per 1000 population	Death rate per 1000 population
1	2	3
1961	21·0	9·3
1962	20·8	8·8
1963	20·3	8·6
1964	19·6	8·1
1965	21·9	8·7
1966	20·6	8·3
1967	20·8	8·0
1968	21·4	7·7

4.02 The improvement of Vital Statistical System, thus, is a big task. Even advanced countries like U.S.A. took several decades to bring their system to a proper mark. India has to face special difficulties which these advanced countries did not face. About 80 per cent of the Indian population live in villages which are scattered and large sectors of population lack easy access to the main channels of communication. Over all these factors, illiteracy stands as a great obstacle in the way of introducing satisfactory system of registration as illiterate fathers or mothers are slow to appreciate the value of prompt registration of the birth of their children, and are scarcely aware of the penalties to be suffered by them and by their children when they are not registered at birth. Moreover, the information they eventually give to the Registrars is not accurate especially with respect to dates and ages, owing to lapse of memory because they fail to record the events when they happen. This makes the registration system incomplete, inaccurate and unreliable as a basis for a suitable system of vital statistics. The other reasons as pointed out by the various high powered Committees and Commissions appointed from time to time since 1939 are: (1) the general breakdown of the chawkidari agency, and difficulty in enforcing compulsory registration and reporting on unpaid basis; (2) inadequacy of staff in municipalities and local bodies; (3) lack of inspecting and supervisor staff at district headquarters to enforce timely submission of returns; (4) lack of training and promotion of complete registration ; (5) multiplicity of intermediate levels in the field which favour mistakes in compilation and do not provide for scrutiny by trained personnel; (6) the poor quality of statistics of cause of death as a result of lay reporting; (7) inadequacy of checking, processing and compiling staff at State headquarters; (8) Lack of guidance in registration promotion drives in the districts; and (9) lack of research in improvement of techniques and methods in vital registration.

These deficiencies are discussed in greater detail in the following paragraphs.

Organisation

4.03 The efficiency of any system depends, to a large extent, on its organisational set up. Thus the existing vital statistics system rests largely on the local level of ex-officio workers for whom the collection of registration data is an extra duty. In other words, the officials of Government Departments or local bodies attend to the work of collection and compilation of vital registration data in addition to their normal duties. This is true particularly in the case of functionaries of the different departments of Government working at the periphery as Registrars and notifiers. Even in the case of intermediate level and headquarters staff, it would be found that very little staff worked full time on compilation and processing of vital statistics. Besides this, virtually there are no inspection arrangements at the periphery level. In fact, the registration work had been given a secondary attention only. Very often the registration and the allied work were kept aside in favour of urgent and pressing duties like revenue assessment and collection, election duties and disease control work. The machinery engaged in registration received the rudest shock during World War II when it went completely out of gear and the work was neglected in favour of all-out war efforts. The registration machinery has been on the downgrade ever since. It is unlikely that this aspect of the system can be changed over night since the proposal of Vital Statistics Committee (1949) and of the Bhore Committee (1946) for a system based on full-time workers will be too expensive.

Coverage

4.04 The coverage is defective both quantitatively as well as qualitatively. Because of lack of appreciation of the importance of Vital Statistics data at the primary stage of registration, the fact of death or birth is under reported to a large extent. The over-all crude rates derived from these data are seriously deficient. The degree of under-registration is not known in sufficient detail to permit the application of a correction factor for analysis. Recently some attempts have been made to measure the extent of under-registration. It is estimated that for the country as a whole the extent of under-registration of vital events may be in the neighbourhood of 50 per cent. However, the level of under-registration from State to State differ in view of the different level of efficiency in the registration system of states. The States can thus be classified into four categories based on the extent of under-registration.

Extent of under-registration			
Below 25%	25-49%	50-74%	75% and above
Maharashtra	Gujarat	Andhra Pradesh	Assam
Punjab	Kerala	Bihar	
Tamil Nadu	Mysore	Madhya Pradesh	
	Orissa	Uttar Pradesh	
	Haryana	West Bengal	

SOURCE:—Under-Registration of Births in India by G. K. Mehrotra, Vol. 10, No. 2, June 1968 Artha Vijnana.

Some idea of the State wise under-registration of vital events can be had from the results of a survey of under-registration conducted in 1966 by the Registrar General, India (through the Census organisation) in the rural areas of States. Result are reproduced below :—

State	Sample No. of villages	Percentage of under-registration	
		Births	Deaths
1. Andhra Pradesh	25	36·6	32·2
2. Assam	25	72·9	80·1
3. Bihar	25	57·0	44·3
4. Gujarat	25	30·6	18·3
5. Haryana	7	30·8	34·5
6. Madhya Pradesh	25	53·6	46·3
7. Madras	24	13·5	13·6
8. Maharashtra	25	18·1	21·2
9. Mysore	25	32·7	26·9
10. Orissa	25	97·7	95·9
11. Punjab	11	8·8	11·4
12. Rajasthan	25	69·0	54·0
13. Uttar Pradesh	25	83.7	85·5
14. West Bengal	25	53·7	45·2
15. Himachal Pradesh	25	45·4	43·3
ALL INDIA		47·5	41·5

SOURCE :—Vital Statistics of India, 1966.

4.05 It would, however, be seen that the percentage of under-registration has been worked out on the basis of only a small sample and to that extent the results may be used with caution; nevertheless, it gives a broad idea of the magnitude of the problems. Such surveys on continuous basis may provide correction factors.

4.06 On the qualitative aspect, due to lack of diagonostic facilities and shortage of medical personnel in rural areas and responsibility of reporting being that of an illiterate village headman, the statistics, particularly that of cause of death, are notoriously defective. Secondly, the present grouping of causes under such broad heads as respiratory diseases, fevers, and other causes result in the non-differentiation of many specific diseases. It is impossible to plan any detailed classification so long as registration lies in the hands of illiterate village headman and chawkidar.

4.07 The system of registration further deteriorated particularly since sixties. The main reason for this is the disappearance of chawkidari system and its substitution by Panchayati Raj, which may take some years to stand on sound footing.

Timeliness

4.08 Any data would lose much of its significance and utility and would acquire only historical importance if it is not made available in time. Vital statistics throughout the country suffers greatly from delays in reporting

and registration of vital events. They suffered also in the process of relaying the information to higher authorities for compilation and processing. In the major part of urban areas in the various States, there are municipal bye-laws, prescribing certain time periods for reporting all vital events and for their registration with the local Registrar. In the case of births, the period of reporting varied from three days to 14 days and in the case of deaths, it extended from one day to 8 days but the enforcement of this rule was very slack and very few cases were reported within these time limits. Similar position could be observed in the case of abstracts from the periphery to the State headquarters for compilation of vital statistics.

Under reporting

4.09 Besides, delay in sending the returns from the Registration Centres to the State headquarters, arrangements for the transmission of the returns are not satisfactory. Returns of registration data, most often, do not include the entire area for which they are meant. Omission of one or more village/talukas is not unusual. Attempts are being made to form an idea of the extent to which registered birth and death rates are deficient due to the non-inclusion of data of the defaulting villages and towns.

Completeness

4.10 It is estimated that almost the whole of population of the country except a few pockets are fully covered. The following areas continued to be without any arrangement for registration of births and deaths till 1968.

State/Union Territory	Areas not under compulsory registration	Population of these areas according to 1961 Census
1	2	3
1. Andhra Pradesh .	(i) Agency areas of Salur and Paravathipuram in Srikakulam district and Agency areas of Narsinpatnam, Chintapalli Taluk, Padur Taluk, Cholavaram and Srungavarapukorain in Visakhapatnam district.	253,970
	(ii) *Agency areas of Ramachodavaram Taluk and Yellavaram Taluk in East Godavari district and Agency areas of Badrachalam Taluk and Nagur Taluk in Khammam district.	238,434
2. Orissa . . .	Ganjam agency (entire Mohana Police Station and some portion of Ramgiri). Entire Koraput district except Jeypore Municipality and N.A.C. Gunapur, Nawarangpur, Raygada, Koraput, Kotpad, Machkund & Gudari Gram Panchayat.	1,476,546
3. Rajasthan . .	Panchayat Samities	1,691,361
4. West Bengal . .	Maidan, Fort, Port and Canal areas of Calcutta	12,877
5. Manipur . .	Whole area	780,037

*Informal registration is in vogue in the agency areas of East Godavari and Khamam districts.

1	2	3
6. Nagaland . .	Whole area	369,200
7. N.E.F.A. . .	Whole area	336,558
8. Tripura . .	Whole area	11,42,005

4.11 Besides this, during the last 90 years various legislations have been enacted from time to time altering the boundaries of States which affected the implementation of the rules and codes under which vital statistics were being collected before the promulgation of the Registration of Births and Deaths Act, 1969 the details of which are given in Annexure II.

CHAPTER 5

DEVELOPMENTS SINCE 1960

5.01 Several Conferences and Committees in the past studied the problems in the collection of Vital Statistics in India. Its direct connection with Census and Demography was recognised as early as in 1941 when it was recommended that the Office of the Registrar General should be responsible for collection of Vital Statistics. Hence, Vital Statistics which had been the charge of Director General of Health Services till the beginning of 1960, was transferred to the Registrar General, India in February, 1960.

The 1961 Conference on Improvement of Vital Statistics

5.02 The stock of registration system prevalent in various parts of the country was taken by the Registarar General who called a conference of the State representatives concerned with the collection of Vital Statistics, in April, 1961. Delegates from the Central Ministries also participated in this conference. The conference chalked out specific lines of action for the improvement of vital statistics. The details of the proceedings and recommendations are given in Annexure IX. The conference made five main recommendations, which are summarised below :—

I. That the Union Government should pass a Central law on Vital Statistics. This law should be on the lines of Control of Drugs Act or the Prevention of Food Adulteration Act. That is, it should lay down the general definitions, principles and penalties, leaving the details to be worked out by the States and Union Territories in accordance with the particular genius of their respective administrations. Thus, the Central law should contain definitions of vital events, provision for compulsory registration of vital events, the permissible period of registration and issue of registration certificates. It should define who are legal registrants and notifiers and lay down how dead bodies should be disposed off. It should define Registrars at various levels, their duties and responsibilities, the principles of locations and functions of registration offices. The law should also provide for standard forms of birth and death registration in all registration offices and for birth and death certificates and the uses to which birth and death certificates should be put. It should also recommend for application in particular areas the international certificate for underlying cause of death. Finally, it should provide for compounding of offences and penalties for violation of law.

II. That different procedures should obtain in the collection, compilation and transmission of vital statistics in (a) municipal areas, (b) areas governed by the Panchayat Act, and (c) areas not yet covered by the Panchayat Act. While the procedures in respect of the three categories would differ from each other, each procedure should be applied as uniformly as practicable in respect of the same category throughout the country.

The conference also recommended that tabulation of vital statistics should be centralised at the State headquarters, either with the Director of Health Services or the Director of State Statistical Bureau, the intermediate levels between the Primary Registrars and the Central Tabulation office being entrusted with collection and transmission. The Conference further recom

mended a uniform staffing pattern and financial assistance at the intermediate levels and principles of supervision and inspection to ensure the flow of returns and to facilitate central compilation.

The Conference also made further recommendations in favour of uniformity of essential particulars in forms and registers and their regular supply to all levels engaged in the registration of vital statistics.

III. That all rural health centres throughout the country should each adopt its headquarters village, or, if that is inconvenient, an adjacent village where it can develop the full range of vital statistics registration.

The Conference also recommended that other schemes of improved or intensive registration that are already current in any part of India, as in Madras, Maharashtra and West Bengal, should continue. States which have not yet undertaken similar forms of improved or intensive registration should be invited to do so.

IV. That the office of the Registrar General, India, with the help of the State Governments, should continue to take an annual one per cent Sample Census to estimate the growth of population and measure other demographic characteristics.

The Conference further recommended that the office of the Registrar General with the help of the State Governments, should work out a scheme of Sample Registration areas for yielding reliable estimates of birth and death rates for different regions of each State and the Union as a whole.

V. The Conference *inter alia* made recommendation on the following subjects the details in respect of each of which are incorporated in Annexure V.

(1) Age group in which vital statistics should be presented.

(2) Adoption of a minimum tabulation for all States.

(3) Presentation of data on still births separately.

(4) A model staffing pattern at State headquarters to undertake the processing and publication of statistics based on the international certificate of underlying cause of death.

(5) The adoption of Tabulation Areas with the object of yielding more meaningful rates.

(6) Administrative safeguards for the preservation and maintenance of registration records.

(7) An educational programme for instructing the public on the importance of correct vital statistics.

(8) The importance of training to Registrars and persons concerned with registration of vital statistics.

(9) Prompt publication of vital statistics by the State.

(10) The importance of registration of mid-wives.

(11) The phasing of introduction of international certificate of underlying cause of death.

(12) The building up of an instructing and supervisory machinery to follow up improvement in vital statistics. The issue of an annual report by the State Vital Statistical authority on the work of Municipal Health Officers and Executive Officers relating to Vital Statistics which should be incorporated in the latter's annual character role.

5.03 The implementation of the recommendations of the April, 1961 Conference required great efforts on the part of Registrar General, India. Registrar General was also aware of the need for some immediate estimates for vital rates. Financial implications for the improvement of vital statistics were also well known. Foreign expects like Dr. Forrest E. Linder, Director of National Centre of Health Statistics in the U. S. Government and Dr. Comad Tanber of U. S. Bureau of Census were requsted during their visits to India to make a first hand study of the problems of Indian vital statistics and make suitable recommendations. Dr. Linder prepared a programme to improve the "Measurement of life and death in India" and submitted to Registrar General, India in 1963. The broad scope of his proposals was on the pattern of the plan schemes submitted to the Planning Commission for the implementation during the Third Five Year Plan. In the formulation of these plan schemes, a two prong attack was planned for the improvement of vital statistics, namely, (i) short-term plan aimed at obtaining quick and reliable estimates of birth and deaths on a sample basis and (ii) a long-term plan to revitalise the existing registration machinery. The Planning Commission regarded these schemes as of significant importance for social and economic planning and approved them for inclusion during the middle of the Third Five Year Plan itself. A brief outline of the schemes is given below :—

Short-term Schemes

5.04 1. Sample Registration in selected areas to obtain reliable estimates of natality and mortality in the country, separately for rural and urban areas.

2. Model Registration in selected areas under Primary Health Centres to give reliable cause of death data.

Long-Term Schemes

5.05 1. Strengthening of Vital Statistics Organisation at State Headquarters.

2. Strengthening of District Registration Offices.

3. Strengthening of Statistical Units in Municipalities.

4. Setting up of Mechanical Tabulation Units at the State Headquarters.

5. Registration Promotion, Methods Research and Training.

The details of these schemes are given in Chapter 6.

The 1965 conference on State problems on implementing schemes for the improvement of registration and vital statistics

5.06 These Plan Schemes for the improvement of registration and Vital Statistics which were accepted by the States for implementation in the year 1963-64 had not proceeded with sufficient speed. This resulted from the fact that either the schemes were not sanctioned by the State Governments

promptly or if they were sanctioned, timely steps were not taken to appoint the necessary staff. Sanctions were issued in the majority of the States only towards the end of the financial year 1964-65. In some States sanctions were not issued at all. A couple of States did not show any progress, pending a decision on which Department should implement these schemes. Thus the vital statistics registration schemes have been hanging in the midst of several administrative bottlenecks. During the year 1964-65 almost the entire amount of Rs. 33.50 lakhs provided for the Plan Schemes for impovement of registration of vital statistics under the Home Ministry had to be surrendered or re-appropriated due to the non-implementation of the Schemes. In order to review the progress of the scheme and to find out ways for their speedy implementation, a Conference of State Secretariat Officers and Heads of the Departments concerned with the implementation of the Schemes was called on 12th-14th August, 1965 (Annexure X) at New Delhi. In the course of the review, detailed discussions were held and various solutions suggested. The Conference made several recommendations of which the important ones are given below :—

(i) Under the existing recruitment procedures, considerable delay occurs in the appointment of staff sanctioned under these sehemes. It was, therefore, recommended that pending recruitment of staff under the normal recruitment procedures, *ad hoc* appointments may be made and the schemes pushed through.

(ii) It has been observed that the centrally-sponsored schemes on vital statistics have either not been sanctioned or if sanctioned they have not been sanctioned as per the recommendations made by the Working Group of the Planning Commission. The Conference strongly felt that if the schemes are to be implemented on an all-India basis it is quite essential that they are sanctioned *in toto*. In some States budget provisions have been made while administrative sanctions for the schemes are delayed. It is, therefore, necessary that such administrative bottle necks should be eliminated with least possible delay so that the various schemes can go ahead smoothly.

(iii) It was recommended that wherever a medical man is not available, a non-medical man with statistical qualifications may be appointed and given necessary training in certification of cause of death and he may be designated as Statistical Nosologist.

The conference on improvement of Registration and compilation of vital statistics, Hyderabad (1967).

5.07 The Schemes for improvement of vital statistics were originally drawn up so as to extend upto the end of the Third Year of the Fourth Plan. In view of the slow progress made in the implementation of the Schemes and in the light of their paramount importance for social and economic planning it was felt necessary that the schemes are extended to the whole period of the Fourth Plan. The Planning Commission agreed to give these schemes top priority, for inclusion in the Fourth Five Year Plan. In August, 1967 a Conference on Improvement of Registration and Compilation of Vital Statistics Hyderabad (9th-11th August, 1967) (Annexure XI) was called and emphasis was laid on the urgency of reorganising Vital Statistics. It was felt that in view of the multiplicity of agencies involved in the collection of vital statistics there was a great need for co-ordination and proper training of workers at all levels.

The Conference reviewed the progress made in the implementation of the Plan Schemes and made a number of recommendation (Annexure XI). Some of the recommendations are listed below :—

(i) Appointment of the full complement of staff at various levels as recommended at previous conferences.

(ii) Supply of vehicles to States which do not have them to facilitate inspection of field work.

(iii) Transfer of registration work to Panchayats should be affected only after a paid Secretary is appointed.

(iv) Registrar General should suggest to State Governments not to abolish any posts created for implementing the Plan Schemes on grounds of economy.

(v) Training in medical coding should be given to Nosologists.

(vi) The production of a birth certificate during first admission to school may be made compulsory, to start with, in towns with population exceeding 100,000.

(vii) All deaths recorded at burial and cremation grounds must be registered after Registrar satisfies himself that the entries are genuine.

(viii) All media of publicity like Radio, Poster at railway platform, A.D.V.P. lessons etc. should be utilized to make people conscious of the importance of registration.

(ix) A card designed by I.C.T. on the basis of the recommendation of the Conference should be adopted for centralised Mechanical compilation of data in every State.

(x) The format of the Tables for publication in State reports on Vital Statistics should be drafted by the Registrar General and finalised in consultation with the States.

CHAPTER 6

PLAN SCHEMES FOR THE IMPROVEMENT OF REGISTRATION AND VITAL STATISTICS

6.01 The Planning Commission during the middle of the Third Five Year Plan approved a Plan Scheme for the Improvement of Registration and Vital Statistics. The schemes envisaged the need for quick and reliable estimates of vital rates and cause of death statistics while formulating long-term schemes for the ultimate improvement of the registration system. Considerable progress has been made since then. A brief account of each scheme is given below.

Sample Registration

6.02 The Sample Registration Scheme (SRS) is intended to provide reliable estimates of birth and death rates by States and all-India, separately for rural and urban areas. In fact, the Sample Registration Scheme is a miniature registration system in a random sample of villages or urban blocks. The scheme in effect combines the advantages of both continuous (longitudinal) enumeration and a sample survey and contains unique features which cut across several problems generally associated with *sample surveys of retrospective* type. Information on vital events in sample areas have to be collected regularly through a built-in system and not through *ad hoc* retrospective surveys.

6.03 The scheme involves the selection of about 150 sample units (villages in rural areas and 60-100 units (enumeration blocks) in urban areas in each State. The sample size in rural areas has been arrived at taking an average birth rate of 40 per thousand and an average death rate of 20 per thousand with a permissible error of 1% and 2% respectively. The selection of sample units is done according to a stratified unistage sample random design for rural areas with a village or a segment of a large village as a unit and by stratified two-stage sample design in urban areas. Villages are stratified according to population size (less than 500, 500-999, 1000-1999 and 2000 and above) and the number of units is allocated to each stratum in proportion to the population of each stratum. Similarly the towns are stratified according to population size (below 20,000; 20,000 to 50,000; 50,000 to 100,000; and 100,000 and above).

Enumeration

6.04 Part time enumerators are appointed one for each unit from among the locally resident teachers, mid-wives, village-level workers etc., (the primary school teachers being preferred) and are paid monthly honorarium. Prior to their assignment they are given intensive training in their duties and each prepare a lay out sketch of the unit allotted, showing the location of every house. The base population is enumerated on a household schedule and list of pregnant women is also prepared. The enumerator records every birth and death as and when they occur using the services of carefully chosen informants such as the village priests, the barber and washerman etc., who normally come to know of the event immediately after it occurs because of their association with some related ceremony. No event is recorded until the enumerator has satisfied himself of its genuineness. However, the work

of enumerator is checked by a supervisor who also conducts a half-yearly survey and brings the population list up-to-date. The events registered by the enumerator and those netted by the supervisor are matched and unmatched events are verified in the field by a third person or jointly by the supervisor and enumerator. The estimated number of events (separately for births and deaths) is derived as:—

$$B = B_{E_S} + B_E + B_S$$

where,

B = Estimated number of births

B_{E_S} = the number of births recorded by both enumerator and supervisor

B_E = the number recorded by enumerator and not by supervisor, but found genuine on verification.

B_S = The number recorded by supervisor and not by enumerator but found genuine on verification.

No attempt is made to estimate events missed by both enumerator and supervisor. Although the application of the Chandrasekhar-Deming formula has been suggested, its use would be open to objection. In the conditions prevailing, it is difficult to ensure the half-yearly survey being absolutely independent of the continuous enumeration. Experience has shown that by using good and well trained enumerators and supervisors and by intensive supervision of the work of both, it is possible to ensure that the number of events missed by them are negligible.

6.05 The SRS has several distinguishing features of which more important are; (i) longitudinal registration which establishes the continuity of recording of vital events by locally resident registrar and thus minimises the recall bias while the half-yearly check-survey by the supervisors ensures fuller coverage of vital events.

(ii) The events are registered by the use of a *de jure* system *i.e.*, to follow a sample of persons whose usual place of residence is in the sample unit. The events are classified as: (a) occurring to usual residents within the sample unit (b) occurring to usual residents outside sample units and (c) occurring to visitors within the sample unit. By collecting information on vital events occurring to visitors it is ensured that events occurring to normal residents (with which SRS is concerned) are not mixed up with those for visitors.

Progress of the Scheme

6.06 Initially, this scheme was taken up on pilot basis in the rural areas of five States viz. Bihar, Gujarat, Kerala, Mysore and Maharashtra in January, 1964 and continued for a year. After several months of its working, a conference of State representatives was held at Ahmedabad in November, 1964 (this has now become an annual feature; recommendations of Ahmedabad

Trivandrum, Calcutta, Puri, Bhopal and Poona conferences are given in Annexure XII) to discuss the results, difficulties and other problems arising out of the experience of the survey. It was decided in the Conference to continue the pilot scheme, with modification, into the second phase starting in 1965, with enlarged coverage.

6.07 The second phase of the pilot survey started in January, 1965. In addition to the five states (Bihar, Gujarat, Kerala, Maharashtra and Mysore) which conducted the first pilot, the States of Madras and Punjab took up the work in second phase. More States could not participate due to administrative difficulties in obtaining required sanctions for conducting the experiment.

6.08 The pilot surveys were conducted by the State Statistical Bureaus in Bihar, Kerala, Maharashtra and Mysore and the Medical and Health Directorates in the States of Gujarat, Madras and Punjab. The over-all guidance was provided by the office of the Registrar General, India.

6.09 The objective of the pilot survey was to study problems likey to be faced in taking up the scheme on a larger scale, to develop the mechanism which can work satisfactorily under different local conditions and to test the various schedules and instructions. Being an experimental study and exploratory in character, the selection of the units was done purposively.

6.10 The results and problems of the second phase of the pilot scheme were discussed in the annual meeting of the State Officers in November, 1965 in Trivandrum. The Conference recommended the use of standard techniques in drawing the sample. At this time, in the rural areas, the Sample Registration Scheme was being taken up on full-scale basis in some of the States. In the Urban areas, however, the trial (pilot), on the recommended new lines, was to be continued and 10 units were to be covered in each state. This ushered in the third phase of the pilot scheme.

6.11 With the beginning of the year 1966, preparations for launching the renewed Pilot Scheme were started. Efforts to obtain administrative sanctions for conducting the scheme in as many States as possible were afoot. The time of start of operations, therefore, differed for the States depending upon the time when the sanction was received. By the middle of 1966 or so, about ten States started the work. This continued for about a year leading the pilot into-full-scale scheme started first in Delhi from 1-1-1968, while Assam, Jammu & Kashmir, Punjab, Rajasthan, U.P., Manipur, Orissa and Mysore did so from mid 1968.

6.12 The Sample Registration Scheme which commeneced on a full-scale basis in the rural areas of a few States during 1965 and gradually extended to the rural and urban areas of different States and Union Territories, came to encompass practically the whole of the country by 1971-72. During this year, the sample Registration Scheme was extended to the Union Territory of Chandigarh, while proposals were finalised for its extension to Ladakh District (of Jammu & Kashmir) which had initially been left out of the frame because of operational difficulties. In all, the Sample Registration is in progress in about 2400 rural and 1300 urban units, covering a sample population of about 3.5 million.

6.13 The detailed position about the initiation of full scale scheme in different States is given in the following table :—

State/Union Territory	Implementing Agency		Date of initiation	
	Rural	Urban	Rural	Urban
STATES				
1. Andhra Pradesh	Health	DCO	1-1-68	1-7-69
2. Assam	DCO	DCO	1-7-67	1-7-68
3. Meghalaya	DCO	DCO	1-7-67	1-8-68
4. Bihar	E & S	E & S	1-7-66	1-1-69
5. Gujarat	Health	DCO	1-10-65	1-7-69
6. Haryana	Health	Health	1-7-68	1-7-69
7. Himachal Pradesh	DCO	DCO	1-1-70	1-1-70
8. Jammu & Kashmir	DCO	DCO	1-7-67	1-7-68
9. Kerala	E & S	DCO	1-7-65	1-1-70
10. Madhya Pradesh	E & S	DCO	1-1-70	1-7-69
11. Maharashtra	E & S	DCO	1-7-65	1-7-69
12. Manipur	DCO	DCO	1-7-68	1-7-68
13. Mysore	E & S	E & S	1-6-66	1-7-68
14. Nagaland	DCO	..	..	..
15. Orissa	Health	Health	1-1-68	1-1-69
16. Punjab	Health	Health	1-1-68	1-1-69
17. Rajasthan	E & S	E & S	1-7-67	1-1-69
18. Tamil Nadu	Health	DCO	1-7-68	1-7-69
19. Tripura	DCO	DCO	1-1-70	1-1-70
20. Uttar Pradesh	DCO	DCO	1-7-67	1-7-68
21. West Bengal	Health	DCO	1-1-68	1-7-69
UNION TERRITORIES				
1. A. & N. Islands	DCO	DCO	1-1-71	1-1-71
2. Arunachal Pradesh	DCO	..	1-7-70	..
3. Chandigarh	DCO	DCO	1-7-71	1-7-71
4. D. & N. Haveli	DCO (Guj)	..	1-1-71	..
5. Delhi	DCO	DCO	1-8-67	1-1-68
6. A. Goa	E & S	E & S	1-1-70	1-1-70
B. Daman & Diu	DCO (Guj)	..	1-1-71	1-1-71
7. L.M. & A. Islands	DCO (LMA)	..	1-1-71	..
8. Pondicherry	DCO (Tamil Nadu)	DCO	1-1-71	1-1-71

DCO=Director of Census Operations.

E & S=Directorate/Bureau of Economics & Statistics.

6.14 The Sample Registration Scheme has provided dependable estimates of birth and death rates. The estimates derived from the data are reproduced below :—

Estimates of Vital Rates from Sample Registration, India (Rural)

State/Union Territory	Period	Crude rate per 1000 population	
		Birth rate	Death rate
	2	3	4
A. STATES			
1. Andhra Pradesh	1968	36.6	15.8
	1969	35.4	17.2
	1970	34.7	16.6
2. Assam (including Meghalaya)	1968	45.5	20.0
	1969	40.8	17.4
	1970	39.5	16.8
3. Bihar	1968	35.0	14.9
	1969	..	..
	1970	..	..
4. Gujarat	1968	45.4	17.7
	1969	42.3	20.7
	1970	43.2	18.7
5. Haryana	1968	..	..
	1969	39.2	11.7
	1970	38.0	10.0
6. Himachal Pradesh	1970	33.2	16.4
7. Jammu & Kashmir	1968	41.2	17.5
	1969	39.5	14.4
	1970	33.0	13.6
8. Kerala	1968	33.2	10.0
	1969	31.8	9.2
	1970	31.0	9.0
9. Madhya Pradesh	1970	40.7	17.5
10. Maharashtra	1968	36.9	13.9
	1969	32.9	15.5
	1970	32.2	13.0
11. Mysore	1968	33.7	13.3
	1969	34.1	15.4
	1970	35.1	14.3
12. Nagaland	..	..	..
13. Orissa	1968	39.0	15.5
	1969	38.8	17.7
	1970	38.5	16.8
14. Punjab	1968	33.6	12.0
	1969	33.6	11.6
	1970	34.7	11.8
15. Rajasthan	1968	46.0	18.4
	1969	44.0	24.0
	1970	39.7	18.9

1	2	3	4
16. Tamil Nadu	1968	..	..
	1969	33.8	18.8
	1970	32.6	18.1
17. Uttar Pradesh	1968	45.4	23.5
	1969	45.6	25.6
	1970	46.9	22.7
18. West Bengal	1968	32.2	13.4
	1969	..	..
	1970	..	..
B. UNION TERRITORIES			
1. Delhi	1968	45.9	11.7
	1969	42.4	14.7
	1970	47.6	12.3
2. Goa	1970	29.2	11.6
3. N.E.F.A.	1970	..	..
4. Manipur	1968	35.9	9.9
	1969	37.2	7.4
	1970	35.0	8.7
5. Tripura	1970	37.8	15.6
INDIA	1968*	39.0	16.8
(Pooled Estimates)	1969†	38.8	19.1
	1970‡	38.8	17.3

*(1968) : Excludes Haryana and Tamil Nadu (work initiated there w.e.f. 1st July, 1968) and Madhya Pradesh, Himachal Pradesh, Goa, N.E.F.A. and Tripura (work started subsequently).

†(1969) : Excludes Bihar and West Bengal (due to incomplete data), and Himachal Pradesh, Goa, Madhya Pradesh, N.E.F.A. and Tripura (work started subsequently).

‡(1970) : Excludes Bihar and West Bengal (due to incomplete data) and N.E.F.A. (work initiated w.e.f. 1st July, 1970).

.. : Not available.

Estimates of Vital Rates from Sample Registration, India (Urban)

State/Union Territory	Period	Crude rate per 1000 population	
		Birth rate	Death rate
1	2	3	4
A. STATES			
1. Andhra Pradesh	1969	..	..
	1970	33.8	11.4
2. Assam (including Meghalaya)	1968	..	..
	1969	31.1	10.6
	1970	32.0	10.2

1	2	3	4
3. Bihar	1969	30.1	10.2
	1970	28.9	10.0
4. Gujarat	1969	..	..
	1970	34.9	13.7
5. Haryana	1969	..	..
	1970	27.9	6.5
6. Himachal Pradesh	1969	..	..
	1970	24.4	7.5
7. Jammu & Kashmir	1968	..	..
	1969	28.5	7.4
	1970	25.6	5.6
8. Kerala	1970	30.1	8.8
9. Madhya Pradesh	1969	..	..
	1970	32.1	10.6
10. Maharashtra	1969	..	..
	1970	30.2	9.7
11. Mysore	1968	..	..
	1969	28.9	9.5
	1970	27.8	10.3
12. Nagaland	——NO URBAN SAMPLE——		
13. Orissa	1969	32.5	11.3
	1970	34.0	11.4
14. Punjab	1969	28.2	9.8
	1970	30.8	9.2
15. Rajasthan	1969	37.7	13.6
	1970	33.3	12.0
16. Tamil Nadu	1969	..	..
	1970	23.8	9.4
17. Uttar Pradesh	1968	..	..
	1969	35.9	14.4
	1970	34.5	13.6
18. West Bengal	1969	..	..
	1970	21.7	6.3
B. UNION TERRITORIES			
1. Delhi	1968	32.9	7.6
	1969	33.0	7.5
	1970	29.6	7.4
2. Goa	1970	22.0	5.7
3. Manipur	1968	..	..
	1969	24.2	4.7
	1970	24.8	5.2
4. Tripura	1970	22.9	6.2
INDIA	1969*	32.6	11.4
(Pooled estimates)	1970	29.7	10.2

*(1969) : Excludes Andhra Pradesh, Gujarat, Haryana, Himachal Pradesh, Kerala, Madhya Pradesh, Maharashtra, Tamil Nadu and West Bengal since work in these States started in July, 1969 except Kerala where full-scale scheme in urban areas was taken up w.e.f. 1st January, 1970.

.. Not available

Model Registration

6.15 The main object of this Scheme is to investigate and analyse the incidence of fatal diseases through the use of para-medical staff and prepare ground material for specific investigation into the matter by the public health and medical experts. The data presented is in the nature of a qualitative rather than quantitative assessment of mortality pattern.

6.16 This scheme is short-cut based on ascertaining broad symptoms and conditions, anatomical site and duration of complaint by personal enquiries from the family of the deceased by para-medical staff attached to the Primary Health Centres (PHC.) For convenience, this person is designated as the 'Field Agent'. He contacts local resident 'informant' regularly at short intervals and obtains their addresses. Besides, he himself makes effort to find out if any death has occurred in the village. Having obtained information he visits the household concerned and obtains necessary information and ensures that event has occurred within the village and not outside, irrespective of the fact whether it related to a resident of the village or a non-resident and then assigns the probable cause of death. He also collects information about the number of births in the village so as to keep watch over infant deaths and deaths due to child birth and complication of pregnancy.

6.17 For ascertaining the cause of death, the field agent consults the 'Manual of Instructions' for ascertaining the cause of death by non-Medical personnel prepared by the Registrar General, India based on synthesised non-medical list suggested by Yves Birand of the World Health Organisation and the synoptic key drawn up by D. K. Viswanathan and T. B. Patel in the Brochure entitled "Abbreviated list of 50 causes for Tabulation of Mortality with symptoms of these briefly described."

6.18 At the end of each month the field agent is required to prepare a report and send it to the 'Recorder' at PHC, who after scrutinising, submits it to the Medical Officer for checking and onward transmission to the State Headquarters. The monthly returns received at the State Headquarter are compiled and a consolidated statement is sent to the Registrar General, India for further checking, processing and analysis.

6.19 At the end of half year, field Agent rechecks occurrence of any death or birth by house to house enquiry and matches with similar informatioh collected during continuous recording. The events erroneously recorded are deleted. The half years are as follows:

1st January to 30th June = I Half year

1st July to 31st December = II Half year

Further, the Medical Officer of the PHC is expected to check 10 per cent of the deaths reported by the field agents for ensuring reliability of cause of death assigned. Thus there is a two-pronged drive to ensure completeness and accuracy.

6.20 No rigid statistical principle is adopted for the selection of PHCs. However, on the basis of 1967 Conference on Model Registration held at New Delhi, in each State roughly as many Primary Health Centres were covered under the scheme as the quotient derived by dividing the State population by one million.

6.21 It is correct that the para-medical list cannot replace a proper medical certificate of cause of death but the information thus obtained is useful enough for drawing attention of the public health workers in the area concerned with an appraisal of the pattern of the diseases, their dispersion over age and sex through which a fair idea of the pattern of mortality can be obtained.

Progress of the Scheme

6.22 Around the turn of the first quarter of 1961, the Director of Health Services, Rajasthan in collaboration with the Registrar General, India, conducted pilot survey in two Development Blocks comprising 173 villages of Rajasthan. The experiment proved encouraging, specially in such areas where diagnostic and Therapeutic facilities were inadequate. The experiment later formed the subject of the examination and appreciation at the meeting between the Director General of health Services and Registrar General, India and it was decided that investigation may be organised.

6.23 The Model Registration Scheme was started in 1965 on a limited scale on an experimental basis. In 1966 it was extended to ten States, viz., Andhra Pradesh, Assam, Bihar, Gujarat, Kerala, Punjab, Orissa, Rajasthan, Tamil Nadu (Madras) and West Bengal. Six more States viz., Haryana, Jammu & Kashmir, Madhya Pradesh, Maharashtra, Mysore and Uttar Pradesh took up the work in 1967. A conference to review the progress and to decide the future programmes relating to this scheme was held in New Delhi during October, 1967 (Annexure XIII). The decisions taken at this Conference were aimed at streamlining the working of the Scheme. Some of these related to the selection of PHCs for intensive work, appointment of a Nosologist or a Deputy Assistant Director (Public Health) with medical qualifications to be assisted by a Nosological Assistant, payment of cash awards to deserving field agents, conduct of quarterly/half-yearly surveys whichever feasible, inspections and field checks by the Medical Officers, etc. Further the Conference also set up a Committee to study the Manual of Instructions and make recommendations for its revision (Part I—Organisation has already been revised and printed). Work under the scheme has now been organised on the lines recommended by the above Conference.

6.24 By the end of 1968, the work was in progress in all the States of India except Nagaland. Besides, the scheme was also in operation in Himachal Pradesh and a few Health Centres in Delhi. At present nearly 700 PHCs are participating.

Information by major causes of death for the last four years is reproduced below

Sl. No.	Cause and/or prominent symptom	1966		1967		1968		1969	
		Total deaths	% age	Total deaths	% age	Total deaths	% age	Total deaths	% age
1	2	3	4	5	6	7	8	9	10
1.	Violence or injury	611	3.7	881	4.1	809	4.3	622	3.4
2.	Child birth or complicated pregnancy	243	1.5	307	1.4	251	1.3	235	1.3

1 2	3	4	5	6	7	8	9	10
3. Diarrhoea .	1820	11.1	2077	9.7	1810	9.4	1638	9.1
4. Cough . .	4349	26.5	5119	23.8	4733	24.6	4534	25.1
5. Swellings .	1217	7.4	1541	7.2	1541	8.0	1337	7.4
6. Fevers . .	3509	21.4	4720	22.0	3734	19.4	3723	20.7
7. Other infant deaths	1568	8.6	2380	11.1	2116	11.0	1933	10.7
8. Other clear symptoms	788	4.8	1084	5.0	1001	5.2	933	5.2
9. Extreme old age and others	2295	14.0	3363	15.7	3218	16.8	3079	17.1
10. All causes	16,400	100.0	21,472	100.0	19,213	100.0	18,034	100.0

Long-term Schemes

6.25. The greatest weakness of the registration machinery has been the lack of staff to look after the work of collection, compilation of vital statistics and the supervision of the work at various levels. In order to strengthen the organisational set-up, a package scheme consisting of the following items was suggested:—

Strengthening of Vital Statistics Organisation at State Headquarters

6.26 A whole-time senior officer in-charge of vital statistics together with supporting technical staff for the Headquarters of the State.

Strengthening of the Distirict Statistical Offices

6.27 At the District level, the scheme envisaged strengthening the office of the District Registrar (District Health Officer/District Statistical Officer) by providing a whole-time statistical assistant to help him in supervision and inspection of the field agency for registration of births and deaths.

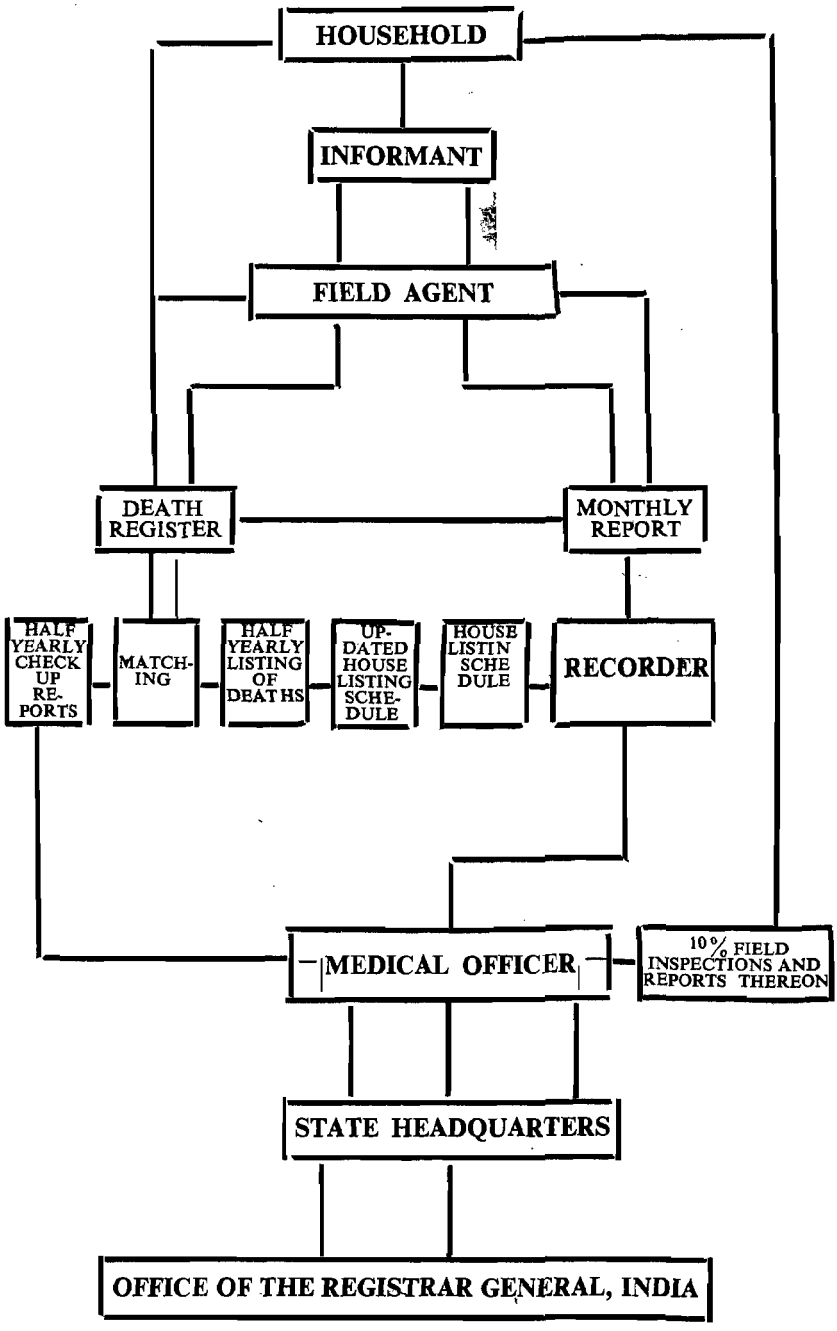
Strengthening of the Statistical Units in Municipalities

6.28 Whole of the registration of births and deaths in urban areas was a comparatively better quality, the municipalities have been working with very depleted strength of supervisory as well as office staff. Hence, under the scheme, the Municipalities were to be provided with whole-time office staff for purposes of supervision and compilation of registration data relating to the municipal area. A senior officer of the rank of a Deputy Health Officer was proposed for bigger Municipalities and Corporations with population size of five hundred thousand and over.

