

THE TAMIL NADU REGISTRATION OF BIRTHS AND DEATHS**RULES 2000****(As Amended upto 20.08.2019)****Government of Tamil Nadu****THE TAMIL NADU REGISTRATION OF BIRTHS AND DEATHS RULES****2000 ARRANGEMENTS OF RULES**

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(Published in Tamil Nadu Government Gazette Extraordinary No.976**Part III, Section 1(a)****dated 29.12.1999, Page No.1 to 6)****NOTIFICATIONS BY GOVERNMENT****HEALTH AND FAMILYWELFAREDEPARTMENT****TAMIL NADU REGISTRATION OF BIRTHS AND DEATHS RULES, 2000****(G.O.Ms.No. 528, Health and Family Welfare (AB-2),29thDecember 1999)****No.SRO A-95(a)/99**

In exercise of the powers conferred by section 30 of the Registration of Births and Deaths Act, 1969 (Central Act 18 of 1969) and in the suppression of the Tamil Nadu Births and Deaths Registration Rules, 1977, the Governor of Tamil Nadu with the approval of the Central Government hereby makes the following rules, namely:

1. Short title, extent and commencement: (1) These rules may be called the Tamil Nadu Registration of Births and Deaths Rules, 2000.

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

(3) They shall come into force on the 1st January 2000.

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

(a) “Act” means the Registration of Births and Deaths Act, 1969 (Central Act 18 of 1969)

(b) “Form” means a Form appended to these rules,

(c) “Government” means the State Government,

(d) “Section” means a section of the Act.

(e) “Register” means Register of Births and Deaths.

3. Period of Gestation: The period of gestation for the purposes of clause (g) of sub-section (1) of section 2 shall be twenty-eight weeks.

4. Submission of report under sub-section (4) of section 4:- 1 [The report under sub-section (4) shall be prepared in the prescribed format appended to these Rules and shall be submitted along with the statistical report referred to in sub-section (2) of section 19, to the State Government by the Chief Registrar for every year by the 31st July of the year following the year to which the report relates].

5. Form for giving Information of births and deaths: (1) The information required to be given to the Registrar under section 8 or section 9, as the case may be, shall be in 2 [Forms Nos. 1, 1A] 3, 2 and 3] 2 for the Registration of a birth, adoption of child, death and still birth respectively, hereinafter to be collectively called the reporting forms. Information, if given orally shall be entered by the Registrar in the appropriate reporting form and the signature or thumb impression of the informant obtained.

(2) The part of the reporting form containing legal information shall be called as “Legal Part” and the part containing statistical information shall be called as “Statistical Part”.

(3) The information referred to in sub-rule (1) shall be given within twenty-one days from the date of birth, death or still birth.

1. The expression were substituted for the expression “



Form 16”

2. The expression were substituted for the expression “Form 2, 3 and 4” vide G.O.Ms.No.85 Health & Family Welfare (AB2) Department, dt.29.04.2003

3. The expression “Form 1A” included.

vide G.O.Ms.No.226 Health & Family Welfare (AB2) Department, dt.06.08.2015.

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

Explanation : For the purpose of this rule, the term “Vehicle” means conveyance of any kind used on land, air or water and includes an aircraft, boat, ship, railway carriage, motor-car, motor – cycle, cart, tonga and rickshaw.

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

7. Notification and Form of Certificate under section 10: (1) The certificate as to the cause of death required under sub-section (3) of section 10 shall be issued in [Form No. 4 or 4A] 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 Officers specified by him in this behalf by the 10th of the month immediately following the month to which the certificate relates

(2) Any person who performs the funeral ceremonies of a person dying in a local area within the jurisdiction of a municipality, panchayat or other local authority or any other area, shall whenever required furnish to the Registrar such information as he possesses regarding the particulars required for registration.

8. Extracts of registration entries to be given under section 12: (1) The extracts of particulars from the register relating to births or deaths to be given to an informant under section 12 shall be in2[



Form No.5 or Form No. 6]as the case may be.

(2) In the case of domiciliary events of births and deaths referred to in clause (a) of sub-section (1) of section 8, which are reported direct to the Registrar of Births and Deaths, the head of the house or household as the case may be, or in his absence, the nearest relative of the head present in the house may collect the extracts of birth or death from the Registrar within 30 days of its reporting.

(3) In the case of domiciliary events of births and deaths referred to in clause (a) of sub-section (1) of section 8 which are reported by persons specified by the State Government under sub-section (2) of the said section, the persons so specified shall transmit the extracts received from the Registrar of Births and Deaths to the concerned head of house, or household, as the case may be, or in his absence the nearest relative of the head present in the house within thirty days of its issue by the Registrar.