Setting-up of Mechanical Tabulation Units at States

6.29 To cut down the intermediate levels for compilation of registration data so that deficiencies resulting from transcription errors and delays in transmission of returns are minimised, it was proposed to set up suitable mechanical data processing units at the State Headquarters for centralised compilation of data. It was further decided to provide each State Departmen,

FLOW CHART
MODEL REGISTRATION UNIT



in-charge of vital statistics with mechanical data processing equipment free of cost. It had also been agreed to give further technical and other assistance to the State Governments needed for up grading the registration and vital statistics machinery.

Registration Promotion — Methods, Research and Training

6.30 At the centre, the Scheme provided for whole-time senior officer and other officers to assist him for purposes of promotional activities connected with the improvement of registration and vital statistics in States. Besides looking after the work of coordination, the officers and the statistical staff at the Headquarters of the Central Government are required to pursue:—

(i) Investigation and studies relating to registration methods and procedure in various States;

(ii) Studies of difference in items required to be registered, definitions etc;

(iii) Research on response errors and other deficiencies in collection of registration data;

(iv) Standardization of demographic investigation techniques after field tests of demographic survey methods;

(v) Evaluation of the validity of data obtained by standard methods of collection of data; and

(vi) Preparation of model instructions and manual for guidance to States, and so on.

6.31 While emphasis was laid on the appointment of technically qualified personnel to man the various posts in the hierarchy of the vital statistics system throughout the country, it was felt that practical on-the-job training would be very essential for the staff before they can perform their duties efficiently. It was, therefore, decided to launch a comprehensive training programme for various levels of staff employed all along the line from the periphery to the headquarters. A whole-time training officer was to be provided in each State to organise training programmes on the basis of standard procedures and course outlines, devised by the Office of the Registrar General in consultation with the Senior Technical Officers working in various States.

CHAPTER 7

CENTRAL LEGISLATION

7.01 Prior to the promulgation of the Registration of the Births and Deaths Act, 1969, there was a great diversity in the legal provision for registration of births and deaths in different parts of the country. Different Acts were enforced in different parts of the country and even in a single State, there were many acts in force in different areas. A few States like the erstwhile composite Madras and West Bengal had got their own specific Acts which had been adopted by few other States also while others had only enabling provisions in this behalf in the Municipal Act, Panchayat Act, Chowkidar Manual, or Land Revenue Manual and the registration was governed by executive orders or bye-laws setting out local registration procedure (Annexure II). The details and provisions of the enactments were as varied as the Acts themselves. The position was made more complex by the fact that different Acts and Rules governed the registration of births and deaths in different parts of a State. Much of this was due to the re-organisation of the States, as integration of the legal provisions regarding the registration had not been fully achieved. Apart from it, generally speaking, the provisions themselves were not adequate and did not take into account new possibilities and developments. They were generally based on very old conditions and concepts and did not make much use of the recent notable advances in general administrative set-up and the rapid expansion in welfare activities in various directions.

Registration of Births and Deaths Act, 1969

7.02 Against this background of a multiplicity of Acts and Rules governing Civil Registration in various parts of India, a Central legislation on the Registration of Births and Deaths was considered necessary. In fact, the first serious thought in this regard was already given by earlier Central Advisory Board of Health in 1939 and later by the Bhore Committee in 1945. However, the Conference of Representatives of States, Union Territories and the Ministries of Government of India held in 1961 strongly recommended such a legislation and the Births and Deaths Registration Bill, 1964 was introduced in the Rajya Sabha which was passed in the budget session of 1964-65 but it lapsed on the dissolution of that Parliament. The bill was again passed by the Rajya Sabha on 27th February, 1968. The Lok Sabha passed the bill finally on 27th May, 1969 with certain amendments. These amendments were finally approved by the Rajya Sabha in the sitting of 16th May, 1969. The bill passed by both the Houses received the assent of the Vice President acting as President on 31st May, 1969. It was notified in the Gazette of India Extra-ordinary Part II Section I, New Delhi, Monday June 2, 1969 (Annexure XV).

Salient Features of the Act

7.03 The main features of the Act are given below :—

Section 1 & 2

Certain areas in States do not have adequate facilities for registration. Accordingly it has been provided that different dates for enforcement of the Act may be appointed for different parts of the States.

Section 3 *to* 7

Give the existing registration establishment, a legal status and provide for the appointment of a single authority at the Centre and in each State to look after and develop registration work.

Section 8 & 9

Define the registrants or the persons who are required to get events registered. These are the Households or institutions where vital events take place.

Section 10

Provides for notification of births and deaths by certain agencies whose services are utilised at the time of the occurrence of births and deaths.

Section 11 *to* 15

They define the usual registration procedures.

Section 16 *to* 19

They provide for the maintenance of usual records, issue of birth and death certificates, inspection collection, compilation and publication of vital statistics.

Section 20

Provides for the registration of births and deaths of Indian citizens abroad.

Section 21

Empowers a registrar to call for information in connection with birth or death from a local resident.

Section 22

Gives the Central Government the power to issue direction to a State Government for implementing any of the provision of the Act.

Section 23 *to* 25

Lay down the penalties for the various offences against the Act. They also provide for summary trial, compounding of offences and authority for launching prosecutions.

Section 26 *to* 28

Contain the usual miscellaneous provision for giving registrars the status of public servants, delegation of power and protection of action taken in good faith.

Section 29 & 31

Section 31 repeals the existing laws on registration while section 29 saves the Births, Deaths and Marriages Registration Act, 1886.

Section 30 & 32

They give powers to the States to make rules, and to remove difficulties in the implementation of the provisions of the Act. The exercise of this power is subject to the approval of the Central Government.

Preparatory Steps for the Enforcement of the Act

7.04 The enforcement of the Registration of Births and Deaths Act, 1969 in the various States and Union Territories presented several formidable problems though all the States had welcomed this enactment. Though the notification regarding enforcement was to be issued by the Centre, yet the States had to be consulted about the suitable date for enforcement. Some of the States complained about the non-availability of adequate machinery while some raised the question of existing Acts of Civil Registration. It was clarified that the Registration of Births and Deaths Act, 1969 was built round the existing system of registration and that it did not require the creation of any new machinery.

7.05 In order to enable the speedy enforcement, the Registrar Genreral, India addressed to the Chief Secretaries of all the States and Administrators of the Union Territories on 23rd July 1969 requesting them to take preparatory steps for the enforcement of Registration of Births and Deaths Act, 1969 in their respective States/Union Territories. It was also suggested to them that the Director of Health Services or the Director of Economics and Statistics who was looking after the registration work in the respective States could be appointed as Chief Registrar and the Officers under him as functionaries under the above Act in order to keep the continuity in the system. A copy of the letter was also forwarded to Director, Military Lands and Cantonments for similar action in Cantonments.

Conference of Chief Registrars

7.06 The Registrar General, India was anxious to enforce the Act throughout India on 1-1-1970. Some of the States were however, not ready for the enforcement of the Act on 1-1-1970 and the date was, therefore, deferred to 1-4-1970. In the meantime, in order to find out the reasons for not being prepared for the enforcement and to discuss the various issues connected with the effective enforcement of the Act from 1-4-1970, a conference of officers to be designated as State Chief Registrars of Births and Deaths under the Registration of Births and Deaths Act, 1969, was called on February 5 & 6, 1970. The conference made the following recommendations regarding the enforcement of the Act:—

1. The Act may be enforced from 1st April, 1970 in most of the States excluding the areas to be intimated by the individual States to the Register General, India. If the Chief Registrar and other functionaries have already been appointed, the appointments may be renotified after the issue of notification regarding the enforcement of the Act.

2. For effective enforcement of the Act, the States may appoint additional officers as provided in sub-section 4(2) and 6(1). The 'State Co-ordination Committee on Vital Statistics' may be made more effective and the Registrar General may write to the State Governments in this regard. A representative of the Registrar General may attend the meetings of the Committee.

3. On the basis of the discussion, the Model Rules should be amended and the State Rules examined in the light of the amended rules and the necessary approval for their notification conveyed by the Registrar General.

4. Pending the notification of the Rules, the States may continue to use the forms and registers in vogue at present but replace them by the forms and registers prescribed in the rules from 1st January, 1971.

The conference has also made a series of recommendations in respect of the compilation of statistics and preparation of Report, maintenance of records, issue of certificates, publicity and training (Annexure XVI).

7.07 Till the 1st of April, 1972, the detailed position of enforcement in States/Union Territories is as follows:—

Notification number & date	State/Union Territory	Date of enforcement	Area covered at present by the notification
1	2	3	4
No. 1-1 (Enf)/70-VS dated 7-3-70	Andhra Pradesh	1-4-70	Entire area.
No. 1-1 (Enf)/70-VS dated 21-3-70	Assam*	1-4-70	(i) Area other than the district of United Khasi & Jaintia Hills exlcuding the areas, comprised within the limits of: (a) Municipality of Shillong. (b) Cantonment of Shillong. (ii) the entire district of Garo Hills. (iii) the entire district of United Mikir and North Cachar Hills. (iv) the entire district of Mizo Hills.
No. 1-1 (Enf)/70-VS dated 7-3-70	Bihar	1-4-70	Entire area.
Do.	Gujarat	Do.	Do.
Do.	Haryana	Do.	Do.
Do.	Kerala	Do.	Do.
Do.	Madhya Pradesh	Do.	Do.
Do.	Maharashtrta	Do.	Do.
Do.	Mysore	Do.	Do.
Do.	Orissa	Do.	Do.
Do.	Punjab	Do.	Do.
Do.	Tamil Nadu	Do.	Do.
Do.	Uttar Pradesh	Do.	Do.
Do.	Rajasthan	Do.	Do.

*This was the position at the time of enforcement of the Act (*i.e.*, 1-4-1970) Meghalaya was covered on 2nd April 1970 out of the area not covered at the time of enforcement.

1	2	3	4
No. 1-1 (Enf) /70:VS dated 25-3-70	West Bengal	1-4-70	Entire area other than (i) the area comprised within the limits of the Corporation of Calcutta. (ii) the area comprised within the limits of Howrah Municipality. (iii) Fort William; and (iv) the area comprised within the limits of the Cantonments of Barrackpore, Labong and Jalapahar.
No. 1-1 (Enf)/70-VS dated 7-3-70.	Chandigarh	Do.	Entire area.
Do.	Dadra & Nagar Haveli.	Do.	Do.
Do.	Himachal Pradesh	Do.	Do.
Do.	L.M. & A. Islands	Do.	Do.
No. 1-1 (Enf)/70-VS dated 26-6-70	Delhi	1-7-70	Do.
No. 1-1 (Enf)/70-VS	Jammu & Kashmir	1-10-70	(i) the area comprised within the jurisdiction of the police station of Ramnagar in Udhampur district. (ii) the area comprised within the jurisdiction of the Police Station of Kupwara in Baramulla district. (iii) the area comprised within the limits of the Municipalities of Jammu & Srinagar. (iv) the area comprised within the limits of Town Area Committees of Anantnag Kathua and Leh.
No. 1-1 (Enf)/70-VS dated 16-11-70	Goa, Daman & Diu	1-1-71	Entire area.
No. 1-1 (Enf)/70-VS dated 24-11-70	Manipur	1-1-71	Entire Area.
No. 1-1 (Enf)/70-VS dated 16-1-71	Andaman & Nicobar Islands	1-4-71	Do.
No. 1-1 (Enf)/70-VS dated 30-8-71	Nagaland	1-10-71	Do.
F. C. (48)/STAT/71 dated 21-3-72	Tripura	1-4-72	Do.

7.08 It may be mentioned that some of the areas in Andhra Pradesh, Manipur, Orissa and Rajasthan which were without registration from time immemorial have now been brought under compulsory registration through the enforcement of the Registration of Births and Deaths Act, 1969.

7.09 In spite of the best efforts, the Act could not be enforced in N.E.F.A and Pondicherry. The reasons for non-enforcement of the Act in these States/Union Territories are enumerated below.

N.E.F.A.

There is no registration in N.E.F.A. and everything has to be started from scratch. The Administration has formulated a proposal for the staff needed for the approval of the Government of India. The Act will be enforced as soon as the staff is appointed and is in position and other details are finalised.

PONDICHERRY

Pondicherry Administration came forward with a request to use the enabling article 1(3) of the Act and to make the Act inapplicable on the ground that the Ex-French system was working well and the lacunae, if any, in the existing Ex-French system could be plugged by suitable amendments. However, the Administration has been assured that whatever provisions it considers necessary could be made in the Rules to be framed by them under the Act. The Administration has accordingly taken up the work relating to Rules and has desired that both the date of enforcement of the Act and the Rules be notified simultaneously.

Appointment of Registrar General, India and other Principal Functionaries

7.10 Prior to the enactment of the Act, Government of India decided that they should initiate steps forthwith for "developing and improving the systematic collection of statistics bearing upon the size and growth of population." For this purpose, they had decided to establish a single organisation at the Centre in the Ministry of Home Affairs under a "Registrar General and ex-Officio Census Commissioner" to deal with population statistics including vital statistics and Census. This status of the Registrar General in the post was non-statutory in so far as his responsibility for vital statistics was concerned, though under the Indian Census Act, 1948 he had a statutory position.

7.11 The first task under the Act was therefore to appoint single statutory authority at the Centre. The Government of India were requested to issue a notification for the appointment of a person to be known as Registrar General, India under section 3(1) of the Act. The Registrar General, India is required under section 3(3) of the Act to coordinate and unify the activities of the Chief Registrar (Central authority in the State to be appointed under section 4(1) of this Act) in the matter of registration of births and deaths and working of this Act. The Central Government issued a notification dated 24th April, 1970, appointing Shri A. Chandra Sekhar as Registrar General, India under section 3, sub-section (1) of the Act.

7.12 The appointment of Chief Registrar in each state/Union Territory under section 4 sub-section 1 have been notified in respect of the following State/Union Territories:—

Notification date	State/Union Territories	Designation of the Officer appointed as Chief Registrar
1	2	3
Estt.-Misc. 29-1-70 PD-3124 dt. 25-5-70.	Bihar	Director of Statistics and Evaluation.
No. GHP-1878-BDM 1069/ 2782(i) K dt. 1-4-70.	Gujarat	Director of Health & Medical Services.
No. 4962-ASO III-HB11-70/ 22427	Haryana	Director of Health Services.
No.11-15/70-H&FP dt. 4-9-71	Himachal Pradesh	Director of Health Services.
No. GOMS. 73/70-DD dt. 31-3-70.	Kerala	Director of Panchayats.
No. 1-XVII-M-IV-17 dt. 30-6-- 71.	Madhya Pradesh	Director of Economics & Statistics.
No. PD 172PST(2)69 dt. 15-12- 70.	Mysore	Director of Economics & Statistics.
No. STAT/P-33/69 dt. 29-10- 71.	Nagaland	Director of Economics & Statistics.
No. 19454-H, Dt. dt. 6-4-70	Orissa	Director of Health & Family Planning Services.
No. 2849-3HB 11-70/8533	Punjab	Director of Health and Family Planning.
No. F. 16(3) Sankhiyakia/70 dt. 7-9-70.	Rajasthan	Director of Economics & Statistics.
No. 2420(i)/XVI-11-1658/64 dt. 11-9-70	Uttar Pradesh	Director of Medical and Health Services.
No. 2489-GHI-70/2377 dt. 1-4-70	Chandigarh	Director of Health Services.
No. F. 7 (116)/69-M&PH (i) dt. 11-8-70.	Delhi	Director of Health Services.
4-4-70 PLG dt. 21-12-70	Goa, Daman & Diu	Director of Statistics.
F. No. 18/44/69-GI-11(2) dt. 1-4-70.	L. M. & A. Islands.	Secretary (Administration).
No. 9/1/69-M dt. 4-1-71.	Manipur	Director of Medical Health and Family Planning Services.

Model Rules

7.13 The Act aims at enabling Central Government to regulate the registration and compilation of vital statistics in the country so as to ensure a minimum uniformity and comparability leaving enough scope to the State to (1) collect such other information as they may desire and (2) to develop an efficient system of registration on the lines suited to the particular characteristic of their respective administration. It is with these considerations, that a provision has been made in the Act so that the State Governments may,

with the approval of the Central Government, by notification in the official Gazette make such rules to carry out the purposes of this Act. These rules have specifically to provide for the form of registers in which the births and deaths are to be recorded, the custody of the registers, issue of certificates, the fees for delayed registration, the procedure for correcting the registers and the form in which the Chief Registrar is to prepare the report. In order to guide the States in framing their Rules the Office of the Registrar General, India keeping in view of the topography of the State, means of communication, assessibility and customs of the people, the present system of Registration etc., brought out the Model Rules (Annexure XIV) in consultation with the Union Law Ministry. The State/Union Territories in respect of which Rules have been finalised as on 1-4-72 are given below:—

STATES

1. Assam
2. Bihar
3. Gujarat
4. Haryana
5. Kerala
6. Madhya Pradesh
7. Mysore
8. Orissa
9. Rajasthan
10. West Bengal.
11. Himachal Pradesh
12. Nagaland
13. Uttar Pradesh.

UNION TERRITORIES

1. Chandigarh
2. Dadra & Nagar Haveli
3. Delhi
4. Goa, Daman & Diu
5. L. M. & A. Islands.
6. Manipur.

CHAPTER 8

REGISTRATION PROMOTION

8.01 The enactment of the Registration of births and deaths Act, 1969 marks the beginning of a new era in the history of the civil registration system in India. All measures have to be taken with zeal to bring up the level of registration and to see that a regular system is built up and strengthened on a long term basis.

One of such measures is Registration Promotion—either the revival of the old or the initiation of new activities.

Inter-Departmental Committee on Vital Statistics

8.02 The machinery for registration is not monolithic and the officers of the various departments have to be associated with the registration work. Even after the enforcement of the Registration of Birth & Death Act, 1969, the existing arrangements will have to be continued. To ensure proper co-ordination and to resolve any operational difficulty, formation of a Committee comprising concerned departments was suggested as early as in 1962. The conference of Chief Registrars in February 1970 restated the need for the constitution and effective functioning of these Committees and also recommended that an officer from the Office of the Registrar General, India may participate in the meetings of these committees. The State/Union Territories where the co-ordination Committees have come into existence are:—

S. No.	Name of the State/Union Territory
1.	Andhra Pradesh
2.	Bihar
3.	Gujarat
4.	Haryana
5.	Jammu & Kashmir
6.	Kerala
7.	Madhya Pradesh
8.	Punjab
9.	Delhi.

Regional Liaison Offices

8.03 With the transfer of schemes on Vital Statistics to the state sector (as a result of the decision of the National Development Council circulated with Planning Commission's circular No. F. C/5/68-CDN dated 12-9-1968), the Central Sector Plan in vital statistics during the Fourth Plan was formulated as "Registration Promotion, Methods Research and Population Studies.". There thus arises a need for liaison with the States concerning the schemes

for improvement of vital statistics. Both the Central Government and the Planning Commission attach great importance to these schemes and are anxious that these schemes are implemented as hitherto as Committed Schemes. As this is a long-range project, any slackness at any time and at any level will greatly harm the project and money already invested may go waste. It was, therefore, considered necessary to maintain close liaison with the state through Regional Liaison Offices.

8.04 Accordingly five zonal offices are being set up corresponding to the five Census Zones, namely :

Zone	Jurisdiction	Headquarter
1. North Zone	Jammu and Kashmir, Punjab, Rajasthan, Delhi, Chandigarh, and Haryana.	Delhi
2. Central Zone	Uttar Pradesh and Madhya Pradesh.	Bhopal
3. Eastern Zone	Bihar, Orissa, West Bengal, Assam, Manipur, Tripura, NEFA Nagaland, and A.&N. Islands.	Calcutta
4. Western Zone	Gujarat, Maharashtra, Dadra and Nagar Haveli and Goa, Daman & Diu.	Bombay
5. Southern Zone	Andhra Pradesh, Kerala, Mysore, Tamil Nadu, Pondichery and L. M. & A. Islands.	Madras

8.05 The work programmes of the zonal offices envisaged at present are indicated below:—

(1) To ensure continuity of vital statistics schemes—particularly maintaining/strengthening of vital statistics staff at district Headquarters and municipality and ensuring timeliness of data.

(2) To have a supervisory check by touring districts and make an independent assessment of promotion of registration;

(3) To observe whether trained personnel are put on registration work and to estimate the training requirement of each State.

(4) To assist in the deliberations of the State Committee on Registration and maintain effective liaison with the State departments.

(5) To undertake methods research in regard to the notifier system and the feed-in provision for registration of vital events.

(6) To report generally about the operation of the ACT and the field problems involved.

(7) To assist in organisation of under-registration surveys.

(8) To pursue the recommendation of the conference of Chief Registrars.

Training

8.06 With the enforcement of the Act, a hierarchy registration officials has been created statutorily. While the Act gives to all the Registration officials a legal status, it is also necessary to equip them functionally for the task. Since the registration officials are drawn from various departments of a State, it is important both qualitatively and quantitatively that these Registration officials are put through a uniform course of training. The office of the Registrar General, India had initiated in 1967 a training programme for officials at the State District., Tehsil and primary level (Annexure XVII). Under the Act the functional categories in the Registration hierarchy has increased and improvements have been effected in the registration procedures and compilation of vital statistics data. A need has, therefore, arisen to reorient the training programme. The Conference of Chief Registrars of States has also made this recommendation. A comprehensive training programme is, therefore, to be drawn up by the office of the Registrar General, India to cover the primary registrars and the supervisory level of officers at the District and municipal level. The training programme would be gradually implemented through the Regional offices and the State Department responsible for vital Statistics.

Publicity

8.07 Mere provision of penalties in the Act does not promote registration in the conditions existing at present. Some complimentary measures are necessary to educate the public regarding the necessity of registration. One such measure is publicity. There is need for intensive propaganda initially about registration requirements through the usual channel of publicity to catch the eyes and ears of the common man. In particular, the hours of working and location of registration offices are to be given wide publicity.

8.08 Efforts have, therefore, been made from time to time to give wide publicity regarding the enforcement of the Act. The documentary films—"Vital Records" for Urban and "Matters of Births & Deaths" for Rural—were continued to be shown throughout the country. The Heads of all stations of the All India Radio were requested to make occasional announcements in rural and urban programmes about the statutory requirement of registration of births and deaths. The top officials of the registration machinery in some States also relayed talks on the importance of the Registration of births and deaths over the regional stations of the All-India Radio. Further, a radio spot of 60 seconds on the statutory requirements of individuals to register births and deaths was put out over the commercial stations of All-India Radio in seven languages—Hindi, Bengali, Gujarati, Kannada, Marathi, Tamil and Telugu on every Sunday from January, 1972.

8.09 It is hoped that the enactment and the effective enforcement of the Registration of Births & Deaths Act, 1969 would eventually bring up the level of registration which has been assuming greater importance day by day. It is not a problem that can be solved in days. Even the affluent countries in the world took several decades to build up a satisfactory system. In a country of the size and complexity of problems as India, one cannot expect rapid results. All possible steps have to be taken to evolve an efficient vital statistics system in the shortest time possible.

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PART II

STATEWISE REVIEW OF THE VITAL STATISTICS SYSTEM PRIOR TO THE ENFORCEMENT OF THE REGISTRATION OF BIRTHS & DEATHS ACT, 1969

NOTE

To place Vital Statistics methods in their proper perspective, it is necessary first to have an understanding of the history of vital records and statistics. Knowledge of the origin of vital records and the various methods by which vital statistics are obtained provide the back-ground against which current methods, procedures and recommendations can be evaluated. But such an attempt of evaluation does not seem to be an easy task to a country like India where there was a great diversity in the legal provision in different part of the country for the registration of births and deaths before the enactment of the Registration of Births and Deaths Act, 1969. Different Acts were enforced in different parts of the country and even in one State, there were many Acts in force. A need has, therefore, arisen to review the statewise registration system in the country for a critical appraisal of the prevailing Vital Statistics system.

The Statewise review deals with the registration system that existed prior to promulgation of the Registration of Births and Deaths Act, 1969 and gives details under various heads like Registrar, the nature of registration, period of reporting, reporter, flow of information, time schedule, inspection arrangements, compilation, issue of certificates, fees, fines, penalties etc.

It is hoped that the detailed review on the subsequent pages would provide material to those who are interested in finding better ways and means to effect further improvements in the civil registration system.

ANDHRA PRADESH

There are two systems of vital statistics Registration in vogue in the two components (Andhra and Telengana) of the State. The Registration of Births and Deaths is compulsory in various parts of the State under the following acts:

(i) City of Greater Hyderabad: Hyderabad Municipal Corporation Act, 1955.

(ii) Rural Area and the City and Town Municipalities of Telengana: Registration of Births and Deaths Registration of 1358 F. No. II of 1359F.

(iii) Rural areas of Andhra:—The Andhra Pradesh (Andhra area) Registration of Births and Deaths Act (Act III of 1899).

(iv) Urban areas of Andhra:—The Andhra Pradesh (Andhra area) District Municipalities Act, 1920.

In rural areas, the village Munsiff is Registrar in Andhra area, while Police Patel or village revenue official is registrar in Telengana area. In larger Panchayats this work is being looked after by the vaccinator of the area. In urban areas, Registrars are either Health Assistant, Vaccinator or Sanitary Inspectors. The event of a birth is to be reported within 7 days of its occurrence and that of death within 24 hours in Telangana area (rural and urban). In Andhra, every birth is to be reported within 1 week and 14 days in urban and rural areas respectively, while death is to be reported within 36 hours and 4 days respectively.

The primary Registrar *i.e.*, Village Munsiff submits abstract statement of births and deaths on or before the 3rd day of each month relating to the month immediately preceding in the Andhra area and the Police Patel of Telengana area sends within 5 days of the close of the month to the Tehsildar, who in turn sends them by 8th of the month to the Office of the Director of Public Health. In urban area, every municipality has to submit the return to Director of Public Health before the 15th of the following month. Control sheets are maintained at Tehsil and Municipal offices to watch the progress of returns from the Registrars for rural and urban areas respectively. Birth and Death registers are to be supervised by Health and recently appointed statistical staff in urban areas. These records are open to inspection in rural area by any Revenue Officer or any officer of the Medical and Public Health department in Andhra and any inspecting officer of any department in Telengana area and registers are checked by the Health Inspector of the area once in two months and the entries are verified and initialled by the checking officer with the date of check.

Any person who commits a breach of any of the Rules for registration of vital Statistics in Municipalities in Andhra Area is punishable with a fine extending upto Rs. 20 and in case of continuing breach with fine upto Rs. 5 per day subject to a maximum of one hundred rupees. In Telengana area, fine extending upto Rs. 50 both for rural and urban areas is prescribed. It is upto Rs. 10 in the rural areas of Andhra Pradesh. A Registrar who neglects his duty is punishable, on conviction, before a Magistrate to a fine not exceeding Rs. 100 and the limit is Rs. 25 for the Registrar in the rural area of Andhra.

In urban areas, registers of births and deaths are kept in the municipal record room as permanent records, while the procedure in the rural area is that in Telangana area these registers are retained in the custody of the Registrar for two years after it is closed and then they are sent to Tehsildar for permanent record. In Andhra Region, the register of births and deaths are to be retained in the custody of the Registrar for a period of 12 months after the close of calendar year to which they relate and then sent to Tehsildar. The Tehsildar checks them and transmits them within three months to the Sub-Registrar concerned who files them in his office as permanent records and gives and certifies extracts therefrom.

There is a central compilation system for rural areas. The Director of Public Health undertakes compilation and tabulation of data in his office. As regards the urban areas, compilation is being done at the municipal level only. Each Registrar prepares the statement and sends it to the Municipal Office where the statement for the entire municipalities is prepared.

All institutional events are to be reported by the Heads of institutions. In Andhra, the birth is to be reported within one week and death within 12 hours, whereas in Telangana these are to be reported within 48 hours. In Andhra area all deaths occurring in hospitals are to be certified in international Form of Medical Certification of Cause of Death.

There is a provision for issuing certificates in Andhra and Telangana Municipalities after paying stipulated fees.

ASSAM

The registration of births and deaths is compulsory throughout the State. The registration is governed by "The Assam Births and Deaths Registration Act, 1935" and "Assam Act V of 1936 (The Assam Births and Deaths Registration Amendment Act, 1936)" in rural areas and by "The Mikir Hills Births and Deaths Regulation, 1943" in hilly areas in the State. In municipal areas it is done under Assam Municipal Act, 1956 and the rules framed thereunder.

"In the State of Assam, there were three main agencies for collection of vital occurrences during the decade 1951-1960, namely:—

1. Revenue
2. Municipal
3. Police

Very recently, in few district like the Cachar, the work of collection of vital occurrences is gradually being taken up by Anchalik Panchayats. But these Panchayats are also not reporting the vital occurrences correctly and regularly[1]".

Mauzadar is the registrar of his Mauza (a Mauza is equivalent of a thana/tehsil). He compiles the registers of births and deaths of his area from the Hath-chittas submitted to him by goan buras. The tea estates, Railway administration, Assam Oil Company and Assam Railway and Trading Company, have provided their own Registrars. In urban area this work is being done by Health Officer, Chairman or Vice-Chairman of Municipal Board/Area.

The Act provides that the head or member of the household should report the occurrence of event in the household to the District Registrar either himself or through appointed agency such as chowkidar or Goan buras within eight days of its occurrence. Reporting is hardly made and the provision is hardly implemented. In villages, Goan-bura has been made responsible for reporting the events. He records the vital events occurring in his village in the books (Hath Chittas) supplied for the purpose and submits periodically to the registrar of his area. The Registrar sends compiled monthly statement of his area to the District Civil Surgeon who in turn forwards districts statements to the Office of the Director of Health Services. In urban area, the Health Officer receives the information of vital statistics under the Act, either by householders or occupants of each and every house. In Municipalities and Unions where Health Officers have not been appointed, "reports are made to the village headman or 'goan-buras' or police who report to the Municipal Officer or other persons who has been made Registrar of the Municipality"[2]. These reports of vital events are then forwarded periodically to the respective Civil Surgeons of the different districts of the State and through them the information flows to the Director of Health Services, Assam.

Control sheets are maintained both at the district as well as State level. In rural areas, Civil Surgeons maintain a control sheet over the receipt of returns from the Mauzadar of the district. There is three stage compilation of

[1]Census of India, Vol. III—Assam, Report on Vital Statistics, Part I-B, pp. 2-3.

[2]Op. cit., p. 2.

the vital statistics in the rural areas. First compilation is done by the Mauzadar for his area. The second compilation is done at district level in the Office of the Civil Surgeons where district statements are compiled. The third stage is at the State headquarters where State figures are compiled from the consolidated district statements.

In case of failure to report either through a fault of omission or commission a fine can be imposed which may extend to Rs. 2 in case of Goan-buras and Rs. 5 in case of households. Similarly the failure of a Registrar to register an event through neglect or wilfulness is punishable with fine which may extend to Rs. 50 for each such offence.

The registration records of births and deaths are permanently maintained in the Office of the District Medical Officer (Civil Surgeon).

BIHAR

The vital statistics registration is compulsory throughout the State according to Bengal Births and Deaths Registration Act 1873 as extended to Bihar. The Registration in rural areas is done under the "Panchayat Raj Act" in which the provision of Bengal Births and Deaths Act 1873 have been adopted. Since 1959, Panchayats has taken over this work from Police Department. In urban areas, rules have been framed under 'Bihar and Orissa Municipal Act, 1922'. The arrangement of registration differ in municipalities and notified area committees.

In panchayat areas 'Gram Sevaks' and in rural areas where panchayats have not been formed, thana officers act as Registrars. In Municipal towns, Health Officers are the Registrars of births and deaths and in municipalities and notified area committees where there is no health officer, Sanitary Inspector or Health Inspector act as Registrar. The legal responsibility of reporting is on parent and in his absence mid-wife, near relative; but provision has been made that chowkidar in villages and Zamadars in the municipal areas report these events.

In Gram Panchayats, Chowkidar submits information of births and deaths every week to Gram Sevak, who prepares a monthly statement to Junior Statistical Supervisor by the 7th of the following month. In non-block/block areas, where junior statistical Assistants have not been posted, 'Gram Sevak' sends the returns to Gram Panchayat Supervisor who forwards them to the District Statistical Officer by the 10th of the following month. As regards the urban areas, Health Officer sends the monthly statement in prescribed proforma to the District Statistical Officer by the 10th of the next month, who has to send consolidated information to the Directorate of Statistics and Evaluation latest by the 30th of next month. There is provision for control over the receipt of returns. Control charts have been prescribed at various levels *viz.*, Panchayat, Block, District for the rural area. Similar control chart is being maintained wardwise indicating therein the names of ward Zamadars and the weeks of the month in the majority of the municipalities. Detailed provisions are made regarding the inspection. The statistical staff posted in the different corporations, municipalities and notified area committees are expected to verify all vital events before they are registered. As regards the rural area, Panchayat Department has clearly laid down the following instructions for inspection purposes.

(i) Every Panchayat Sevak should inspect registration work in all villages under his charge once a month.

(ii) The registered events of Births and Deaths should be read out in the Panchayat meetings, so that if any such event is left it may be registered.

(iii) At Block level the junior statistical Supervisors should select 20 per cent villages of his Block and should inspect 10 per cent villages for their registration work.

(iv) The Junior Statistical Supervisor, the Gram Panchayat Supervisor and other health staff working at the block level will distribute every month amongst them 20 per cent of their block villages and shall make inspection of the registered data.

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The Health Department has also laid down instructions for staff for inspection purposes:—

(i) The Sanitary Inspectors shall inspect 4 villages once a month.

(ii) Every mid-wife or Auxiliary nurse shall inspect one village in three months.

(iii) The Health Officers shall inspect 4 villages in a Thana circle in 3 months.

There is a provision of prosecution and Penalties. It is being governed in urban area by Bihar and Orissa Municipal Act 1922, which derives its basis from Bengal Births and Deaths Registration Act 1873. The Bengal Act 1873 lays down the provisions of the following penalties for rural area:—

(i) Chowkidar or any other person deputed		Rs. 2
(ii) Informant		Rs. 5
(iii) Registrar	Upto	Rs. 50
(iv) Person giving false information deliberately	Upto	Rs. 50

In Municipal areas the vital statistics records are being maintained by the municipal authorities. In non-municipal urban areas where the registration is being done by the Panchayat Sevaks, the registration forms are to be deposited in the month of February in the S.D.O.'s record room. As regards rural area, completed registers by Panchayats Sevaks are forwarded to Junior Statistical Supervisor by February, who deposits them in the record room of sub-division.

Certificates are issued by the municipal authorities after due verification and the fees differ from area to area. In the rural areas certificates relating to current events are prepared by Panchayat Sevak and countersigned by Mukhiya and those relating to past events, when the records have been transferred to District Statistical Officer, are issued at their end.

In big municipal towns a few special registration offices are functioning to facilitate the reporter to give information for registration in time. Regarding the institutional event, the head of the institution is to report the event either in person or in writing to the Registration Centre as provided in the Bengal Registration Act, 1873.

Propaganda measures like cinema slide, hand bills, posters are being taken up in majority of the urban areas to educate the general public about the importance of vital statistics and the allied bye-laws.

GUJARAT

The Registration of births and deaths is not compulsory in rural and non-municipal urban areas of Gujarat State. The system of registration of births and deaths was different in each of its principal constituents *viz.*, Gujarat, Saurashtra and Kutch. Gujarat State has followed the registration procedures of the former Bombay State. There were no acts of statutory provisions for the enforcement of vital registration in the rural areas of the former Bombay State (and hence in Gujarat State) where registration is still done by village officials under administrative instructions issued by the Government, in the Manual of Revenue Accounts.[1] In Municipal areas, registration is compulsory. The individual municipalities have framed their own bye-laws for registration of births and deaths under any of the following Acts:—

(i) Births, Deaths and Marriages Registration Act, 1886 as extended to Saurashtra.

(ii) Bombay District Municipal Act, 1901 (Rule 48).

(iii) Bombay Municipal Borough Act, 1925 (Rule 61).

(iv) Bombay Municipal Corporation Act, 1949.

From 1st April, 1963 Panchayat Raj was established in all districts in the State, except Dangs. Vital Statistics Registration work at village level has been transferred from police Patel to Panchayat. At talukas the Mamlatdars have transferred all records to Taluka Development Officers.

In rural areas, Registration is done by the Secretary-cum-Talati of the village Panchayat in addition to his other duties. In municipal areas the Registrar of births and deaths is usually the Health Officer, Secretary or Executive Officer of the Municipality. The period allowed for reporting a birth varies from 72 hours to 7 days in various towns. Similarly the period allowed to report a death varies from 48 hours to 72 hours.

The procedure for collection of data is that in rural areas Secretary-cum-Talati/Mantri of the village panchayat collects particulars of all births and deaths occurring in his village and forwards the extracts for the whole month to the Taluka Development Officer by the 5th of the following month. The Taluka Development Officer collects such extracts from all villages in his Taluka and forwards these to the Director of Health and Medical Services for compilation by 10th of the following month. In the case of municipalities, these extracts are sent directly to the Health Directorate by the 10th of the month following the close of the month under report. Gujarat has adopted a vigorous system of keeping control over the receipt of vital statistical returns from the periphery Control sheets at State level as well as at Taluka level are maintained. In the case of rural areas, an uptodate summary month by month is kept of the numbers of returns received and in arrears from the villages in each Taluka.

Officers of the Health Directorate, on tour, inspect the register of municipalities while in rural areas this work is done by the Taluka Development Officer, the District Development Officer, the District Health Officer, the District Statistical Officer and their staff when on tour.

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[1]Census of India 1961, Vol. V—Gujarat 'Report on Vital Statistics and Fertility Survey' Part I-B.

There has been a provision of penalties in those towns where bye-laws have been framed for enforcing the law. The penalty for not informing the Registrar about vital events is different in different towns *e.g.* ranging from Rs. 5 to Rs. 50. Some of them have provided a fine of Rs. 25 and in addition a fine of Rs. 5 for each day of delayed registration. Some have provided fine upto Rs. 50 in case of incorrect information given. Power of prosecution lies with the municipal board. It is found that in most of the cases the persons responsible for breach of bye-laws are never prosecuted. Some towns have provided in their bye-laws to givean amount ranging from Re. 0.50 to Re. 1 per case of unregistered event detected. It is doubtful whether this is put into practice. As the registration is not compulsory in rural areas, there is no provision of penalties.

The Register of births and deaths is kept at village level for two years from the end of the year to which it relates. After a period of two years the same is transferred to the Taluka Officer for records. In all the towns arrangements have been made to keep separate Register of births and deaths. Some of the municipalities have got even 100 years old records with them.

There is a provision of issuing certificates in towns. The procedure is not uniform for issuing the certificates. Certificates of births and deaths are issued on payment of fee ranging from 25 paise to Rs. 2 per certificate. Different rates are prescribed as a charge for searching old records. Some other fees such as paper fee, comparing charges, copying fees etc. are also charged in some towns. In one town 24 paise are charged for every 100 words in the certificate. Different provision also exists for late registration arrangement in various towns. Mostly, it is provided that an event should be registered without any charge if it is notified within three months. For registering events more than 3 months a fee of Re. 1 to Rs. 2 is charged by some municipalities. For events of above one year some towns have provided that with a special sanction of municipal board and after getting an affidavit before the magistrate the event would be registered.

The bye-laws of many towns provide that the doctor or organiser or manager of clinic or a hospital or a maternity home is to inform about the vital events occurring in their institutions. In some bigger towns even registers are given to these institutions for keeping list of such events, while some have provided boxes in which small forms are dropped after filling the particulars of events. A municipal worker collects these chits regularly and prepares the register. A clerk at cremation grounds or grave yards keeps register of dead bodies brought for final disposal.

HARYANA

Registration of births and deaths is compulsory in Haryana State under the Registration Act. In urban areas, the births and deaths are registered under section 188(c) and 199(i) of the Punjab Municipal Act, 1911.

In the rural areas, the Police Station House Officer in a Thana is the Registrar for his area. In his work, he is assisted by Police Moharrir (Clerk). In the urban areas, the Municipal Committee establishes one or more registration offices for registration of births and deaths within the limit of the municipality and the officer incharge of any such registration offices is termed as Municipal Registrar. The vital events are reported within four/seven days of the occurrence.

Chowkidar is the primary reporter in the rural areas. He records the births and deaths in Chowkidara books and reports these events to the Police Moharrir of his Thana every fortnight. The Thana Officer forwards a monthly consolidated statement within four days of the month ending to the Chief Medical Officer, through the District Superintendent of Police. The Chief Medical Officer of Health sends it to the Director of Health Services by the 10th of the succeeding month. In the case of Municipalities the municipal authorities submit all the returns to the concerned Chief Medical Officer, on the 5th of the succeeding month to which the return relates.

For rural areas, control sheets over the receipt of returns are maintained at Thana level. They are maintained at Headquarters and District levels and the defaulters are chased from there through the Chief Medical Officer of Health. If the vital events are not received in time, reminders are issued to the concerned Police Station. Services of Field staff are also utilised by pressing the Police Station in expediting the return. In the case of municipalities, Department of Health keeps the track. Personnel of the Health Department are responsible regarding inspections arrangement in the Municipal areas. In the rural areas the inspection arrangement is as follows:—

(i) The Tehsildars and Naib Tehsildars, on tour, check Hath Chittas of Chowkidars and on suspicion, verify entries about their accuracy. Kanungos also check Hath Chittas during their tours.

(ii) The Chief Medical Officers, on tour, also inspect the birth and death registers.

(iii) The staff of the public Health Department verify the registered births and deaths during their routine visits. They conduct on the spot enquiries to find out unregistered events.

In case of rural areas, every village watchman under the supervision of the Headman/Lambardar, is primary reporter. The responsibility for not reporting the events of births and deaths in the stipulated period lies on the Watchman and the Headman/Lambardar. These village officials are liable to be punished with a fine upto Rs. 300 in case of headman/Lambardar and upto 3 months pay with imprisonment with Or without hard labour for a period not exceeding 3 months Or with both in case of village watchman.

Municipal Registers of births and deaths are kept permanently. In the case of rural areas, the Chowkidar can keep the register (Hath Chitta)

with him for a period of two years from the date of last entry in the register. He forwards it to the Thana for onward transmission to the office of the Chief Medical Officer, where it is retained for a further period of two years and destroyed thereafter. The Thana registers are preserved as permanent records in the office of the Chief Medical Officer. Any body can consult the old records after applying to the Chief Medical Officer, and on payment of required fees. Errors from births and deaths registers can be corrected with due permission of District Magistrate.

All Government Municipal Or Private Hospitals are to report to the Municipal Registrar the occurrence of any birth or death within the hospitals/ Institutions within 4 days of such occurrence.

Any person who commits a breach of the above bye-laws on conviction by a Magistrate be punished with fine which may extend to fifty rupees.

In the Municipalities, any person can inspect a birth or death register on payment of fee of Re. 1 and is entitled to receive a certified copy of any entry in a birth or death register on payment of a fee of Re. 0.50 provided that in case where insufficient or incorrect information is supplied by an applicant, a further fee of Re. 0.25 is to be charged in respect of every year for which the registers have been searched and a deposit sufficient to cover charges likely to be incurred under provisions is demanded before search is made. Any balance is refunded and if the entry in question cannot be found the deposit is refunded in full less Re. 0.50.

HIMACHAL PRADESH

'Births, Deaths and Marriages Registration Act VI of 1886 with certain modifications as published in the Gazette of India extraordinary dated the 28th December, 1948 was extended to Himachal Pradesh with effect from 25th December, 1948. Also rules 550 and 551 of the Punjab Medical Manual were applied to the Territory to regularise the system of the registration to achieve uniformity of procedure in all the four districts.'*

The whole of Himachal Pradesh is divided into two areas in which two distinct procedures are adopted for carrying out the primary registration of births and deaths. In the old Himachal areas the duty to carry out primary registration of births and deaths has been entrusted to the Panchayats in the rural areas. In the integrated areas like District Simla/Kangra/Kulu/Lahaul and Spiti, the primary registration of births and deaths is carried out by the Police Chowkies in the rural areas.

In the Panchayat Raj Act a provision has been included making it obligatory on the part of the Panchayats to carry out the primary registration of all births and deaths that take place in the territories within their jurisdiction. Also a provision is made under the Act making it obligatory on the parents if living or on the guardians to report all cases of births and deaths that occur in the respective household. In other cases like choultries etc. the warden incharge has been entrusted the duty.

In the urban areas the duty of primary registration is entrusted to the local agency functioning in the areas under the various Municipal Act and the Notified Areas Acts.

All events are required to be reported within 3 days of its occurrence in the case of births and one month in the case of deaths. Such events as reported to the Panchayats are recorded in notification slips, three copies of which are made out, one to be handed over to the person reporting the event and the other to be forwarded to the District Chief Medical Officer through the District Panchayat Officer at the end of the month with an abstract of all the events in forms especially designed for the purpose. The information is expected to be given to the District Medical Officer by the 10th of the following month. The District Medical Officer collects all these reports and after arranging them Panchayat-wise enters them in the Birth and Death register, sufficient copies of which are supplied by the Chief Registrar.

Municipalities in the territory being very small, in urban areas the information regarding a birth or death is given by the Mohalladars directly in the office of the Municipal Health Officer. The Municipal Health Officer in turn submits these statistics to the District Medical Officer of Health direct through the President of Municipality.

The office of the District Medical Officer of Health consolidates information from all Police Stations, Panchayats and Municipalities and it is passed on to the Director of Health Services every month.

*Review of the Registration System of Births and Deaths issued by DGHS, Govt. of India, Ministry of Health.

All Public Health staff and other touring officers of the Department are directed to check the entries during the tour of the villages and bring to the notice of the Panchayats any errors and omissions. According to the existing instructions a report to this effect should appear in their inspection notes.

Any person who fails without sufficient cause to make a report under rule 267 of Panchayat Rules of Himachal Pradesh shall be punishable by a Nyaya Panchayat with a fine which may extend to rupee one for every day of non-compliance. In special cases the Panchayats may allow/compound the punishments.

JAMMU AND KASHMIR

The whole of Jammu and Kashmir State is under compulsory registration of births and deaths. In the cities of Jammu and Srinagar registration of vital events was started in 1913 while in the other areas the system was introduced in 1931. Till 1966, the Director, Health Services functioned as state level authority on registration of births and deaths and the District Medical Officer looked after the activity at the district level. Since the implementation of the vital statistics scheme, the Directorate of Economics and Statistics has assumed the responsibility of looking after the registration activity. A Vital Statistics Organisation headed by an Assistant Director of Statisticsedhas been created The organisation comprises a Headquarters Unit equipped with mechanical tabulation facilities and a unit consisting of one statistician and one computor in each District Statistical Agency except that of District Ladakh. In the two municipalities of Jammu and Srinagar and the towns of Anantnag, Baramulla, Sopore, Poonch and Udhampur, small statistical cells have been established. The Vital Statistics Organisation is responsible to look after registration activity organise trainings of registration staff, conduct field inspections and make improvement in the registration system.

Though the rural registration system is not clearly defined this function is being performed by Police Station House Officer (SHO). The village chowkidar (and in District Ladakh the Lambardar) maintains the birth and death register. He is expected to keep himself informed about births and deaths occurring within the village. In the Municipal areas the Health Officer and in the town areas the chairman functions as the Registrar of births and deaths within the territorial limits of his town. Every birth and death is to be reported within 3 days in the rural areas and within 48 hours in the case of urban areas.

In the rural areas, the registers are taken to the Police Station by the chowkidar/Lambardar at the time of his regular visits to the thana. In the urban areas, births and deaths are to be reported by the head of the household or a grown up member or the adult male servant. The customary sweeper and the mid-wife concerned are also responsible to report deaths and births respectively. In practice, reporting by the persons indicated above is not much affective. For such cases, the municipalities of Jammu and Srinagar have birth and death Reporters who go round the city and collect information on births and deaths that have taken place. In rural areas, reporting by the chowkidar/lambardar to the Police Station is usually on weekly basis except in the cases of far-flung areas. The receipt of the returns is kept under constant review by maintaining control charts in the manner suggested by the Registrar General. Despite vigorous follow-up, however, it has not been possible to ensure perfect regularity.

The inspection of birth and death records in rural areas is done by the agencies like the field workers of Health Department and the official of District Statistical Officer and Directorate of Economics and Statistics. In the case of urban areas this work is being looked after by the statistical staff posted in municipalities, in important towns, in District Offices and in the Directorate of Economics and Statistics.

The existing rules provide for penalties for various offences under various provisions. Persons contravening the rules or making false entries are liable for simple imprisonment of 15 days or a fine to the extent of Rs. 10. In towns

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where the rules are not very old) breach of the birth and death rules is liable to a fine not exceeding Rs. 50. The punishment is to be inflicted on conviction before a magistrate. The rules, however, as far as the punishment is concerned, are not affective.

In urban areas. there is a provision for giving extracts from birth and death registers to the interested parties by the Registrar. The fees chargeable under the rules vary from place to place.

In the rural areas the registration records are submitted to the Civil Surgeon by the Police Station who is responsible for the storage of these documents. In the urban areas, birth and death documents are maintained in the registration offices.

KERALA

The Registration of Births and Deaths is compulsory throughout the State except in certain isolated tracts in Malabar and Koz ikode istricts where it is voluntary. Registration is carried on under the Travancore-Cochin State, Registration of Births and Deaths Act VIII of 1953 in urban and rural areas in the erstwhile Travancore-Cochin while it is done under the Madras Act of 1899 in Rural areas. Registration is done under the Kerala Municipal Act, 1960 (Act, 14 of 1961) in the urban areas of the State.

The Health Assistants in the Municipal towns are the Registrars of birth and deaths. These Health Assistants are assisted in their work by Health Overseers and Vaccinators. In rural areas, in the erstwhile Travancore-Cochin State, registration was done by the field staff of Revenue Department prior to April 1956 and afterwards Health Assistants were appointed ex-officio as the Registrars of Births and Deaths. In Malabar district including Kasargode, registration is carried on by the village staff of the Revenue Department under the supervision of the Revenue Officers. The birth should be registered within one week from the date of its occurrence, while the information on deaths should be sent within 36 hours of its occurrence in urban areas. The provision in the rural area is that births should be registered within two weeks from the day of birth while information on death should be sent within 7 days from the date of death.

In the Travancore-Cochin area the Registrars fill-up cards prescribed for births and deaths of their respective area and forward them to Bureau of Economics and Statistics. The Municipal Commissioners in the Malabar region sends consolidated statements of births and deaths. The system of reporting in cards is being introduced in the Malabar region also so as to bring about uniformity. In respect of villages under Public Health Unit (Primary or Secondary Health Unit) the cards are sent to the Medical Officer of the unit, who in turn sends them to the Bureau of Economics and Statistics. "A two fold control is exercised to ensure the smooth flow of returns by the District Statistical Officers and by the V.S. Section at the Headquarters. The Municipal Commissioners have to intimate the District Statistical Officers whether the returns due to the department have been despatched in time. Whenever, the District Statistical Officer has not received intimation he will depute one of his staff for spot enquiry. From the headquarters a list of defaulting Taluk Registrar will be furnished to the District Statistical Officers to enable them to take further action. The Tehsildars and Medical Officers of the Primary Health Centres also keep a control register regarding receipt of returns from the Registrars"*.

In rural areas, the Health staff move in their jurisdiction and detect omission in the registration. In Malabar area, this work is done by the village revenue staff. In urban areas, this work is assigned to the Municipal Health Officers, District Statistical Officers and Senior Research Assistants. The D.S.Os and Senior Research Assistants check the births and deaths during their field visits and also inspect the Vital Statistics Registers maintained by the Birth and Death Registrars. The District Statistical Officers also conduct spot checks on births and deaths through house visits.

*Vital Statistics Bulletin No. 31 issued by the Director Bureau of Economics and Statistics, Trivandrum pp 1-2.

A penalty upto Rs. 10 and Rs. 100 can be imposed on conviction by the appropriate court of law for not giving information about births and deaths respectively for rural and urban areas.

The permanent records of births and deaths are maintained in the office of the Taluk Health Inspectors in the case of rural areas and Municipal Officers in the case of urban areas.

A birth or death not registered within one year after its occurrence shall be registered only under the orders of the Registrar General (Director of Health Services). There is a provision for issuing certificates of births and deaths. It can be obtained from the Taluk Health Inspectors in rural areas and from Municipal Commissioner in urban areas.

Births and Deaths registration rules do not specifically state that regular notifiers should be appointed in the Municipalities for reporting births and deaths. But, the vaccinators, the sweepers and other health staff working under the Registrar usually intimate the Registrar the details of births as and when they come to know of the occurrence of such births. But, in the case of deaths in regard to notifying the events to the Registrar the following provision is made in the Rules.

(i) Any Registered Medical Practitioner, Vaidya or Hakim in attendance during the last illness of any person dying in the Municipality shall within three days of his becoming aware of the death of such person, furnish the particulars of the deceased such as the name, sex, age, place of death etc. to the Commissioner.

(ii) Any person who performs the funeral ceremonies of a person dying within the Municipality shall whenever required furnish to the Registrar such information as he possesses regarding the particulars of death.

MADHYA PRADESH

Prior to the reorganisation of State of Madhya Pradesh in 1956 there was no uniform registration system of Births and Deaths in Madhya Pradesh. It was heterogenous combination of different systems prevalent in different States before their merger. The State of Madhya Pradesh consists of "(i) the territories of former Madhya Pradesh except the districts of Buldana, Akola, Amravati, Yeotmal, Wardha, Nagpur, Bhandra and Chanda (ii) the territories of former State of Madhya Bharat except Sunel Tappa of Bhanpura Tehsil of Mandaur district (iii) the territories of the former State of Bhopal, (iv) the territories of the former State of Vindhya Pradesh and (v) Sirohi sub-division of Kotah district of the former State of Rajasthan".[1]

Prior to the enactment of Central Act on Registration of Births and Deaths, 1969, in Madhya Pradesh the registration in rural areas was being done by Police Station Officer on voluntary basis, while in Municipal and corporation towns the registration was being done by the Municipal Committees and corporations as an obligatory duty under the statutory provisions. "In the rural areas registration was done in accordance with the instructions laid down under section 193(i) of the Land Revenue Act II of 1917 and under Rule 5 (vii) of the sub rules framed under section 227(2)(q)(iii) of the Act and some areas under Rule 25 of the schedule of duties of Police Patels contained in Appendix 'A' to the rules framed under section 21 of the Berar Patel and Patwari law. The above Police Station registration system, which was in vogue in erstwhile Madhya Pradesh and Vindhya Pradesh was extended to the whole of rural area of the new State of Madhya Pradesh from 1st January, 1963 by the notification of State Government. In the municipal towns the registration was governed by bye-laws framed "under section 275 to 278 of M.P. Municipal Committee Act 1961 and under M.P. Corporation Act 1962".

In the notified areas the provision is made and the procedure of registration is laid down under rules or bye-laws framed under C.P. Municipalities Act 1922. In the cantonments the relevant orders are issued under cantonment Act 1924"[2].

The Station House Officer at police station is the Registrar in the rural areas. In the urban areas, Registrar is usually the Chief Executive Officer/Health Officer. In the rural areas, it is the duty of Mukaddam, village Kotwar, Police patel or chowkidar to report the events. In urban areas, it is the duty of the father, mother or relative to report the occurrence of events. Births are also reported by the Vaccinators/Ward Darogas who are also registrars of births and deaths by physical rounds in Mohallas. In case of deaths, death registers are kept at different burning and burial grounds in the city. In some cases the party also inform if the dead body is taken outside municipal limits for emersion in the holy rivers like Narbada Kasipara etc. Period of reporting births varies from 72 hours to 15 days in the various municipalities. Similarly, there is provision of reporting death which varies from 48 hours to 72 hours. Jabalpur Municipality has provided that if death is due to any epidemic disease

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[1]Review of Regisrtration system of Births and Deaths in India issued by the Director General of Health Services, G/I, M/O Health pp. 75

[2]*Op. cit.* pp. 75.

such as plague, cholera, smallpox, influenza, diphtheria, measles, scarlet, fever, typhus typhoid and cerebros final meningities or any case of sudden death, the person responsible for reporting it under bye-laws shall report it within four hours.

With the transfer of registration of births and deaths work from the Director of Health services M.P. to Director of Economics and Statistics M.P. with effect from 1-1-1967, the following procedure is in vogue.

In rural areas the police station officer prepares a copy of the registered events and transmits it to the District Statistical Office every month latest by the 5th of every month. The District Statistical Officer compiles the information for his District and forwards it to the Director of Economics and Statistics M.P. At Police Station a Moharir entrusted for this work is paid Re. 1 or Re. 2 per month (revision of rate is under consideration of the Government).

The Municipal Committees also send a copy of the registered events to the District Statistical Officer every month. The District Statistical Officer includes these in his consolidated statement of his district.

The staff of the Director of Economics and Statistics and the staff of the District Statistical Officer keeps control over the receipts and quality of returns. The District Staff also looks to the coverage and training of the vital statistics personnel both in rural and urban areas.

Regular inspections are done both by district and Headquarter Staff. Besides these arrangements the Municipal Corporation staff also takes up the inspection within their jurisdiction.

The rules adopted for the registration purposes have got a provision for penalty in case one neglects to report or give information as required by the bye-laws of the various areas or refuses to answer questions put to him, shall on conviction before a magistrate, be liable to pay fine and the amount of fine for omission or refusal vary in different areas.

The rural record of births and deaths is maintained by the police and record for urban areas is being maintained by the municipal authorities as these being the registering agencies at the periphery.

In some of the municipalities, arrangements for the late registration of events have been made. Any person can get registration certificate after paying prescribed fee and this fee varies in different municipalities.

MAHARASHTRA

The system of registration of births and deaths is not uniform in all the areas of Maharashtra State. The State has been formed by merger of 8 districts of Madhya Pradesh (known as Nagpur Division), 5 districts of Hyderabad State (known Aurangabad Division) and the territories of the former State of Bombay. Each area is still continuing its own system of registration of births and deaths. The forms that were being used in Bombay areas are used in all the areas. The registration of births and deaths is compulsory in urban areas i.e. municipal corporation, Borough, Municipalities, Town Municipalities. The system of registration of births and deaths in urban areas is governed by the bye-laws framed under the various Acts, as indicated below:—

(i) Municipalities in Western Maharashtra (old Bombay State):—

(a) Town Municipalities:—Bye-laws framed under section 48 (b) of Bombay District Municipal Act, 1901.

(b) Borough Municipalities:—Bye-laws framed under section 61(1)(J) of Bombay Municipal Borough Act, 1925.

(ii) Municipalities in Nagpur Division (former M.P. State):— Bye-laws made under clause (J) of sub-section 5 of section 179 and sub-section 5 of section 178 of central Provinces and Berar Municipalities Act, 1922.

(iii) Municipal/Town Committees in Aurangabad Division (former Hyderabad State):—

Under the Hyderabad Municipal and Town Committees Registration of births and deaths Rules, 1951, framed under Hyderabad Registration of Births and Deaths Regulations, 1359 F.

The Registration of births and deaths in Municipal Corporations of Bombay/Poona/Nagpur/Sholapur is governed by the rules and bye-laws framed under the respective Municipal Corporation Act.

The system of registration of births and deaths in the rural areas of Maharashtra is governed as follows:—

(i) Bombay: It is still being carried on by the Revenue officials under the administrative instructions issued by the Government in the Manual of Revenue Accounts.

(ii) Aurangabad Division: Registration is done under the Hyderabad Registration of births and deaths regulation of 1358 F.

(iii) Nagpur Division: Registration is done under the Madhya Pradesh Revenue Code, 1959.

With the formation of Zila Prishads, the responsibility for the registration of births and deaths now vests with gram panchayats and they have to do in a manner prescribed by the government according to sub-item (k) of item v of sub-section (i) of section 45 of the Bombay Village Panchayat Act, 1958. Old arrangements have continued to be allowed where gram panchayats have not taken up the work.

In rural areas, Police Patel is the Registrar of births and deaths; wherever, he is illiterate, the Talathis (village accountant for 4 or 5 villages) registers the events for him during his weekly visits, while in the Nagpur Division, the Station House Officer is the Registrar. In urban areas of Western Maharashtra, the Secretary of the Municipal Committee is appointed as the Registrar of Births and Deaths in Municipal area under the bye-laws framed under the Bombay District Municipal Act of 1901.

Information regarding every birth/death is to be generally given within 72 hours after the birth/death in the Municipal towns of western Maharashtra and Nagpur Division. In the case of Municipalities and town Committees in Aurangabad division information regarding every birth and death is to be given within 7 days after the day of birth and within 24 hours in the case of death. The information regarding every birth or death occurring in the hospital, jail, maternity home, hotel, sarai, dharamshala, temple or such places where travellers or persons without houses are put up is to be reported within 24 hours by the Manager or the person in charge. Registration is voluntary in rural areas except Aurangabad division and hence events are registered when it comes to the notice of Registrar. In Aurangabad division births and deaths are to be reported within 7 days and 24 hours respectively, from the date of their occurrence.

According to the existing arrangements in the urban areas, exact copies of birth and death registers for any month are expected to be sent directly to the Directorate of Public Health by the 10th of the following month. In the case of rural areas these are to be sent by Police Patel to Mamalatdar (Tehsildar) by the 5th of the following month who in turn sends them to the Director of Public Health by the 10th of the following month. There is a provision for control over the receipt of returns. A central control register containing names of all municipalities is maintained at the state headquarters. Similarly, taluka officer and SHO's are the only agency in the rural area through whom the records are routed. They pursue the villages under their control. A register showing receipt of returns in respect of each taluka is maintained at State headquarters of Public Health Department. Under the existing arrangements the chief Officer/Health Officer and the Public Health workers such as vaccinators, sanitary inspectors are expected to inspect the birth and death registers.

As per the bye-laws framed by the Municipalities and the Hyderabad Municipal and Town Committees, Registration of births and deaths Rules 1951, if a person whose duty is to give information under the bye-laws/rules, without due cause neglects/refuses to give such information, within specified time limit or gives false information, is liable on conviction, to be punished with fine ranging from Rs. 10 to Rs. 50 as per bye-laws of the Municipalities.

Centralised compilation of vital statistics is done with the help of mechanical equipment in the Bureau of vital statistics attached to the Director of Public Health. In Bombay and Nagpur Municipal Corporations the compilation is done by the Corporation themselves.

Birth and Death Registers are preserved by the respetive municipalities Bye-laws framed by some of the Municipalities provide for issue of an acknowledgement on receipt of information of birth/death. Certain municipalities have made provision in the bye-laws for issue of birth/death certificates in the prescribed form to the informant on application free of cost.

Municipalities are empowered to frame bye-laws for late registration of births and deaths. However, all of them have not passed bye-laws to this effect. In the bye-laws framed by some of the Municipalities in Western Maharashtra, the following procedure has been laid down:—

(i) The Registrar may of his own authority for any reasons which he considers sufficient, receive notice of birth or death at any time within one month from the date of its occurrence.

(ii) After expiry of one month following birth or death, registration shall only be effected by the Registrar, after production to the Registrar by a person authorised by the bye-laws to give information concerning birth or death, of a statutory declaration in writing of the particulars made before the Registrar.

(iii) After expiry of twelve months following a birth or death no registration shall be effected by the Registrar except with the special sanction of the Standing Committee and on production of a statutory declaration

MYSORE

Registration of births and deaths is made compulsory in urban as well as in rural areas. At present, different Acts are in force in different integrated areas of the State, as indicated below:—

Act	*Areas in which it is in force*
(i) The Mysore Registration of Births and Deaths Act, 1918	Rural areas of the 9 Districts of erstwhile Mysore State (excluding Kollegal Taluk).
(ii) The Mysore Municipalities Act, 1964 (Act, 22 of 1964): Sections 324 and 325.	In all the towns of the State.
(iii) The Coorg Registration of Births and Deaths Act, 1932	Rural areas of Coorg District.
(iv) The Madras Registration of Births and Deaths Act, 1899	Rural areas of Bellary and South Kanara District and Kollegal Taluk.
(v) The Hyderabad Registration of Births and Deaths Regulation, 1358 Fasli.	Rural areas of Bidar, Gulbarga and Raichur districts.
(vi) The Bombay Registration of Births and Deaths Act, 1886.	Rural areas of Belgaum, Bijapur, Dharwar and North Kanara Districts.

Model bye-laws have also been adopted by town and city municipalities under "The Mysore Town Municipal Act, 1951"[1]. Registration is carried out under "The city of Bangalore Municipal Corporation Act 1949" in Bangalore city.

In rural areas, at the village level, generally the village headman, Patel or Talati act as the primary Registrar. In the urban area, city or town is divided into two or more divisions. Each such division has a Registrar. The sanitary or Health Inspector or other official of the Health Department of the corporation or Municipality is generally appointed as the Registrar.

Acts and rules framed thereunder, generally lay down that every parent or guardian, or next of kin or any knowledgeable person has to report the occurrence of birth or death in the limits of each village or town to an appointed official or person within certain time limit—(seven days in the case of a death and two weeks in the case of birth, in old Mysore area).

[1]Vital Statistics Manual (Draft) prepared by Department of Statistics, Mysore, pp. 2-3.

In rural areas, the registrars submit duplicate copies of the registrar to the Tehsildars on or before the 5th day of every subsequent month. The Tehsildars collect and forward them to the Director of Statistics on or before the 8th day of each month. In urban areas, generally the President will collect the duplicate birth and death reports. The next day after the registration he sends it to the Director of Statistics after registration so as to reach him before the close of the third day following. In none of the bye-laws there is a provision for the control of receipt of returns, but the Director of Statistics at the State Headquarters maintain such a register for watching the receipt of returns. For villages, the Tehsildar also maintains village-wise control sheet to chase the defaulters.

The Mysore Registration of Birth and Death Act, 1918 lays down the responsibility of inspection of Revenue inspectors and Amildars/Deputy Amildars for the rural areas. The Act provides that these officials shall constantly inspect the registers of births and deaths, enquire in the villages about recent births and deaths and verify whether they have been entered in the registers, correct omissions, instruct registrars about discharging their duties efficiently and exercise a general supervision over this work. The registers are to be checked at least once in two months by a Revenue Inspector and the entries verified are to bear his initials with date of check. In the urban areas the Health Officer, the President shall constantly inspect the Registers of births and deaths and make test checks by enquiry and exercise general supervision over the work of the Registrars.

In almost all the bye-laws, there is a provision for penalising the person, who fails in his duty to inform the Registrar regarding a birth or death that had occurred. The fine varies from Rs. 5 to Rs. 50 in the case of urban areas and in case of rural areas, on conviction before a Magistrate, one is liable to fine no exceeding ten rupees.

Compilation is Centralised and Mechanised and is being done at the State Headquarters by the Department of Statistics. Data are compiled from the copies of birth and death registers received from the periphery.

Every Register of 'ORIGINALS' of birth and death registers shall be in the custody of the Registrar for a period of one year. After the expiry of this period, the Registers shall be deposited with the Tehsildar concerned in the case of rural areas and for urban areas, it shall be sent to the President, who after careful scrutiny of all unaltered, erasures and alterations, shall file it as a permanent record in the Municipal office.

For deaths that occur in Medical Institutions the cause of death is certified by the attending physician. Only the final cause is registered. In order to get reliable information on the cause of death, particularly the underlying cause, Medical certification of causes of death in the international form has been introduced in all the major hospitals and teaching institutions of the State, though this is not governed by law.

Only in a few Municipalities of the integrated areas, there is a provision of late registration of births and deaths. If the late registration of the event is within a period of one year, it may be got registered by the Registrar himself. Events that are not registered within a year of its occurrence can be got registered only under the orders of a Magistrate.

For events that occur in the urban areas of the erstwhile Mysore State, certificates are issued by the Registrar General of Births, Deaths and Marriages on receipt of applications enclosing a court fee stamp—one of 25 paise towards application fee and at the rate of 50 paise court fee stamp for each certificate required. For events that occurred in Bangalore City Corporation, the Health Officer Bangalore City Corporation issues the certificates on receipt of Rs. 2 per certificate. For events that occurred outside the erstwhile Mysore State, the certificates are issued by the concerned Chief officers and Presidents on receipt of fee which varies from Re. 1 to Rs. 3.

ORISSA

"Orissa was carved out as a separate province in 1936 with areas drawn from the then provinces of Bengal, Bihar, Madhya Pradesh, and Madras. These areas, therefore, inherited the system of registration prevalent in Bengal and Madras. In the Ganjam and Koraput districts of the newly formed State, the Madras Registration of Births and Deaths, Act, 1899 was followed, whereas in the remaining four districts of Cuttack, Puri, Balasore and Sambalpur, the provisions of the Bengal Births and Deaths Registration Act, 1873 were enforced"[1]. Both the Acts provide for compulsory registration of births and deaths. "In the Princely States where no registration system worth the name, in operation, the Bengal Births and Deaths Registration Act was made applicable in 1952"[2]. After the merger of the Princely States, the Orissa have been divided into thirteen Revenue districts *viz*: (1) Balasore, (2) Bolangir, (3) Cuttack, (4) Dhenkanal, (5) Ganjam, (6) Kalahandi, (7) Keonjhar, (8) Koraput, Mayurbhanj, (10) Phulbani, (11) Puri, (12) Sambalpur, (13) Sundergarh.

Prior to Panchayat Raj, the village officials acted as Registrar for some villages in two districts (Ganjam and Koraput) and furnish the monthly returns to the Health Directorate through the Taluk officer for compilation. In the remaining 11 districts the village chowkidar reported births and deaths to the Police Stations in their weekly parade day. The Officer-in-charge of Police Station maintained the prescribed registers and furnish the monthly returns to the District Health Officer for district compilation. The District Health Officer furnished the district consolidated monthly return to the Health Directorate for State compilation.

"The Orissa Grama Panchayat Act, 1948, provided registration of births deaths and marriages as one of the obligatory functions of the Grama Panchayats. The village chowkidar continued to be responsible for collection of vital events, but the police and Grama Panchayat authorities together exercised a sort of diarchal control over him, resulted in deterioration of the system .....Last nail on the coffin was. driven on the gradual abolition of village headman and chowkidary system"[3] in the State from the year 1963-1965.

Subsequently, the State Government have passed the Orissa Grama Panchayat Act, 1964. The above Act provided for compulsory registration.

The State Government in consultation with the office of the Registrar General, India, has prepared and printed the Manual of Instructions for Registration and Reporting of Births, Deaths and Epidemics during the year 1965. This was also distributed among all concerned. The Chief Minister of Orissa, has issued an appeal to the Grama Panchayats for registration and reporting of births and deaths. But the Grama Panchayats to whom the work of registration and reporting of vital events was assigned would not take up this responsibility. Consequent on which the work of the registration of births and deaths came to a stand still in Orissa till 1968.

[1]Census of India 1961, Vol. XII-Orissa Part I-B Report on Vital Statistics and Fertility Survey p. 3.

[2]Census of India 1961, Vol. XII, *op. cit.*, p. 6.

[3]*op. cit.*, p. 7

As the Grama Panchayats did not take up the work of registration and reporting of births and deaths, the provisions laid down in the Manual of Instructions for registration and reporting of births and deaths and channel of reporting could not be materialised.

The State Government has issued an ordinance, on 10th January, 1967 known as Orissa Gram Raksh Ordinance, 1967; subsequently passed the Orissa Grama Rakshi Act, 1967 on 29th July, 1967 and Orissa Grama Rakshi Rules, 1969 on 11th July, 1969; under which Grama Rakshis, besides, other duties are required to report the births and deaths which occurred within their jurisdiction to the officer-in-charge of the respective police stations, at an interval of fifteen days. In all the urban areas where the Sanitary Staff exists, registration of births and deaths is done by them. In urban areas where arrangements have not been made by the local body concerned, the Thana Officer does the work as in the case of rural areas. It has been provided that all the births and deaths are reported within fifteen days of their occurrence.

In the rural areas the officer-in-charge of the Police Stations and out Posts are submitting the monthly returns from the year 1969 direct to the Health Directorate for central compilation, basing on information received from the Grama Rakshis. In the urban areas, where the registration system exists, the concerned town authorities are submitting the return direct to the Health Directorate for central compilation.

PUNJAB

The registration of births and deaths is carried out in all areas of the State and is compulsory in the whole State. The registration of births and deaths is governed by the following enactments/manuals:

(i) The Punjab District Board Act, 1883, sub-section 2(1) of Section (20)

(ii) Police chowkidar Rules framed under Punjab laws Act, 1872

(iii) The Punjab Municipal Act, 1911 Section 188(c) and 199(1)

(iv) Cantonment code, Sections 221 to 225 of chapters XV and

(v) Punjab Medical Manual (Sections 551 to 558).

In the rural areas, the Police Station House Officer in a thana is the Registrar for his area. In his work, he is assisted by Police Moharrir (clerk). In the urban areas, the Municipal Committee establishes one or more registration offices for registration of births and deaths within the limit of the municipality and the officer incharge of any such registration office is termed as Municipal Registrar. The vital events are reported within four/seven days of the occurrence.

Chowkidar is the primary reporter in the rural areas. He records the events of births and deaths in Hath Chittas and reports those events to the Police Moharrir of his Thana every fortnight. The Thana Officer forwards a consolidated statement within four days to the Chief Medical Officer through the District Superintendent of Police. The Chief Medical Officer of Health sends to the Director of Health Services by the 10th of the succeeding month. In the case of Municipalities, the Municipal authorities submit all the returns to the concerned Chief Medical Officer on the 5th of the succeeding month to which the returns relate.

For rural areas, control sheets over the receipt of returns are maintained at Thana level. They are maintained at Headquarters and district levels and the defaulters are chased from there, through the Chief Medical Officer of Health. If the vital events are not received in time, reminders are issued to the concerned Police Station. Services of field staff are also utilised by pressing the police station in expediting the return. In the case of municipalities, Department of Health keeps the track. Personnel of the health department are responsible regarding inspections arrangement in the Municipal areas. In the rural areas the inspection arrangement is as follows:—

(i) The Tehsildar and Naib Tehsildars when on tour check Hath Chittas of chowkidars on suspicion verify entries about their accuracy. Kanungos also check Hath Chittas during their tours.

(ii) The Chief Medical Officers, when on tour also inspect the birth and death registers.

(iii) The staff of the Public Health Department verify the registered births and deaths during their routine visits. They conduct on the spot enquiries to find out unregistered events.

A breach, or an *Hempt* of a breach, is punishable with a fine which may extend to Rs. 50 and when the breach is continuing one with a further fine which may extend to five rupees per day after the first day during which the breach continues.

Municipal Registers of births and deaths are kept permanently. In the case of rural areas, the chowkidar can keep the register (Hath Chitta) with him for a period of two years from the date of last entry in the register. He forwards it to the Thana for onward transmission to the office of the Chief Medical Officer where it is retained for a further period of two years and destroyed thereafter. The Thana registers are preserved as permanent records in the office of the Chief Medical Officer. Anybody can consult the old records, after applying to the Chief Medical Officer and on payment of required fees. Errors from births and deaths registers can be corrected with the permission of District Magistrate.

All Government, Municipal or Private Hospital/s are to report to the Municipal Registrar the occurrence of any birth or death within the hospitals/ institutions within 4 days of such occurrence.

In the municipalities, any person can inspect a birth or death register on payment of fee of Re. 1 and is entitled to receive a certified copy of any entry in a birth or death registers on payment of a fee of Re. 0·50 provided that in case where insufficient or incorrect information is supplied by an applicant, a further fee of Re. 0·25 is to be charged in respect of every year for which the registers have to be searched and a deposit sufficient to cover charges likely to be incurred under provision is demanded before search is made. Any balance is refunded and if the entry in question cannot be found the deposit is refunded in full less Re. 0·55.

RAJASTHAN

There is no act for the compulsory registration of Births and Deaths in the State of Rajasthan. However for the urban areas there is a provision for registration of Births and Deaths in the Rajasthan Municipalities Act, 1959—Act No. 38 of 1959 (chapter VI article 98). Under these provisions it is the obligatory duty of a Municipality to register the births and deaths occurring in its area. For this purpose, Rajasthan State Draft Model Bye-laws were framed in collaboration with the Director of Local Bodies Rajasthan to bring uniformity in the system. In the rural area, the registration of births and deaths is governed according to the Rajasthan Panchayat and Nyaya Panchayat (General) Rules, 1961 and the responsibility of reporting events lies on the head of the household or any adult member. Formerly the events were recorded by the revenue staff as far as they could and the information was passed on to the Public Health Department and this was done under the Government order No. F41(144) Rev 1/B/52, dated 23rd October, 1952.

In the urban area, the Health Officer of the Municipality acts as the Registrar of Births and Deaths; where there is no Health Officer, this work is being done by the Executive Offices/Secretary of the Municipal Board. In the rural area the Panch registers the vital events of Births and Deaths of his area in the prescribed register. The events should be got registered within three days of its occurrence. For urban areas, there is a provision in Draft Model Bye-law that births should be reported within 3 days and deaths in 36 hours.

In the rural areas, in the erstwhile system, events were recorded by the Revenue staff. Patwaries used to send monthly report to the respective Tehsildars, who in turn used to send the report of the rural areas of the Tehsil to the District Medical and Health Officer. The District Medical and Health Officers compiled the information Tehsil-wise for the district and forwarded it to the Director of Health and Medical Services.

Now the Panch or Sarpanch is to report the events to the Panchayat Samiti once a month who in turn submits it to the Director of Economics and Statistics for Compilation at the State level and to the Director of Medical and Health Services for information. In the bigger Municipal Towns, registration centres have been established at the vaccination centres or at the Municipal sweepers attendance centres. The information registered at the Registration Centres is transmitted to the Municipal Office the next day.

In the rural areas, any person who commits a breach of any of the rules, shall on conviction, be punishable with a fine which may extend to fifteen rupees vide para 229, Chapter X, Rajasthan Panchayat and Nyaya Panchayat General Rules, 1961, while in the urban areas, Rule No. 22 of the Draft Model Bye-laws provides that any person whose duty is to give information under proceeding rules and shows neglect or refuses to give such information or gives false information, shall be liable to a fine not exceeding fifty rupees.

Records are to be maintained in the urban areas according to the provisions of Rule No. 18 of the Draft Model Bye-laws. According to this as soon as the required information has been abstracted and posted, the return for each month will be filled in racks and at the close of each year the returns will be transferred

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to record section for permanent maintenance. In rural areas, these are maintained in Panchayat vide Chapter XI article 231 of rules, 1961. Registers, wherein data is compiled at State level, are maintained by the Medical and Health Directorate, Rajasthan.

Under rule 21 of the Draft Model Bye-laws of town, provision was made for the issue of Birth/Death certificate, on application, on payment of Re. 0·50.

TAMIL NADU

The registration of births and deaths is compulsory in all parts of Madras State. In rural and non-municipal areas, it is governed by the Madras Registration of Births and Deaths Act, 1899 (Act III of 1899), and in municipal areas by Madras District Municipalities Act, 1920 (Act V of 1920). "The earliest attempt to impose a statutory obligation on the citizens to report births and deaths was made in 1867 in Madras town only, with the enactment of Madras Municipality Act, 1867 (Act IX of 1867). This act was amended and revised in 1879, 1904 and 1919"*. The Travancore Cochin Registration of births and deaths Act, (Act VIII of 1953) is in force in the non-municipal areas of Kanyakumari District and Shencottah Taluk of Tirunelveli District.

The Village Headman, who is a Revenue official is the Registrar of births and deaths in the village including its hamlets, while persons with qualification of Sanitary Inspector is registrar in municipal areas. In rural areas every birth is to be reported to the Registrar within 14 days of its occurrence and every death within 4 days while the period is one week and 36 hours respectively in municipal areas.

In the rural areas the Registrar submits information relating to the proceeding month to the Tehsildar on or before the third day of each month. The Tehsildar in turn sends the report of all the villages in his jurisdiction to the Director of Public Health by the 8th of the succeeding month. The procedure in the municipality is that the Executive authority is to submit to the Director of Public Health before the end of the following week a statement of births and deaths registered during each week, and before 15th of the following month a statement of births and deaths registered during each calendar month. In order to have check over the receipt of birth and death satements, a check-sheet is being maintained in the office of the Director of Public Health. The registers and records are being examined and checked at intervals as may be prescribed by District Collector, Revenue Officer and Public Health Department.

A person who commits a breach of any of the rules for registration of vital statistics in municipal areas is liable for punishment with a fine which may extend to twenty rupees and in the case of a continuing breach with a fine of five rupees for everyday during which the breach continues after conviction for the first breach or after receipt of notice from the Executive authority to discontinue such breach, subject to the maximum of one hundred rupees. In the case of rural areas, a penalty upto Rs. 10 can be imposed on a person who refuses to give information about birth or death after conviction by the appropriate court of law. A penalty to the extent of Rs. 25 can also be imposed on a Registrar who fails to perform his duties as such.

In the municipal areas, registers are handed over to the Executive authority of the Municipality for permanent retention as soon as the registers are completed, while in the rural areas records are permanently maintained in the custody of a Sub-Registrar of Assurances. If the Registrar, is not a Sub-Registrar of Assurances, he shall retain the registers in his custody for a period of twelve

*Census of India 1961, Vol. IX Part B (1) Demography and Vital Statistics (Report)—Madras pp. 4.

months after the close of the calendar year to which they relate. On the expiry of that period the records are transferred to Sub-Registrar of Assurances through Tehsildar or the Deputy Tehsildar.

On application made by a person within three days of registration, the registrar issues free of charge an authenticated extract from register. After that any person can have a certificate by writing to the Registrar on payment of fees on the following scale:—

For the 1st year	Re. 0·50
For the additional years	Re. 0·12 per year subject to the maximum of Rs. 2·50.

Any person duly authenticated by the District Soldiers Board shall be permitted to search and obtain an extract free of charge for official purposes.