1. These expressions were substituted for the expressions “5 or 5A”.

2. These expressions were substituted for the expressions “6 or 7” vide

G.O.Ms.No.85 Health & Family Welfare (AB2) Department, dt.29.04.2003

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

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

9. Authority for delayed registration and fee payable thereof under section 13: (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 30 days of its occurrence shall be registered on payment of a late fee of 1 [rupees one hundred]

(2) Any birth or death of which information is given to the Registrar after thirty days but within one year of its occurrence, shall in the case of the local authorities specified in column (1) of the Table below, be registered only with the written permission of the officers specified in the corresponding entries in column (2) thereof, on payment of a late fee of 2 [rupees two hundred].

TABLE

Local Authorities (1)	Officers (2)
Village Panchayat	Village Panchayat President
Town Panchayat	Executive Officer
Cantonment	-Do-
Municipality	Commissioner
Corporation	-Do-
Neyveli Lignite Corporation	Chief Health Officer

(3) 4 [Any birth or death which has not been registered within one year of its occurrence shall be registered by an order of the Executive Magistrate not below the rank of a Revenue Divisional Officer] and on payment of late fee of 3 [rupees Five hundred].

(4) Any person aggrieved by any order made under sub-rule 2, by the officers specified in column (1) of the Table below may, within one month from the date of receipt of such order, prefer an appeal against such order to the authorities specified in the corresponding entries in column (2) thereof.

1. These words were substituted for the words “rupees Two”
2. These words were substituted for the words “rupees Five”
3. These words were substituted for the words “rupees Ten”
4. These words were substituted for the words

Any birth or death which has not been registered within year of its occurrence shall be registered by an order of the “Judicial Magistrate or a Metropolitan Magistrate ”

vide G.O.Ms.No.360 Health & Family Welfare (AB2) Department, dated.12.10.2017

TABLE

Local Authorities	Officers (2)
Village Panchayat President	Revenue Divisional Officer
Executive Officer	
Revenue Divisional Officer	District Collector
Executive Officer, Cantonment	-Do-
Commissioner of Municipality	-Do-
District Collector	Chief Registrar of Births and Deaths
Commissioner of Corporation	
Chief Registrar of Births and Deaths	Government

Provided that the appellate authority may in its discretion allow further time not exceeding one month for preferring any such appeal if it is satisfied that the appellant has sufficient cause for not preferring the appeal in time.

10. Period for the purpose of Section 14: (1) Where the birth of any child had been registered without a name, the parent or guardian of such child shall, within 12 months from the date of registration of the birth of child, give information regarding the name of the child to the Registrar either orally or in writing.

Provided that if the information is given after the aforesaid period of 12 months but within a period of 15 years which shall be reckoned:

(i) in case where the registration had been made prior to the date of commencement of the Tamil Nadu Registration of Births and Deaths Rules, 2000 from such date, or

(ii) in case where the registration is made after the date of commencement of the Tamil Nadu Registration of Births and Deaths Rules, 2000 from the date of such registration, subject to provisions of sub – section (4) of section 23.

¹ [“Provided further that in cases, where the registration had been made prior to the date of commencement of the Tamil Nadu Registration of Births and Deaths Rules, 2000 and the information regarding the name of the child is not given within the time-limit specified in the first proviso, for the purpose of taking action as laid down therein, the parent or guardian of the child shall give the information regarding the name of the child to the Registrar within a further period of five years.”]

1. This proviso was added vide G.O.(Ms.) No.252 Health and Family Welfare (AB2) Department, dt **18.10.2016**.

the Registrar shall:

(a) if the register is in his possession forthwith enter the name in the relevant column of the concerned form in the birth register on payment of a late fee of

¹ [rupee two hundred]

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 in the case of the local authorities specified in column (1) of the Table below to the officers specified in the corresponding entries in column (2) thereof for making necessary entry on payment of a late fee of 2[rupees two hundred]

TABLE

Local Authorities (1)	Officers (2)
Village Panchayat	Village Panchayat President
Town Panchayat	Executive Officer
Contonment	-Do-
Municipality	Commissioner
Neyveli Lignite Corporation	Chief Health Officer
Corporation	Commissioner

(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 3[first proviso] to sub-rule (1)

1. These words were substituted for the words “rupees five” 2. These words were substituted for the words “rupees five” vide G.O.Ms.No.360 Health & Family Welfare (AB2) Department, dated.12.10.2017.

3. This expression was substituted for the expression “Provision”

vide G.O.(Ms.) No.252 Health and Family Welfare (AB2) Department, dt 18.10.2016.

11. Correction or cancellation of entry in the register of births and deaths under section 15

(1) If it is reported to the Registrar that a clerical or formal error has been made in the register or if such error is otherwise noticed by him and if the register is in his possession, the Registrar shall enquire into the matter and if he is satisfied that any such error has been made, he shall correct the error (by correcting or canceling the entry) as provided in section 15 and shall in the case of local authorities specified in column (1) of the Table below send an extract of the entry showing the error and how it has been corrected to the officer specified in column (2) thereof.