Births and Deaths which occurred in hospital or jail should be reported by the Medical Officer-in-charge of the hospital or the superintendent of the jail as the case may be to the Registrar within a week and within 72 hours respectively. A registered Medical Practitioner, Vaidya and Hakim on attendance during the last illness of any person in Municipal area has to report to the Registrar within 3 days of his becoming aware of the death of such person. International classification of the cause of death has been introduced in Madras City with effect from 1-1-1965.

UTTAR PRADESH

Registration of births and deaths is compulsory throughout the State. The U.P. Municipalities Act of 1916 was a decisive step for Civil Registration in the urban areas. Initially, owing to the lack of facilities registration was not made obligatory for rural areas. Formerly, the reporting of births and deaths in rural areas was done by the villlage Chowkidar and a record thereof was maintained at the Police Station, which the Chowkidar used to visit periodically, but Registration of Vital events was introduced to the village Panchayats from 1951 under the U.P. Panchayat Raj Act, 1947*. This Panchayat system was brought about with the expectation that the village democratic setup might give a better performance. Unfortunately, the registration system under the Panchayat Raj officials did not show any way better than the Police system and owing to this the Government decided upon to implement with effect from 1st November, 1966, the Central Plan Scheme entitled "Improvement of Registration and Vital Statistics" for rural areas. According to the latest scheme the compilation work is being done centrally at the State headquarter of the Government. The Gaon Sabhas and Towns not governed by the Municipalities Act are the Primary registration units at the periphery. The Pradhan of the Gaon Sabha is responsible for the registration of births and deaths at the Gaon Sabha level, in accordance with the provisions of the Panchayat Raj Rules. The village Chowkidar, as hithertofore supply the necessary information on births and deaths to the Pradhan about the area under his charge. The births and deaths will be registered after necessary verification wherever necessary through Panchayat Secretary who, in case of dispute, consult the household concerned.

A chart regarding flow of returns is given below:—

Gram Sabha

Panchayat Secretary

Sanitary Inspector—at Block level.

State Headquarters.

In short, for rural areas, Panchayat Secretary sends the monthly return to Sanitary Inspector with a control chart and Sanitary Inspector sends quarterly returns to the Director of Medical and Health Services concerned with a control chart.

In urban area, Municipalities/Cantonment Board/Notified area/Town area submit the information to District Medical Officer of Health for onward transmission to the Director of Medical and Health Services, U.P. Rules are also laid down for the control of receipt of returns.

There has been a provision of penalties. In exercise of the power under section 550 of the U.P. Nagar Mahapalika Adhiniyam, 1959, that for any wilful breach of these rules the offender shall, on conviction be punished with fine which may extend Rs. 50 and in case of a continuing breach, with fine which may extend to Rs. 5 per day after the conviction for first breach.

*Census of India 1961, Vol XV UP. Part I-B, Report on Vital Statistics, pp. 3.

The system of compilation is different in urban and rural areas. There is no compilation for rural areas at Gaon Sabha, Nyaya Panchayat, Block or District level. But in urban areas the position is given below:—

(i) *Municipalities.*—Births and Deaths recorded at the Municipal Registration Offices are reported each month in the office of the Municipal Medical Officer of Health if one exists, or to the Executive Officer or the Secretary.

(ii) *Cantonments.*— In Cantonments these data are reported to the Executive Officer. Monthly summaries of the Births and Deaths in Cantonment are forwarded by him to the District Medical Officer of Health.

(iii) *Notified Area and Town Area.*—They submit their monthly statements to the District Medical Officer of Health.

In urban areas, to avoid omissions, Sweepers, Midwives and Dais have instructions to report every occurrence that comes to their knowledge.

There is a provision of correction of errors and omissions in the Register of Birth and Death. The procedure is as follows:—

(i) Any clerical error which may at any time be discovered in a register of birth or death may be corrected by any person authorised in this behalf by the Mukhya Nagar Adhikari.

(ii) Such corrections may be made by an entry in the margin of the register without any alterations of the original entry, upon production to the Mukhya Nagar Adhikari by the persons requiring such corrections of a declaration on oath setting forth the nature of error and the facts of the case made before a Magistrate by any two persons required by these rules to give information concerning the birth or death with reference to which the error has been made and certified by such Magistrate to have been made in his presence.

(iii) When a case of omission to register a birth or death is discovered by or brought to the notice of the Registrar General, Government of India, he shall after ascertaining the date and other particulars relating to birth or death as the case may be, register the name of the cause the same to be registered provided that no registration shall be made under this sub rule after the expiry of one year from the birth or death.

(iv) A birth or death not registered within one year after the occurrence shall be registered only under the orders of a first class or second class Magistrate having jurisdiction over the local area.

Certificates are issued on payment of Re. 1 in ordinary and Rs. 2 in urgent cases. Application are to be made by affixing 50 paise Court fee stamp.

WEST BENGAL

The registration of births and deaths is compulsory throughout West Bengal excluding the Port, Fort, Canal and Maidan areas of Calcutta. The registration of vital events in this State both in rural and urban areas, except municipal towns of Calcutta, Howrah and Cooch Behar where it is being governed under their own Acts, is at present governed by the Bengal Births and Deaths Registration Act, 1873. The registration work is also regulated in addition to the aforesaid Act under the Rules and Bye-laws framed under the Bengal Municipal Act, 1932, all the municipalities except Calcutta Corporation and the Municipalities of Howrah, Cooch Behar and Chandernagore. The registration of births and deaths in Calcutta Corporation is governed by the provisions under Chapter XXXI of the Calcutta Municipal Act, 1951. The Registration of births and deaths in Howrah Municipality is, however, governed by the Calcutta Municipal Act, 1923.

The registration of births and deaths in Cooch Behar Municipality is done according to the provisions of the Cooch Behar Municipal Act and that in Chandernagore Municipality in accordance with the rules as were framed and enforced by the then French Government.

In urban areas, the Registrar of births and deaths is either the Health Officer or the Sanitary Inspector or the Head Clerk or any other officer of the municipality. Sub-Registrars of Deaths may also be appointed for registration of corpse brought to burning ghats or burial grounds for cremation or interment. In rural areas, Sanitary Inspectors of Thana Public Health Circles are the Registrars of Births and Deaths for the unions of the police stations excluding the railway areas and the Unions having Health Centres. The Rural Medical Officers of Health attached to Health Centres are the Registrars of Births and Deaths for the Union with Health Centres. The Officer-in-charge of police stations in the Districts of Darjeeling and Purulia are the Registrars of births and deaths for police stations. The Railway Station Masters are Registrars for the railway areas. "The Model Health and Ideal Registration Unit" Project is functioning in five unions of five districts provided with Health Centre. The unions under the Model Health and Ideal Registration Unit Project have been further sub-divided into Basic Public Health Unit having a population of approximately 5000 each. The staff of Basic Public Health Unit as well as the Medical Officers of the Health Centres are appointed as Registrars of Births and Deaths for their respective areas. The registration work is carried out by house to house visit on getting information from the village health reporters who report births and deaths in their respective village within 8 days of occurrence.

"In rural areas there exists a rudimentary system of reporting vital events by village chowkidar, watchman or other persons appointed. But these primary reporters who are the reporters of births and deaths occurring within their beats are mostly illiterate. They are provided with two sets of Hath Chitta so that when one set of hath chitta is submitted to Dafadars for onward transmission to the Registrar, the other can be used for recording the vital events. In urban areas, father or mother or occupier of the building or the medical practitioner or mid-wife in attendance is required to report vital event. The Railway Station Masters of Railway areas within the municipality are also required to report births and deaths occurring within their limits"*.

*Census of India 1961, Vol. XVI, W. Bengal & Sikkim Part I-B, Report on Vital Statistics, pp. 8

Control over the receipt of return is exercised both at State and district level. For this purpose, receipt control registers are maintained at the Office Bureau of Health Intelligence (Headquarters) and at the District Offices of the Chief Medical Officers of Health by the District Inspectors of Health Statistics. As regards inspection District Inspectors of Health Statistics inspect the working of registration of births and deaths as a routine measure of their working. Besides, other officials of Health Department inspect the registration work during their official tours and also on special occasions as well.

Under the Bengal Births and Deaths Registration Act 1873, there are provisions for fine to the extent of rupees fifty in the case of Registrars wilfully neglecting their duties and rupees, five for the persons who refuses or neglects to give information on births and deaths and rupees two for the delinquent chowkidars in rural area.

In the urban areas the schedules of fines are as under:

	Amount of fine which may be imposed
	Rs.
(i) Calcutta Corporation	
(a) Default relating to information of birth	50.00
(b) Default relating to information of death	100.00
(ii) Howrah Municipality	
(a) Default relating to information of birth	10.00
(b) Default relating to information of death	10.00
(c) Default on the post of Medical Practitioner	50.00
(iii) All Other Municipalities	
(a) Default relating to information of birth	10.00
(b) Default relating to information of death	10.00
(c) Default in the post of Medical Officer of health	50.00

The births and deaths registers are permanent records and are kept in the District Record Rooms under the administrative control of the District Magistrate in rural areas and for municipalities they are preserved in their Record Rooms.

A central process of compilation of vital statistics with the aid of Tabulating Machines has been working since 1959. The duplicate carbon copies of original births and deaths registers are received at the Headquarters. The compilation has been completely mechanised.

Extracts from the registers of births and deaths are issued after receiving application in prescribed forms. This fee is credited to the municipal fund. The rate of fee for such extracts is higher in the case of Calcutta. There is also

provision for rectifying an error by making an entry in the margin after making a thorough enquiry by chairman or vice-chairman without altering the original entry.

Whenever a birth or death occurs in a hospital or any other medical institution, it is the duty of medical officer incharge of that institution to send a notice in writing in the prescribed form to the local Registrar of Births and Deaths, within a period as shown hereunder:—

Calcutta Corporation	12 hours for births and deaths
Howrah Municipality	12 hours in the case of death only
Other Municipalities	As soon as an event occurs. In such cases no other person is required to give information of such birth or death to the Registrar concerned.

ANDAMAN & NICOBAR ISLANDS

Registration of births and deaths is compulsory and is made under Section 13 of the A & N Islands. Births and Deaths Registration Regulation, 1950 (Regulation No. 1 of 1950) which came into force from the 1st January 1951. The Deputy Commissioner is the Registrar of Births and Deaths.

Village chowdhry in South, Middle and North Andamans and Captain and Village level Worker (VLW) in Nancowry and Nicobar group of Islands is the reporter of the vital events. In the case of hospitals these events are reported by the concerned Medical Officer. The chowdhries, V.L.W. or captain as the case may be shall send forms (of vital events) once a month collectively on or before the 10th of the following month to the office of the Registrar concerned. Births occurring in areas not within the jurisdiction of any village authority or out of hospital shall be reported to the Registrar by the parents or relations or the midwife present at birth. Deaths occurring in areas not within jurisdiction of any village authority or out of hospital shall be reported to the Registrar by nearest relative or other responsible person.

A specified fee is charged for the supply of certified copies of entries in the Register of Births and Deaths.

The Births and Deaths Regulation and rules in force in this territory do not provide the power of prosecution or imposing of penalties by the Registrar or any other authority on his behalf for wilful suppression of information about births or deaths or otherwise.

In the case of rural areas, the births and deaths register is maintained in the Tehsil and sub-divisional offices. The reports received from village agencies are retained in the Tehsil and sub-divisional offices. In the case of urban areas, the Registers of Births and Deaths are maintained in Deputy Commissioner Office.

CHANDIGARH

The registration of births and deaths in Chandigarh is governed by Bye-Laws, which has been enforced with effect from 1st April, 1960. It is compulsory as per Bye-laws and report of occurrence is required to be made within two days.

The Medical Officer of Health, Capital Project is the registrar of births and deaths. Head of the household, adult member or servant where birth or death has occurred is to report the occurrence of such event. Birth or Death occurring in an institution is to be reported by the In-charge of the institution. In the case of birth of which for any reason a report cannot be furnished by the head of a household or any adult member or servant of household, the Mid-wife, Lady Health Visitor or Doctor attending at such birth shall report the occurrence of such birth to the Registrar.

There is provision for late registration. The delayed events are entered in the birth/death register with the permission of the Chief Administrator and by compounding the cases where requests are made.

The Chief Administrator is the prosecuting authority. Any person who commits a breach of the provision of the Bye-laws shall on conviction by the Magistrate be punishable with a fine which may extend to Rs. 50 and if the breach is a continuing one with a further fine which may extend to Rs. 5 for every day after the first during which the breach continues.

Births and Deaths Registers are being maintained in the office of the Registrar.

DADRA AND NAGAR HAVELI

The Births, Deaths and Marriages Registration Act, 1886 has been extended to the Union Territory of Dadra and Nagar Haveli with effect from 1-7-65. The whole Union Territory is inhabited by Adivasis belonging to Scheduled castes and Scheduled Tribes. The Union Territory has no municipality and as such the whole area is rural.

The Registration is not compulsory under the Act and no specific time limit is prescribed for reporting but generally within a week the information in connection with births or deaths is obtained by the Patel-Talati who is the village official actually registering the births and deaths and they are the Registrars for the purpose of the Act. The help of the inferior village servants viz. Kathias is obtained, in obtaining the information of birth or death.

Talatis maintain village form No. 14 as mentioned in Revenue Account manual, which is in force in the neighbouring States of Gujarat and Maharashtra. All the births and deaths in order of occurrence are noted in the form, prepared in manuscript and that register is used for calendar year. Necessary extracts are sent to the Mamlatdar on or before fifth of each month. Mamlatdar is a controlling authority for non-receipt of extracts. Reminders are sent to the Patel Talatis for compliance. Births and Deaths and specially causes of deaths are inspected by Mamlatdar and other touring staff working under him on their visit to the villages.

The information is compiled in Mamlatdar office and month-wise figures are entered in the Taluka register. Village-wise record is with Talatis and after three years it is deposited in the Taluka Office.

Certified copies of births and deaths are given by the Mamlatdar Dadra and Nagar Haveli on payment of prescribed fees.

DELHI

Registration of births and deaths is compulsory in the Union Territory of Delhi. The Health Officer of the Municipal Corporation is responsible for the coordination work of registration of births and deaths in the Territory. Registration work in the Municipal Corporation area is done according to the provisions of the Delhi Municipal Corporation Act 1957, Sections 394-396 and Bye-laws made thereunder. The Registration within the limits of New Delhi Municipal Committee is governed by Section 188(c) and sub-section (1) of Section 199 of the Punjab Municipal Act, 1911 while in the case of Delhi Cantonment Board, it is carried out under clause (1) of Section 281 of Cantonments Act 1924. In the rural area of the Corporation, statistics of registration are collected under Panchayat Raj Act, 1959. The system described below pertain to the Municipal Corporation of Delhi which covers the major population of the territory.

The work of registration of births and deaths is done by the Panchayat Secretaries in the rural areas who are the sub-registrars for their areas. In the case of urban areas, the registration of vital events occurring in hospitals and nursing homes etc. is done at the Zonal Offices by computors and registration assistants who are declared as sub-registrars for this purpose. The registration of domiciliary events is done at the vaccination centres of the areas. In the case of deaths, facilities are also available at four major cremation grounds in respect of domiciliary deaths occurring in the jurisdiction of the Corporation.

In urban area, the parent or the relations of the new born/deceased in the case of domiciliary events and the Medical Superintendents/Medical Officer incharge in the case of events occurring in the institutions are responsible for the registration of births and deaths. In the case of rural area, Pradhan or chowkidar maintains Kacha register and the Panchayat Secretary collects this information from them.

Normally the period of reporting is eight days in the case of births and three days in the case of deaths. However, in rural areas this provision is not followed. The Panchayat Secretaries send monthly returns to the Headquarters and in the case of urban areas, all returns received at various Registration Centres are forwarded to the Headquarters every week in original. Control on the receipt of returns is kept at the Headquarters where the same are checked by Statistical Assistants. The work of registration in urban areas is regularly inspected by the Officer-in-charge (Vital Statistics), Zonal Health Officers, Statistical Assistants and Inspectors. In the case of rural areas, this work is done by Officer-in-charge (Vital Statistics) and Statistical Assistants. They attend the meetings of the Panchayat Secretaries at the Block-Headquarters periodically and visit individual villages to check the work from time to time.

There is a provision of penalties for breach of bye-laws. Whoever contravenes any provision of bye-law shall be punishable with a fine extending to fifty rupees.

There is also a provision for delayed and declared registration. Any births or deaths notified to the registrar after the expiry of the prescribed 8 days in case of births or 72 hours in case of deaths, but within one month of

occurrence should be in a supplementary register if the registrar is satisfied as to the circumstances of births and deaths and upon the payment of the late registration fee of Re. 1. Beyond this period of one month the registration should be made in the form of "declared registration" in the supplementary registers only under the orders of Municipal Commissioners on the payment of a fee of Rs. 5 alongwith the usual certification of Magistrate.

Issue of certificates for Births and Deaths is governed by the copying rules of the Municipal Corporation of Delhi. Application is entertained if it is affixed by a court fee label of the amount prescribed by the government from time to time and with the minimum charges for copying.

In the Union Territory of Delhi, staff of all the field agencies of Health Department namely Malaria, Maternity and Child welfare and Small-Pox are required to notify all cases of Births and Deaths which come to their notice to the concerned Registration centres in the prescribed forms. These forms are entered into Notification Registers maintained at these centres and the incharge of Registration centres compares with the registered records. In the case of un-registered events, a notice is issued to the relation for getting the event registered.

Regarding the maintenance of records, the procedure is that at the end of each calendar year, the registers are transferred to the offices of the concerned Zonal Health Officers to be kept on permanent basis.

GOA, DAMAN AND DIU

In Goa, Daman and Diu the registration system of vital events started since 1st January, 1914 under the Portugese Civil Registration Code entitled "Codigo de Registo Civil". Under this code, the registration of births, deaths and marriages was made compulsory for all the inhabitants of the then Portugese Territory. In order to implement the provisions laid down in the Civil Registration Code, offices of Civil Registration were opened in all the taluka head quarters, and in rural areas out-posts called "Posts" were opened for convenience of registration.

After liberation Goa, Daman and Diu, Village Panchayat (Registration of Births and Deaths) Rules 1966, was introduced and under its subsequent amendments all the out-posts except that of Diu taluka have been abolished and the registration work has been entrusted to the Village Panchayats.

The Village Panchayat Secretary is appointed as Registrar in the rural areas. In urban area, a registrar is appointed for every civil Registry. Under the code, births are to be registered within 30 days from the date of birth and death is to be registered within 24 hours. Regidor (Village Patel) is the reporter of births and deaths.

All the registration units are required to send the schedule deaths monthly to the General Statistics Department. In case of the non-receipt of the schedules, reminders are being issued and the inspection work relating to registration is being looked after by the Head of Notary Services.

There is provision of penalties and prosecution in the existing codes. Births are to be registered within 30 days of occurrence and deaths are to be registered within 24 hours. Those who do not comply with these provisions of code are liable to fines ranging between Rs. 5 to Rs. 50 as imposed by the Head of Notary Service.

Weekly, Monthly and Yearly data of births and deaths are compiled manually by General Statistics Department.

There is arrangement for late registration when the deceased is born prior to 1941 i.e. before tne enforcement of civil Registry Code. A late fee of Rs. 0.75 is to be paid for registration in such cases. In other cases, a late fee of Rs. 1.50 has to be paid.

In the rural area, the registers of births and deaths are maintained by the village Panchayat concerned and in the case of urban areas all registers of births and deaths are maintained by the Civil Registry offices concerned.

LACCADIVE, MINICOY AND AMINDIVI ISLANDS

Registration of births and deaths in this Union Territory is hitherto done under the Laccadive Islands and Minicoy Regulation, 1912 in the Laccadive Islands and Minicoy (*viz.* Minicoy, Kalpeni, Androth, Agatti and Kavarth) and under the Madras Births and Deaths Registration Act of 1899 in Amindivi Group of Islands (*viz.* Amini, Kadmat, Kiltan, Chetlat and Bitra). No rules have, however, been framed under these Acts.

There is no separate department for the Registration of Births and Deaths. In L.M. & A. Islands, the Amin who is a revenue official, holding a position equivalent to village headman acts as the Registrar of Births and Deaths.

In the Laccadive Islands it is not specifically laid down who the reporter is but the parent is liable to a fine which may extend to Rs. 5 for failure to inform about the event. In the Amindivi Islands the primary responsibility of reporting is vested with the parent as laid down in clause (7) of the Madras Births and Deaths Registration Act 1899. The period within which the event is to be reported is not specially laid down in the Regulation of 1912 but in the Amindivi Islands the event is to be reported within 2 weeks as laid down in clause 7 of the Madras Act, 1899. Monthly data is to be received by the 15th of the next month. The returns are submitted to the Administrators by the Tehsildar/Authorised officers in-charge of each Island. Periodical inspection of the birth and death registers are made by the Health Inspectors and Medical Officers stationed in each Island.

Under the Laccadive Islands and Minicoy Regulation of 1912 a person who fails to report the occurrence of birth or death is punishable with a fine and the records relating to Births and Deaths are maintained in the respective offices of the Amins.

PONDICHERRY

Registration of Births and Deaths is compulsory by legislation in this Territory. The system of Registration is same as that adopted during the French regime. The population of the territory are categorised as (1) Renoncants (French Nationals) and (2) Sujets (Indian Nationals). The former are governed by the French Civil Code and the latter by the Decret dated 24-4-1880. The entire territory unlike other States is municipal. It is divided into sixteen communes (Municipal Divisions). The Registration of Births and Deaths is one of the primary and cardinal function of the Municipal Councils. The system of Registration covers the entire area and population.

Throughout the Territory, the primary agency for the compulsory registration of births and deaths is the village headman or the Secretary of the village Panchayat. Birth of children belonging to Renoncants should be registered within three days and that of the sujets within ten days failing which a declaration condoning the delay from the court is necessary for registration. Parents or relations or Medical staff concerned can report births. Mairies (Municipal Office at communes level) serve as the Registration centres of Births and Deaths.

All natural deaths should be certified by Health Officer, Registerd Medical Practitioners or the Inspector of Police as the case may be for registration. Unnatural deaths like suicides, homicides, accidents etc. should be certified by the surgeon incharge of Medico-legal cases. Birth and Death of renoncants taking place outside the Territory could be registered only after getting a declaration from the court. In the case of sujets no such certificate is necessary for registration.

No birth or death can be registered in more than one Mairie.

Every person has a right to obtain extracts of these registers from the person with whom the registers have been deposited.

The Statistical Section of the Directorate of Health and Family Planning Services receives the Vital Statistical returns in prescribed forms from the Mairies and publishes an abstract of Statistics every year.

15—1 RGI/ND/72

ANNEXURES

ANNEXURE I

Statement II—Registration system and flow of returns in rural areas

STATES	Primary Reports	Primary Registration	Intermediate stage Block level Taluk/Tehsil/Distt. level	Final stage State level
1	2	3	4	5
I. PANCHAYAT AGENCY				
Bihar	Chowkidar	Panchayat Secretary	Block Progress Asstt. Distt. Statistical Officer.	Director of Statistics & Evaluation.
Rajasthan	Household	Sarpanch	Distt. Statistical Officer.	Director of Economics & Statistics.
Uttar Pradesh	Household	Panchayat Secretary	Inspector of Panchayat, Distt. Health Officer.	Director of Medical & Health Services.
II. REVENUE AGENCY				
Andhra Pradesh	Household	Village Munsif or Police Patel	Tehsildar	Director of Public Health.
Gujarat	Household	Panchayat Secretary/ Talaties	Mamlatdar, Taluk Development Officer.	Director of Health & Medical Services.
Madras (Tamil Nadu)	Household	Village Munsif	Tehsildar	Director of Public Health.
Maharashtra	Police Patel	Talaties	Mamlatdar	Director of Health.
Mysore	Household	Police Patel	Tehsildar.	Director of Statistics.
III. POLICE AGENCY				
Assam	Chowkidar or Grombura	Thana Officer or Mauzadar	Distt. Health Officer	Director of Public Health Services.
Meghalaya	Do.	Do.	Do.	Do.
Haryana	Chowkidar	Thana Officer	Civil Surgeon	Director of Health Services.

1	2	3	4	5
Jammu & Kashmir	Chowkidar	Thana Officer	Civil Surgeon	Director of Health Services.
Madhya Pradesh	Do.	Do.	Distt. Statistical Officer	Director of Economics and Statistics.
Punjab	Do.	Do.	Civil Surgeon	Director of Health Services.
Orissa	Gram Rakshik	Do.	District Health Officer.	Do.
IV. HEALTH AGENCY				
Kerala	Household	Health Assistant	Health Inspector	Bureau of Economics & Statistics.
West Bengal	Chowkidar	Sanitary Inspector/ Thana Officer.		Director of Health Services.
Nagaland	NO REGISTRATION			

UNION TERRITORY	Primary Reports	Primary Registration	Intermediate stage Block level Taluk/Tehsil/Distt. level.	Final stage State level
UNION TERRITORIES				
A & N Islands	Chodharies & Chowkidar	Medical Officer of Health		In the office of the Chief Commissioner.
Chandigarh	Village Headman/ Chowkidar	Police Station officer	Medical Officer of Health	Director of Health Services.
Dadra & Nagar Haveli	Police Patel	Tallaties	Mamlatdar	H. Q.
Delhi	Household	Panchayat Secretary / Zonal Health Officer		Health Officer of Corpn.
Goa, Daman & Diu	Household	Civil Register of Regedoreo	Conservador Registro- Civil	Conservador General Registro Civil.
Himachal Pradesh	Household	Panchayat Secretary	Distt. Panchayat Officer.	Director of Health Services.
Laccadive & Minicoy Islands	Household	Amin/Karnam	Tehsildar	Administrator.
Manipur (5 Police Station)	Chowkidar	Thana Officer	District Medical Officer	Director of Medical Health & Family Planning.
N.E.F.A.	NO REGISTRATION			
Pondicherry	Household	Mario Officer (Commune)		
Tripura	NO REGISTRATION			

N.B.—In Municipal Town and cities the Municipal Authority is responsible for the registration of vital Statistics and this function is usually a part of the duties of the Health Department. Health Officials like Sanitary Inspector, Vaccunatory Health Assistant mostly with sanitary Inspector qualifications are responsible for this work.

ANNEXURE II

Acts and Regulations under which registration of Births and Deaths was done in the States prior to 1969 Act

S.No.	State	Name of the Act
1.	Andhra Pradesh	1. The Madras Registration of Births and Deaths Act, III of 1899.
		2. The Madras District Municipalities Act, 1920.
		3. The Government of India (Adaptation of Indian Laws) order 1937.
		4. The Madras Registration of Births and Deaths (Amendment) Act, 1939 (Madras Act I of 1939).
		5. The Madras Registration of Births and Deaths (Amendment) Act, 1942 (Madras Act II of 1942).
		6. The Madras Registration of Births and Deaths (Amendment) Act, 1945 (Madras Act XIX of 1945).
		7. The Madras Re-enacting and Repealing (No. 1) Act, 1948 (Madras Act VII of 1948).
		8. The Madras Re-enacting (No. II) Act, 1948 (Madras Act VIII of 1948).
		9. The Madras Registration of Births and Deaths (Amendment) Act, 1949 (Madras Act XXXVII of 1949).
		10. The Adaptation of Laws order, 1950.
		11. The Hyderabad Municipal Corporation Act, 1955.
		12. The Hyderabad Gram Panchayat Act, 1956 (Selection 46 XVII).
		13. The Madras Village Panchayat Act, 1958.
		14. The Hyderabad Registration of Births and Deaths Regulation, 1358 F. No II of 1359 F.
2.	Assam	1. The Assam Births and Deaths Registration Act, 1935.
		2. The Assam Births and Deaths Registration (Amendment) Act, 1936.
		3. The Mikir Hills Births and Deaths Regulation 1943.
		4. The Assam Municipal Act, 1956 (Section 263).
3.	Bihar	1. The Bengal Births and Deaths Registration Act, 1873.

1	2	3
3.	Bihar—*Contd.*	2. Bihar & Orissa Municipal Act of 1922 Section 344.
		3. The Bihar Panchayat Raj Act, 1947 (Sec. 14(d)-15(c).
4.	Gujarat	1. The Births, Deaths and Marriages Registration Act, 1886 as extended to Saurashtra.
		2. The Bombay District Municipal Act, 1901 (Section 48).
		3. The Bombay Municipal Borough Act, 1925 (Section 61(i) (J).
		4. The Bombay Municipal Corporation Act, 1949.
5.	Haryana	1. The Punjab District Boards Act, 1883 (Sub-section 2(L) of Sec. 20).
		2. The Punjab Municipal Act, 1911 (Punjab Act III of 1911) Section 188(c) and 199(i).
		3. The Punjab Small Town Act, 1921 (Sub-section X of Section 35) (Sub-section 2 of section 36).
		4. Cantonment Code (Section 221-225 of chapter XV).
		5. Section 551 to 558 of the Punjab Medical Manual)
		6. Punjab Police Rules, 1934.
6.	Jammu & Kashmir	1. The Jammu & Kashmir Village Panchayat Act, 1958 (Section 120 (4) (i).
		2. The Jammu and Kashmir Municipal Act, —2008 Svt) Section 261(3).
7.	Kerala	1. The Madras Registration of Births and Deaths Act, 1899.
		2. The Trivandrum City Municipal Act (as amended in 1952) (Section 344).
		3. The Travancore-Cochin Registration of Births and Deaths Act, 1953 (Act VIII of 1953).
		4. The Kerala Municipal Act, 1960 (Section 324).
8.	Madhya Pradesh	1. Land Revenue Act II of 1917.
		2. The Central Provinces Municipalities Act, 1922 (II of 1922) (Section 178 & 179).
		3. The Nagpur Corporation Act, 1948 (No. II of 1950).
		4. The Madhya Bharat Births, Deaths and Marriages Act, (Adoption Act, 1953).
		5. The Bhopal State Municipalities Act, (No. III of 1956) (Sec. 6).

1	2	3
8.	Madhya Pradesh —*Contd.*	6. The Madhya Pradesh Land Revenue Code, 1959 (Sec. 224 and 230). 7. The Madhya Pradesh Panchayats Act, 1960 (Sec. 38 & 39). 8. The Madhya Pradesh Municipalities Act, 1961. 9. The Madhya Pradesh Municipal Corporation Act, 1961.
9.	Maharashtra	1. The Births, Deaths and Marriages Registration Act, 1886. 2. The Bombay District Municipal Act, 1901. 3. The Bombay Municipal Borough Act, 1925. 4. The Bombay Municipal Corporation Act, 1949. 5. The Bombay Village Panchayat Act of 1958 (Sub item (K) of item V of Sub-section (i) of Section 45). 6. The Madhya Pradesh Revenue Code, 1959. 7. Registration of Births and Deaths regulation of 1358 F. No. II of 1359. F.
10.	Meghalaya	As in Assam.
11.	Mysore	1. The Births, Deaths and Marriages Registration Act, 1886. 2. The Madras Registration of Births and Deaths Act, 1899 (Act III of 1899). 3. The Bombay District Municipal Act, 1901. 4. The Coorg Municipal Regulation 1907 (Coorg Regulation No. II of 1907). 5. The Mysore Registration of Births and Deaths Act, 1918. 6. The Madras District Municipalities Act, 1920 (Act V of 1920). 7. The Bombay Municipal Borough Act, 1925 (Bombay Act. No. XVIII of 1925). 8. The Coorg Registration of Births and Deaths Act, 1932. 9. The Mysore City Municipalities Act, 1933 (Regulation VII of 1933) (Section 51). 10. The City of Bangalore Municipal Corporation Act, 1949 (Mysore Act No. LXIX of 1949) (Section 367). 11. The Mysore Town Municipalities Act, 1951 (XXII of 1951) (Section 48). 12. The Hyderabad Registration of Births and Deaths Regulation of 1358 F. No. II of 1359 F.

1	2	3
11.	Mysore—*Contd.*	13. The Mysore Municipalities Act, 1964 (Act, 22 of 1964) (Section 324 and 325).
12.	Nagaland	No Registration.
13.	Orissa	1. The Bengal Births and Deaths Registration Act, 1873. 2. The Madras Registration of Births and Deaths Act, 1899 (Act III of 1899). 3. Bihar and Orissa Municipal Act, 1922. 4. Orissa Gram Panchayat Act, 1948 (Sec. 21 & 54). 5. The Orissa Municipal Act, 1950.
14.	Punjab	1. The Punjab District Boards Act, 1883 (Sub-section 2 (L) of Section 20). 2. The Punjab Municipal Act, 1911 (Punjab Act III of 1911) (Sections 1888) (c) and 199 (i). 3. The Punjab Small Town Act 1921 (Sub-Section X of Section 35) (Sub-section 2 of Section 36). 4. The Punjab Police Rules, 1934. 5. Cantonment Code (Secs. 221-225 of Chapter XV). 6. Section 551 to 558 of the Punjab Medical Manual.
15.	Rajasthan	1. The Ajmer Marwar Municipalities Regulation 1925 (Sub-Section (3) of section 246) (VI of 1925). 2. The Rajasthan Town Municipal Act, 1951 (Sec. 46(1)(F). 3. The Rajasthan Panchayat Rules 1954 (framed under section 24(6) of Panchayat Act, 1953). 4. The Rajasthan Registration of Births, Deaths & Marriages Act, 1958. 5. Notification No. 109(3) (c/29 dt. 16-5-1929). 6. Para 322 of the Uttar Pradesh Police Regulation.
16.	Tamil Nadu.	1. The Madras Registration of Births and Deaths Act, 1899 (Act III of 1899). 2. The Madras City Municipal Act, 1919 IV of 1919. 3. The Madras District Municipalities Act, 1920 (Act, V 1920). 4. The Government of India (Adaptation of Indian Laws) Order 1937. 5. The Madras Registration of Births and Deaths (Amendment) Act, 1939 (Madras Act I of 1939).

1	2	3
16.	Tamil Nadu —*Contd.*	6. The Madras Registration of Births and Deaths (Amendment) Act, 1942 (Madras Act II of 1942).
		7. The Madras Registration of Births and Deaths (Amendment) Madras Act (XIX of 1945).
		8. The Madras Re-enacting and Repealing (No. I) Act, 1948 (Madras Act VII of 1948).
		9. Madras Re-enacting (No. II) Act 1948 (Madras Act VIII of 1948).
		10. The Madras Registration of Births and Deaths (Amendment Act, 1949) (Madras Act XXXVII of 1949).
		11. The Adaptation of Laws Order, 1950.
		12. The Travancore-Cochin Registration of Births and Deaths Act, 1953 (Act V of 1953).
		13. The Madras Panchayat Act, 1958.
17.	Uttar Pradesh	1. Uttar Pradesh Municipalities Act, 1916 [(Sec. 298(2) (4)].
		2. The Uttar Pradesh Panchayat Raj Act, 1947.
18.	West Bengal	1. The Bengal Births and Deaths Registration Act, 1873.
		2. The Calcutta Municipal Act, 1923.
		3. The Cantonment Act, 1924.
		4. The Bengal Municipal Act, 1932.
		5. The Cooch Behar Municipal Act, 1944—Chapter XIV.
		6. Bye-laws framed under section 527 (63) of Calcutta Municipal Act, 1951.
		7. Executive Order of the previous French Govt.
UNION TERRITORIES		
1.	Andaman & Nicobar Islands.	1. The Andaman & Nicobar Islands Births and Deaths Registration Regulation, 1950. (Regulation of 1950).
		2. Andaman & Nicobar Islands Births and Deaths Registration Rule 1951.
2.	Chandigarh	1. The Punjab District Boards Act, 1883 (Sub-sec. 2(L) of Sec. 20).
		2. The Punjab Municipal Act 1911 [(Punjab Act III of 1911). Sec. 188(c) and 199(1)].
		3. The Punjab Small Town Act 1921 (Sub-sec. X of Section 35) (Sub-section 2 of Sec. 36).
		4. The Punjab Police Rules, 1934.

1	2	3
2.	Chandigarh —*Contd.*	5. Cantonment Code (Secs. 221-225 of Chapter XV). 6. Sections 551 to 558 of the Punjab Medical Manual.
3.	Dadra and Nagar Haveli.	1. The Births, Deaths & Marriages Registration Act, 1886.
4.	Delhi.	1. Section 188 (c) and Sub-section 1 of the Sec. 199 of the Punjab Municipal Act, 1911. 2. Clauses (1) of Sec. 281 of Cantonment Act, 1924. 3. Delhi Panchayat Raj Act, 1954. 4. Delhi Panchayat Raj Rule 1959. 5. Delhi Municipal Corporation Act, 1957 (Secs. 394, 395, 396 and 482) and Bye-laws framed thereunder).
5.	Goa, Daman & Diu.	1. Codigo Do Registo Civil Do Estado Da India.
6.	Himachal Pradesh	1. The Births, Deaths & Marriages Registration Act, 1886. 2. Section 135 of the Panchayat Raj Act, 1956. 2. Punjab Medical Manual Rule 550 and 551.
7.	Laccadive Minicoy & Amindivi Islands.	1. The Madras Births and Deaths Registration Act, 1899 (Act III of 1899). 2. The Laccadive Islands and Minicoy Regulation, 1912.
8.	Manipur	1. The Births, Deaths and Marriages Registration Act, 1886.
9.	N.E.F.A.	No Registration.
10.	Pondicherry	1. French Napoleon Code.
11.	Tripura	1. The Births, Deaths & Marriages Registration Act, 1886.

ANNEXURE III

Report of the Second Meeting of the Central Advisory Board of Health held in Madras on 9th and 10th January 1939

1. The Central Advisory Board of Health is of opinion that improvement in the registration, collection and compilation of vital statistics is urgently desirable, as these records constitute the basis for all epidemiological and other public health activities. The Board considers that one of the first steps should be reduction of the present large number of omissions in the records of births and deaths. This depends to a great extent in the appointment of district and municipal health officers and other health staff and on these officers and their staffs devoting more time to the supervision of registrars, to the inspection of birth and death registers and to the detection of unregistered vital events. The Board also considers that inspecting officers of other departments should take a greater interest in the improvement of village vital statistics.

2. The Board recommends the employment of medical registrars in large cities and considers it desirable that minimum educational qualification should be prescribed for persons holding the post of registrars in other areas. It also suggests that candidates for such posts should before appointment undergo an instructional course.

3. As regards compilation work, the Board believes that this can be carried out most expeditiously and economically in the office of the Director of Public Health and invites the attention of all Governments to the centralised schemes now in force in Madras Presidency and in Mysore State.

4. The Board recommends the establishment of an organised bureau of vital statistics under the charge of a trained medical statistician in the headquarters office of every Provincial and State Public Health Department.

5. The Board, recognising the importance of obtaining more accurate records for international purposes, recommends that every Provincial and State Government should collaborate to the fullest possible extent with the Central Government's Public Health Department in respect of epidemiological and other vital statistical information.

6. The Board considers that it would be of advantage if public health departments could obtain information in respect of "the age of the mother" and of "the number of the pregnancy" in relation to each registered birth and suggests that in selected areas attempts should be made to collect these figures in order that the data so collected could be correlated with the material which will be available from the 1941 census.

7. The Board is of opinion that statistical studies in the fields of medicine and public health should be pursued with greater vigour and stresses the necessity for additional trained medical statistical workers.

ANNEXURE IV

Health Survey and Development Committee

Recommendations of the Bhore Committee 1945

The Areas served by our short-term programme.

The creation of four registration offices in each primary unit. The placing of the registering authority as close as possible to the people is desirable in order to improve vital statistics. We therefore recommend the establishment of four registration offices in each primary unit, one of these being at the headquarters of the unit. The public health nurses and midwives should be made Registrars of Births and Deaths and should be responsible for ensuring that these offices are kept open on the required date and during the stated hours.

All the members of the public health staff employed in the primary unit should systematically check the birth and death registers by house to house enquiry, when they visit villages on their routine duties. In addition, we anticipate that the village committees we have suggested will help to bring on record events which might escape the notice of the CHOWKIDAR as well as to awaken, in the villagers, a sense of personal responsibility in regard to registration.

We recommend the employment of non-medical personnel, with some elementary type of training, as Registrars in the areas to which our health programme is not extended. Each man's range of jurisdiction should be limited to such a number of villages as would enable him to visit all of them within a period of about 6 days. During three days in the week he should attend the registration office and the remaining days should be devoted to an inspection of the work of the CHOWKIDARS in the villages within his area.

Certain Other Proposals

(a) *House lists in villages and sample surveys.*—We recommend the preparation and maintenance of house lists for individual villages. The list should contain information regarding the name, date of birth and sex of the head of the family and of every normal resident of the house. It should be made obligatory on the house-holder to give the information required for the filling of the house list, should be asked by the appropriate authority to do so.

In a subcontinent like India the use of the sampling method is eminently suitable for the collection of demographic information of various types and the provision of an accurate house list for each village will prove invaluable for sample surveys.

(b) *The provision of adequate incentive to the people for the registration of births and deaths.*—An effective method of stimulating interest in the people for the registration of vital statistics will be by creating conditions repairing, in an increasing degree, the production of proof of age, community, percentage, etc. If courts, schools, etc. could be induced to insist on the production of birth and death certificates the public will begin to feel the necessity for registering births and deaths in their own interest.

(c) *Compulsory registation of vital statistics.*—In the areas in which our scheme will be introduced registration of vital statistics should be made compulsory along with the introduction of the scheme, wherever such provision does not already exist. In other areas compulsion should be introduced gradually. The enforcement of the law through the prosecution of offenders is essential of definite improvement is to be secured.

Administration Organisation

The central organisation.—We recommend the appointment of an officer with the title of Registrar General of Vital and Population Statistics. He will be attached to the Central Ministry of Health and will be responsible for the collection, compilation, study and publication of vital statistics from all parts of the country, for the carrying out of the census at periodical intervals and for continuous population studies. He will work independently of the Central Health Department but in close co-operation with it. He should publish an annual report on the population of India incorporating such information as is available regarding existing conditions and possible tendencies for the future.

A "medical section" should be created in the Registrar General's office for the purpose of providing statistical help to the Central Health Department in its day-to-day administration and in the carrying out of special investigations.

The provincial organisation.—The Provincial statistical organisation should correspond to that proposed for the Centre and the functions of the provincial officer in charge should be similar to those of the Registrar General. The designation of the provincial officer may be the Provisional Registrar of Vital and Population Statistics. He should be attached to the Provincial Ministry of Health for administrative control and should work independently of, but in close co-operation with the Director of Health Services.

The provision of "a medical section" in the Office of the Provincial Registrar for the same functions as those suggested in connection with the Central Health Department is also necessary.

We have also made suitable recommendations for a district vital statistics organisation, which will work under the control of the Provincial registrar.

The employment of statisticians in increasing numbers will become necessary in the vital statistics, health and other departments of Government. Industry is also likely to employ a growing number of persons trained in modern statistical methods. In the circumstances we recommend the development of facilities for statistical training of a high order in the universities and in certain other centres.

ANNEXURE V

Report of Vital Statistics Committee of 2nd Health Minister's Conference held in August, 1948

3. Head 1—Statutory Basis (para 36(2) of the Report)—

(i) "It is essential that there should be provision for enforcing uniformity throughout India in the collection and compilation of the main items of information included in the vital statistics of the country. Such enforcement will become possible only if the Centre has the power to prescribe for regulating the registration and compilation of vital statistics in the component units of the federation of India. It is recommended that such provision as may be necessary to achieve this end should be incorporated in Constitution of the country. Individual Governments will be at liberty to prescribe for the territories the collection of such other information as may be deemed necessary to suit their purpose." "The enactment of an Indian Vital Statistics Act as a piece of Central Legislation should be undertaken as soon as circumstances permit."

ANNEXURE VI

Scheme for Improvement of Population Data 1951

IMPROVEMENT OF REGISTRATION OF BIRTHS AND DEATHS (STATEMENT OF CONCLUSIONS)

1. *Compulsory registration in all areas.*—In large parts of the country registration of births and deaths is not compulsory. It is necessary that compulsory registration should be extended throughout the country as soon as possible. But before compulsion is actually introduced for the first time in any locality, it is necessary to make sure that an officer (who may be authorised and required to receive and register reports of births and deaths) is available in that locality, near enough to the houses of the citizens who are to report to him.

2. *Registrars and Additional Registrars.*—It would be uneconomical to employ whole time officers merely for registration of births and deaths. Registrars must be appointed on an ex-officio basis, and the work relating to registration should normally represent only a minor addition to their main duties. Where there is more than one post the incumbent of which can be appointed ex-officio as Registrar, that post should be chosen the incumbent of which is most favourably placed for securing efficient registration. In urban areas, the Registrar is usually an employee borne on the sanitary or other health establishments of Municipalities. This is generally the most suitable arrangement. There is need for changes in rural areas in many States. The following four types of villages should be distinguished among different States and sometimes between different parts of the same State:—

(a) Rayatwari villages;

(b) Non-Rayatwari villages, with Patwari (or other village officer);

(c) Non-Rayatwari villages, without Patwari (or other village officer, but with Chowkidars);

(d) Non-Rayatwari villages without any village officer or chowkidar.

In the case of villages of type (a) the Registrar is usually a responsible officer located in or near the village or villages in his charge. The existing arrangements are, therefore, likely to be the most suitable among possible arrangements. As regards type (b) the Patwari may be substituted where, at present, the officer-in-charge of the Police station is the Registrar. It is possible that in some areas the Patwari's charge may also be too extensive. In that case, the utilization of village panchayat staff (where it exists) as Additional Registrars may be considered. The provision of suitable agency in type (c) village is more difficult. A permanent solution of the problems is likely to be deferred until the land reform schemes (now under consideration or implementation) are carried out and the villages are thereby converted to type (a). Meanwhile improvement of a temporary character may be possible by utilising village school teachers (or other personnel similar to those used for census enumeration). Such possibilities should be considered with reference to local conditions. Type (d) villages (there cannot be very numerous) will continue to remain an even more intractable problem. Even temporary improvement may have to await the development of rudimentary forms of administration.

3. *Registration Supervisors.*—It is necessary that responsibility should be clearly located for the supervision of the work of Registrars and Additional Registrars. An appropriate officer should be designated as "Registration supervisor" and made responsible for a definite territorial area which may be called the "Registration Circle". Supervision of Registration cannot also be full-time work; so, these appointments should also be made on an ex-officio basis. As far as possible Registration Supervisors should be permanent employees of the State Government even in areas where Registrars are employees of Municipalities or Panchayats or other local bodies.

4. *Chief Registration Officers.*—It is necessary to locate responsibility in an administrative officer for putting into effect all the orders of the State Government relating to improvement of the Registration of births and deaths. This officer should exercise general superintendence and control over Registration Supervisors, Registrars and Additional Registrars (without reference to differences in the departments from which these officials may be drawn). These officers may be designated as "Chief Registration Officers". It is recommended that they should be the same as the "Electoral Registration Officers" appointed under Section 22 of the Representation of the People Act, 1950. (The purpose of this recommendation is to ensure that population records are used to the fullest extent in maintaining Electoral Rolls up-to-date and whenever house-to-house enquiries are made for purposes of revising the Electoral Rolls the occasion is utilised also for purposes of improvement of basic population data).

5. *Standardisation of forms.*—There should be a common form throughout the country for registration of births and deaths. The Registrar will be required to enter only simple details which it will be possible for him to enquire and record. The Vital Statistics Committee have made some recommendations in regard to recording of community particulars, order of births and age of mother at confinement, cause of death, etc. at the time of registration. These should be taken into consideration, when the forms are finalised.

6. *Population Records and Registration.*—For every village and every town there should be three Registers viz., the National Register of Citizens compiled at the 1951 Census, the Register of Births and the Register of Deaths. These are referred to collectively as the "Population Records". The Registrar of the town or village should have custody of these Registers, and the responsibility of maintaining them in accordance with instructions. The maintenance consists in entering the birth or death reported to him with relevant particulars in the Register of Births or in the Register of Deaths respectively and in noting the birth or deleting the entry relating to a deceased person in the household in question in the National Register of Citizens.

NOTE.—It is emphasised that no attempt should be made to ascertain and record in the National Register all population changes and when they occur, or to use the National Register as a basis for annual estimates of population. The "National Register of Citizens" should be used mainly for purposes of maintenance of Electoral Rolls (where no house-to-house enquiries are made); and for the selection of house-holds in enquiries organised on a random sample basis.

7. *Annual Review of Population Records.*—It is necessary, once every year, to make arrangements for ensuring that the attention of house-holders is prominently drawn to their statutory obligation to report births and deaths. As large a proportion as possible of un-registered births and deaths should

be brought to light and registered. It is suggested that such arrangements should be combined with the celebration of the Health Week and carried out preferably, during the week ending Diwali day. Any other week may however be fixed for any district e.g. week ending Pongal in Madras, if the State Government consider it more suitable for such district.

NOTE.—It is not contemplated that these arrangements should include house-to-house enquiries relating to births and deaths except in the circumstances specified in the next paragraph.

8. *Electoral Roll Revision Operation.*—In areas where house-to-house visits and enquiries are carried out in order to revise Electoral Rolls, advantage should be taken of these visits to make enquiries about all members of the household, and not merely of adults. As a result of such enquiries, the entries contained in the National Register should be revised as found necessary, and brought up-to-date.

NOTE.—It is understood from the Election Commission that the minimum requirements are that the Electoral Rolls should be revised on the basis of house-to-house enquiries, in respect of one-fifth of the population of each district every year.

9. *Annual Census of Sample Households.*—Once every year, an annual Census of Sample Households should be held, in conjunction with the Annual Review of Population Records referred to in para 7 above. One household out of every hundred households in the district should be chosen as the sample. The District Census Handbook and the National Register of Citizens should be used in order to ensure that the selection of households is made on a strictly random basis (where Electoral Roll Revision Operations are carried out as described in para 8 above, the selection of sample households for the Annual Census should be made from within the areas where the operations are carried out. The Annual Census of Sample House-holds will then be part of the enquiries necessary for supervision and verification of the house-to-house enquiries made for Electoral Roll Revision Operations). The enquiries in sample households, should be made by Registration Supervisors. They should ascertain particulars regarding (a) births (b) deaths, and (c) permanent changes of ordinary residence which actually occurred in the sample households, during a prescribed twelve-month period. The object of the Annual Census is to ascertain these three sets of Basic Population Data with the maximum possible accuracy. The facts thus ascertained are intended to be used as follows:—

Firstly, an estimate should be framed of the percentage of omissions Registration of Births and Deaths (where this percentage is too large, an independent basis for the estimate of Annual Births and Annual Deaths should be provided);

Secondly, information necessary for the compilation of Age-group-Specific-Maternity Rates and Age-group-specific-Mortality Rates for different territorial economic and social groups within each State should be secured; and

Thirdly, on the basis of the foregoing, an Annual Population Estimate is to be framed for the general, rural and urban population of every district as well as for defined social groups and economic groups of every State.

10. *Analysis, compilation and study of Registration Returns and Census data.*—(i) Registrar General and Director of Population Records.—The post of Registrar General has already been created at the Centre for the work connected with the improvement of Registration of Births and Deaths,

integration of such data with Census data, and the continual analysis and study of such data. It is recommended that, in every State, there should be a 'Director of Population Records'. This post may be combined (in all part A and Part B States except Saurashtra, PEPSU and Jammu & Kashmir) with that of 'Superintendent of Census Operations' (the officer at the head of the branch office of the 'Census of India' a Central Government agency). It is suggested that the combined cost of this officer and his establishment should be borne equally by the Central Government and the State Government concerned. If, however, a State Government considers it advantageous to combine the office of the Director of Population Records with some other appropriate post on the establishment of the State Government, they should be free to do so. In that case, the number of branch offices of the Census of India will have to be correspondingly reduced, by combining more than one State in charge of the same Superintendent of Census Operations.

(ii) *Compilation of the results.*—The 'Director of Population Records' should be responsible for the centralised compilation of the results of the data based on Registration of Births and Deaths. The Superintendent of Census Operations should be responsible for centralised compilation of the results of the data based on the Annual Census of Sample Households. The compilation forms should be standardised.

The Vital Statistics Committee have made certain recommendations in regard to the standardisation of forms, as well as the use of machines in tabulation. These recommendations should be considered when the organisation described above is sanctioned.

11. *Annual Population Reports.*—It is necessary to ensure that the foregoing arrangements work properly. To this end, as well as in order to enable the fullest use being made of the results of official analysis and study of population data, a system of publication of "Annual Population Reports" should be established. There should be one report for each State and one for India as a whole. The report should contain all the tables compiled from the Registration data as well as the tables showing data referred to in para 9 above. The report should include a detailed commentary on the foregoing tables, explaining how the statistics were secured, the extent to which measures taken for extending their coverage and increasing their accuracy are achieving their purpose, drawing attention to the differences in the trend of births, deaths and migration and net resultant growth in respect of different territorial, social and economic groups and wherever possible, assessing their significance.

12. *Conclusions related to the recommendations of the Bhore Committee and the Vital Statistics Committee.*—

The Bhore Committee made a series of inter-related recommendations for the improvement of Registration of Births and Deaths. These recommendations were reviewed by the Vital Statistics Committee.

(i) Some of the recommendations made by the Bhore Committee and the Vital Statistics Committee have already been implemented. They are:—

(a) "Vital Statistics including Registration of Births and Deaths" has been included in the field of concurrent legislation.

(b) The office of the "Registrar General, India" has been created.

(ii) It is suggested that certain recommendations need not be accepted and the consideration of some others may be postponed.

(a) *Legislation.*—The Bhore Committee and the Vital Statistics Committee recommended that an Indian Vital Statistics Act should be enacted as a piece of central legislation. It is proposed that action on this recommendation should be postponed for two more years. The State Governments are no less interested in the Registration of Births and Deaths than the Central Government. It is by no means clear that the necessary degree of uniformity cannot be brought about by agreed action based on legislation already available or to be undertaken by each State Government separately. If after giving effect to the measures for improvement of registration now suggested practical experience shows that Central legislation is required, necessary steps may be taken to that end in due course. The position may be reviewed after two years.

(b) *Registration of Marriages.*—The Bhore Committee and the Vital Statistics Committee have recommended that all marriages in the country should be registered. This is not considered essential, merely in order to secure improvement of population data. If, however, for other reasons all marriages are registered, the relevant records should be used as a source of statistical informaion relating to the population.

(c) *District Vital Statistics Organisations.*—The most important among the recommendations of the Bhore Committee related to the setting up of a large District Vital Statistics Organisation consisting of (a) District Registrar of Vital Statistics, (b) a certain number of Assistant District Registrars and (c) a Village Registrar for groups of villages, all of them being visualised as whole time officers. It is recommended that this proposal may be abandoned, as it is likely to prove much too costly.

(iii) All other recommendations of the Bhore Committee and the Vital Statistics Committee are taken into account and embodied in the recommendation made in paras 1 to 10.

ANNEXURE VII

Central Expert Committee of the Indian Council of Medical Research on Smallpox and Cholera held jointly with the representatives of the States Expert Committees on Smallpox and Cholera in New Delhi on 16th, 17th, 18th and 19th February, 1959.

I. GENERAL RECOMMENDATIONS

Registration of Births and Deaths

It will be noticed that the practice of registration of births and deaths is not uniform throughout the country. Even in the individual States recently re-organised, the practice in the component parts is that which prevailed in the original parent States of those parts. In view of this multiplicity of practices resulting in unsatisfactory registration of births and deaths, and with the object of improving the situation, the Committee recommends:—

(a) that there should be an Act making registration of vital events compulsory and that Act should legislate for:

  (i) the provision of proper facilities for registration.

  (ii) setting up of registering offices easily accessible to those reporting vital events.

  (iii) awarding of punishment for lapses in the duties of reporting or recording of vital events.

(b) that the Secretary of Gram Panchayat should be appointed Registrar of Births and Deaths for his area;

(c) that the Secretary of Gram Panchayat should send figures of vital statistics to the Block office from where such information could be forwarded to the Sub-division or District office for early transmission to the District Health Officer;

(d) that arrangement should be made for the peripheral reporting officials to send information about births and deaths by post on unstamped cards, the postage charges being recoverable by the postal authorities later on in consolidated amounts in a manner similar to the one adopted in respect of commercial concerns; or perhaps, the Committee felt, the Centre could give exemption from affixing of postage stamps on communications notifying births and deaths;

(e) that the village registers containing family-wise records or vital events should be preserved;

(f) that the officers of the health administration should have the right to inspect these registers;

(g) that before a child is admitted to a primary school, even in the villages, the parents should be required to produce a certificate of his/her birth. Such a practice, the Committee felt, would compel the parents to have the births of their children registered;

(h) that the power to prosecute for lapses in reporting or registration of vital events should vest in the District Health Officers instead of the Tehsildars.

ANNEXURE VIII

Central Council of Health

MANICKAVELU COMMITTEE REPORT—1960

1. A bureau of statistics should be established in the office of the Director General of Health Services under a qualified health statistician of wide experience with the status and scale of pay of Assistant Director General of Health Services.

2. The work relating to vital statistics should be co-ordinated by the Registrar General and work relating to health statistics should be co-ordinated by the Director General of Health Services. The committee feel that there should be very close collaboration between the two statistical units to ensure co-ordinated development of statistics in this more or less inseparable field.

3. Work relating to vital statistics at the state level including compilation may continue as heretofore under the Director of Health Services/Director of Public Health.

4. The Bureau of Statistics of state health directorates would be on a pattern similar to that of Bureau of Statistics at the centre, with the addition of a sub-unit for vital statistics.

5. Centralised mechanical tabulation may be introduced in the major state where the work load justified the full use of the mechanical equipment. In other states the arrangements may be made in collaboration with the state statistics department. In spite of the introduction of central compilation maintenance of statistics will also be required at the headquarters of the primary health centre and district level. Therefore statistical assistance should be provided at each of these two levels. The statistical assistance available at the primary health centre can also be utilised for verification of vital events.

6. Properly staffed statistical unit should be established in large municipalities and municipal corporations. The State Government should provide financial assistance to the local bodies for the purpose.

7. The Central Government should shoulder the responsibility of providing training facilities for Statisticians and Statistical assistants as far as possible and should carry out training on uniform lines in collaboration with the States. In addition to the Nagpur unit a few regional centres for training should be established.

ANNEXURE IX

Recommendations on the Improvement of Vital Statistics—1961

I. Main Recommendation

1.1 That the Union Government should pass a Central law on Vital Statistics. This law should be on the lines of Control of Drugs Act or the Prevention if Food Adulteration Act. That is, it should lay down the general definitions, principles and penalties, leaving the details to be worked out by the States and Union Territories in accordance with the particular genius of their respective administrations. Thus, the Central law should contain definitions of vital events, provision for compulsory registration of vital events, the permissible period of registration and issue of registration certificates. It should define who are legal registrants and notifiers and lay down how dead bodies should be disposed of. It will define Registers at various levels, their duties and responsibilities, the principles of location and functions of registration offices. The law will also provide for standard forms of birth and death registration in all registration offices and for birth and death certificates and the uses to which birth and death certificates should be put. It will recommend for application in particular areas the international certificate for underlying cause of death. Finally, it will provide for compounding of offences and penalties for violation of the law.

1.2 Details of the recommendation approved by the conference will be found in Annexure A.

II. Main Recommendation

2.1 The conference recommended that different procedures should obtain in the collection, compilation and transmission of vital statistics in (a) municipal areas, (b) areas governed by the Panchayat Act, and (c) areas not yet covered by the Panchayat Act. While the procedures in respect of the three categories would differ from each other, each procedure should be applied as uniformly as practicable in respect of the same category throughout the country. Details of procedure will be found in Annexure B.

2.2 The conference also recommended that tabulation of vital statistics should be centralised at the State headquarters, either with the Director of Health Services or the Director of the State Statistical Bureau, the intermediate levels between the Primary Registrars and the Central Tabulation office being entrusted with collection and transmission. The conference further recommended a uniform staffing pattern and financial assistance at the intermediate levels and principles of supervision and inspection to ensure the flow of returns and to facilitate central compilation.

2.3 The conference also made recommendations in favour of uniformity of essential particulars in forms and registers and their regular supply to all levels engaged in the registration of vital statistics.

III. Main Recommendation

3.1 The conference recommended that all rural health centres throughout the country should each adopt its headquarters village, or, if that is inconvenient, an adjacent village where it can develop the full range of vital statistics registration.

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3.2 The conference further recommended that other schemes of improved or intensive registration that are already current in any part of India, as in Madras, Maharashtra and West Bengal, should continue. States which have not yet undertaken similar forms of improved or intensive registration should be invited to do so.

IV. Main Recommendation

4.1 The conference recommended that the office of the Registrar General, with the help of the State Governments, should continue to take an annual one-percent Sample Census to estimate the growth of population and measure other demographic characteristics.

4.2 The conference further recommended that the office of the Registrar General with the help of the State Governments, should work out a scheme of sample registration areas for yielding reliable estimates of birth and death rates for different regions of each State and the Union as a whole.

V. Main Recommendation

5.1 The conference made recommendations on the following subjects, the details in respect of each of which are incorporated in Annexure E.

(1) Age groups in which vital statistics should be presented.

(2) Adoption of a minimum tabulation for all States.

(3) Special presentation of still births.

(4) A model staffing pattern at State headquarters to undertake the processing and publication of statistics based on the international certificate of underlying cause of death.

(5) The adoption of Tabulation Areas with the object of yielding more meaningful rates.

(6) Administrative safeguards for the preservation and maintenance of registration records.

(7) An educational programme for instructing the public on the importance of correct vital statistics.

(8) The importance of training to Registrars and persons concerned with registration of vital statistics.

(9) Prompt publication by the State of vital statistics.

(10) The importance of registration of midwives.

(11) The phasing of introduction of international certificate of underlying cause of death.

(12) The building up of an instructing and supervisory machinery to follow up improvement in vital statistics. The issue of an annual report by the State Vital Statistical authority on the work of Municipal Health Officers and Executive Officers relating to vital statistics which should be incorporated in the latters' annual character roll.

ANNEXURE A

The conference recommended that the Central law on Vital Statistics should incorporate the following topics as minimum.

A. 10 Definition of Vital Events

(a) *Live Birth.* "Live birth is the complete expulsion or extraction from its mother of a product of conception, irrespective of the duration of pregnancy, which after such separation, breathes or shows any other evidence of life; each product of such a birth is considered live-born."

Such evidence of life may be in the form of breathing, crying, definite movement of voluntary muscles, heating of heart or pulsation of umbilical cord, whether or not the umbilical cord has been cut or the placenta is attached.

(b) *Death.* "Death is the permanent disappearance of all evidence of life at any time after live birth has taken place."

In other words, it is a post natal cessation of vital functions without capability of resuscitation. This definition, therefore, excludes foetal deaths. It follows by definition that a child born alive, if it dies immediately, is to be registered as a live birth and as a death.

(c) *Still Birth.* "Foetal death is death prior to the complete expulsion or extraction from its mother of a product of conception, irrespective of the duration of pregnancy; the death is indicated by the fact that after such separation, the foetus does not breathe or show any other evidence of life. If such a product of conception has attained at least 28 weeks of gestation, it will be termed as a still birth."

(d) *Maternal Death.* "Maternal death is the death of a mother during pregnancy, or labour or within a month after the termination of pregnancy. Deaths, which are known to be *definitely* not caused by conditions arising out of delivery or the state of pregnancey, shall be excluded, even if they occur within one month. Further, deaths which are known to be *definitely* caused by conditions arising out of termination of pregnancy shall be included, even if they occur after one month."

Code numbers 640-648 and 650-689 (deliveries and complications of pregnancy, child birth, and the puerperium) of the International Classification of Diseases, 1957, indicate the conditions associated with maternity, which may cause a maternal death.

(e) *Cause of Death.* The Conference, taking account of the actual situation, recommended the introduction of the *international certificate of cause of death* only in limited areas and lay reporting for all other areas.

Compulsory Registration of Vital Events

A. 11 The conference recommended that the Central law should make registration of vital events, that is, births and deaths, compulsory in all areas of the country, making it obligatory on the part of the legal registrants and notifiers to report these events to local Registrars appointed for the purpose. The conference further recommended that the period of registration in the case of births and deaths should not exceed 72 hours after the occurrence. The period for delayed registration should be one year from the date of occurrence of the event and Primary Registrars should be empowered to register such events with a penalty. In the case of declared registration after one year, registration should be possible at any time but only after the necessary legal formalities have been observed and the prescribed penalties paid. The compulsory use of birth and death certificates for the various specified purposes may be introduced in respect of events which occur after a prescribed date but production of a birth certificate for purposes of school admission may be made compulsory even forthwith. It may, however, be provided that in respect of births, which occurred before the prescribed date a certificate about the date of birth will be issued by the Registrars on a declaration by the parent within a period of 2 years of the prescribed date without charging any fee or penalty. A fee may be charged, if such a certificate is required after two years. The certificate may be specifically marked as having been issued as a result of verification or declaration by parent. The State Government may be empowered to appoint additional registrars for issuing these special certificates. The conference recommended that the Registrar should maintain a notification book in which will be recorded all notices given by notifiers. The date of registration should be later recorded in this book against each case. The Registrar should take steps to effect registration within a week of the expiry of the normal registration period, if registration has not already been made. For efficient working, it is essential that events occurring within the jurisdiction of a registration office should be registered only in that office and nowhere else. The conference recommended that the Registrar will be required forthwith to give a certificate of birth or death free of cost at the time of registration and should be authorised to issue copies on payment of prescribed fees so long as the original registration book remains with him, which may be prescribed as three years. With the transfer of the original registration book to the place of permanent record, copies on payment of prescribed fees should be granted by the appropriate authority in permanent charge of the records. No copy of a birth certificate will be issued unless the name of the child has been duly registered. Especially in those areas where a child is given a name long after its birth or in those cases where the occurrence of a death requires further investigation, an extract of the birth or death entry from the register should be issued by the Primary Registrar to the registrant at the time of registration, to be followed by the issue of an authenticated certificate free of charge in due course.

Legal Registrants

A. 12 The conference recommended that the Central law should define a legal registrant who should be held responsible for registration of births and deaths occurring in his household. The legal registrants for births and deaths may be defined as follows so as to avoid any ambiguity about their responsibility.

It shall be the responsibility of the persons specified below to report a birth (including still birth) or death to the Registrar of the area where the event occurred.

(a) for events occurring in a private house whether residential or non-residential the head of the house where the birth occurred and if more than one household live in the house, the head of the household and if he is not present in the house at any time during the period within which the event must be reported, the nearest relative of the head present, and in the absence of any such person, the oldest *adult* fit person present;

(b) For event occurring in hospital, health centre, maternity or nursing home or such other institutions—the Medical Officer in charge;

(c) For events occurring in jail—the Jailor in charge.

(d) For events occurring in choultry, chatram, hotel, dharamasala, boarding house, lodging house, tavern, barrack or toddy-shop and such places of public resort—the peson in charge of the place;

(e) For new born child or dead body found deserted in any public place—the Headman of the village or officer in charge of the local Police Station for places other than a village.

Legal Notifiers

A.13 The conference recommended that mid-wife, trained or untrained, attending on a birth, on any other medical or health attendant at a birth, should be legally liable to notify it to the local Registrar of Births and Deaths. In a municipality, the municipal sweeper should be required to notify all births and deaths in his beat and offered an incentive of 10 naye paise per birth and death only after it has been verified and duly registered. The fuel contractor, keeper or owner of a place for disposal of dead bodies should be required to notify deaths and wherever no such agency can be found, an attendant at the expense of the Municipality should be posted for the purpose at the place of disposal of dead bodies. In Panchayat areas, the resident, village dai, health visitor, chowkidar, revenue official and other persons may be named as legal notifiers. The conference recommended that in the meetings of Gaon and Panchayat Sabhas the Panchayat secretary should read out the details of births and deaths registered since the last meeting and invite members to point out omissions, which should be registered after proper verification. Members of Gaon and Panchayat Sabhas should be exhorted to keep themselves informed of births and deaths in their areas.

Disposal of Dead Bodies

A.14 The conference recommended that the Central law should provide that the places of disposal of dead bodies in municipal areas should be demarcated and notified and it should be made offence to use unauthorised places for this purposes Further, the public health laws in this regard should be enforced.

Registration Offices and Registrars

A.15 The conference recommended that the Central law should define a Registrar of Vital Events and fix his responsibilities as follows:—

(i) He will be responsible for the registration of births and deaths reported or notified to him.

(ii) He will ensure registration of events not formally notified to him.

(iii) He will be responsible for the maintenance of birth and death records and issue of birth and death certificates in original and also copies, so long as the registers are in his custody.

(iv) He will be responsible for the safe despatch of birth and death registers to permanent record offices.

(v) He will be responsible for the punctual submission of prescribed statistical returns and original records.

A.150 The conference also recommended the appointment of District Registrar and made suggestions about his functions as follows:

A.151 The District Health Officer/Administrative Medical Officer of the District should be designated as the ex-officio District Registrar, and charged with the responsibility of general superintendence and control over Registrars in the district (irrespective of the department from which the Registrars may be drawn) and of putting into effect all the orders of the State Government relating to improvement of registration and vital statistics in the district. In particular, he should be responsible for the following:

(i) Smooth functioning of the arrangements for the timely flow of vital statistical returns in the district.

(ii) Taking up cases of persistent default with the relevant district authorities.

(iii) Educating the public about its duties and the value and requirements of vital statistics.

(iv) Organisation of periodical training courses for the Registrars.

(v) Receiving inspection reports, initiating action for remedying the defects revealed and submitting to the State head-quarters a half yearly report on the quality of registration in the district.

(vi) Timely supply of blank registration books and forms to Registrars.

(vii) Ensuring the permanent recording and storage of registration documents.

(viii) Compiling district vital statistics where their compilation is not yet centralised at the State headquarters.

A.152 In States where vital statistics work has been taken over by the State Statistical Bureaus, the District Statistical Officer should be the District Registrar.

A.153 The conference recommended that registration offices should be so located that no registrant has normally to travel more than a mile. They should be open for registration during hours convenient to the registering public which should be outside the usual working hours. The office should have a sign board in the regional language, displaying its name and working hours.

Essential Particulars in the Forms of Birth and Death Registration

A. 16 The conference adopted the essential particulars in the forms of birth and death registration recommended by the Working Party set up by the Registrar General.

I. *Live Birth:*

A. FOR RURAL AREAS

1. Date of Registration
2. Date of Birth
3. Name of the child (with provison for insertion latter)
4. Sex
5. Name and address of the parent
6. Religion
7. Type of attention at delivery
8. Name and address of the informant
9. Signature or thumb impression of the informant
10. Signature of the Registrar with date
11. Seal of office

B. FOR URBAN AREAS (ADDITIONAL)

Address of place of birth to be inserted after item 5 in A above

C. FOR TOWNS WITH POPULATION 1 LAKH AND OVER (ADDITIONAL)

(i) Present age of mother

(ii) Age at consummation of marriage

(iii) Total live children born to this mother*

(iv) Literacy of father

*Including the present one

II. *Death*:

A. FOR RURAL AREAS

1. Date of Registration
2. Date of death
3. Name of deceased
4. Sex
5. Age of death
6. Religion
7. Cause of death
8. Hospitalisation (Yes/No)

9. Name and address of guardian (In the case of a child, parent; in the case of a married woman, husband).
10. Name and address of the informant
11. Signature or Thumb impression of the informant
12. Signature of the registrar with date
13. Seal of Office

B. FOR URBAN AREAS (ADDITIONAL)

(i) Address of place of death.
(ii) Place of disposal of dead body to be inserted after item 6 in A above

III. *Still Birth* :

Same form as for live births under A&E.

International Certification of Underlying Cause of Death

A.17 The conference recommended that Corporations and Municipalities with population of one lakh and over which are authorised to have a qaualified Health Officer, should endeavour to enforce medical certification of underlying cause of death before the disposal of a dead body. The certificate should, as far as possible, be in the international form and the Central Law should contain a provision to this effect.

Use of Birth and Death Certificates

A. 18 The conference recommended that the Central law should lay down, among others, the following compulsory uses for birth and death certificate:

(i) For admission to schools;
(ii) For admission to Government service;
(iii) For proof of age at marriage;
(iv) To establish nationality;
(v) To establish parentage;
(vi) To establish the age for purpose of enrolment in the electoral rolls;
(vii) To establish the age for insurance purposes;
(viii) For proof of age of children at the time of employment in factories/ mines and other industries;
(ix) For all purposes where the age has to be established, for example, minimum and maximum age limits at certain examinations, entry into service, issue of driving licence, etc.
(x) Death certificates should be brought to compulsory use for the purpose of inheritance of property and for claimimg dues from insurance companies and other companies.

The conference felt that these provisions will introduce adequate incentives for improvement of vital events.

Compounding Fees and Penalties for Violation

A. 2 The conference felt that an intensive effort to inform the public of the necessity and value of registration and to elicit their willing cooperation should be made and after such an educational programme has been carried on for a year or two, a system of very light compounding fees should form a feature of encouragement. This may be reinforced by penalties for heavier offences. The law should provide that in the event of wilful negligence and non-payment of compounding fees a Nyaya Panchayat will have powers to prosecute. The conference recommended that State Governments should take steps for summary disposal of cases under the Central Act of Vital Statistics. The conference further recommended that in the case of municipalities, the Medical Officer of Health or the Executive Officer, where there is no Medical Health Officer, should be authorised under the Central Act to sanction prosecutions. In the case of rural areas, the District Registrar should be made the sanctioning authority.

Mechanical Equipment for Central Tabulation

A. 3 In major States where the work load and the quality of data justify the use of mechanical equipment, the centre should assist the State to acquire mechanical equipment as has been recommended by the Central Council of Health.

The Supply of Forms and Registers

A. 4 The forms of registration books and birth and death certificates should be simplified and standardized after approval by the Registrar General.

Registers and forms should be supplied by the Health Department of the State Government. It was recommended that the Registrar General, office should undertake the printing and supply only of the registration certificates of birth to all States and Union Territories.

ANNEXURE B

Municipalities

B.1 The conference recommended that certain arrangement should obtain uniformly for all municipalities in India. The charge of collection of vital statistical returns, their compilation and transmission to the State tabulation office should be placed with the Health Officer, where a municipality has one, or the Executive Officer or his equivalent where there is no Health Officer.

The Municipal Health Officer or the Executive Officer will, with the help of staff, centrally compile all the vital statistics from the returns received from their registration offices and forward the compiled statistics to the State headquarters.

Areas Under the Panchayat Act

B.2 The conference recommended that registration of vital events should be transferred to a Panchayat only after a paid Panchayat Secretary has been appointed and the Panchayat has attained stability of working. Whether a Panchayat has attained stability of working will be decided by the Director of Panchayats in consultation with the Director of Health Services. The Secretary should be made the Registrar for the Panchayat area and should have defined responsibilities for ensuring completeness of registration throughout his jurisdiction. The Panchayat Samiti should take action to bring home to slack or negligent Panchayats their responsibility in the matter of registration and report persistent slackers to the Zila Parishad for necessary action.

Rural Non-Panchayat Areas

B.3 In those areas which will not be covered by the Panchayat Act for some time, the *status quo* in respect of notification, registration, collection, and transmission of vital statistics will continue. The current registration arrangements may be reviewed and the concerned administrative department controlling the Registrars may be contacted to effect such improvements as may be possible. If after such efforts have been made and it is felt that there is a need to replace the existing agency, possibilities of utilizing the local personnel of the Health Department, school teachers and any other, in the order named, may be explored.

B.4 Administrative instructions already exist for this region for the inspection of registration work by vaccination staff visiting health personnel and officers of the civil administration like the Tehsildar, Subdivisional Officer, District Officer, Civil Surgeon and Superintendent of Police. It was recommended that school teachers may be appointed registrars and paid Rs. 10 per annum in two half yearly instalments, the amount to be paid being chargeable to the Health Department. Therefore an attempt should be made to re-vitalise the organisation and enforce systematic inspection with a view to taking action in cases of defective registration. Statistics of areas with defective or low quality of registration of births and deaths, should be worked out and these areas should be subjected to systematic inspection. The District Registrar should be charged with special responsibility in the matter. This resolution will apply also to those Panchayat areas which have not yet taken up the work of registration. In such areas, a monthly statement of registered births and

deaths should be sent by the Registrar to the area Panchayat for notifying omitted events. Such a course will be possible if the Panchayats keep a record of their own and regularly read out in their meetings the lists send by the Registrar. The omissions pointed out by the Panchayats should be registered after due verification. The statistics of omission so detected should be reported quarterly to the District Registrar. Such arrangements are expected to create interest among the Panchayats preparing to take over registration work.

District Registrars for Rural and Non-Municipal Areas of a District

B.50 The District Health Officer or the Administrative Medical Officer of the district will be designated ex-officio District Registrar for the rural and non-municipal areas of a district. His functions and responsibilities have already been outlined in Annexure A for incorporation in the Central law on Vital Statistics. In States where vital statistics work has been taken over by the State Statistical Bureau, the District Statistical Officer will be the District Registrar.

Corporations and Municipalities

B.51 The Health Officers of a corporation or a municipality, where there is one, or the Executive Officer or his equivalent in a municipality where there is no Health Officer, will be responsible for the collection, compilation and transmission of vital statistical returns from the registration offices within his jurisdiction.

B.52 Municipal Health Officers or Executive Officers of municipalities and District Registrars of those States which have not yet introduced Central Compilation will be responsible for a minimum programme of compilation of vital statistics at their level and it will be their duty to ensure full coverage and punctuality on the part of registration offices under them.

Staffing Pattern and Financial Assistance

B.60 Endorsing the recommendations of the Committee of the Central Council of Health on the Pattern of Statistical Units for Health Departments in the States, it was recommended that statistical units for vital and health statistical work on the following scale, as proposed by that Committee, should be adopted. The qualifications should correspond to those recommended by the Central Statistical Organisation. The Conference suggested the following scales of pay.

(i) *Municipalities with Population 5 lakhs and over*

One Statistician	Rs. 275—500
One Trained Statistical Asstt.	Rs. 160—450
Two Computors	Rs. 80—220
Two Statistical Clerks	Rs. 60—130

(ii) *Municipalities with Population 1—5 lakhs*

One or More Trained Statistical Assistant	Rs. 160—450
Two Statistical Clerks	Rs. 60—130

(iii) *Municipalities with population less than one lakh.*

One or More Statistical Clerks	Rs. 60—130

B.61 The unit should be placed under the direct charge of the Health Officer, where a municipality has one, or the Executive Officer or his equivalent where there is no Health Officer.

B.62 The State Government should grant to municipalities enjoying an annual revenue below Rs. 10 lakhs, a subsidy of 50% of the expenditure on staff mentioned above and on registers and forms relating to vital statistics and payment of incentives to sweepers notifying births and deaths.

B.63 The State Government should give its general grant-in-aid to the municipality only on being satisfied that adequate provisions have been made by way of funds and personnel for registration, including vital statistical work. Corporations and municipalities with a population of one lakh and above, which are authorised to have a qualified Health Officer, should endeavour to enforce medical certification of underlying cause of death before the disposal of a dead body. The certificate should be, as far as possible, in the international form. The Central Government should offer a subsidy for the implementation of this programme, which would be in addition to the State ceiling in the Third Five Year Plan.

B.64 In States where compilation is centralised at the district level, the District Registrar should be given a staff comprising a Statistical Assistant (Rs. 160—450) and Computor (80—200), together with an appropriate number of clerks. In States where compilation is done at the State headquarters, the District Registrar's staff may consist of a Statistical Assistant and a Lower Division Clerk.

B.65 In States where the statistical returns are routed through a Tahsildar or his equivalent, a statistical Lower Division Clerk should be given for keeping control over the receipt of returns and ensuring their early submission to State headquarters.

Flow of Returns and Compilation

B.70 It is strongly recommended that in States where central compilation does not already prevail, early steps should be taken to centralise the compilation of vital statistics. If for some practical difficulties it is not possible to do so in the near future, arrangement should be made immediately for compilation at the district level, relieving the intermediate agencies of this work.

B.71 The most appropriate arrangement for transmitting the data for statistical compilation is that the primary registration office should send to the compilation office a carbon copy of the registration entries of birth and death registers.

B.72 All municipalities should compile their vital statistics from the returns received from the registration offices and forward the compiled statistics to the State headquarters.

B.73 The State headquarters shall intimate cases of persistent default on the part of a municipality to the District Health Officer, who shall take action to regulate the returns and proper attention to registration work.

B.74 Centralised compilation at the State headquarters is highly desirable. Where such compilation does not exist, State should be encouraged to switch over to centralised compilation. For the implementation of this, it is recommended that central assistance should be made available as in the case of other

centrally aided schemes. In States where compilation is at present being done both at the district and sub district level, compilation at the sub district level may be discontinued. The conference further recommended that the recommendations of the Manickavelu Committee regarding the strengthening of the vital and health statistical set up at the State headquarters be implemented as early as possible.

B.75 Where there is centralised compilation, the carbon copy of the registers of births and deaths should be sent direct to the central compilation authority. Where there is decentralised compilation, the carbon copy should be sent to the District Registrar's office. These carbon copies should be submitted at an interval of one month.

B.76 The channel of transmission of the returns from the primary reporting centres to their destination (either the State headquarters in case of central compilation or District Registrar's office in case of district compilation) should be left to the individual States which will take their decision, keeping in view the need for expeditious transmission and compilation by reducing the number of intermediaries. It was suggested that in Panchayat areas, the statistical statement from the primary registration office, which is a carbon copy of the registers of births and deaths, should be routed through the Block Development Officer to the compilation office. The B.D.O. will maintain control over receipt of returns due on a printed list and take steps to regulate their flow and collect them from the defaulting Panchayats. B.D.O.'s however, will transmit the returns by the prescribed dates and not hold them up until all the returns due have been received. Wherever blocks have not been formed, the statement may be routed through the Panchayat Samitis and in their absence, the current routing may be continued.

B.77 The compilation office should send a monthly statement of births and deaths registered in the block to the Block Development Officer with a copy to the Medical Officer of the local Health Centre.

B.78 Wherever postal facilities are available and the current arrangements are unsatisfactory, the use of the system of unpaid postal service should be adopted.

ANNEXURE C

C.1 The task of improving registration throughout the country being of stupendous proportions, it was recommended that a gradually widening programme of establishing areas of complete registration by the method suggested in various recommendations should be worked out and implemented by each State. As a starting point, it was recommended that each rural health centre should adopt its headquarters village or, in the alternative, a suitable adjacent village, for model registration of vital events.

C.2 It was further recommended that the Centre and State Governments should continue to support the old schemes of model registration begun, for example, in Maharashtra, Madras and West Bengal and similar new schemes in other States.

ANNEXURE D

D.1 The conference recommended that the Registrar General's office should continue to conduct its annual one per cent Sample Census with the help of the State Governments. A general outline of the scheme adopted for 1960 is herewith recorded.

D.2 The conference recommended that Registrar General's schemes for sample registration areas for improvement of vital rates should be tried out in collaboration with the State Governments. A statement of the scheme is herewith recorded.