TABLE

Local Authorities (1)	Officers (2)
Village Panchayat	Village Panchayat President
Town Panchayat	Executive Officer
Contonment	-Do-
Municipality	Commissioner
Neyveli Lignite Corporation	Chief Health Officer
Corporation	Commissioner

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

(3) Any such correction as mentioned in sub-rule (2) shall be countersigned by the officer specified in the Table in sub-rule (1) in this behalf when the register is received from the Registrar.

(4) If any person asserts that any entry in the register of births and deaths is erroneous in substance, the Registrar may correct the entry in the manner prescribed under section 15 upon production by that person of a declaration setting forth the nature of the error and true facts of the case made by two credible persons having knowledge of the facts of the case.

(5) Notwithstanding anything contained in sub-rules (1) and (4), the Registrar shall make a report of any correction of the kind referred to therein giving necessary details to the officer specified in the table in sub-rule (1).

(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 authorized by the Chief Registrar by general or special order in this behalf under section 25 and on hearing from him take necessary action in the matter.

(7) In every case in which an entry is corrected or cancelled under this rule, intimation thereof should be sent to the permanent address of the person who has given information under section 8 or section 9.

12. Form of register under section 16:—[(1) The legal part of the [Form Nos. 1, 2 and 3 shall be the Form No. 7, 8 and 9 and shall constitute the birth register, death register and still birth register respectively.]

(2) From 1st January of each calendar year new registration number starting from 1 should be followed and continues till 31st December of that year.

(3) An event which occurred in any previous year reported during the current year shall be recorded in the current year register only.

(4) A control register in [Form No. 14A] shall be maintained by the Tahsildar to watch receipt of returns from all registration units in the area and dispatch of the same to the Chief Registrar or to the officer specified by him in this behalf.

1. These words were substituted for the words
“The Legal Part of



Form 2, 3 and 4 shall be Form 8,9 and 10 and shall constitute the Birth
Death Register and Still Birth Register respectively.

Register,



2. The expression was substituted for the expression ‘



Form 15'

vide G.O.Ms.No.85 Health& Family Welfare (AB2) Department, dated.29.04.2003

13.Feesandpostalchargespayable under section17:--(1) Thefeespayableforasearch to be made, an extract or a non-availability certificate to be issued under section 17 shall be as follows – Rs.

1 [(a)Search for a single entry in the first year for which the search is made	100/-
(b)For every additional year for which the search is continued	100/-
(c)For granting extract relating to each birth or death	200/-
(d)For every additional copies of extract	200/-
(e)For granting non-availability certificate	100/-]

Providedthatnofeeshallbepayableby anyofficeroftheGovernment ofTamilNadu orbyanymemberofthestaffofEstatdutyirclesdulyauthorizedbytheirofficersorby any personduly authorizedby theDistrictSoldiers,Sailorsand Airmen'sBoardforsearching or forobtaining anextractorforgiving non-availability certificateofbirthordeathfromany registrarforabonafidepublicpurpose,includingtheinvestigationofpensionclaimsfrom families of deceased Indian Military Personnel.

(2)Any suchextractinregardtoabirthor deathshallbeissued in2[FormNo.5 or in Form No.6] asthe case may be andshallbe certifiedinthe manner provided for insection76 oftheIndianEvidence Act,1872, (Act1of1872), inthecaseoflocalauthoritiesspecifiedin column (1) ofthetablebelow by the Registrar ortheOfficersspecifiedinthecorresponding entries in column (2) thereof:

TABLE

Local Authorities (1)	Officers (2)
Village Panchayat Town Panchayat	Village Panchayat President and Executive Officer (till the expiry of two yearsafterthecloseofthecalendaryear to which the register relates). ~~Sub RegistrarofAssurance(afterthe expiry of two years)~~
Contonment	Executive Officer
Municipality	Commissioner
Corporation	-Do-
Neyveli Lignite Corporation	Chief Health Officer

(3) If any particular event of birth or death is not found registered, the Registrar or the officers specified in column 2 of the Table under sub-rule 2 shall issue a non-availability certificate in 3[



Form No.10].

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



1.The expression were substituted for the expression

(a) search for a single entry in the first year for which the search is made Rs.2.00/-

(b)for every additional year for which the search continued Rs.2.00/- (c) for granting extract relating to each birth or death Rs.5.00/-

(d) for granting non-availability certificate of birth or death Rs.2.00/-
vide G.O.Ms.No.360Health&FamilyWelfare (AB2) Department, dated.12.10.2017

2. The expression was substituted for the expression

“



Form No.6 or in Form No.7”

3. The expression was substituted for the expression

“Form No.11”

vide G.O.Ms.No.85 Health& Family Welfare (AB2)Dept, dated.29.04.2003.