ANNEXURE D(a)

GENERAL OUTLINE OF THE SAMPLE CENSUS SCHEME FOR 1960

D.10 The Sample Census in 1960 aimed at obtaining estimates of population (and hence of growth rate), birth rate and death rate for each State by rural and urban and within each by strata of different population sizes. It also collected information for studying the fertility pattern of Indian women. In the rural sector, 5 strata were formed comprising villages with population below 500 each, 500—999, 1000—1999, 2000—4999, 5000 and over. In the urban areas, there were 4 strata comprising towns with population 20,000 each, 20,000—49,999, 50,000—99,999 and 100,000 and over. The rural sample was unistage with the village as the sampling unit and the urban was two staged, with the town as the primary sampling unit and the block as the secondary sampling unit. Generally speaking, 1% of villages and blocks were taken in the rural and the urban areas respectively, but in the case of 20,000—49,999 and 50,000—99,999 population groups the overall sampling fraction taken was 2.5% and 5% of blocks in view of the small number of towns in the two strata. In the urban areas, 10% of blocks was taken at the second stage except in the case of towns with population 1 lakh and over, where 1% of blocks was selected from each of such towns. The sampling scheme for each State was drawn within this broad layout, keeping in view its peculiarities of distribution of population. It is expected that the sampling fractions adopted will yield reasonably close estimates. The results obtained in West Bengal in 1959 gave population estimates with a percentage variation of 1.8, birth rate with 4.8% variation, and death rate with 7.9% variation.

D.11 The Sample Census was conducted through the agency of the State Statistical Bureaus in collaboration with the State Government on the basis of sharing costs equally. The agency for collection of data was usually drawn from the local personnel of school teacher's village level workers, staff of the district statistical officer and the like. The field staff was given suitable training by the State Statistical Bureaus. Information was collected from each household about the number of normal resident members, whether present or absent on the date of enquiry, and visitors. The number of children ever born to each still married woman, marking separately those born during the last 12 months was ascertained. The present age of children still alive and age at death together

with the period since death of children now dead were recorded to calculate age of mother at the various births. In respect of such women information on their education, age at marriage and duration of married life was also collected. The religion, education, nature of work and industry of the head of the household were also recorded for studying differential fertility pattern . The number of deaths of normal resident members in the household was ascertained. The collection of the field data has been completed and the data are being processed.

ANNEXURE D (b)

A SCHEME OF SAMPLE REGISTRATION

D.20 In essentials, the objective of the Scheme is to record in the sampled areas births and deaths as they occur, as in normal registration, so as to obtain reliable estimates of birth and death rates for the State rural and urban areas. These are immediately needed for population prognosis for planning and assessment of trends in the present situation of an accelerated population growth. Variation in birth and death rates in a State is confined to a fairly close band and hence a properly designed small sample should yield the rates within a reasonable margin of reliability. Being a small sample, it would be possible to utilise better agency for collection and supervision for ensuring completeness in the recording of events. It is not yet practicable to extend such special provisions to every part of the country and that being so, the sample approach seems to follow logically. It is expected to yield better results than the one-point field survey, since the events will be recorded as they occur. The completeness of record will not depend on the factor of memory lapse of the respondent in returning events occurring within a year of the date of survey, which has been observed in statistically underdeveloped countries like India, to affect materially the results of a one-time survey. As a check on the registration efficiency, births and deaths, that occurred during the preceding 1 year, will also be ascertained at the end of the year at the time when population has to be enumerated for the purpose of determining the population at risk. This record will be matched with that of continuous registration and the true numbers of births and deaths will be determined after verifying the discrepancies. Apart from this recheck at the end of each year, the State headquarters will receive the monthly figures from each sampled area. The data will be kept under scrutiny and corrective action including a local recheck, as necessary, will be taken in cases of doubtful figures. Thus, the Scheme combines in itself the features of both continuous registration and field survey. It may be made clear that sample registration meets only a limited need and cannot be a substitute for routine normal registration, to develop which efforts should continue simultaneously.

D.21 The requirements of the Scheme are:

(i) Appointment of local part-time agents at a small monthly allowance—A separate local agent charged with the responsibility of recording every birth and death should be appointed for each sampled area. The village school teacher, postmaster and the like may be appropriate for the purpose. In villages, events of birth and death get round quickly and a local man would come to know of them without much extra effort. In the urban areas, such familiarity cannot be presumed. An agency like that of domestic or street sweeper or midwife has to be used as a notifier, who may be

remunerated on the basis of each case reported. Thus, in the urban areas, the local normal registration agency may be employed, requiring the registrar to check up reports personally before accepting them as correct.

(ii) Setting up of a small cell in the State headquarters for guiding and supervising the working of the scheme, collecting and compiling the data.

(iii) Designation of a local agency at the district or lower level of a more responsible type, who should be able to visit the sampled areas and conduct investigations on the spot. It may be located as near the sampled area as feasible. The nearer the better, since it will be more familiar with local conditions and travelling costs can be eliminated or greatly reduced. For this purpose, block development officers, district statistical officers, progress assistants, vaccinators and health staff may be suitable. This agency may be paid a small allowance for the annual survey; otherwise, attention to any casual reference throughout the year may be treated as part of its normal duty. The annual survey will concern itself with very simple information and should not make any great demand on the time and ability of the local agency.

D.22 It is desirable to treat the rural and urban areas as distinct strata. As over 80% of the population resides in villages, better State estimates will be obtained, if greater attention is paid to the efficiency of the results in the rural areas. Urban areas have an interest from the point of view differential trends due to urbanisation and all that goes with it. Sample registration in urban areas presents its own problems and, initially, it may not be desirable to use too much of resources for obtaining estimates with high precision for the urban areas. In all States, a high proportion of towns is concentrated in units each having population below 20,000. Out of 5154 towns in 1951 as many as 4569 were in this group. In such towns, social customs, outlook and other factors, which affect birth and death rates, are more skin to those of rural areas than urban areas. Towns with population 20,000 and over are more urban in this regard. The urban areas may, therefore, be classified into two strata demarcated by the population size of 20,000. Sizeable areas, each manageable by one registrar, may be taken for sample registration.

D.23 In India, there is a large number of villages, each with population below 1000, among which those with population below 500 preponderate. The annual birth and death rates are at the level of 40 and 20 per thousand respectively. This means that the registration work load on each local registrar will not be adequate and there may not be continuity in the flow of information. Further, as the villages are to be selected on a random basis, it is not unlikely that some of the small-sized villages may be in the interior and not easily accessible. Initially, from considerations of practicability and costs, it may be desirable to restrict the sample to villages, having a population of 1000 and over each. The scheme may be extended to lower-sized villages in the light of initial experience. From prima facie considerations, it does not appear that there is any marked differential in birth and death rates of villages with population below 1000 and over 1000 population. To get on objective evidence, the point is being studied with reference to the data relating to Andhra Pradesh and Maharashtra villages.

D.24 Thus, for drawing the sample a State may be divided into three strata (i) rural comprising villages having population over 1000 (ii) urban with towns

having population below 20,000 each and (iii) urban with towns having population 20,000 and above. The sampling unit in the rural areas may be a village and in the urban areas registration wards or groups thereof. The sample may be unistage, but possibly in stratum (iii), a two-stage sampling with a town as the primary unit may be adopted.

D.25 In these strata, birth and death rates per thousand are not likely to vary by more than 5 points either way from the mean value. It would appear that a sample of about 200 units should be adequate to give fairly reliable estimates. Allocation to the three strata will depend on the circumstances of individual States. The sample will have to be repeated with replacement of 1/3rd from year to year in order that trends in a situation, which is no longer static, may be well-reflected in the results. It will be an advantage if the registration arrangements in the replaced villages are taken over by normal registration and followed up subsequently so that the grounds covered may not be lost. The aim of the Scheme is to get reliable estimates of birth and death rates. Alternative agencies and procedures may be tried for experimental purposes without affecting the main objective. However, the scope for this kind of experimentation is likely to be limited, as actually the best arrangements will be adopted.

ANNEXURE E

MISCELLANEOUS RECOMMENDATIONS

E.00 Age Groups

E-001 The age groups recommended for tabulation by the Working Group set up by the Registrar General, should be adopted.

E.002 Age should be recorded in completed years. The age at death of infants should be recorded in completed months and if this age is below one month, it should be recorded in completed days.

E.003 Infant deaths by period of life should be shown (a) as under 24 hours, (b) 1 day—6 days, (c) 7 days—less than 1 month, (d) 1 month—less than three months, (e) 3 months—less than 6 months, and (f) 6 months—less than 12 months.

E.004 "The age groupings for showing deaths should be revised to below 1, 1—4, 5—14, 15—24, 25—44, 45—64, 65—74, 75 and over and the present groupings below 15, 15—19, 20—24, 25—29, 30—34, 35—39, 40—44, 45 and over should continue for showing age at birth of mother".

E.010 Minimum Tabulation Programme

The minimum tabulation programmes recommended by the working Group set up by the Registrar General were adopted. They are as follows:

(a) Births may be shown by sex, religion, month of registration and type of attention at delivery.

(b) Births by age of mother and birth order may be shown for towns with population 1 lakh and over. The data may be shown classified by religion and educational standard; it was recognised that this would require additional staff. Wherever, facilities of mechanical tabulation are available, data by age at consummation of marriage may also be given.

(c) Tabulation of birth by normal residence even for major towns, occupation and industry, month of occurrence is not recommended for practical difficulties.

(d) Religious groups may be Hindu, Muslim, Christian and Others. The group "Other" may be subdivided into religious and social and cultural groups, which are of local importance numerically.

(ii) Type of attention at delivery may be grouped as institutional and domiciliary, the latter being subdivided into (a) physician, nurses and trained midwife (b) untrained midwife and (c) others.

(iii) Educational standard may be grouped as (a) Graduated, (b) Higher Secondary, Matriculation or equivalent passed and (c) the rest.

(e) Still births may be shown by sex. Their presentation by religion is not recommended keeping in view their ineffective registration.

(f) Deaths may be shown by sex, age, religion, month of registration and cause.

(g) (i) Deaths certified in international form, covering cases in hospitals and last attended by private doctors, should be shown separately.

(ii) A more extended list of cause of death even for lay reports should be adopted for towns each with population 50,000 and over. The extended list may be drawn by a committee to be set up by the Registrar General.

(iii) Separate tabulation of deaths verified by medical verifiers on the basis of symptoms and conditions obtained from the relations is not recommended in view of their unsatisfactory nature.

(h) Tabulation of deaths by months of occurrence, occupation and industry, type of last medical attendant and normal residence even for major towns, is not recommended for practical difficulties.

(i) Infant deaths may be shown by religion, sex and period of life.

(j) Deaths of children below the age 10 due to smallpox should be shown.

(k) In addition to deaths from smallpox, death from tetanus also should be shown by age, Smallpox from the standpoint of immunisation and tetanus due to its ubiquitious nature specially in grouping industrial population. It is considered that this special tabulation for the two diseases may be made to age 14.

(l) Maternal deaths should be shown by age.

(m) Population by (i) sex and (ii) religion as of the last two censuses should be shown by district subdivided into rural and urban. Aggregated population of towns each with population 50,000 and over should also be shown.

(n) Population not under-registration, and the number of monthly returns (i) due from the primary reporting centres at the periphery and (ii) not included separately for rural and urban areas should be given. It was recognised that properly the population, for which the figures of vital events are presented in the tables should be the basis for calculating rates and hence population for which the returns due have not been included should be given. This should be aimed at. However, in view of the difficulty of collecting such information at present, this information is suggested to be shown in terms of the number of returns due and not included to give an approximate idea of the extent of deficiency in the data due to non-receipt of returns.

Note.—A set of tables incorporating the above recommendations in para E.010 can be seen in E.34

E.020 *Still Births* should be recorded on a separate register.

E.030 Information on Cause of Death in International Form should be obtained on a separate sheet and tabulated independently of the normal registration record.

E.031 Vital statistics should be presented by rural and urban areas. In case of urban areas, towns with population 50,000 and over or towns with population 1 lakh and over, are suitable for special presentation. The population size will be determined with reference to the latest census results. The division into rural and urban should be in accordance with census classification.

E.032 It was not considered feasible to sub-divide rural population into two or more population size groups.

E.033 The limit of 30,000 population for weekly statements of births and deaths should be retained.

E.040 *Staff at State Headquarters* required for the introduction of international certification of underlying cause of death in selected cities and towns.

E.041 The conference recommended that it is necessary in those areas where the international certificate of the underlying cause of death is to be introduced that a Medical Officer with adequate staff, on scales to be laid down in consultation with the Director-General of Health Services should be made responsible for the implementation of the scheme.

Tabulation Areas

E.05 Having regard to deficiencies in vital statistical registration in large parts of the country, the conference recommended that the office of the Registrar General and the State Governments should adopt the principle of tabulation areas. A close study should be made to decide as to which areas may be taken to have maintained their pristine efficiency and completeness in registration, so that on the assumption of constancy in deficiency, it may be possible to draw some inferences from the trends in the registered rates. The conference noted that the office of the Registrar General has already made an attempt in this direction in the publication of *Vital Statistics of India for* 1958.

Preservation and Maintenance of Registration Records

E.06 The conference recommended that arrangement should be made for the preservation of registration records at the district level for rural areas and at each municipal office. The record room at the district level should preferably be located at the office of the District Health Officer or Administrative Medical Officer of Health, who will be the District Registrar of Vital Statistics. The conference felt that each district and municipal record room should maintain an index as an essential corollary to the proper maintenance of the records and to facilitate the issue of certificates.

Education of the Public in the Importance of Vital Statistics

E.070 The conference recommended that the Publicity Department of the State and the Health Education Bureau of the Health Directorate should be utilised for the purpose of educating the public in the importance of vital statistics. It further recommended that the Central Government should produce a documentary film to instruct the public in the importance of vital statistics.

E.071 The conference felt that an intensive effort to inform the public of the necessity and value of registration and to elicit their willing co-operation should be made and after such an educational programme has been carried on for a year or two, a system of very light compounding fees should form a feature of encouragement.

Training of Registrars

E.080 The conference recommended that it is highly desirable to make arrangements for the training of Registrars by holding refresher courses and seminars

at various levels. It also recommended that the curriculum of sanitary inspectors should be so modified as to include adequate instruction in vital statistics. The conference also recommended the preparation of a manual of instruction at the State level.

E.081 In the various training programmes and health and social education activities of the Panchayats, emphasis should be laid on the importance of registration and the methods of improving its efficiency. Progress Assistants, Panchayat Extension Officers and Sanitary Inspectors should be given an orientation course for fixing cause of death from symptoms and condition.

Publication of Vital Statistics

E.09 The conference felt that it is highly desirable to publish the annual vital statistics reports punctually. If the Director of Health Services or the State Statistical Bureau, whoever is concerned, finds it difficult to get the reports printed at the Government Printing Press, he may be authorised to obtain quotations from private printing presses and get the report printed with the approval of the Controller of Printing. If everything else fails, the report should at least be cyclostyled. The conference recommended that the annual report of the Health Directorate should be published in full, including the report on the tables of vital statistics.

Registration of Midwives

E.10 The conference recommended that all midwives, trained or untrained, in municipal areas should be compulsorily registered without fee by the Department of Health and responsibility for notifying births to the circle registrar should form a condition of registration.

E.20 Phasing of introduction of international certificate of underlying cause of death.

E.21 It is important to work out a systematic scheme for the gradual introduction of medical certification of cause of death in the international form by the attending physician. The following recommendations are made in this connection.

(i) (a) In the first phase, the scheme may be introduced in the teaching hospitals in the State headquarter towns including field practice rural areas attached to them, missionary hospitals and such other hospitals as are willing to join. The main object of this phase is to gather practical experience of the problems that arise in the introduction of international certification by an intensive follow up, which is essential for placing the scheme on sound lines.

(b) In the second phase, it may be extended to District and Sub-divisional. hospitals, specialised hospitals and other private hospital, which are willing to join. In the third phase, private hospitals, other public hospitals and primary health unit hospitals may be covered and thereafter the scheme may be extended to private physicians practising modern medicine. Lastly, it may be considered whether the scheme should be extended to the Vaids, Hakims and other practitioners. While it is inadvisable to delay the full implementation, it is necessary to gather adequate experience and consolidate progress before passing on to the next phase.

(c) Upto the second phase, medical certification in the hospitals may be introduced by administrative arrangements, but thereafter it will be necessary

to support it by legal sanction, though, of course, propaganda and education designed to elicit the co-operation and interest of the medical profession will continue to be the main planks.

(ii) (a) The data on cause of death collected in the international form being of great value, they should be tabulated so as to show deaths from causes, which account for a substantial number of deaths and hence are of public health importance or which have importance from a medical angle. Diseases, which do not have much importance as cause of death, though they may be important as cause of sickness, need not be included in the list drawn up for the purpose of tabulating the data. Causes like malignant neoplasm, mental, psychoneurotic and personality disorders and accidents have a special interest and deserve to be shown in finer breakdowns but it was felt that a routine tabulation cannot serve the purpose of research investigations. A special project for analysing the relevant batch of certificates may be desirable, for, in any case, these causes will have to be studied in the context of individuals and environmental characteristics.

(b) It was considered that since the International List A of 150 causes is designed for tabulating not only mortality but morbidity as well, it is not suitable in view of the above approach. It was accordingly decided to adopt the International List of 50 causes, which is prescribed for tabulation of mortality, but is was felt that it should be suitably modified by introducing independent titles of causes, which are of importance in the Indian conditions. Keeping these considerations in mind, it is recommended that the list of causes of death may be determined by a Committee to be appointed by the Registrar General.

(c) International Regulation 4 prescribes that statistics of causes of death in respect of the territory of a Member, taken as a whole, shall be published, at least according to List A Regulation 5 allows the presentation of such statistics for any geographic or other divisions of the territory in List B as well. India has not so far subscribed to these Regulations, but it is desirable to take a note of such requirement, when recommending any special list. The Regional Statistics Seminar on Certification and Classification of Mortality and Morbidity organised by W.H.O. in October 1958, recognising the limitations of South-east Asian countries, has suggested in recommendation 21 that a trial be given to the B List, or a modification of it, without excluding other alternatives, if thought to be more appropriate to local conditions. The Working Group being conscious of the limitations of the tabulation agency in India and of the need to collect information on the more important causes of death in India, which do not find a specific title in the A List, did not consider it proper to base its recommendations on the expansion of A List containing causes of morbidity also, which do not have much relevance as cause of death.

(iii) Keeping in view the quality of age returns and their practical value in reflecting the differential pattern of mortality in India, it is recommended that the age groups for presenting the data should be below 1 year, 1-4, 5-14, 15-44, 45-64 and 65 and over.

(iv) The recommendation of the Seminar that the introduction of the International Medical Certificate should be preceded by a multipronged drive of education and propaganda, designed to elicit the interest and co-operation of the medical profession utilising every possible means of approach, is emphasised. In particular the following concrete steps are recommended:

(a) Convening of a zonal meeting of Superintendents of the hospitals where the Scheme is proposed to be introduced.

(b) Organisation of lectures and distribution of informative literature bringing home the importance of the Scheme to the medical profession through hospitals and medical associations, as required.

(c) Holding of on-the-spot orientation courses, group meetings and seminars. It should be ensured that the house surgeons and registrars get adequate training in this regard.

(d) A pamphlet giving specific suggestions as to how the medical profession should be approached and a model draft of the informative literature for distribution should be prepared by a committee set up by R.G. and D.G.H.S. and circulated to the States.

(e) The subject of International Medical Certification should be introduced in the curriculum of under-graduate medical study. The Indian Medical Council may be approached to incorporate this item in the Preventive and Social Medicine Course.

(v) Proper scrutiny and coding of the underlying causes is the essence of the Scheme but this requires staff properly trained. This work is an independent item in the processing of data and needs a special provision in the certification and coding. In the interest of economy, it is desirable to centralise scrutiny and coding at the State headquarters.

(vi) It is equally important that defective or incomplete certificates should be referred back to the hospital for correction. A strict procedure in the initial stages is bound to have a good educative value, apart from improving the quality of the data. The system of referrals may be relaxed as the Scheme settles down and certificates start coming, more or less properly. However, hospitals having a diversity of causes of death will continue to need special attention.

(vii) The certificates may be collected centrally once a month and locally once a week. However, before a certificate is sent to the central office for processing, an officer of the rank of Resident Medical Officer in each hospital should be made responsible for scrutinising and ensuring completeness of the certificate. This on-the-spot action will reduce referrals, screen out omissions and increase efficiency.

Inspection and follow up

E.30 The conference recommended that a committee comprising the Director of Health Services and the Director of Panchayats should be formed to work out the details and supervise the transfer of registration work to the Panchayats so as to ensure smooth transfer of work and continued efficiency. The Director of Health Services may ask the District Health Officer and other touring officers of his office to look into the report about the actual functioning of the registration work in the Panchayats by spot visits in the initial stages and to report to him any features needing attention.

E.31 The conference recommended that there should be systematic inspection of registration work, including spot verification on the following lines.

(a) The Gram Sevak should inspect each village under his charge at least once a month.

(b) The block level personnel comprising of the Panchayat Extension Officer, Progress Assistant and Sanitary Inspector should between themselves, divide the Panchayat area for carrying out a monthly inspection of 20 per cent of villages.

(c) The B.D.O. and the Medical Officer, including their Health Assistants should also carry out inspections during their visits.

(d) On inspection, the registration book should be endorsed and any defects pointed out should be recorded. The Registrar should intimate the fact of inspection to the B.D.O.

(e) A quarterly report of the inspections carried out, defects pointed out and action taken, should be sent to the District Registrar.

E.32 In all Panchayats the arrangements recommended above should be applied.

E.33 At the end of the year, the Director of Health Services or the head of the office in charge of vital statistics should issue a certificate about the efficiency with which the Health Officer or the Executive Officer of a municipality has discharged his responsibilities in respect of vital statistics. This certificate should be entered in the character roll of the officer.

MINIMUM TABULATION PROGRAMME

E.34

A—Population

TABLE 1 (a)—Census population (to the nearest thousand) by district.

1. S. No.	2. District	3. Total population	4. Rural M	4. Rural F	4. Urban M	4. Urban F	6. Population* not under registration M	6. Population* not under registration F
		1961						
		1951						
	Population of towns each with population 50,000 and over							
						1961		
						1951		

*If there is no area in a State, which is not under registration, this column need not be shown at all.

TABLE 1 (b)—Census population (to the nearest thousand) by district and religion.

1. S.No.	2. District	3. Rural Hindu (a)	3. Rural Muslim (b)	3. Rural Christian (c)	4. Urban Hindu (a)	4. Urban Muslim (b)	4. Urban Christian (c)
	1961						
	1951						

Note.—Population of any special religious, cultural or social group selected will also be shown separately.

TABLE 1 (c)—Returns not received.

1. S. No.	2. District	3. No. of monthly returns due		4. No. of monthly returns not received	
		Rural	Urban	Rural	Urban

B—Main Vital Statistics

TABLE 2 (a) — Main vital statistics by district.

1. S. No. 2. District 3. Mid year estimated population 4. Total Live Births 5. Total Deaths

6. Infant deaths 7. Maternal deaths 8. Still births
(a) Male (b) Female (c) Total

TABLE 2 (b)—Rates by district.

1. S. No.	2. District	3. Live Birth Rate	4. Death rate
		(a) 1961 (b) 1960 (c) 1959 (d) 1958	(a) 1961 (b) 1960 (c) 1959 (d) 1958

5. Infant death rate
(a) 1961 (b) 1960 (c) 1959 (d) 1958

TABLE 2 (c) —Main Vital Statistics of individual towns each with population 50,000 and over as of the last Census.

TABLE 2 (d) —Rates by Towns
Headings as in Tables 2 (a) and 2 (b).

TABLE 3 (a) —Live births by months and according to area.

1. Month	2. Total Births	3. Rural	4. Urban
Jan.			
Feb.			
March			
April			
May			
June			
July			
August			
Sept.			
Oct.			
Nov.			
Dec.			
TOTAL			

TABLE 3 (b) —Live births by the type of attention at delivery.

1. Month	2. Total birth	3. Rural		4. Urban excluding towns with population 50,000 and over	5. Towns with population 50,000 and over
		(a) Institutional (i) T (ii) U (iii) O	(b) Domiciliary		
Jan.					
Feb.					
March					
April					
May					
June					
July					
August					
Sept.					
Oct.					
Nov.					
Dec.					
TOTAL					

Note.— Cols. 4 and 5 are to be shown in their breakdowns by (a) Institutional (b) Domiciliary—

(i) Physician, nurse and trained mid-wife (ii) untrained mid-wife (iii) others as in the case of Rural.
Some States may find it more convenient to show only yearly totals and not month by month.

TABLE 4—Live Births by Sex and Religion.

1. S. No.	2. District	3. Sector	4. Total births	5. Hindu	6. Muslim
		(a) Rural	(a)M(b)F(c)P	(a)M(b)F(c)P	(a)M(b)F(c)P
		(b) Urban			
		(c) Total		(7) Christian	(8) Others
				(a)M(b)F(c)P	(a)M(b)F(c)P

Note.— Any special religious, cultural or social group will also be shown as sub-group under 'Others'.

TABLE 5—For towns each with population of 1 lakh and over.

PART A

TABLE 5(a)—Live births according to their birth order by religion and father's literacy group for individual towns.

1. Town	2. Last census popula-tion	3. Religious group	4. Literacy group	5. Total births	6. Birth order	7. Not Stated
			(a) Graduated		1	
			(b) Higher Seco-		2	
			ndary Matri-		3	
			culation or eq-		4	
			uivalent exa-		5	
			imnation pas-		6	
			sed.		7	
			(c) Rest		8	
					9	
					10	
					over 10	

Note.— Total figures for "all towns" will also be shown.

TABLE 5(b) —Live Births by age of mother and order of birth for individual towns.

1. Age of mother	2. Total births	3. Birth order
Below 15		1, 2, 3, 4, 5, 6, 7, 8, 9, 10, over 10.
15-19		Town————
20-24		
25-29		
30-34		
35-39		
40-44		
45 & over		

Note.—No. of births for which information is not given.
Total figures for all towns will also be shown.

PART B

TABLE 5—(b)—For towns with population 1 lakh and over each as of last Census.

States which have mechanical compilation may instead of 5(b) prepare one set of tables showing the following for the State.

Birth order	No. of such births to women whose age at consummation of marriage was				
	Below 15	15-19	20-24	25-29	30 & over
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
Over 10					
Total					

Note.— The table is to be prepared for each duration of marriage (in completed years) 0, 1, 2, 3, 4, 5, 6, 7, 8, 9, 10-14, 15-19, 20-24, 25-29, 30 and over and all durations combined.

D. Deaths

TABLE 6—Deaths by sex and age.

1. Age	2. Total (a)M (b)F (c)P	3. Rural (a)M (b)F (c)P	4. Urban (a)M (b)F (c)P

TABLE 7—Deaths by month.

1. Month	2. Total Deaths	3. Rural	4. Urban

TABLE 7 (a)—Deaths from Cholera by month.

1. Month	2. Total Deaths	3. Rural	4. Urban

TABLE 7 (b) —Deaths from Smallpox by month.

1. Month	2. Total Deaths	3. Rural	4. Urban

TABLE 7 (c) —Deaths from Plague by month.

1. Month	2. Total Deaths	3. Rural	4. Urban

TABLE 8 —Total Deaths by sex and religion
Headings as in Table 4

TABLE 9 —Infant deaths by sex and religion
Headings as in Table 4,

TABLE 10—

TABLE 10 (a)—Deaths by cause

1. S.No.	2. District	3. Sector (a) Rural (b) Urban (c) Total	4. Total deaths (a)M(b)F	5. Cholera (a)M(b)F	6. Smallpox (a)M(b)F	7. Plague etc. (a)M (b)F

TABLE 10(b)—Deaths by causes age and sex—(certified in international Form).

1. Cause	2. Total	3. Below 1 yr.	4. 1-4	5. 5-14	6. 15-44	7.45-64	8. 65 & over
		(a)M (b)F	(a)M (b)F	(a)M (b)F	(a)M (b)F	(a)M (b)F	(a)M (b)F

TABLE 10(c) —Deaths medically certified not in the international form by cause, age and sex.

1. Cause	2. Total	3. Below 1 yr.	4. 1-4	5. 5-14	6. 15-44	7. 45-64	8. 65 & over
		(a)M (b)F	(a)M (b)F	(a)M (b)F	(a)M (b)F	(a)M (b)F	(a)M (b)F

Note.—Wherever International form of medical certification is introduced in the rural areas on substantial scale, tables 10(b) and 10(c). should be prepared separately for rural and urban areas.

TABLE 10(d)—Deaths from specified diseases in towns each with population 50 thousand and over as of the last census. The specified diseases will be determined by a Committee to be set up by Registrar General.

1. S. No.	2. Town	3. Total deaths	4. Special diseases

TABLE 11—Infant deaths by sex and age.

Age	Rural		Urban		Total	
	M	F	M	F	M	F
Below 24 hours						
1-6 days						
7 days to below 1 month						
1 month to below 3 months						
3 months to below 6 months						
6 months to below 12 months						

TABLE 12 (a) —Smallpox and Tetanus deaths by age.

1. Sector	2. Total smallpox deaths	3. Below 1 yr. (a)M (b)F	4. 1-4 years (a)M (b)F	5. 5-9 years (a)M (b)F	6. 1-14 years (a)M (b)F
(a) Rural					
(b) Urban Total					
(b1) Urban excluding towns with population 50,000 and over.					
(b2) Towns with population 50,000 and over.					

TABLE 12(b) —Similar data for certain specified diseases by age may be shown for urban areas or only for towns with population 50,000 and over as may be finally decided by the working group on cause of death. Instances of the type of such diseases are tetanus, diptheria, whooping cough, polio, pulmonary tuberculosis etc. etc.

TABLE 13—Maternal deaths by age at death.

1. Age at death	2. Total maternal deaths	3. Rural	4. Urban excluding towns with population 50,000 and over.	5. Towns with population 50,000 and over.
Below 15				
15—19				
20—24				
25—29				
30 & over.				

ANNEXURE X

The recommendations of the Conference held in New Delhi on 12th-14th Aug. 1965 are given in the following paragraphs:

I. It has been observed that the centrally-sponsored schemes on statistics have not been sanctioned or, if sanctioned they have not been sanctioned as per the recommendations made by the Working Group of the Planning Commission. The Conference strongly felt that if the schemes are to be implemented on an all-India basis it is quite essential that they are sanctioned *in toto*. In some States budget provisions have been made while administrative sanctions for the schemes are delayed. It is, therefore, necessary that such administrative bottlenecks should be eliminated with least possible delay so that the various schemes can forge ahead smoothly.

II. The Conference took note of the recommendations of the Central and State Statisticians meeting called by the Planning Commission on 8-10 July 1965 to consider the statistical schemes for the Fourth Five Year plan and agreed that the schemes for improvement of registration and vital statistics be given top priority for inclusion for the whole period of the Fourth Five Year Plan.

III. The existing practice of reimbursing the expenditure only after the receipt of certified figures of accounts at the end of the year leads to considerable delays in the settlement of accounts resulting in lapsing of funds at the Centre. It is, therefore, recommended that reimbursement of the Central share to the States may be made every quarter. It is further recommended that this reimbursement may be made, if possible, on the basis of departmental figures submitted by the States each quarter to be reconciled at the end of the year on the basis of duly certified figures received through the Accountant General.

IV. The Conference emphasised the need for an early appointment of Deputy/Assistant Director in charge of Vital Statistics in those States in which it has not so far been done. With regard to the post of Deputy Assistant Director (Medical) the majority of the States were finding it difficult to fill it due to non-availability of medical men. It was recommended that wherever a medical man is not available, a non-medical man with statistical qualifications may be appointed and given necessary training in certification of cause of death and he may be designated as Statistical Nosologist.

V. With regard to the Health Officers for municipalities of less than 5,00,000 population size for improving cause of death statistics, it is found that persons with medical qualifications are hard to find; it was, therefore, suggested that a junior Statistical Nosologist oriented in medical and public health work may be appointed.

VI. With regard to the large number of Statistical Assistants and Computers required for the statistical work, the experience is that suitable persons are not available with the prescribed qualifications on the pay scales laid down. It was felt that if the qualification is relaxed the quality of work will suffer. It is, therefore, recommended that the pay scales may be enhanced to attract only qualified persons.

VII. The key punch and verifier operators may also be given some extra allowance of Rs. 15 per month, otherwise on existing pay scales suitable candidates are not available.

VIII. It was felt that the supervisory allowance of Rs. 50 already provided to be given to Deputy/Assistant Director who will be supervising the Sample Registration Scheme may be increased to Rs. 100 and this may be borne entirely by the Centre.

IX. All the State representatives unanimously urged that for purposes of proper direction and supervision of the Plan Schemes it was necessary to provide a suitable vehicle.

X. The need for stenographic assistance to the officer at State headquarters in charge of vital statistics was strongly felt by most of the State representatives on account of the frequent directions to be given to the field officers and the need to send frequent circulars and reports. It was, therefore, agreed to recommend the appointment of a Stenographer for the Officer-in-charge.

XI. It was agreed that a telephone may also be provided to the Officer-in-charge of Vital Statistics.

XII. The Conference recognised the importance of imparting suitable training to workers at various levels in the States. The training programme could be divided into two broad categories, *viz.*,

(1) Training of senior level officers at the Centre who would be responsible for imparting training to the officers in the States at various lower levels.

(2) Training of intermediate and lower level officers in the States.

The details of the prgramme would be worked out by the Office of the Registrar General.

Apart from this training programme it is also necessary that the Office of the Registrar General provide consultant services to the States.

XIII. The Conference reiterated the recommendation of the April 1961 Conference on Improvement of Vital Statistics that for co-ordinating the work of vital statistics because of the multiplicity of agencies involved in the vital statistics registration system in the States. There is a felt need for a Standing Inter-Departmental Committee. In those States where such Committees have not been set up they may be formed forthwith. These Committees should function actively so that the vital statistics system could be placed on a proper footing.

XIV. At present, Computers, Statistical Clerks and Statistical Assistants are employed in different health programmes of the State Health Department independently. It so happens that these persons after they get trained in their respective jobs, get transferred on promotion or otherwise. Further, they are often put on different jobs for which they are not intended. In order to avoid this and to give them some incentives for promotion in their own fields, it is strongly suggested that common statistical cadres for these posts may be created.

XV. It was recommended that in order to make the people conscious of the importance of vital statistics registration, it is necessary to organise various publicity programmes like Registration Week, posters, handbills, cinema slides and films on vital statistics registration. The Directors of Public Health of Madras, Andhra Pradesh and Kerala are requested to send copies of their publicity schemes to the Registrar General's Office for circulation to other States.

XVI. Under the existing recruitment procedures, considerable delays occur in the appointment of staff sanctioned under these schemes. It was, therefore, recommended that pending recruitment of staff under the normal recruitment procedures, *ad hoc* appointments may be made and the schemes pushed through.

XVII. It is suggested that a system of licensing of dais may be introduced and they may be made responsible for notifying births.

XVIII. In municipal areas the organisations in charge of burial/cremation grounds may be made to insist on the production of a death registration certificate. In case there is any difficulty in production of a death registration certificate there should be provision to record particulars of death at the burial/cremation ground. The caretakers of the burial/cremation grounds may be trained to maintain the registers. So the caretaker should be licensed and should be expected to maintain this register.

XIX. A suggestion has been made that in certain large municipal towns the staffing pattern should be made flexible within the monetary limit so as to meet the peculiar needs of the town such as, for example, in Hyderabad City where they wish to strengthen the Registrars in preference to the clerical assistance. Prior approval of the Registrar General's office will be obtained where any deviation is proposed.

XX. It is strongly recommended that if the schemes are to be effectively implemented the Statistical Assistant attached to District Registrar of Vital Statistics will have to intensively tour, contact the Registrars, inspect their work and guide them. It is necessary to declare him as a touring officer and provide for his travelling allowance. In *larger municipalities* suitable conveyance/cycle allowance may be given to the Statistical Assistant.

XXI. In States like Himachal Pradesh and Madhya Pradesh where the schemes have not yet been initiated the Registrar General's Office may have to take up the matter at a suitable level so that the necessary sanctions for the schemes may be issued by the State Government.

XXII. In Orissa State also where the Schemes and the staff had not been sanctioned in full the State Government may be addressed at a suitable level. In Orissa it is also found that the birth and death registration at the periphery is completely at a stand-still after the transfer of responsibility to village panchayats. The State Government may be requested to take immediate suitable action.

XXIII. In some inaccessible areas where the conditions of work for the District Statistical Assistant are difficult special allowance may be given.

XXIV. In West Bengal and Punjab where municipalities are not prepared to bear their 50% share the Government of India may have to bear 75% of the cost over the Health Officers as in respect of other staff and the 25% by the State Governments.

XXV. Many of the State representatives felt that when a general cut is applied to the Plan Schemes by any State, it is these schemes which are likely to bear the brunt of it as the state Govts. apparently do not give these adequate priority. Considering this it was recommended that the Centre may bear the entire cost of these schemes.

XXVI. Municipalities of capital cities may be provided with a Statistician for Vital Statistics work.

XXVII. Expenditure on maintenance of records may be borne by the Centre.

ANNEXURE XI

RECOMMENDATIONS OF THE CONFERENCE ON IMPROVEMENT OF REGISTRATION & COMPILATION OF VITAL STATISTICS' HYDERABAD

9th—11th August, 1967

RECOMMENDATIONS

1. **Appointment of staff**

If the Schemes are to forge ahead smoothly the staff at various levels not so far appointed may be appointed immediately. Complete staff on the pattern recommended at previous conferences and accepted by Government should be appointed where this has not been done already.

2. **Relaxation of qualifications**

If suitable persons are not available for posts of Computor on the pay scales laid down, the qualifications might be relaxed.

3. **Vehicles for V. S. departments**

Vehicles should be provided to the States which do not have them, to facilitate inspection of field work.

4. **Departmental estimates of expenditure**

Estimates of expenditure for each quarter should be sent by the State V. S. Dept. to R. G. before the close of the following quarter.

5. **Transfer of registration of panchayats**

Registration of vital events should be transferred to a Panchayat only after a paid Secretary is appointed. The Chowkidar or the Kotwal who has in the past been responsible for notification of vital events should continue to render this service to the panchayat.

A committee comprising Director of Health Services and the Head of the Department to which the work is to be transferred should be formed to work out the details and supervise the transfer.

6. **Economy in plan posts**

The Registrar General should suggest to State Government not to abolish any posts created for implementing the plan schemes on grounds of economy.

7. **Common codes for V. S. posts**

A common Statistical cadre should be formed for technical personnel employed in V. S. departments, to provide opportunities of promotion.

8. **T. A. during training**

T. A. should be paid to registrars and other tart time workers for attendance at training camps.

9. **Nosologist**

Nosologists should be given 3 months training in medical coding at Nagpur.

10. **Licensing of dais**

Conference reiterated the recommendation of the August 1965 conference that Dais should be licensed and made responsible for notifying births to registrars.

11. **Changes in the limits of registration units due to transfer of areas**

The Registrar General should issue instructions to S.C.Os who receive notifications of all such transfers to pass on the information to the Department concerned with Vital Statistics.

12. **Birth certificates as proof of age for admission to School**

The production of a birth certificate during 1st admission to school may be made compulsory, to start with, in towns with population exceeding 100,000. The certificate be given free of charge and the provisions relating to delayed registration may be relaxed. The procedure followed in Dehli may be circulated to other States.

13. **Use of burial and cremation ground records**

All deaths recorded at burial and cremation grounds must be registered, after registar satisfies himself that the entries are genuine. Arrangements should be made, wherever possible, of using the records at mosques for registering deaths.

14. **Publicity**

It is necessary to make people conscious of the importance of registration. Publicity should be conducted for this purpose and every media of publicity *e.g.* Radio programme, poster at railway platform, A.D.V.P., lessons etc. should be utilized.

15. **List of causes of death**

A simple list of causes of death which a layman can understand should be drawn up by R. G. in consultation with the States as the present Non-Medical list is somewhat complicated.

16. **Medical certification of cause of death**

Medical certification should be introduced in one Hospital, in each State to begin with.

17. **Methods Research**

Demonstration Centres to test the relative efficiency of different types of Registration Agency and to find out the operational details which play important role in success or failure of registration should be established in all the States. A centre may be set up covering a block in each State. The possibility of securing financial aid from the Ford Foundation or other International agency for the project may be explored. The extent to which registration can be improved by the use of Basic Health Workers as an additional reporting agency should be assessed by trials in selected areas.

18. **Control sheets**

To keep control over receipt of returns control sheets in forms I & II should be maintained at the block and State Headquarters.

19. **Card design**

A card designed by I.C.T. on the basis of the recommendations of the Conference should be adopted for Centralised Mechanical Compilation of data in every State.

20. **Form of report**

The formats of the Tables for publication in State Reports on Vital Statistics should be drafted by the Registrar General and finalised in consultation with the States.

21. **Staff and equipment for mechanical tabulation**

The minimum staff and equipment required are as follows:

Staff for preparation of input: 2 Coders, 2 punch operators, and 1 verifier operator, for every 10 million population.

Equipment for input preparation: 2 punches and 1 verifier for 10 million population.

For tabulation: 1 sorter and a 40 column tabulator per State. States who use their existing 80 column equipment for compilation of vital statistics may be provided with ancillary equipment only.

22. *Model Registration of Birth & Death Rules:* The Model Rules on which comments from States had already been received were discussed and approved for adoption by the States. Pending the enctament of the central law by Parliament, the States will implement the rules, to the extent possible, under the laws in force.

APPENDIX X

Control Sheet — I

Due Date.....

Thana/Tehsil/etc.....

District.....

Name Unit	1961 Census Population	Date of receipt of returns due for						Reminders for Jan.–June returns sent on	Date of receipt of returns due for						Reminders for July–Dec. returns sent on
		Jan.	Feb.	March	April	May	June		July	Aug.	Sep.	Oct.	Nov.	Dec.	
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16

CONTROL SHEET II— SUMMARY OF MONTHLY RECEIPTS

Progressive No. of Returns for the month of

Year .....

Thana/Tehs

No. of returns due = (a)

District.....

Month by which received	January		February		March		April		May		June		July		August		September		October		November		December	
	Received	in arrears	Received	in arrears	Received	in arrears	Received	in arrears	Received	in arrears	Received	in arrears	Received	in arrears	Received	in arrears	Received	in arrears	Received	in arrears	Received	in arrears	Received	in arrears
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
January																								
February																								
March																								
April																								
May																								
June																								
July																								
August																								
September																								
October																								

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
November																								
December																								
January of next year																								
February																								
March																								
April																								
Total at the end of April																								

Total No. of returns received for the year.....

Total No. of returns not received for the year.....

Grand Total (= 12× (a).....

APPENDIX 'Y'

I BIRTH CARD

Card Type	1																									
Registration Unit	2																									
District	3	4																								
Taluk/Thana	5	6																								
Village or Town in Taluk/Thana etc. (Code number)	7	8	9																							
Rural/Urban	10																									
Registration Number	11	12	13	14																						
Date of Registration — Month	15																									
Date of Registration — Year	16																									
Date of Birth — Month	17																									
Date of Birth — Year	18																									
Sex	19																									
Type of birth (live/still)	20																									
Religion	21																									
Order of birth	22	23																								
Type of attention at delivery	24																									
Age of mother at confinement (Group Code)	25	26																								

II DEATH CARD

Card Type	1																									
Registration Unit	2																									
District	3	4																								
Taluk/Thana	5	6																								
Village or Town in Taluk/Thana etc. (Code number)	7	8	9																							
Rural/Urban	10																									
Registration Number	11	12	13	14																						
Date of Registration — Month	15																									
Date of Registration — Year	16																									
Date of Death — Month	17																									
Date of Death — Year	18																									
Sex	19																									
Hospitalisation Yes/No	20																									
Religion	21																									
Cause of Death	22	23	24																							
Age at the time of death (Group Code)	25	26																								

III AGE GROUPS FOR TABULATION

Age of mother at confinement

Below 15 years:

15—19
20—24
25—29
30—34
35—39
40—44
45 and over

Age at death

Below 24 hours
1 day — 6 days
7 days to less than 1 month
1 month to less than 3 months
3 months to less than 6 months
6 months to less than 12 months

Below 1 year
1 — 4 years
5 — 14 years
15 — 24 years
25 — 44 years
45 — 64 years
65 — 74 years
75 & over

APPENDIX 'Z'

REGISTRATION OF BIRTHS AND DEATHS MODEL RULES *196

These rules apply to the whole State or a part thereof as notified by the State Government in their Official Gazette.

In these rules unless there is something repugnant in the subject or context:—

(a) "ACT"	means the "Registration of Births and Deaths, Act, 196 ."
(b) "SECTION"	means any Section of the Registration of Births and Deaths Act, 196 , and
(c) "REGISTRATION UNIT"	means a local area as specified in section 7(1).
(d) "CHECKING OFFICER"	means any officer appointed by the Chief Registrar as a Checking Officer for the purposes of Rules 10(1) and 11(10).

(e) "FORM"	means a form annexed to these rules.
(f) "NOTIFIER"	means a person required to notify a birth or death under Section 10.
(g) (i) "FOETAL DEATH"	means absence of all evidence of life prior to the complete expulsion or extraction from its mother of a product of conception irrespective of the duration of pregnancy.
(ii) "STILL BIRTH"	means foetal death where a product of conception has attained at least 28 weeks of gestation.

(h) Any term not specifically defined here will have the same meaning as defined in the Act if so provided, otherwise definitions and explanations of terms may be indicated as and when necessary by the State Government by notification in the Official Gazette.

2. (i) The register of births and deaths to be kept by the Registrar under section 16 shall be in three parts, in Form Nos. 1, 2 & 3, for births, still births and deaths respectively. In each part of the register the events shall be numbered serially for each Calendar year.

(ii) A new register shall be opened on the 1st of January each year and all events registerable under sections 8, 9 & 13, coming to the notice of the register during the year regardless of the date of occurrence of the event shall be entered in it. Nevertheless an event which occurred in an earlier year shall be recorded in the register for that year as well.

(iii) No entry shall be interpolated between two serial numbers.

3. The Registrar shall submit to such official as the Chief Registrar may specify on or before the 5th of each month of a true copy of the entries in the register of births and deaths, relating to the month immediately preceding. The official so designated shall forward the copy to the Chief Registrar not later than the 10th of the month. He shall also send, at the same time a report to the District Registrar showing the names of the Registration units in his jurisdiction and the numbers of births and deaths registered in each. The registrar, in the case of a municipal area, shall send a weekly return of births and deaths, within 4 days of expiry of the week, to the Chief Registrar in such form as the Chief Registrar may direct.

4. (i) The information required under sections 8 & 9 shall be given within, 7 days for Births and Still Births and 3 days for deaths in municipal areas and 14 days for Births & Still Births and 7 days for Deaths, for other areas. If information is given in writing, it shall be in forms No. 4, 5 & 6 for Birth, Still Birth & Death respectively.

(ii) The extract of the entry in the register relating to birth or death which is required to be given by the Registrar under section 12 & 17 shall be in form No. 7 & 8.

(iii) All information received by the Registrar in Form No. 4 or 5 or 6 shall be filed by him and preserved atleast for a period of one year.

5. (i) The registers shall be open to inspection by officials as are authorised by government.

(ii) The registers and records shall be examined and checked in such a manner and at such intervals as may be directed by the Chief Registrar.

6. (i) The office of the Registrar may be in the Registrar's place of residence or business or such other place as may be designated by him for the purpose. The Registrar shall exhibit in some conspicuous place on or near the outer door of his office, his name, and the days and the hours during which he will attend to the registration of births and deaths.

(ii) If, for any reason, the Registrar is absent during the hours referred to in sub-rule (1), he shall authorise another person to receive information on births and deaths, in his behalf. But all entries in the Register should invariably be signed by the Registrar.

7. In case the Registrar is unable to attend to his duties for more than two days on account of illness or other urgent cause, he shall report the fact to his superior officer, and that officer shall make temporary arrangements for the performance of the duties of the Registrar, and any person thus temporarily appointed shall have all the powers and perform all the duties, of a Registrar appointed under Section 7.

8. The Registrar shall retain the registers in his custody for a period of 12 months after the close of the calendar year to which they relate, after which they shall be transferred to the tehsildar or such other officer as may be specified by Government. The officer having custody of the register shall give and certify extracts therefrom, under Section 17.

9. Where the birth of a child has been registered without a name, the parent or guardian of such child shall within 12 months of the date of birth give information regarding the name of the child to the Registrar either orally or in writing and thereupon the Registrar shall enter such name in the register and initial and date the entry.

10. (i) Any clerical error or any omission of any particular in any entry relating to a birth or death already registered in the register of births and deaths or any error in any entry relating to the cause of death in the Register of deaths, shall be corrected by the Registrar only with the previous approval of the checking officer.

Provided that no such error or omission shall be corrected more than a year after the original entries were made except with the previous sanction in writing of the District Registrar.

(ii) Any other error in the said register shall be corrected under the orders of a Magistrate of the First class.

An order under this sub-rule shall not be made unless the Magistrate is satisfied, after making such enquiry as he may consider necessary, that the original entry is inaccurate.

(iii) (a) All corrections under Sub-rule (i) and (ii) shall be made by drawing line through the original entry (but not so as to render it illegible) and making the new entry on the margin.

(b) All corrections under sub-rule (i) shall be initialled and dated by both the Checking officer and the Registrar. Corrections under sub-rule (ii) shall be initialled and dated by the officer having custody of the register.

11. (i) Any birth or death of which information is given to the Registrar after the expiry of the period specified in rule 4(1) but within 30 days of its occurrence shall be registered on payment of late fee of 5 paise.

(ii) Any birth or death of which information is given to the Registrar under section 8 after 30 days but within 1 year of its occurrence shall be registered only with the written permission of the Checking Officer and on payment of a late fee of 50 paise and the production of an affidavit before a Notary Public or other officer authorised in this behalf by the State Government.

(iii) A birth or death not registered within one year after its occurrence shall be registered only under the orders of a Magistrate of 1st Class or Presidency Magistrate having jurisdiction over the local area, and on payment of a late fee of Rs. 2.

No order under this sub-rule shall be made unless the Magistrate is satisfied, after making such enquiries as he may consider necessary that the birth or death took place on the date reported and that it has not been registered.

(iv) Every entry made in the register under sub-rule (i) and (ii) shall be initialled and dated by both the Checking officer and the Registrar. Entries under sub-rule (iii) shall be dated and initialled by the officer having custody of the register.

12. Every notifier shall notify a Birth or Still Birth within 7 days of occurrence in municipal areas and within 14 days in other areas, and a death within 3 days in municipal areas and 7 days in other areas, in such manner as the Chief Registrar may direct.

13. In the event of the death other than in a hospital or other institution of any person who, during his or her last illness, was attended by a registered Medical Practitioner, the practitioner shall forthwith, issue without charging any fee, to the person required to give information under the act, a certificate stating to the best of his knowledge and belief, the cause of death; the certificate shall be delivered to the Registrar at the time of giving the information to the Registrar as required by the Act.

14. The fee payable for a certificate of birth or death, or any other extract from the register of births and deaths other than an extract as provided in Section 12, shall be Re 1·00, if it relates to an event recorded in the register for the current year if the extract or certificate relates to an extent recorded in the register for an earlier year, the fee shall be Re. 1·00 for every register to be searched for the purpose of granting the certificate or extract.

15. All fees payable under the act may be paid in cash or by money-order or postal order.

16. Any offence punishable under section 23 may, either before or after institution of prosecution, be compounded by an officer authorised by the Chief Registrar by a general or special order in this behalf, on payment of such sum not exceeding Rs. 50 for offences under Section 23(1), and 23(3), Rs. 25 for offences under section 23(2), and Rs. 10 for offences under section 23(4), as he may think fit. On payment by the offender of such sum any proceedings in any criminal court which may have been instituted against the offender in respect of the offence, shall be withdrawn, and the composition will be deemed to amount to an acquittal and no fresh criminal proceedings shall be taken against him in respect of that offence.

17. The Chief Registrar shall, before the end of each year submit to government a report on the working of the Act, as provided in sub-section (4) of section 4 along with the statistical report as provided in sub-section (2) of section 19 for the preceding year. He shall publish the statistical report before the end of the year.

18. A Birth or a death occurring in an aeroplane, Railway train, Ship or other moving vehicle shall be registered at the place of occurrence, the place of disposal of the body, or placed of permanent residence of the parents, in the case of a birth or deceased in the case of death.

FORM 1

REGISTER OF BIRTHS AND DEATHS

REGISTRATION UNIT/VILLAGE TALUK/TEHSIL/BLOCK/THANA DISTRICT PART I LIVE BIRTHS YEAR————

Serial No.	Date of		Sex	Name	Place of birth*	Parents					Age of mother in completed years at confinement	Order of birth (i.e. No. of live births including the birth registered)	Type of attention at delivery†	Informant		Signature or left thumb mark of the informant, if information is given orally.	Signature of the Registrar	Remarks
	Registration	Birth				Father's name	Mother's name	Permanent residential address	Nationality	Religion				Name	Address			
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19

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

NOTES.—1 In the case of illegitimate births the word 'illegitimate' should be entered in the remarks column and no person's name should be entered as that of the father, unless there is a joint request of the mother and the person acknowledging himself to be the father of the child.

2 In case of multiple births make separate entry for each and a reference in the remarks column.

FORM 2

REGISTER OF BIRTHS AND DEATHS

REGISTRATION UNIT/VILLAGE TALUK/TEHSIL/BLOCK/THANA PART II STILL BIRTHS YEAR———

DISTRICT

Serial No.	Date of		Sex	Place of Birth*	Parents					Age of mother in completed years at confinement	Type of attention at delivery†	Informant		Signature or left thumb mark of the informant, if the information is given orally.	Signature of the Registrar	Remarks
	Registration	Birth			Father's name	Mother's name	Permanent residential address	Nationality	Religion			Name	Address			
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17

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

NOTE.—1. In the case of illegitimate births the word 'illegitimate' should be entered in the remarks col. and no person's name should be entered as that of the father, unless there is a joint request of the mother and the person acknowledging himself to be the father of the child.

2. In case of multiple births make separate entry for each and a reference in the remarks column.

FORM 3

REGISTER OF BIRTHS AND DEATHS

REGISTRATION UNIT/VILLAGE — TALUK/TEHSIL/BLOCK/THANA — DISTRICT — PART III DEATHS YEAR

Serial No.	Date of		Deceased							Permanent residential address*	Cause of death	Whether medically certified or not.	Kind of medical attention received if any.	Informant		Signature or left thumb mark of the informant if the information be given orally.	Signature of the Registrar	Remarks
	Registration	Details	Name	Name of father/husband	Place of death	Age	Sex	Nationality	Religion					Name	Address			
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19

*The address of the parents, in case of a child, husband/late husband in case of a married woman/widow and deceased if independent, is to be given in this column.

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.

Serial No.

FORM 4

BIRTH REPORT

REGISTRATION UNIT/VILLAGE/TOWN.....TALUK/TEHSIL/BLOCK/
THANA.....DISTRICT.....

1. Date of birth
2. Sex—Male/Female.
3. Name of Child
4. Place of birth.
5. Father's name.
6. Mother's name.
7. Permanent residential address.
8. Nationality.
9. Religion.
10. Age of mother in completed years at confinement.
11. Order of birth.
(Number of live births including) the birth registered.
12. Type of attention at delivery.
13. Informant's name
14. Informant's address.

Date :

Signature or left thumb mark of the informant, if information given orally.

Serial No.

FORM 5

STILL BIRTH REPORT

REGISTRATION/UNIT/VILLAGE..... ...TALUK/TEHSIL/BLOCK/ THANA..... DISTRICT.....

1. Date of Birth.
2. Sex—Male/Female
3. Place of birth
4. Father's name
5. Mother's name
6. Permanent residential address
7. Nationality
8. Religion
9. Age of mother in completed years at confinement
10. Type of attention at delivery
11. Informant's name
12. Informant's address

Date :

Signature or left thumb mark of the informant, if information given orally.

Serial No.

FORM 6

DEATH REPORT

REGISTRATION UNIT/VILLAGE.....TALUK/TEHSIL/BLOCK/
THANA.....DISTRICT.....

1. Date of death.
2. Full name of the deceased.
3. Name of the father/husband.
4. Place of death.
5. Age.
6. Sex—Male/Female.
7. Nationality.
8. Religion.
9. Permanent residential address.
10. Cause of death.
11. Whether medically certified (Yes/No)
12. Kind of medical attention received, if any.
13. Informant's name.
14. Informant's address.

Date :

Signature or left thumb mark of the informant, if information given orally.

ANNEXURE XII

FIRST ANNUAL INTER-STATE SAMPLE REGISTRATION CONFERENCE (AHMEDABAD, NOVEMBER 10th—12th, 1964)

(I) Recommendations of the Working Group on Sample Registration Scheme

The States which are running a pilot to the Sample Registration Scheme were invited to participate in a Working Group to discuss the organisational and other problems likely to arise in implementing the full scale scheme and to exchange experience of running the pilot. The meeting was held from 10th—12th November, 1964 at Ahmedabad. The representatives of Bihar, Maharashtra, Madhya Pradesh, Mysore, Madras, Kerala and Gujarat participated. No representative could attend from Punjab and Uttar Pradesh. The Statisticians of Delhi Municipal Corporation and Family Planning Institute, Delhi also participated in the Working Group.

The group discussed the broad sheet circulated by our office and made the following recommendations:

1. Selection of Sample

(1·1) The adoption of "cut off" point in the sample at the level of 1,000 population in rural areas may be considered at a future date when some experience has been gained.

(1·2) Straitified random Sample Plan should be adopted both in urban as well as rural areas. Three interpcnetrating independent sub-samples should be selected.

(1·3) The replacement of one sub-sample every year and its transfer to the State Registration authorities for its continuance may be considered at a future date when some experience has been gained.

2. Field Organisation and its Problems

(2·1) *Registrars.* The experience of the pilot showed that teachers should be given preference over others while Panchayat Secretaries should not be appointed as Registrar. The registrar should be locally resident and should be capable of discharging the duties. While making selection of the registrars the experience of the pilot should be kept in view.

(2·2) The Government departments like Education, Development and Health whose employees are likely to be appointed as Registrars should be approached immediately by the State Department running the full scale Scheme, for issuing necessary instructions to their employees to accept Sample Registration work, if offered.

(2·3) Supervisors

As far as possible a departmental employee should be fixed as supervisor and the nearness of his heardquarter to the sample unit should be the main consideration in his selection.

(2·4) **Training**

The training for the registrars and supervisors should be organised for 2-3 days at divisional headquarters or at district headquarters (number of training centres should be kept as small as possible). The Statistical Officer (SR) should impart this training and it should not be left to the District Statistical Officers.

(2·5) **Informant System**

The working of the informant system was discussed. The complete netting of the events depended on its proper functioning. The usefulness of a particular type of informant differed from State to State depending on the local conditions, but local dai had proved to be a good informant in all States. The school teacher when not appointed as a registrar could be fixed as an informant. It would be useful to fix workers on the District Intensive Family Planning Programme as informants if locally available.

3. **Supervision**

(3·1) For effective supervision the supervising allowance should be paid to the immediate Senior Officer who is actually guiding and supervising the work of the Statistical Officer (S. R.). It is also essential that the Statistical Officer should be posted immediately wherever he is not in position.

(3·2) The collection of the periodical returns from the registrars should be centralised at the State headquarters, for which proper Control sheets should be maintained. Analysis of monthly reports should be done at State Headquarters.

(3.3) The Statistical Officer (SR) should be a touring officer and should inspect the working of the sample units.

(3·4) The monthly allowance of the registrars and other *ad-hoc* allowances of the registrars and supervisors should be drawn at the headquarters and remitted to the respective parties through money orders. This will be additional work load besides the centralised collection and compilation of the data which would require the assistance of a Upper Division Clerk at the headquarters.

(3·5) The headquarters would intimate the district officers about the defaulting registrars and the chasing would be done by the District Statistical Officers and the supervisors in the field. The initial inspection, half yearly and yearly surveys should be completed by the supervisor in time.

(3·6) The registrars should post the periodical reports directly within two days of the close of the period and address it in the name of Statistical Officer (S.R.) at the State headquarters.

4. **Urban**

The present size of 10,000 population of the urban block was considered to be too unwieldy. Almost all the States experienced casualties of urban blocks in most of the cities in their States during the Pilot. In view of this, the group recommended that in the full scale scheme, a cluster of census block in a town may be selected to bring it to the size of roughly 2,500 population. A local resident may be appointed as registrar on the same lines and considerations as in rural areas. The working of such selected urban unit will be at par with rural areas.

5. **Manual, forms and registers**

(5·1) Manuals should be prepared in local language for the registrars and supervisors and should be supplied to them well in time.

(5·2) The State will estimate the requirements of the forms and registers required for the full scale scheme and would arrange in advance for their printing, stocking and supply to the registrars at the time of training.

(5·3) The present fortnightly report in form No. 7 should be discontinued. Instead a post card should be sent for the first fortnight in a month.

(5·4) The registrar should continue to send monthly report in form No. 10. The revised form No. 10 will include an abstract of births and deaths registers.

6. **Financial aspects**

(6·1) The initial work of filling in of the household schedules was realised to be quite heavy and the group recommended for a payment of Rs. 10 and Rs. 15 to the Registrar for this work in units having population below 2,000 and above 2,000, respectively.

(6·2) The monthly allowance to the registrar in villages having a population of 2,000 and above should be increased to Rs. 20 per mensem.

(6·3) The annual allowance of Rs. 20 for the half-yearly and yearly surveys for the supervisor was considered to be inadequate and it was recommended that Rs. 15 in respect of villages having a population below 2,000 and Rs. 20 in respect of villages having a population of 2,000 and above may be paid each for the Half yearly as well as Annual surveys.

(6·4) The Supervising officer of the Sample Registration Scheme should be declared drawing and disbursing officer for this scheme.

(6·5) The duties and responsibilities of the Supervising officer would increase immensely during the full scale scheme. The group therefore recommended that Rs. 100 may be provided as supervising allowance instead of Rs. 50 as has been provided in the scheme.

(6·6) The payment of monthly allowance to the registrars should be made through a money order from the State headquarters and the money order commission charges should not be deducted from their allowance, but should be met from the contingent budget. The payment should be remitted after due reports have been received from the registrar.

(6·7) *House Numbering:* Houses will require permanent house numbers. In case permanent numbers are not available, they should be given in collaboration with the Village Panchayats. It was agreed that iron plates bearing simple numbers will be got prepared in the size of $2' \times 2''$ at the State headquarters. The States will work out estimated expenditure for preparation of the plates and will send it to the Registrar General. The expenditure of preparing the plates would be met out of the contingent budget, but that of fixing would be borne by the Panchayats.

7. General

(7·1) It was agreed that the five States *viz.*, Bihar, Gujarat, Maharashtra, Mysore and Kerala would start field registration work under the full scale scheme from 1-4-65. They would start preliminary work of sample design, estimation formulae, estimation of forms and registers which would be required in the full scale scheme, preparation of manual, printing and arrangements for distribution, the selection of the sample units, selection of registrars and supervisors, arrangement for training etc. should be completed before 1-4-65 so that registration work can be started from 1-4-65.

(7·2) It is likely that the sample may contain some villages having a population of 4,000+. In such cases the block comprising of about 2,000 population would be selected for Sample Registration Work. The estimation formulae will be so amended as to provide for this change in the sample. The hamlets of the villages located very far away may be excluded from the sample registration operations.

(7·3) The services of health and family planning staff may be availed of wherever available for filling in of the household schedules in rural and urban areas. It will help in recording the information about the pregnant women. They should also be used as informants.

(II) SECOND ANNUAL INTER-STATE SAMPLE REGISTRATION CONFERENCE 4th—7th NOVEMBER, 1965 (TRIVANDRUM)

Recommendations

A Conference of the State representatives in charge of Vital Statistics Sample Registration Scheme was held at Trivandrum from 4th to 7th November, 1965. The following recommendations were made :

(1) In order to avoid any confusion in distinguishing the person appointed to enumerate Births and Deaths under the Sample Registration Scheme from the statutory Registrar of Births and Deaths it is suggested that the former be designated as "enumerator and referred to in short as enumerator".

(2) All houses in the sample village should be given permanent house numbers and the enumerator may prepare a notional map showing the location of houses in his jurisdiction and indicate the house numbers and also the important landmarks such as temples, schools, wells, etc. in the map. The supervisor should check and countersign this map. This will a make for easy identification of houses by the supervisor during the half-yearly surveys.

(3) It is observed that in certain States like Orissa, Assam, Jammu and Kashmir, Uttar Pradesh and West Bengal, the State Governments had not yet sanctioned the Sample Registration Scheme and hence the scheme could not be started at all in such states. The Conference recommended that an Agency under the Registrar-General's Office such as the Census Department in these States may take up this scheme and initiate the Pilot. In case the State Governments come forward later to implement this scheme it may be transferred to them.

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(4) It has been observed that in certain states appointments of Statistical Officer and non-gazetted staff could not be made for more than a year after the sanction of the Scheme had been issued due to various procedural difficulties. Thus rendering the sanction of the scheme infructions. The Conference, therefore, recommends, that these posts should be filled with suitable hands on *ad hoc* basis or by transfer or deputation, immediately after the sanction of the scheme.

(5) The Conference recommended that the Deputy/Assistant Director in charge of the normal Vital Statistics Schemes should be formally notified by the State Government as the Supervising Officer for the Sample Registration Scheme as well except in States where the Sample Registration Scheme is implemented by another department in which case a suitable officer of the department in charge of the Sample Registration Scheme should be notified as the Supervising Officer.

(6) The recommendation made at the Coneference held at Delhi in August, 1965 to the effect that the Supervising Officer of the Sample Registration Scheme should be paid a special pay of Rs. 100 per month during full scale scheme is reiterated. The Office of the Registrar-General is requested to explore possibilities for meeting of entire expenditure on special pay from Central Budget.

(7) The allowances of the enumerators and supervisors should be based on the population obtained through base-line survey rather than the 1961 Census.

(8) The training of supervisors, district statistical officers and other officials should be conducted in two sessions. The first session will last for three days. On the first day of this session theoretical aspects of the scheme should be covered in the forenoon and the explanation of schedules and forms in the afternoon. On the second day practical training in filling the forms etc. to be given in the field. The scrutiny of the forms and explanation of common faults in filling in the forms should be taken up on the third day. The knowledge of the trainees should be tested by a quiz or written test and examining the forms filled by them and the candidates who are backward should be given the needed instructions before they disperse. The scecond session of the training may be had say after about two months time when the enumerator would have done some work independently in the field and the supervisor would have also completed his initial inspection and both would have come across some problems. The enumerators and supervisors should be assembled again at suitable centres and trained again for a day for clearing doubts and difficulties experienced in the field.

(9) It is considered essential that the supervisors should receive further instructions and training in conducting six-monthly survey immediately before launching it.

(10) It has to be ensured that the supervision and half-yearly surveys do not breakdown due to the unavoidable absence of the initially trained supervisor on his inability to take up the half-yearly survey due to any unforseen circumstances. An alternative supervisor should be quickly trained and made to take charge of the work.

(11) The matching of the events in each unit may be done at district level by the District Statistical staff. This will ensure independent check. During

the course of the training to enumerators and supervisors the objectives of the matching should be explained so that there may be no collusion between enumerator and supervisor during the half-yearly survey.

(12) It is recommended that a random sub sample of the units be taken up for the half yearly survey by an independent agency.

(13) The office of the Registrar-General, India may initiate some research designs to test the working of enumerators and supervisors in differrent situations to find out best possible methods of obtaining efficient work.

(14) The table of population by age and sex may be prepared after the half-yearly survey has been conducted and the total population count may be obtained only after the base-line and annual surveys.

(15) Monthly reports may be obtained in duplicate from the enumerators and one copy may be sent to the office of the Registrar-General, India.

(16) The following aids are suggested as useful: (a) supply of rubber stamps to enumerators, (b) Trickle box at State Headquarters to watch the receipt of returns from the Sample Registration Units and the issue of a standardised reminder form to obtain returns from defaulters.

(17) It is recommended that the registrar under the normal (legal) system of registration of births and deaths should not be appointed enumerator under the Sample Registration Scheme as the payment of renumeration to a registrar for a somewhat similar work though under a different scheme adversely affected the work of normal registrars in other areas.

(18) It is recommended that the enumerators and supervisors working in unhealthy areas or specially inaccessible areas should be paid some allowance in keeping with the allowances usually paid to other Government servants under their existing rules.

(19) It is found by experience that the Statistical Officer (SR) at State Headquarters finds it impossible to supervise the Sample Registration work in all units. It is considered essential that the work of the supervisors and enumerators under this scheme requires closer and constant supervision. It is suggested that some inspecting officers should be appointed to assist the Statistical Officers in this regard. No uniform pattern can be decided and each State has to send proposals to meet its needs.

For Urban Areas

(20) The Conference considered the question of finding a suitable enumerator in urban and recommended that different agencies like the primary school teachers, health staff and others should be tried to find out the most suitable persons for the job. The Conference noted that in Kerala the schools teacher has proved a good agency.

(21) (a) It is recommended that the number of urban units in the pilot should be increased from 5 to 10 and their selection should be done on random basis so as to be representative of the urban population of the State.

(b) In three out of ten units selected in the Pilot, full-time enumerators may be appointed and the population to be covered by such units should be increased to 8,000. The full-time enumerators are recommended as it is

felt that part time enumerators had not been able to visit all households and not all events in urban areas where the system of informants had also failed. The expenditure towards these full-time enumerators may have to be met fully by the Central Government.

(22) The question of the availability of "notifiers" was considered and it was recommended that while the system of "notifiers" might not be insisted upon in each urban unit as it had generally failed, they could be used wherever they are available and useful.

(23) The Conference took note of the fact that supervision by part-time supervisors over the enumerator's work was ineffective and therefore recommended that Statistical Assistants, Computors and other Statistical staff appointed under the Plan Scheme for the improvement of Vital Statistics should be appointed as supervisors under the scheme in urban areas.

(III) THIRD ANNUAL INTER-STATE SAMPLE REGISTRATION CONFERENCE (CALCUTTA, 3-7-1967)

Recommendations

I. Selection and Identification of Sample Units:

1. *Permanent House-numbers.* It is necessary to fix durable number-plates on houses. The States will make their own arrangements for procuring the plates conforming to specifications of ORG. The expenditure on the plates will qualify for assistance from the Central Government on the usual terms.

2. *Replacement of Sample Units.* At present a sample unit may be replaced by one from the reserve list where it is not possible for any reason to carry out field work in that unit. In future, replacement should be made only if a unit has become depopulated. Units dangerously close to the country's boarder may be excluded from the sampling frame itself.

3. *Cluster Villages.* Non-resident Enumerators have given satisfactory performance. Enumeration in cluster villages may be dispensed with.

4. *Notional Maps.* A notional map should be prepared for every sample unit. It would be desirable to show not only important land marks, but the location of each house. The maps should be prepared in triplicate—a copy each for the Enumerator, State Headquarters and ORG.

II. Enumeration:

1. *Allowances to Enumerators.* The present rates of allowances to part-time Enumerators are not sufficiently remunerative to attract persons of the right calibre. The following rates are recommended:—

RURAL

For villages with base-line population below 5000	Rs. 15 p.m.
For villages with base-line population between 500 and 1500	Rs. 20 p.m.
For villages with base-line population of 1500 or above.	Rs. 25 p.m.

URBAN

In cities with population below 50,000	Rs. 25 p.m.
In cities with population between 50,000 and 1 lakh.	Rs. 30 p.m.
In cities with population of 1 lakh and above	Rs. 30 p.m.

An additional allowance of Rs. 5 p. m. may be granted in difficult and inaccessible areas. The present rates of allowances to Enumerators for the conduct of base-line survey *i.e.* Rs. 15 in villages of less than 2000 population and Rs. 20 in urban areas and villages having population 2000 and above, should continue.

2. *Enumerators.* In rural areas, resident school teachers have proved to be the best Enumerators. They are closely followed by gram sevaks.

3. *Informants.* Students, dais, and barbers have proved to be useful informants in the villages; in urban areas popular shopkeepers have been found to be a good source of information. The visits of Enumerators to the 'informants' should be regular, say twice or thrice a fortnight. It is not possible to give any financial reward to informants but the supply of attractive diaries for noting down events of births and deaths may be considered.

4. *List of Pregnant Women.* The present practice of maintaining a list of pregnant women should, despite difficulties, be continued.

5. *Manual of Instruction.* The final drafts of the Manuals of Instructions (for headquarters, Supervisors and Enumerators), will be circulated by the Office of the Registrar-General, India. These may, where necessary, be translated into regional languages. The States will make their own arrangements for translation, printing and distribution of copies to field and supervisory staff. A limited number of copies of the Manuals in English will be supplied to each State by the Office of the Registrar-General, India.

6. *Training.* There is need for intensive training of field and supervisory staff; this should be imparted by the Supervising Officer and Statistical Officer. A refresher course of training should be given to enumerators every year.

7. *Training Remuneration.* There have been avoidable delays in the payment of travelling allowances to the staff called for training, though the position has lately improved. The possibility of paying a fixed sum as 'Training Remuneration' to every Enumerator in a zone, taking into consideration distance rates of daily allowances, period of training, travel time etc. should be explored.

III. Supervision and Half-Yearly Surveys:

1. *Allowances to Supervisors.*

RURAL

For villages with base-line population below 500 . . .	Rs. 20 p.m.
For villages with base-line population between 500 and 1500 .	Rs. 25 p.m.
For villages with base-line population of 1500 and above .	Rs. 30 p.m.

URBAN

In cities with population below 50,000	Rs. 30 p.m.
In cities with population between 50,000 and 1 lakh . .	Rs. 35 p.m.
In cities with population of 1 lakh and above . . .	Rs. 40 p.m.

Steps should be taken to ensure prompt payment of allowances.

2. *Supervisors.* Supervisors should as far as possible be appointed from the staff of the Department responsible for Sample Registration. They should be given training before each half-yearly survey. They will receive T.A. & D.A. at usual rates, for travels undertaken for the purposes of the training.

3. *Intensive Supervision.* Supervision has been often slack and half-yearly surveys not regular because Supervisors are part-time officers and are heavily occupied with other duties at times when the surveys fall due. A reasonable number of whole-time Supervisors should be provided in each State to assist in closer supervision and half-yearly surveys.

4. *Association of District Staff.* District Officers like D. S. Os., D.H.Os. etc. may be associated in the supervision of the work of field staff. It is desirable to impart a minimum training to these officers to enable them to guide the field staff and supervise their work.

5. *Half-yearly surveys.* (a) Frequency: It will not be practicable to make periodical surveys more frequent. A half-yearly survey is, however, indispensable.

(b) Staggering: Staggering of the surveys will increase the risk of errors due to response lapse. The survey should be completed within a reasonable period, say 2 months. The report on the survey should be sent to Office of the Registrar-General within 3 months of the close of the period to which it relates.

(c) Withdrawal of Forms 5 and 6: Although, there is nothing to prevent Enumerators from keeping copies of Forms 5 and 6, it would be desirable to withdraw these Forms from them before each half-yearly survey.

(d) Matching: The matching of Forms 3 and 4 (filled by Supervisors) with Forms 5 and 6 (filled by Enumerators) should be done either at the State headquarters or at district Office by independent persons (not by Supervisors/Enumerators themselves).

(e) Re-verification: The re-verification of unmatched events should be done by an independent person or persnons preferably; if this is not feasible jointly by the Supervisors and the Enumerators.

IV. Tabulation and Evaluation

1. *Estimation.* No attempt will be made to estimate population from the data furnished by Sample Registration. The Ratio-method may be used for estimation, as far as possible. In cases where 1961 population may not be available, 'unbiased method' may be used.

2. *Tabulation and Analysis.* A minimum programme of tabulation for all the States should be drawn up and circulated by the Office of the Registrar-General, India. An all-India Report on Sample Registration may be published annually by the Office of the Registrar-General and State reports by the State departments concerned.

V. Revaluation and Assessment of Sample Registration

1. It would be useful to compare birth and death rates based on SRS and NSS. The monthly returns under SRS should be matched against the official birth and death registers. Copies of the returns should be sent to the Officers-in-Charge of vital statistics. Matching may be done by the D. S. Asstt.; copies of reports on the matching may be sent to the Officers-in-Charge of vital statistics and Sample Registration and also to Office of the Registrar-General, India.

2. A sub-sample of 10 Sample Registration units may be surveyed in each State by the Census Organisation every year and the results matched against the Sample Registration returns.

VI. Urban Areas

1. The pilot studies in progress should be continued for a further period of six months and the results reviewed in October, 1967. A meeting of Supervising Officers of the States which are conducting these studies may be held in October, 1967.

2. Informants have not proved very helpful in urban areas. Emphasis should be laid on 'continuous registration' through daily rounds. The Enumerators should go round the sample units covering a certain number of households every day.

VII. Studies on Methodology

The following studies should be undertaken, in the first instance:—

1. *Optimum size of segments.* The proportion of events missed by Enumerators in different sizes of segments may be studied from the data on Record, to ascertain if there is significant relationship between size of segments and efficiency of enumeration. This study may be carried out both at Office of the Registrar-General and in the States.

2. *Relative efficiencies of Enumerators from different professions or trades.* A common experience has been that teachers make better Enumerators than persons belonging to other professions. It would be interesting to compare the proformances of teachers with those of members of other professions like Midwives or Health Workers. The proportion of events missed by Enumerators belonging to different professions during a period of six months may be tabulated and examined. This may also be done both at the Office of the Registrar-General, India and in the States.

3. *Study to assess the degree of independence of Enumerators and Supervisors.* It is important to assess how far Supervisors and Enumerators records are really independent. For this, it is necessary to locate events missed by both the Enumerators and Supervisors, by an independent and intensive survey, in a few villages (say two) in each State; it would be best

if this is done directly by the Supervising Officer/Statistical Officer. This would enable us to determine whether the chance of the Supervisor recording an event recorded by the Enumerator is equal to the chance of his recording an event missed by the Enumerator and *vice versa*. Without this knowledge, it would be wrong to use the probability rule for estimating the number of events missed by both Enumerator and Supervisor. The Office of the Registrar-General, India will suggest the villages to be surveyed.

VIII. Full-scale Schemes

All the State which are conducting pilot studies in rural areas should initiate work on full -scale during 1967, so that national estimates of Birth and Death Rates from Sample Registration may be available by 1968.

(IV) FOURTH ANNUAL INTER-STATE SAMPLE REGISTRATION CONFERENCE (PURI, OCTOBER, 9-11-1968)

Recommendations

I. Efficiency of Enumerators

There has been general deterioration in the efficiency of Enumerators. This should be checked and its causes probed. Quarterly rounds of households by Enumerators should be strictly enforced. The payment of honoraria may be withheld, for poor performance. The terms of appointment of Enumerators should include provision to enable the Supervising Officer to take such action.

II. Size of Sample Unit

The maximum size of the Sample Unit of enumeration should be an area with a population of 1200. In states where the work is yet to start on full-scale, viz., Madhya Pradesh, Madras and Haryana, all villages with population exceeding 1200 will be segmented. On other States also, units which are large and unwieldly will be gradually split into sub-units, with a separate Enumerator for each sub-unit.

III. Replacement of Forms No. 3 and 4 by Forms No. 10(B) and 10(C)

The proposal to replace forms 3 and 4 by forms 10(B) and 10(C) was not accepted, but form 10, will continue to be used by supervisors in the case of events missed by Enumerators.

IV. Part-Time vs Full-Time Supervisors

Experience has shown that it was almost impossible to conduct half-yearly surveys according to programme through part-time supervisors. These officers, not being under the control of the Supervising Officers, are not available in time for half-yearly surveys and other duties connected with Sample Registration. Full-time Supervisors should be appointed, the number required being 1 supervisor for 10 to 15 units. The Six Monthly Survey may be staggered to 3 to 6 months to make the fullest use of the whole-time Supervisors for half-yearly survey.

V. Half Yearly/Annual Survey

The adequacy of an Annual Survey in place of the Half yearly Survey must be explored. During the next Half-Yearly Surveys in January, 1969, vital events which occurred during the earlier ½ year (January to June '68) will also be recorded. This will be compared with the results of the Survey for this period conducted in July, 1968.

VI. Population Data

The proposal to compile single-year-age population data was not accepted.

VII. Matching and Reverification

Matching should as far as possible be carried out by an agency independent of both Enumerator and Supervisor, either at the state or district level. Reverification should also be done by a third person, failing which it may be conducted jointly by the Enumerator and the Supervisor.

VIII. Family Planning

The proposal to collect information on family planning knowledge, attitude or practice was not accepted. The field organisation of Sample Registration was not considered a suitable agency for the purpose.

IX. Cause of Death

The collection of data on cause of death classified according to the Non-Medical list on an experimental basis in Andhra Pradesh may be extended to larger number of units in that state. A report on the experiment may be circulated to other States. The feasibility of collecting statistics of cause of death through Sample Registration will be considered in the light of the report.

X. Urban S. R. S.

Preparation for starting Sample Registration in urban areas are nearing completion in all the states. Field operation must begin on 1-1-69, and the first half-yearly survey covering the first 6 months of 1969 conducted during the third quarter of the year.

XI. Evaluation

In all states evaluation studies must be conducted in at least 10 per cent of the Sample Units. These will be on the lines of the intensive enquiries conducted in Kerala and Gujarat. The Supervising Officers and Statisticians will survey all households in the 10% of units selected for evaluation. Dr. R. S. Kurup (Kerala) and Shri D. C. Mehta (Gujarat) will draft brief notes on the scope and method of the evaluation studies they had made, and circulate it to all the States for guidance.

XII. Revision of Manual of Instructions

Separate Manuals of Instructions for rural and urban areas were not considered necessary. Additional instructions relating to urban sample registration may be included at appropriate places in the Manuals.

The revised Manual should include definitions of terms used and explanatory notes on the underlying concepts.

(V) FIFTH ANNUAL INTER-STATE SAMPLE REGISTRATION CONFERENCE (BHOPAL, NOVEMBER, 27—30, 1969)

Recommendations

The Conference made the following Recommendations on the basis of the foregoing discussions :

I. General and Financial

(a) As necessary improvements in the Sample Registration Scheme (such as appointment of full-time Supervisors) would require additional resources, the Registrar General, India was requested to explore the possibility of financial assistance in this regard.

(b) R.G's Office may again explore the possibility of grant of supervisory allowance to the State Supervising Officers on the analogy of the Annual Survey of Industries conducted by the States on behalf of the N.S.S. Directorate.

(c) To ensure timely payment of honorarium to the part-time enumerators in States where the Scheme is being implemented through the Census Department, the D.C.Os will intimate to the R.G's Office changes, if any, in the list of part-time enumerators latest by the 5th day of the following month. Otherwise sanction for grant of honorarium should be automatically issued by the R.G's Office on the 7th of the month, based on the list of enumerators received in the previous month.

(d) The R.G's Office should urge the States to make available a vehicle for effective supervision of field work.

(e) In order that trained supervisors are not transferred frequently, it is necessary that the State agencies should have better liaison with the concerned Departments.

(f) The Registrar General may request the Directors of Census Operations to give priority to fixation of house-numbering plates as part of 1971 Census, in the Sample Registration Units.

(g) The States may release crude annual birth rates and death rates on a *provisional* basis.

II. Evaluation and Improvement of Sample Registration :

While the Registrar General's Office will carry out analytical studies for evaluating the Sample Registration Scheme, each State will also undertake such studies. R.G's Office will send to the States a list of items for such studies. R.G. may also consider providing some special staff to the States for evaluation purposes. A *Study Group* may also be set up by the R.G's Office which could visit different States to study in detail the working of the Scheme in the field.

III. Full-time Vs. Part-time Supervisors.

Full-time supervisors should be preferred in the urban areas. It was desirable to continue with part-time supervisors in the rural areas till necessary funds for the appointment of full-time supervisors become available.