14.Interval and forms of periodical returns under sub-section (1) of section 19 :—



1[(1) EveryRegistrar shall after completing the process of registration send all the statistical parts of the reporting forms relating to each month along with a summary monthly report in



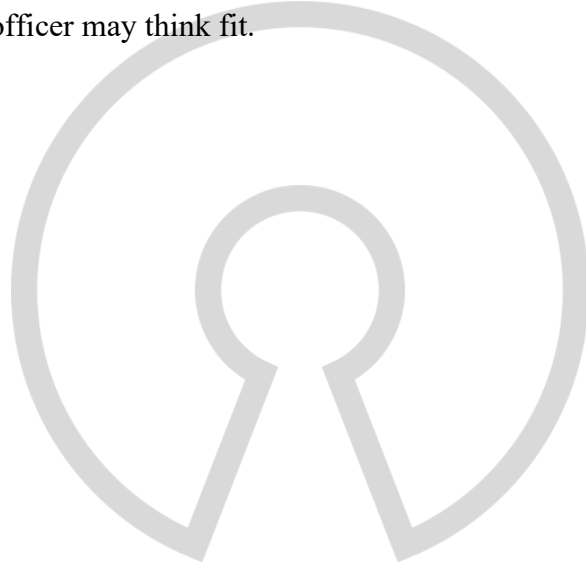
Form No.11 for Birth, Form No.12 for deaths, and Form No.13 for Still Births to the th Chief Registrar or the officer specified by him in this behalf on or before the 5 th of the following month].

(2) The officers so specified shall forward all such statistical parts of the reporting forms received by him to the Chief Registrar or the officer specified by him, not later than 10th of that month.

15. Statistical report under sub-section (2) of section 19: ²[The Statistical report under sub- section (2) of section 19 shall contain the tables in the prescribed formats appended to these rules and shall be compiled for each year before the 31st July of the year immediately following and shall be published as soon as may be thereafter but in any case not later than five months from that date].

16. Conditions for compounding offences under section 23:—(1) Any offence punishable under section 23 may, either before or after the institution of criminal proceeding under this Act, be compounded by an officer authorized by the Chief Registrar by a general or special order in this behalf, if the officers so authorized 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.



1. These words were substituted for the words

“Every Registrar shall after completing the process of registration send all the statistical part of the reporting forms relating to each month along with a summary monthly report in



form 12, 13 and 14 to the Chief Registrar or the office specified by him in their behalf on or before the 5th of the following month.

2. These words were substituted for the words



The statistical report under Sub-section (2) of section 19 shall be in



Form 16 and shall be compiled for each year before the 31st July of the year immediately following shall be published as a Government publication in the form of a booklet as soon as may be thereafter but in any case not later than five months from that date.

vide G.O.Ms.No.85 Health & Family Welfare (AB2) Department, dated.29.04.2003

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

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

(3) The certificate as to the cause of death furnished under sub-section (3) of section 10 shall be retained for a period of at least 5 years by the Chief Registrar or the officer specified by him in this behalf.

(4) Every birth register, death register and still birth registers shall be retained by the Registrar in his office for a period of twelve months after the end of the calendar year to which it relates and such registers shall thereafter in the case of the local authorities specified in the column (1) of the Table below be transferred for safe custody to the officers specified in the corresponding entries in column (2) thereof.

TABLE

Local Authorities (1)	Officers (2)
Village Panchayat Town Panchayat	Village Panchayat President and Executive Officer (till the expiry of two years after the close of the calendar year to which the register relates).
	Sub-Registrar of Assurance (after the expiry of two years)
Contonment	Executive Officer
Municipality	Commissioner
Corporation	-Do-
Neyveli Lignite Corporation	Chief Health Officer

18. Manner of payment of fees:- All fees payable under the Act may be paid in cash or money order or postal order.

ANNEXURE

(See Rule 4)

REPORT ON THE WORKING OF THE ACT

1. Brief description of State, its boundaries and revenue districts. 2. Changes in Administrative Areas.
3. Explanation about the differences in Areas.
4. Changes in Registration Area-Extension.
5. Administrative set up of the registration machinery at various levels. 6. General response of the public towards this Act.
7. Notification of births and deaths.
8. Progress in the Medical Certification of Cause of Death.
9. Maintenance of Records.

10. Search of births and deaths register for issue of certificates.

11. Delayed registrations.

12. Prosecutions and compounding of offences.

13. Difficulties encountered in implementation of the Act.

(i) Administrative.

(ii) Others.

14. Orders and Instruction issued under the Act.

15. General remarks.



FORM NO. 1



Form No.1 Birth Report Legal Information This part to be added to the Birth Register	(See Rule 5) BIRTH REPORT FORM Statistical Information This part to be detached and sent for statistical processing
To be filled by the informant 1. Date of Birth: _____ (Enter the exact day, month and year the child was born e.g. 1-1-2000) 2. Sex: _____ (Male/Female/Transgender) do not use abbreviation) 3. Name of the child, if any: _____ (If not named, leave blank) 4. Name of the father : _____ (Full name as usually written) UID No of Father (if any) 5. Name of the Mother: _____ (Full name as usually written) UID No of mother (if any) 6. Address of parents at the time of Birth of the Child _____ 7. Permanent address of parents : _____ 8. Place of Birth : _____ (Tick the appropriate entry 1 or 2 below and give the name of the Hospital/Institution or the address of the house where the birth took place) 1. Hospital / Institution Name & Address _____ 2. House Address: _____ 3. Others _____ 9. Informant's name: _____ Address: _____ (After completing all columns 1 to 22, informant will put date and	To be filled by the informant 10. Town or Village of Residence of the mother: (Place where the mother usually lives. This can be different from the place where the delivery occurred. The house address is not required to be entered.) a) Name of the Town / Village: _____ b) Is it a town or village: (Tick the appropriate entry below) 1. Town 2. Village c) Name of District: _____ d) Name of State: _____ 11. Religion of the Family : (Tick the appropriate entry below) 1. Hindu 2. Muslim 3. Christian 4. Any other religion: (Write the name of the religion) 12. Father's level of education : _____ (Enter the completed level of education e.g. if studied upto class VII but passed only class VI, write class VI) 13. Mother's level of education : _____ (Enter the completed level of education e.g. if studied upto class VII but passed only class VI, write class VI) 14. Father's Occupation: _____ (If no occupation write 'Nil') 15. Mother's Occupation: _____ (If no occupation write 'Nil')
To be filled by the Registrar Registration No: _____ Unit: _____ Town/Village: _____ Remarks: (If any) Name and Signature of the Registrar	To be filled by the Registrar Name Code No. _____ District: _____ Taluk: _____ Town/Village: _____ Registration Unit: _____

FORM NO. 2 (See Rule 5)



Form No.2 Death Report Legal Information This part to be added to the Death Register	Form No.2 This part to be detached and sent for statistical processing Death Report (Statistical Information)
To be filled by the informant 1. Date of Death: _____ (Enter the exact day, month and year the death took place) (e.g. 1.1.2000) 2. Name of the Deceased: _____ (Full name as usually written) UID No of deceased (if any) _____ 3. Sex of the deceased: _____ Male/Female/Transgender (do not use abbreviation) 4. Name of the Mother: _____ UID No of mother (if any) _____ 5. Name of the Father: _____ UID No of Father (if any) _____ 5.a. Name of Husband/Wife: _____ UID No of Husband/Wife (if any) _____ 6. Age of the deceased: _____ (If the deceased was over 1 year of age, give age in completed years. If the deceased was below 1 year of age, give age in months, and if below 1 month give age in completed number of days, and if below one day, in hours) 7. Address of the deceased at the time of death: _____ 8. _____ Permanent address of the deceased: _____ 9. _____ Place of death: _____ (Tick the appropriate entry 1,2, or 3 below and give the name of the Hospital / Institution or the address of the house where the death took place. If other place, give location) 1. Hospital / Institution Name: _____ & Address : _____ 2. House Address: _____ 3. Other place _____ 10. Informant's name: _____	To be filled by the informant 11. Town of Village of Residence of the deceased: (Place where the deceased actually lived. This can be different from the place where the death occurred. The house address is not required to be entered.) a) Name of Town / Village: _____ b) Is it a town or village: (Tick the appropriate entry below) 2. Town 2. Village c) Name of District: _____ d) Name of State: _____ 12. Religion: (Tick the appropriate entry below) 2. Hindu 2. Muslim 3. Christian 4. Any other religion: (Write the name of the religion) 13. Occupation of the deceased: (If no occupation write 'Nil') 14. Type of medical attention received before death: (Tick the appropriate entry below) 1. Institutional 2. Medical attention other than institution 3. No Medical attention
To be filled by the Registrar Registration No: _____ Registration Date: _____ Unit: _____ District: _____ Town/Village: _____ Remarks: (If any) _____ Name and Signature of the Registrar _____	To be filled by the Registrar Name Code No. _____ District: _____ Taluk: _____ Town/Village: _____ Registration Unit: _____