IV. Estimation Procedure :

A Technical Working Group should be set up by the Registrar General to evolve a suitable estimation procedure in view of the different frames used in selecting urban units. This Working Group was also to consider the estimation procedure in the case of segmented rural units.

V. Substitution of Sample Units :

A sample unit may be substituted when it becomes de-populated or it is found to be located in an inaccessible or otherwise operationally difficult area. The specific cases will, however, have to be referred to the R.G.'s Office for concurrence.

VI. Segmentation of Large Units :

Rural units having population more than 2,000 only may be segmented. In the urban areas, however, if the units were found to be too big, additional enumerators may have to be deployed.

VII. Rotation of Sample Units :

Only those States which have completed 4 or 5 years of full-scale Sample Registration Scheme may embark on rotation of sample units. The results may be reviewed at the end of the year for the benefit of other States.

VIII. Collection of Cause of Death Statistics :

Collection of information on cause of death under the Sample Registration Scheme may not be attempted.

IX. Conducting Half-Yearly Survey with One Year Reference Period :

Half-yearly surveys should continue to be conducted at the end of every six months as heretofore. The reference period, however, will be enlarged to cover one whole year preceding the date of the survey, in order to detect events pertaining to the earlier half-year likely to have been missed during the regular survey of that period.

X. Family Planning Questionnaire in Sample Registration Units :

The data already collected on a pilot basis may first be tabulated, analysed and results circulated by the Office of the Registrar General before the canvassing of family planning questionnaire in Sample Registration units is extended to other sample units.

(VI) SIXTH INTER-STATE CONFERENCE ON SAMPLE REGISTRATION (POONA, 17—20 DECEMBER, 1970)

Recommendations

I. Estimation Procedure :

After reviewing the Report of the Working Group on Estimation Procedure in urban areas and segmented rural units, the Conference recommended the use of unbiased method of estimation for both rural and urban areas.

II. Revision of Manuals :

(a) The Conference broadly accepted the suggestions made by the delegates in regard to the revision of Manuals. It was recommended that further suggestions, if any, be sent by the States to ORG before 15th January, 1971. These suggestions should be considered by ORG before finalising the revised version of the Manuals.

(b) The Fertility Schedule (Form 13) shoud be finalised after consulting the Fertility Schedule canvassed by the Central Family Planning Institute and other similar organisations.

(c) The revised forms, schedules and instructions should be adopted w.e.f. 1st July 1971.

III. Use of Arabic numerals :

In order to facilitate compilation and tabulation of data, Arabic numerals should be used in filling up SRS forms. The Enumerators may be given training in this respect, if necessary.

IV. Conduct of analytical and evaluation studies :

(a) All the implementing agencies should take up analytical and evaluation studies as per minimum programme circulated to the States.

(b) R.G's Office should further amplify the scope and content of each study included in the Minimum Programme.

V. Refresher Training to field staff :

In order to improve the quality of data and to minimise back references, refresher training courses should be organised for the field staff once in a year, soon after the finalisation of the recommendations of the Annual Conference on SRS. This would enable the field staff to be acquainted with latest developments and changes in the concepts and methodology of the Sample Registration Scheme.

VI. Rotation of sample and utilisation of 1971 Census frame :

In view of certain practical considerations, there is need to go into fuller details and to explore the possibility of the use of 1971 Census frame from Abridged Houselist. Thereafter, a technical note should be circulated by R.G.'s Office amongst the implementing departments to secure a gradual change over to the 1971 Census frame.

VII. Minimum Tabulation Plan :

The States should adhere to the minimum revised tabulation programme which would be circulated by the R.G's Office, while preparing the State Reports on SRS. They may also include additional Tables as may be necessary.

VIII. Half-Yearly Surveys :

(a) The results of half-yearly surveys, the finalised monthly report and population data should be made available to R.G's Office within four months of the close of each half-year.

(b) The States may stagger the half-yearly surveys in units where natural factors like floods, snow and hilly terrain, hamper the field work. However, such units should be decided in advance and intimated to R.G's Office.

IX. Revision of rates of honorarium and timely payment of honorarium :

(a) While there is need for revision of present rates of honorarium to the field staff and for rationalisation of rates, this question may be deferred for the present in view of certain practical difficulties especially due to financial stringency and the possibility of the sample units being eventually selected from the 1971 Census frame.

(b) As regards the mode of payment of honorarium, it was decided that the matter may be left to the discretion of the individual States. However, efforts should be made to ensure timely payment of honorarium to the field staff in order to sustain their interest and zeal.

X. Calibration of 1971 Census data with the help of SRS records :

All the State/Census Offices implementing SRS may take up this work, through the full-time supervisors (Computors) and other available staff in accordance with the instructions issued by R.G's Office.

ANNEXURE XIII

Recommendations of the Conference on Model Registration held in Vigyan Bhawan on October 26, 1967

I. Scope

(i) The scheme may be named "Model Registration—Survey of Cause of Death".

(ii) To avoid dispersal of effort intensive work should be confined to headquarter villages (census villages) in a limited number of Primary Health Centres. There should, however, be a minimum of one Primary Heatlh Centre for a million population. In states in which at present the number of villages where work is in progress is far too large in relation to available resources a reasonable number of villages (not less than 1 per million population) should be selected for intensive work.

II. Organisation

(i) A Nosologist or a D.A.D.P.H. with medical qualifications will be in-charge of the scheme of State Headquarter. He will work under the control of the Officer-in-Charge of Vital Statistics and will be assisted by a nosological assistant in the pay grade of Statistical Assistant.

(ii) Cash awards should be given to deserving field agents for meritorious. work. Liberal provision should be made in the budget for this purpose.

III. Training

(i) The District Medical Officer will organise the training of Medical Officers of the selected Primary Health Centres at the district Headquarter. He will be assisted by the Nosologist or D.A.D.P.H. who will draw up training programmes for all the districts in consultation with District Medical Officers.

(ii) The assistance of Medical Colleges or Research Institutes should be secured wherever possible.

(iii) The Medical Officer-in-Charge will be responsible for training the field staff under him.

IV. Revision of Manual of Instructions

(i) The Manual of Instructions and the forms in which returns are submitted by Primary Health Centres need revison. A committee consisting of Shri L. K. Verma (Rajasthan), Shri B. P. Bhargava (Madhya Pradesh) and Dr. T. Adeni (Andhra Pradesh) will study the manual and make recommendations for its revision. Shri Bhargava will prepare a working paper on the subject for the consideration of the committee which will also invite suggestions from Officers-in-Charge of the scheme in all the States.

(ii) The N. M. list of causes of death also needs simplification and adaptation to present conditions in the country. The Registrar General's Office will seek Dr. K. C. Patnaik's advice on the subject.

V. Inspection and Supervision

(i) The field agent must conduct quarterly surveys of households, if possible; where resources do not permit this, half yearly surveys must be conducted.

(ii) Every report sent from the Primary Health Centre to the State Headquarter must be scrutinized by the Medical Officer-in-Charge.

(iii) The Medical Officer must make a field-check on every 10th death reported by the field agent and record his findings.

(iv) An officer of the State Vital Statistics Department must visit every selected Primary Health Centre at least once in a year and submit a report to the Officer-in-Charge, Vital Statistics.

VI. Returns

(i) The monthly consolidated statements will be sent to the Registrar General, India within six weeks after the expiry of the month to which it relates. The reports from Primary Health Centres will be scrutinized and verified for completeness and accuracy at the State headquarters before being sent to Registrar General's Office.

(ii) The practice of the Primary Health Centres sending copies of Form I directly to the Registrar General's Office, may be discontinued.

VII. Research on Methodology

(i) A field study should be conducted to assess the suitability of the statutory Registrar in ascertaining cause of death. A beginning will be made in 10 Primary Health Centre villages in Andhra Pradesh where Model Registration is in progress. The Registrars in these villages will be trained to ascertain cause of death and classify it according to the N.M. list. He will submit to the State Vital Statistics Officers returns in the form that is being used by Field Agents under Model Registration. The returns from the 2 sources will be compared. The experiment will be carried on for a period of 6 months.

(ii) A similar study will be made to test the adequacy of Sample Registration for ascertaining cause of death.

VIII. Printing

The Central Government should reimburse 75% of the expenditure on printing, incurred in connection with all Vital Statistics Plan Schemes.

ANNEXURE XIV

Model Rules under the Registration of Births and Deaths Act, 1969 (18 of 1969) for adoption by the State Government

In exercise of the powers conferred by section 30 of the Registration of Births and Deaths Act, 1969, [18 of 1969] the State Government/Governor/ Administrator of.....with the approval of the Central Government, hereby makes the following rules, namely:

Short title

1. These rules may be called the Registration of Births and Deaths Rules, 1970.

Definitions

2. 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.

Period of gestation

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

Submission of report under section 4(4)

4. The report under sub-section (4) of section 4 shall be prepared in Form No. 1 and shall be submitted alongwith 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.

Form, etc. for giving information of births and deaths

5. (1) The information required to be given to the Registrar under section 8 or, as the case may be, section 9, shall, if given in writing, be in Form Nos. 2, 3 and 4 for the registration of a birth, still birth and death respectively, and if given orally, mention the several particulars in the relevant Form

(2) The information referred to in sub-rule (1) shall be given—

(a) in a municipality or a cantonment—

(i) within seven days from the date of birth or still birth; and

(ii) within three days from the date of death ;

(b) in any other area—

(i) within fourteen days from the date of birth or still birth; and

(ii) within seven days from the date of death.

Birth or death in a vehicle

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

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

6. (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.

Time and Form for notifying information under section 10(1)

7. (1) Every person required to notify a birth, still birth or death under section 10 shall give information thereof to the Registrar in Form Nos. 5, 6 or 7, as the case may be.

(2) Such information shall be given—

(a) in a municipality or a cantonment.

(i) within seven days from the date of birth or still birth; and

(ii) within three days from the date of death;

(b) in any other area—

(i) within fourteen days from the date of birth or still birth; and

(ii) within seven days from the date of death.

Form of certificate under section 10(3)

8. The certificate as to the cause of death required under sub-section (3) of section 10 shall be issued in Form No. 8 and the Registrar shall, after making necessary entries in the register of births and deaths. forward all such certificates to the Chief Registrar or the officer specified by him in this behalf by the 10th of the month immediately following the month to which the certificates relate.

Extracts of registration entries to be given under section 12

9. 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. 9 or Form No. 10, as the case may be.

Authority for delayed registration and fee payable thereof

10. (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 rupee one.

(2) Any birth or death of which information is given to the Registrar after thirty days, but within one year of its occurrence, shall be registered only with the written permission of the officer prescribed in this behalf and on payment of a late fee of rupees three.

(3) Any birth or death which has not been registered within one year, of its occurrence, shall be registered only on an order of a Magistrate of the first class or a Presidency Magistrate and on payment of a late fee of rupees five.

Period for the purpose of section 14

11. (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 given information regarding the name of the child to the Registrar either orally or in writing:

Provided that if any such information is given after the period of 12 months, subject to the provisions of sub-section (4) of section 23, the Registrar shall,

(a) if the register is in his possession, forthwith enter the name in the register on payment of a late fee of rupees two.

(b) if the register is not in his possession and if the information is given orally, make a report giving necessary particulars, and if the information is given in writing, forward the same to the officer specified by the State Government in this behalf for making the necessary entry on payment of a late fee of rupees two.

(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 provision to sub-rule (1).

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

12. (1) If it is reported to the Registrar that a clerical or formal error have been made in the register or if such error is otherwise noticed by him and if the register is in his possession, the Registrar shall enquire into the matter and if he is satisfied that any such error has been made, he shall correct the error (by correcting or cancelling the entry) as provided in section 15 and shall send an extract of the entry showing the error and how it has been corrected to the State Government or the officer specified by it in this behalf.

(2) In the case referred to in sub-rule (1) if the registrar is not in his possession, the Registrar shall make a report to the State Government or the officer specified by it in this behalf and call for 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 the State Government or the officer specified by it in this behalf when the register is received from the Registrar.

(4) If any person asserts that any entry in the register of births and deaths is erroneous in substance, the Registrar may correct the entry in the manner prescribed under section 15 upon production by that person 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 State Government or the officer specified in this behalf.

(6) If it is proved to the satisfaction of the Registrar that any entry in the register of births and deaths has been fraudulently or improperly made, he shall make a report giving necessary details to the officer authorised by the Chief Registrar by general or special orders in this behalf under section 25 and on hearing from him take necessary action in the matter.

(7) In every case in which an entry is corrected or cancelled under this rule, intimation thereof should be sent to the permanent address of the person who has given information under section 8 or section 9.

Form of register under section 16

13. (1) The register of births, still births and deaths to be kept by the Registrar under section 16 shall be in three parts as set out in Form Nos. 11 12 and 13 respectively and in each part of the register, the event shall be numbered serially and 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.

Fees and postal charges payable under section 17

14. (1) The fees payable for a search to be made or an extract to be issued under section 17 shall be as follows :—

	Rs. p.
(a) search for a single entry in the first year for which the search is made.	1.00
(b) for every additional year for which the search is continued.	1.00
(c) for granting extract relating to each birth or death	1.00

(2) Any such extract in regard to a birth or death shall be issued by the Registrar or the officer authorised by the State Government in this behalf in Form No. 9 or, as the case may be, Form No. 10 and shall be certified in the manner provided for in section 76 of the Indian Evidence Act, 1872 (1 of 1872).

(3) Any such extract may be furnised to the person asking for it by post on payment of the postal charges therefor.

Interval and forms of periodical returns under section 19(1)

15. (1) Every Registrar, including the Registrar for a Municipality with a population less than.....shall send to the Chief Registrar or the officer

specified by him in this behalf on or before the 5th of each month, a true copy of the entries in register of births and deaths relating to the month immediately preceding.

(2) The officer so specified shall forward all such copies of the entries in the register of births and deaths received by him to the Chief Registrar not later than the 10th of that month.

(3) The Registrar for a Municipality with population more than..... shall send to the Chief Registrar in Form No. 14 a weekly return of births and deaths within 7 days of the expiry of the week to which the information relates, and in Form No. 15 a monthly return of births and deaths by the end of the month following the month to which the information relates.

(4) The Registrar for a Cantonment shall send to the Chief Registrar or the officer specified by the Chief Registrar in this behalf, a weekly return of births and deaths in Form No. 14 within 3 days of the expiry of the week to which the information relates and a monthly return of births and deaths in Form No. 15 by the end of the month following the month to which the information relates.

Statistical report under section 19(2)

16. The statistical report under sub-section (2) of section 19 shall be in Form No. 16 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.

Conditions for compounding offences

17. (1) Any offence punishable under section 23 may, either before or after the institution of original proceedings under this Act, be compounded by an officer authorised by the Chief Registrar by a general or special order in this behalf, if the officer so authorised is satisfied that the offence was committed through inadvertence or oversight or for the first time.....

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

Registers and other records

18. (1) The register of births and deaths shall be a record of permanent importance and shall not be destroyed.

(2) All information received by the Registrar under sections 8 and 9 and the certificate as to the cause of death furnished under sub-section (3) of section 10 of the Act shall form an integral part of the register of births and deaths and shall not be destroyed.

(3) Every register of births and deaths and the forms relating to the entries therein shall be retained by the Registrar in his possession for a period of twelve months after the end of the calendar year to which it relates and such register and forms shall thereafter be transferred for safe custody to such officer as may be specified by the State Government in this behalf.

ANNEXURE XV

रजिस्ट्री सं० डी० 221 REGISTERED No. D. 221

भारत का राजपत्र
The Gazette of India

असाधारण
EXTRAORDINARY

भाग II—खण्ड 1
PART II—Section 1

प्राधिकार से प्रकाशित
PUBLISHED BY AUTHORITY

सं० 23] नई दिल्ली, सोमवार, जून 2, 1969/ज्येष्ठ, 12 1891 (शक)
No. 23] NEW DELHI, MONDAY, JUNE 2, 1969/JYAISTHA 12, 1890 (SAKA)

इस भाग में भिन्न पृष्ठ संख्या दी जाती है जिससे कि यह अलग संकलन के रूप में रखा जा सके।
Separate paging is given to this Part in order that it may be filed as a separate compilation.

MINISTRY OF LAW
(Legislative Department)

New Delhi, the 2nd June, 1969/Jyaistha 12, 1891 (Saka)

The following Act of Parliament received the assent of the Vice-President acting as President on the 31st May, 1969 and is hereby published for general information :—

THE REGISTRATION OF BIRTHS AND DEATHS ACT, 1969

No. 18 OF 1969

[31st *May*, 1969]

An Act to provide for the regulation of registration of Births and Deaths and for matters connected therewith

BE it enacted by Parliament in the Twentieth Year of the Republic of India as follows :—

CHAPTER I
PRELIMINARY

Short title, extent and commencement

1. (1) This Act may be called the Registration of Births and Deaths Act, 1969.

(2) It extends to the whole of India.

(3) It shall come into force in a State on such date as the Central Government may, by notification in the Official Gazette, appoint :

Provided that different dates may be appointed for different parts of a State.

Definitions and interpretation

2. (1) In this Act, unless the context otherwise requires ;—

(a) "birth" means live-birth or still-birth;

(b) "death" means the permanent disappearance of all evidence of life at any time after live-birth has taken place;

(c) "foetal death" means absence of all evidence of life prior to the complete expulsion or extraction from its mother of a product of conception irrespective of the duration of pregnancy;

(d) "live-birth" means the complete expulsion or extraction from its mother of a product of conception, irrespective of the duration of pregnancy, which, after such expulsion or extraction, breathes or shows any other evidence of life, and each product of such birth is considered live-born;

(e) "prescribed" means prescribed by rules made under this Act;

(f) "State Government", in relation to a Union territory, means the Administrator thereof;

(g) "still-birth" means foetal death where a product of conception has attained at least the prescribed period of gestation.

(2) Any reference in this Act to any law which is not in force in any area shall, in relation to that area, be construed as a reference to the corresponding law, if any, in force in that area.

CHAPTER II

REGISTRATION-ESTABLISHMENT

Registrar-General, India

3. (1) The Central Government may, by notification in the Official Gazette, appoint a person to be known as the Registrar-General, India.

(2) The Central Government may also appoint such other officers with such designations as it thinks fit for the purpose of discharging, under the superintendence and direction of the Registrar-General, such functions of the Registrar-General under this Act as he may, from time to time, authorise them to discharge.

(3) The Registrar-General may issue general directions regarding registration of births and deaths in the territories to which this Act extends, and shall take steps to co-ordinate and unify the activities of Chief Registrars in the matter of registration of births and deaths and submit to the Central Government an annual report on the working of this Act in the said territories.

Chief Registrar

4. (1) The State Government may, by notification in the Official Gazette, appoint a Chief Registrar for the State.

(2) The State Government may also appoint such other officers with such designations as it thinks fit for the purpose of discharging, under the superintendence and direction of the Chief Registrar, such of his functions as he may, from time to time, authorise them to discharge.

(3) The Chief Registrar shall be the chief executive authority in the State for carrying into execution the provisions of this Act and the rules and orders made thereunder subject to the directions, if any, given by the State Government.

(4) The Chief Registrar shall take steps, by the issue of suitable instructions or otherwise, to co-ordinate, unify and supervise the work of registration in the State for securing an efficient system of registration and shall prepare and submit to the State Government, in such manner and at such intervals as may be prescribed, a report on the working of this Act in the State along with the statistical report referred to in sub-section (2) of section 19.

Registration divisions

5. The State Government may, by notification in the Official Gazette, divide the territory within the State into such registration divisions as it may think fit and prescribe different rules for different registration divisions.

6. (1) The State Government may appoint a District Registrar for each revenue district and such number of Additional District Registrars as it thinks fit who shall, subject to the general control and direction of the District Registrar, discharge such functions of the District Registrar as the District Registrar may, from time to time, authorise them to discharge.

(2) The District Registrar shall superintend, subject to the direction of the Chief Registrar, the registration of births and deaths in the district and shall be responsible for carrying into execution in the district the provisions of this Act and the orders of the Chief Registrar issued from time to time for the purposes of this Act.

Registrars

7. (1) The State Government may appoint a Registrar for each local area comprising the area within the jurisdiction of a municipality, panchayat or other local authority or any other area or a combination of any two or more of them :

Provided that the State Government may appoint in the case of a municipality, panchayat or other local authority, any officer or other employee thereof as a Registrar.

(2) Every Registrar shall, without fee or reward, enter in the register maintained for the purpose all information given to him under section 8 or section 9 and shall also take steps to inform himself carefully of every birth and of every death which takes place in his jurisdiction and to ascertain and register the particulars required to be registered.

(3) Every Registrar shall have an office in the local area for which he is appointed.

(4) Every Registrar shall attend his office for the purpose of registering births and deaths on such days and at such hours as the Chief Registrar may direct and shall cause to be placed in some conspicuous place on or near the outer door of the office of the Registrar a board bearing, in the local language, his name with the addition of Registrar of Births and Deaths for the local area for which he is appointed, and the days and hours of his attendance.

(5) The Registrar may, with the prior approval of the Chief Registrar, appoint Sub-Registrars and assign to them any or all of his powers and duties in relation to specified areas within his jurisdiction.

CHAPTER III

Registration of Births and Deaths

Persons required to register births and deaths

8. (1) It shall be the duty of the persons specified below to give or cause to be given, either orally or in writing, according to the best of their knowledge and belief, within such time as may be prescribed, information to the Registrar of the several particulars required to be entered in the forms prescribed by the State Government under sub-section (1) of section 16,—

(a) in respect of births and deaths in a house, whether residential or non-residential, not being any place referred to in clauses (b) to (e), the head of the house or, in case more than one household live in the house, the head of the household, the head being the person, who is so recognised by the house or the household and if he is not present in the house at any time during the period within which the birth or death has to be reported the nearest relative of the head present in the house, and in the absence of any such person, the oldest adult male person present therein during the said period;

(b) in respect of births and deaths in a hospital, health centre, maternity or nursing home or other like institution, the medical officer in charge or any person authorised by him in this behalf;

(c) in respect of births and deaths in a jail, the jailor in charge;

(d) in respect of births and deaths in a choultry, chattram, hostel, dharmasala, boarding-house, lodging-house, tavern, barrack, toddy shop or place of public resort, the person in charge thereof;

(e) in respect of any new-born child or dead body found deserted in a public place, the headman or other corresponding officer of the village in the case of a village and the officer in charge of the local police station elsewhere :

Provided that any person who finds such child or dead body, or in whose charge such child or dead body may be placed, shall notify such fact to the headman or officer aforesaid ;

(f) in any other place, such person as may be prescribed.

(2) Notwithstanding anything contained in sub-section (1), the State Government, having regard to the conditions obtaining in a registration division, may by order require that for such period as may be specified in the order, any person specified by the State Government by designation in this behalf, shall give or cause to be given information regarding births and deaths in a house referred to in clause (a) of sub-section (1) instead of the persons specified in that clause.

Special provision regarding births and deaths in a plantation

9. In the case of births and deaths in a plantation, the superintendent of the plantation shall give or cause to be given to the Registrar the information referred to in section 8 :

Provided that the persons referred to in clauses (a) to (f) of sub-section (1) of section 8 shall furnish the necessary particulars to the superintendent of the plantation.

Explanation.—In this section, the expression "plantation" means any land not less than four hectares in extent which is being prepared for the production of, or actually produces, tea, coffee, pepper, rubber, cardamom, cinchona or such other products as the State Government may, by notification in the Official Gazette, specify and the expression "superintendent of the plantation" means the person having the charge or supervision of the labourers and work in the plantation, whether called a manager, superintendent or by any other name.

Duty of certain persons to notify births and deaths and to certify cause of death

10. (1) It shall be the duty of—

(i) the midwife or any other medical or heath attendant at a birth or death,

(ii) the keeper or the owner of a place set apart for the disposal of dead bodies or any person required by a local authority to be present at such place, or

(iii) any other person whom the State Government may specify in this behalf by his designation,

to notify every birth or death or both at which he or she attended or was present, or which occurred in such areas as may be prescribed, to the Registrar within such time and in such manner as may be prescribed.

(2) In any area, the State Government, having regard to the facilities available therein in this behalf may require that a certificate as to the cause of death shall be obtained by the Registrar from such person and in such form as may be prescribed.

(3) Where the State Government has required under sub-section (2) that a certificate as to the cause of death shall be obtained in the event of the death of any person who, during his last illness, was attended by a medical practitioner, the medical practitioner shall, after the death of that person, forthwith, issue without charging any fee, to the person required under this Act to give information concerning the death, a certificate in the prescribed form stating to the best of his knowledge and belief the cause of death; and the certificate shall be received and delivered by such person to the Registrar at the time of giving information concerning the death as required by this Act.

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Informant to sign the register

11. Every person who has orally given to the Registrar any information required under this Act shall write in the register maintained in this behalf, his name, description and place of abode, and, if he cannot write, shall put his thumb mark in the register against his name, description and place of abode, the particulars being in such a case entered by the Registrar.

Extracts of registration entries to be given to informant

12. The Registrar shall, as soon as the registration of a birth or death has been completed, give, free of charge, to the person who gives information under section 8 or section 9 an extract of the prescribed particulars under his hand from the register relating to such birth or death.

Delayed registration of births and deaths

13. (1) Any birth or death of which information is given to the Registrar after the expiry of the period specified therefor, but within thirty days of its occurrence, shall be registered on payment of such late fee as may be prescribed.

(2) Any birth or death of which delayed 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 prescribed authority and on payment of the prescribed fee and the production of an affidavit made before a notary public or any other officer authorised in this behalf by the State Government.

(3) Any birth or death which has not been registered within one year of its occurrence, shall be registered only on an order made by a magistrate of the first class or a Presidency Magistrate after verifying the correctness of the birth or death and on payment of the prescribed fee.

(4) The provisions of this section shall be without prejudice to any action that may be taken against a person for failure on his part to register any birth or death within the time specified therefor and any such birth or death may be registered during the pendency of any such action.

Registration of name of child

14. Where the birth of any child has been registered without a name, the parent or guardian of such child shall within the prescribed period give information regarding the name of the child to the Registrar either orally or in writing and thereupon the Registrar shall enter such name in the register and initial and date the entry.

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

15. If it is proved to the satisfaction of the Registrar that any entry of a birth or death in any register kept by him under this Act is erroneous in form or substance, or has been fraudulently or improperly made, he may, subject to such rules as may be made by the State Government with respect to the conditions on which and the circumstances in which such entries may be corrected or cancelled, correct the error or cancel the entry by suitable entry in the margin, without any alteration of the original entry, and shall sign the marginal entry and add thereto the date of the correction or cancellation.

CHAPTER IV

MAINTENANCE OF RECORDS AND STATISTICS

Registrars to keep registers in the prescribed form

16. (1) Every Registrar shall keep in the prescribed form a register of births and deaths for the registration area or any part thereof in relation to which he exercises jurisdiction.

(2) The Chief Registrar shall cause to be printed and supplied a sufficient number of register books for making entries of births and deaths according to such forms and instructions as may, from time to time, be prescribed; and a copy of such forms in the local language shall be posted in some conspicuous place on or near the outer door of the office of every Registrar.

Search of births and deaths register

17. (1) Subject to any rules made in this behalf by the State Government, including rules relating to the payment of fees and postal charges, any person may—

(a) cause a search to be made by the Registrar for any entry in a register of births and deaths; and

(b) obtain an extract from such register relating to any birth or death :

Provided that no extract relating to any death, issued to any person, shall disclose the particulars regarding the cause of death as entered in the register.

(2) All extracts given under this section shall be certified by the Registrar or any other officer authorised by the State Government to give such extracts as provided in section 76 of the Indian Evidence Act, 1872, (1 of 1872) and shall be admissible in evidence for the purpose of proving the birth or death to which the entry relates.

Inspection of registration offices

18. The registration offices shall be inspected and the registers kept therein shall be examined in such manner and by such authority as may be specified by the District Registrar.

Registrars to send periodical returns to the Chief Registrar for compilation

19. (1) Every Registrar shall send to the Chief Registrar or to any officer specified by him, at such intervals and in such form as may be prescribed, a return regarding the entries of births and deaths in the register kept by such Registrar.

(2) The Chief Registrar shall cause the information in the returns furnished by the Registrars to be compiled and shall publish for the information of the public a statistical report on the registered births and deaths during the year at such intervals and in such form as may be prescribed.

CHAPTER V

MISCELLANEOUS

Special provision as to registration of births and deaths of citizens outside India

20. (1) The Registrar-General shall, subject to such rules as may be made by the Central Government in this behalf, cause to be registered information as to births and deaths of citizens of India outside India received by him under the rules relating to the registration of such citizens at Indian Consulates made under the Citizenship Act, 1955, and every such registration shall also be deemed to have been duly made under this Act (57 of 1955).

(2) In the case of any child born outside India in respect of whom information has not been received as provided in sub-section (1), if the parents of the child return to India with a view to settling therein, they may, at any time within sixty days from the date of the arrival of the child in India, get the birth of the child registered under this Act in the same manner as if the child was born in India and the provisions of section 13 shall apply to the birth of such child after the expiry of the period of sixty days aforesaid.

Power of Registrar to obtain information regarding birth or death

21. The Registrar may either orally or in writing require any person to furnish any information within his knowledge in connection with a birth or death in the locality within which such person resides and that person shall be bound to comply with such requisition.

Power to give directions

22. The Central Government may give such directions to any State Government as may appear to be necessary for carrying into execution in the State any of the provisions of this Act or of any rule or order made thereunder.

Penalties

23. (1) Any person who—

(a) fails without reasonable cause to give any information which it is his duty to give under any of the provisions of sections 8 and 9; or

(b) gives or causes to be given, for the purpose of being inserted in any register of births and deaths, any information which he knows or believes to be false regarding any of the particulars required to be known and registered; or

(c) refuses to write his name, description and place of abode or to put his thumb mark in the register as required by section 11;

shall be punishable with fine which may extend to fifty rupees.

(2) Any Registrar or Sub-Registrar who neglects or refuses, without reasonable cause, to register any birth or death occurring in his jurisdiction or to submit any returns as required by sub-section (1) of section 19 shall be punishable with fine which may extend to fifty rupees.

(3) Any medical practitioner who neglects or refuses to issue a certificate under sub-section (3) of section 10 and any person who neglects or refuses to deliver such certificate shall be punishable with fine which may extend to fifty rupees.

(4) Any person who, without reasonable cause, contravenes any provision of this Act for the contravention of which no penalty is provided for in this section shall be punishable with fine which may extended to ten rupees.

(5) Notwithstanding anything contained in the Code of Criminal Procedure, 1898 (5 of 1898), an offence under this section shall be tried summarily by a magistrate.

Power to compound offences

24. (1) Subject to such conditions as may be prescribed, any officer authorised by the Chief Registrar by a general or special order in this behalf may, either before or after the institution of criminal proceedings under this Act, accept from the person who has committed or is reasonably suspected of having committed an offence under his Act, by way of composition of such offence a sum of money not exceeding fifty rupees.

(2) On the payment of such sum of money, such person shall be discharged and no further proceedings shall be taken against him in respect of such offence.

Sanction for prosecution

25. No prosecution for an offence punishable under this Act shall be instituted except by an officer authorised by the Chief Registrar by general or special order in this behalf.

Registrars and Sub-Registrars to be deemed public servants

26. All Registrars and Sub-Registrars shall, while acting or purporting to act in pursuance of the provisions of this Act or any rule or order made thereunder, be deemed to be public servants within the meaning of section 21 of the Indian Penal Code (45 of 1860).

Delegation of Powers

27. The State Government may, by notification in the Official Gazette, direct that any power exercisable by it under this Act (except the power to make rules under section 30) or the rules made thereunder shall, subject to such conditions, if any, as may be specified in the direction, be exercisable also by such officer or authority subordinate to the State Government as may be specified in the direction.

Protection of action taken in good faith

28. (1) No suit, prosecution or other legal proceeding shall lie against the Government, the Registrar-General, any Registrar, or any person exercising any power or performing any duty under this Act for anything which is in good faith done or intended to be done in pursuance of this Act or any rule or order made thereunder.

(2) No suit or other legal proceeding shall lie against the Government for any damage cuased or likely to be cuased by anything which is in good faith done or intended to be done in pursuance of this Act or any rule or order made thereunder.

Act not to be in derogation of Act 6 of 1886

29. Nothing in this Act shall be construed to be in derogation of the provisions of the Births, Deaths and Marriages Registration Act, 1886.

Power to make rules

30. (1) The State Government may, with the approval of the Central Government, by notification in the Official Gazette, make rules to carry out the purposes of this Act.

(2) In particular, and without prejudice to the generality of the foregoing provision, such rules may provide for—

(a) the forms of registers of births and deaths required to be kept under this Act ;

(b) the period within which and the form and the manner in which information should be given to the Registrar under section 8;

(c) the period within which and the manner in which births and deaths shall be notified under sub-section (1) of section 10;

(d) the person from whom and the form in which a certificate as to cause of death shall be obtained;

(e) the particulars of which extract may be given under section 12;

(f) the authority which may grant permission for registration of a birth or death under sub-section (2) of section 13;

(g) the fees payable for registration made under section 13;

(h) the submission of reports by the Chief Registrar under sub-section (4) of section 4;

(i) the search of birth and death registers and the fees payable for such search and for the grant of extracts from the registers ;

(j) the forms in which and the intervals at which the returns and the statistical report under section 19 shall be furnished and published;

(k) the custody, production and transfer of the registers and other records kept by Registrars;

(l) the correction of errors and the cancellation of entries in the register of births and deaths;

(m) any other matter which has to be, or may be, prescribed.

Repeal and saving

31. (1) Subject to the provisions of section 29, as from the coming into force of this Act in any State or part thereof, so much of any law in force therein as relates to the matters covered by this Act shall stand repealed in such State or part, as the case may be.

(2) Notwithstanding such repeal, anything done or any action taken (including any instruction or direction issued, any regulation or rule or order made) under any such law shall, in so far as such thing or action is not inconsistent with the provisions of this Act, be deemed to have been done or

taken under the provisions aforesaid, as if they were in force when such thing was done or such action was taken, and shall continue in force accordingly until superseded by anything done or any action taken under this Act.

Power to remove difficulty

32. If any difficulty arises in giving effect in a State to the provisions of this Act in their application to any area, the State Government may, with the approval of the Central Government, by order make such provisions or give such directions not inconsistent with the provisions of this Act as appears to the State Government to be necessary or expedient for removing the difficulty:

Provided that no order shall be made under this section in relation to any area in a State after the expiration of two years from the date on which this Act comes into force in that area.

N. D. P. NAMBOODIRIPAD,

Joint Secy. to the Govt. of India.

ANNEXURE XVI

Recommendations of the Conference of Chief Registrars held at New Delhi, 1970

Enforcement of the Act

I. The Act may be enforced from 1st April 1970 in most of the States excluding the areas to be intimated by the individual States to the Registrar General, India. If the Chief Registrar and other functionaries have already been appointed, the appointments may be renotified after the issue of notification regarding the enforcement of the Act.

II. For effective enforcement of the Act, the States may appoint additional officers as provided in sub-sections 4(2) and 6(1). The 'State Co-ordination Committee on Vital Statistics' may be made more effective and the Registrar General may write to the State Governments in this regard. A representative of the Registrar General may attend meetings of the Committee.

III. There may be an Annual Conference of Chief Registrars to review the working of the Act and to improve the quality and timeliness of vital statistics speedily.

Notification of Rules

IV. On the basis of the discussions, the Model Rules should be amended and the State Rules examined in the light of the amended rules and the necessary approval for their notification conveyed by the Registrar General.

V. Pending the notification of the Rules, the States may continue to use the forms and registers in vogue at present but replace them by the forms and registers prescribed in the Rules from 1st January 1971.

Publicity and Training

VI. To give adequate publicity to the Act and to the statutory obligations of individuals and registrars, the Office of the Registrar General, India, may supply to the States the publicity material readily available and also write to the State Governments to organise a publicity campaign.

VII. To promote publicity through the Radio, the Registrar General, India may write to the Director General, All India Radio, to allot time in rural and urban programmes.

VIII. The training of registration officials and a refresher training to those already trained should be undertaken in a systematic way and a whole time officer may be appointed (if practicable) for this purpose.

Compilation of statistics and preparation of Report

IX. The compilation of data will be done centrally by each State and the returns should flow from the periphery to the Chief Registrar's Office through the officers specified by the Chief Registrar.

X. At present the municipalities with population exceeding 30,000 are sending weekly returns on births and deaths and these are compiled and published in the supplement to the Gazette of India by the Registrar General, India. The Registrar General may ascertain the utility of this weekly data and consider the change of periodicity to monthly.

XI. The Chief Registrar would prepare an annual report on the working of the Act in the form prescribed under the Rules and submit it to the State Government by 31st July each year along with the Statistical Report in the prescribed form. The Statistical Report would be published by December of each year.

Registration, maintenance of records and issue of certificates

XII. The Registrar of 'local area' should register only those events which occur within his jurisdiction. In respect of the events occurring outside the area, the person giving the information should be directed to get the events registered with the Registrar of the area concerned.

XIII. In regard to Cantonments, the Executive Officer of each Cantonment should be appointed as Registrar (with sufficient number of Sub-Registrars) and the registration procedure should be in line with the procedure obtaining in Municipalities/Corporations of the State.

XIV. It would be advantageous if the Superintendents of big hospitals are designated as Registrars for births and deaths in their hospitals.

XV. Since a register of births and deaths is to be a permanent record it should be printed on a good quality of paper.

XVI. The entries in the register should be made in ink and corrections, if any, preferably in red ink. Suitable instructions in this regard may be issued by the Chief Registrar.

XVII. The issue of certificates under section 17 should not be centralised in the Chief Registrar's office. It should be decentralised and made the responsibility of the officers concerned with this Act at the tehsil/taluk level or district level as deemed appropriate by the States.

XVIII. The States may consider giving the extracts of birth registry in an attractive form (such as a small plastic card) to provide incentive for registration.

XIX. The extract from the register of births and deaths should be given as it is in the register since legally a translation is not admissible.

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ANNEXURE XVII

TRAINING PROGRAMME FOR VARIOUS LEVELS OF WORKERS IN VITAL STATISTICS IN THE STATES

Categories of persons who need training

I. State Level

1. Deputy Director/Assistant Director, Incharge of Vital Statistics.
2. Deputy Assistant Director/Statistical Nosologist.
3. Training Officer.
4. Statistical Assistants.

II. District Level

1. District Health Officer/District Medical Officer/District Statistical Officer.
2. Statistical Assistant/Senior Research Assistant/Compiler.
3. Computor.

III. Taluk/Block or Thana Level

1. Block Development Officer.
2. Mamlatdar/Tahsildar/Deputy Tahsildar.
3. Revenue Inspector.
4. Station House Officer.
5. Health Inspector/Sanitary Inspector/Malaria Inspector/Vaccinator.
6. Health Officer/Medical Officer.
7. Block Computor.
8. Statistical clerk in taluk office.
9. Station House clerk (Muharrir).
10. Block Educator.
11. Progress Assistant.

IV. Primary Level

1. Talatti.
2. Village headman/Shanbhog/Munsif/Patel.
3. Sarpanch.
4. Panchayat Secretary/Gram Sevak.
5. Health Assistant.
6. Village Chowkidar/Gram Rakshak/Police Patel.

V. Urban Area

1. Municipal Health Officer/Deputy Municipal Health Officer.
2. Statistician.
3. Statistical Assistant.

4. Computor/Statistical clerk.
5. Sanitary Inspector.
6. Vaccinator.
7. Clerk in major Hospitals.
8. Cremation Ground attendants.

The training of these categories of personnel will involve a good deal of organisation and time; it will have to be spread over a number of years. It is therefore suggested that we phase the training. To begin with, the training should cover all whole-time workers in the field. The training of the following categories of personnel should begin immediately and be completed within 2 years.

1. All Officers of categories 1-3 in I at the State level, and Statisticians in municipalities with population over 5 lakhs, should be given a week's orientation at the office of the Registrar General.

2. All District Statistical Assistants may be called to the State Headquarters for a course of two weeks' training (or ten days) to be imparted by the senior officers at the State Headquarters, aided by the State Training Officer. The training can be given in 2 or 3 batches in the bigger States. Statistical Assistants and Investigators working at State Headquarters may also be allowed to participate in the training.

3. The Primary Registrars in the rural areas may be trained by the District Statistical Assistants for two days at suitably selected centres. They will be trained in batches of about 20. It will be possible to train all registrars even in the biggest districts within 2 years. In States like Assam, Bihar, Gujarat, Haryana, Jammu & Kashmir, Madhya Pradesh, Maharashtra, Mysore, Orissa, Punjab, Uttar Pradesh and West Bengal where chowkidar, Gram Rakshak, Police Patel and similar other categories of official notifiers, present lists of vital events to be registered to Registrar, these officials should be trained alongwith primary registrars.

4. Clerks in taluk or block offices or others officials handling Vital Statistics returns from the primary registrars will be given 2 days' training by the Statistical Assistants at District Headquarters.

Reporters or Notifiers

In certain States like Assam, Bihar, Gujarat, Haryana, Jammu & Kashmir, Madhya Pradesh, Maharashtra, Mysore, Orissa, Punjab, Uttar Pradesh and West Bengal the chowkidars or other village officials report events to police thana officers or Sanitary Inspectors and similar other categories of officials, who maintain the official birth and death registers. In West Bengal the chowkidar presents a hathchitta to the Sanitary Inspector through Dafadar at periodical intervals. The Sanitary Inspector copies it into the official register. In such States the village official who functions as notifier will be given the same training as primary registrars. They will be summoned to the thana or Sanitary Inspector's office, and trained by the District Statistical Assistant. The Sanitary Inspector or Police Officer alongwith Muharrir/ Station clerk will also participate.

MGIPCBE—S4—1 RGI/ND/72—17-10-72—750.