FORM NO. 3



Form No.3 Still Birth Report Legal Information This part to be added to the Still Birth Register	FORM NO. 3 STILL BIRTH REPORT Statistical Information This part to be detached and sent for statistical purposes. In case of multiple births, fill in a separate form for each birth.	
To be filled by the informant 1. Date of Birth: _____ (Enter the exact day, month and year) (e.g. 01-01-2000) 2. Sex: _____ Male/Female/Transgender) do not use abbreviation) 3. Name of the father : _____ (Full name as usually written) UID No of father (if any) _____ 4. Name of the mother: _____ (Full name as usually written) UID No of Mother (if any) _____ 5. Place of Birth : (Tick the appropriate entry below and give the name of the Hospital/Institution or the address of the house where the birth took place) 1. Hospital / Institution Name & _____ Address: _____ 2. House Address: _____ 5.a. Permanent address of parents : _____ 5.b. _____ Address of parents at the time of Still Birth of the Child _____ 6. Informant's name: _____ Address: _____ (After completing all columns 1 to 12, informant will put date and	To be filled by the informant 7. Town or Village of Residence of the mother: (Place where the mother usually lives. This can be different from the place where the birth occurred. The house address is not required to be entered.) a) Name of Town / Village: _____ b) Is it a town or village: (Tick the appropriate entry below) 1. Town 2. Village c) Name of District: _____ d) Name of State: _____ 8. Age of the mother (In completed years) at the time of this birth : _____ 9. Mother's level of education : (Enter the completed level of education e.g. if studied upto class V, class VI) 10. Type of attention at delivery : (Tick the appropriate entry below) 1. Institutional-Government 2. Institutional-Private or Non-Government 3. Doctor, Nurse or Trained midwife 4. Traditional Birth Attendant 5. Relatives or others 11. Duration of pregnancy : (in weeks) _____ 12. Cause of foetal death : (if known) _____ (Columns to be filled are over. Now put signature at left)	
To be filled by the Registrar Registration No: _____ Registration Date: _____ Registration Unit: _____ District: _____ Town/Village: _____ Remarks: (If any) _____ Name and Signature of the Registrar _____	To be filled by the Registrar Name _____ Code No. _____ District: _____ Taluk: _____ Town/Village: _____ Registration Unit: _____	R B S B

Form No.1A
(See Rule 5)Form No. 1-A
Birth Report for Adopted Child
(This part to be added to the Birth Register)Form N
Birth Report for A(This part to detached and sent for statistical processing)
informant

To be filled by the

To be filled by the informant 1*. Date of Birth:

(if known, write exact date of birth)

2*. Sex: _____

birth as ascertained by the Magistrate)

Father: (Tick the appropriate entry below)

2. Muslim 3. Christian

3.

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Name of the Child: _____

name is changed on adoption, write new name)

4*. Name of the Mother: (If known) _____

UID Number of Mother (if any)

(Otherwise record the date of

14. Religion of the adoptive

1. Hindu

(If

15. Adoptive Father's level of education:

(Enter the completed level of education

16. Adoptive Mother's level of education: 5*. Name of the Father: (If known) _____ (Enter the completed level of education)

6. Date and number of adoption deed / order: _____

7. Name of the adoptive mother: _____
UID Number of adoptive mother (if any) _____

8. Name of the adoptive father: _____
'Nil') _____
UID Number of adoptive father (if any) _____

9. Address of adoptive parents as recorded in Adoption deed: _____

10. Permanent address of adoptive parents: _____

11*. Place of birth _____

12. If adoption through agency write the place and address Of the Adoption agency _____

13. Informant's name and address: _____ (After completing all columns 1 to 18 informant will put date and signature here)
*As contained in the original birth certificate.

18. Adoptive mother's occupation: _____
(If no occupation write 'Nil') _____
(Columns to be filled are over, Now put signature at left)

Date _____ Signature or left thumb mark of the informant _____
To be filled by the Registrar
be filled by the Registrar

Registration No: _____ Registration Date: _____ Name _____
Registration Unit _____ District: _____ District: _____
Town/ Village _____ Taluk: _____
Remarks: (If any) _____ Registration Unit: _____
Name and Signature of the Registrar Code No: _____ Name and Signature of the _____

FORM NO.4**(See Rule 7)****MEDICAL CERTIFICATE OF CAUSE OF DEATH**

(Hospital in patients. Not to be used for stillbirths)
To be sent to Registrar along with Form No.2 (Death Report)

Name of the Hospital:.....

I hereby certify that the person whose particulars are given below died in the hospital in ward
No..... on at A.M./P.M

NAME OF DECEASED					For use of Statistical Office
Sex	Age at Death				
	If 1 year or more, age in years	If less than 1 year, age in Months	If less than one month, age in days	If less than one day, age in Hours	
1. Male 2. Female	CAUSE OF DEATH				
CAUSE OF DEATH I. Immediate cause State the disease, injury or complication which Caused death, not the mode of dying such as Heart failure, asthenia, etc. Antecedent cause Morbidity conditions, if any, giving rise to the above Cause, stating underlying conditions last II. Other Significant conditions contributing to the Death but not related to the diseases or conditions causing it.			(a) due to (or as consequences of) (b) due to (or as consequences of) (c)	Interval between onset & death Approx	
Manner of Death 1. Natural 2. Accident 3. Suicide 4. Homicide 5. Pending Investigation If deceased was a female, was pregnancy the death associated with? 1. Yes 2. No If yes, was there a delivery? 1. Yes 2. No					

How did they injury occur?

1. Yes 2. No

Name and Signature of the Medical Attendant certifying the Cause of Death.

Date of

Verification:.....

.....

SEE REVERSE FOR INSTRUCTIONS

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

Certified that Shri/Smt/Kum.....S/W/D of

Shri.....R/O..... was

admitted to this hospital on..... and expired on

Doctor:.....

.....

(Medical Supdt. Name of
Hospital)**MEDICAL CERTIFICATE OF CAUSE OF DEATH****Directions for completing the form**

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

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

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

The certificate of cause of death is divided into two parts, I and II. Part I is again divided into three parts, lines (a) (b) (c). If a single morbid condition completely explains the deaths, then this will be written on line (a) of Part I, and nothing more need be written in the rest of Part I or in Part II, for example, smallpox, lobar pneumonia, cardiac beriberi, are sufficient cause of death and usually nothing more is needed.

Often, however, a number of morbid conditions will have been present at death, and the doctor must then complete the certificate in the proper manner so that the correct underlying cause will be tabulated. First, enter in Part I(a) the immediate cause of death. This does not mean the mode of dying, e.g., heart failure, respiratory failure, etc. These terms should not appear on the certificate at all since they are modes of dying and not causes of death. Next consider whether the immediate cause is a complication or delayed result of some other cause. If so, enter the antecedent cause in Part I, line(b). Sometimes there will be three stages in the course of events leading to death. If so, line (c) will be completed. The underlying cause to be tabulated is always written in last in Part I.

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

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

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

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

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

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

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

Example: Anaemia—Give type of anaemia, if known. Neoplasm—Indicate whether benign or malignant, and site, with site of primary neoplasm, whenever possible. Heart disease—Describe the condition specifically; if congestive heart failure, chronic on pulmonale, etc., are mentioned, give the antecedent conditions. Tetanus—Describe the antecedent injury, if known. Operation—State the condition for which the operation was performed. Dysentery—Specify whether bacillary, amoebic, etc., if known. Complications of pregnancy or delivery—Describe the complication specifically, Tuberculosis—Give organs affected.

Symptomatic statement: Convulsions, diarrhea, fever, ascites, jaundice, debility, etc., are symptoms which may be due to any one of a number of different conditions. Sometimes nothing more is known, but whenever possible, give the disease which caused the symptom.

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

FORM NO.4A**(See Rule 7)****MEDICAL CERTIFICATE OF CAUSE OF DEATH**

(For Non-Institutional deaths. Not to be used for stillbirths) To be sent to Registrar along with Form No.2
(Death Report)

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

NAME OF DECEASED					For use of Statistical Office
Sex	Age at Death				
	Age incompleted years	If less than 1 year, age in Months	If less than one month, age in days	If less than one day, age in Hours	
3. Male					
4. Female					
CAUSE OF DEATH I. Immediate cause State the disease, injury or complication which Caused death, not the mode of dying such as Heart failure, asthenia, etc. Antecedent cause Morbid conditions, if any, giving rise to the above Cause, stating underlying conditions last II. Other Significant conditions contributing to the Death but not related to the diseases or conditions causing it.			(a) due to (or as consequences of) (b) due to (or as consequences of) (c)	Interval between onset & death Approx	
If deceased was a female, was pregnancy the death associated with? If yes, was there a delivery? 1. Yes 2. No			1. Yes	2. No	

Name and Signature of the Medical Practitioner certifying the Cause of Death. Date of

Verification:.....

SEE REVERSE FOR INSTRUCTIONS

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

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

Doctor:.....

(Signature and address of Medical Practitioner/Medical attendant with Registration No.)

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

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

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

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

The certificate of cause of death is divided into two parts, I and II. Part I is again divided into three parts, lines (a) (b) (c). If a single morbid condition completely explains the deaths, then this will be written on line (a) of Part I, and nothing more need be written in the rest of Part I or in Part II, for example, smallpox, lobar pneumonia, cardiac beriberi, are sufficient cause of death and usually nothing more is needed.

Often, however, a number of morbid conditions will have been present at death, and the doctor must then complete the certificate in the proper manner so that the correct underlying cause will be tabulated. First, enter in Part I(a) the immediate cause of death. This does not mean the mode of dying, e.g., heart failure, respiratory failure, etc. These terms should not appear on the certificate at all since they are modes of dying and not causes of death. Next consider whether the immediate cause is a complication or delayed result of some other cause. If so, enter the antecedent cause in Part I, line(b). Sometimes there will be three stages in the course of events leading to death. If so, line (c) will be completed. The underlying cause to be tabulated is always written in last in Part I.

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

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

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

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

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

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

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

Example: Anaemia—Give type of anaemia, if known. Neoplasm—Indicate whether benign or malignant, and site, with site of primary neoplasm, whenever possible. Heart disease—Describe the condition specifically; if congestive heart failure, chronic on pulmonale, etc., are mentioned, give the antecedent conditions. Tetanus—Describe the antecedent injury, if known. Operation—State the condition for which the operation was performed. Dysentery—Specify whether bacillary, amoebic, etc., if known. Complications of pregnancy or delivery—Describe the complication specifically, Tuberculosis—Give organs affected.

Symptomatic statement: Convulsions, diarrhea, fever, ascites, jaundice, debility, etc., are symptoms which may be due to any one of a number of different conditions. Sometimes nothing more is known, but whenever possible, give the disease which caused the symptom.

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

Government of Tamil Nadu
ஜாக்கீர் முர்

Form No.5 got« v©.5

Department of _____

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BIRTH HCERTIFICATE-Ãw¥ò rh<¿jœ

(Issued under section 12/17 of the Registration of Births and Deaths Act 1969 and Rule 8/13 of the Tamil Nadu Registration of Births and Deaths Rules, 2000)

This is to certify that the following information has been taken from the original record of Birth which is the register for (local area / local body)-----of T Taluk-----of District-----of State TAMIL NADU.

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tHšf¥gL»wJ.

Name/bga®

: _____

Sex /ghèd«: _____

(M©/bg©/ÂUeši if)

Date of Birth /Ãwaj njÂ: _____

Place of Birth /Ãwaj İl«: _____

Name of the Mother /jhæ« b bga®: _____

UID Number of Mother /jhææ« Mjh® v©: _____

Name of the Father /jªijæ« bga®: _____

UID Number of Father /jªijæ« Mjh® v©: _____

Address of the parents at the time
of birth of the child/

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Permanent address of the parents/

bg%onwhçç« âiyahd d Kftç

Registration No/gÂÎ v©: _____ Date of Registration /gÂÎ brEj n njÂ/-----

Remarks (If any) /F¿¥òiu (V VnjDäU¥Ã«): _____

Date of Issue /tHš»a ehŸ: _____

Address of the Issuing Authority

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Seal /KªÂiu

Signature of Issuing Authority

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“E Ensure registration of every birth and death”
“X»b bthU Ãw¥ò k%W« İw¥ig gÂÎ brEtij cWÂbrEÄ@”

Government of Tamil Nadu

Form No.6
ஜாக்கி முர

got« v©.6

Departm ment of _____

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DEATH CERTIFICATE-இறப்புச் சான்றிதழ்

(Issued under section 12/17 of the Registration of Births and Deaths Act 1969 and Rule 8/13 of Tamil Nadu Registration of Births and Deaths Rules, 2000)

This is to certify that the following information has been taken from the original record of Death which is the register for (local area / local body)-----of T Taluk-----of District-----of State TAMIL NADU.

நாடு/பகுதி/இடம் ஜாக்கி முர

காண்க-----காண்க-----

தலை-----நாடு/பகுதி/இடம் ஜாக்கி முர

tH\$fgL»wJ.

Name/bga® : -----Sex /ghèd«: _____

(M©/bg©/ÂUe ešif)

UID Number of deceased /இறந்தவரின் Mjh® v©: _____

Date of Death /இறந்த நாள்: _____ Age /தா: _____

Place of Death /இறந்த இடம்: _____

Name of the Mother /இறந்தவரின் தாய்: _____

UID Number of Mother /இறந்தவரின் தாயின் Mjh® v©: _____

Name of the Father /இறந்தவரின் தந்தை

பெயர்: _____

UID Number of Father /இறந்தவரின் தந்தையின் Mjh® v©: _____

Name of the Husband / Wife fzt® / கிடைக்காத பெண்: _____

UID Number of Husband / W Wife /fzt® / கிடைக்காத பெண்ணின் Mjh® v©: _____

Address of the deceased at the time of death/ Permanent address of the deceased/

இறந்தவரின் இறந்த இடம் க்கு

இறந்தவரின் இறந்த இடம் க்கு

Registration No/gÂÎ v©: _____ Date of Registration /gÂÎ brÇej n njÂ/-----

Remarks (If any) /Fçÿòiu (V VnjDäUÿÂ) : _____

Date of Issue /tH\$»a ehÿ : _____

Address of the Issuing Authority

இறந்தவரின் இறந்த இடம் க்கு

Seal /KÂiu

Signature of Issuing Authority

இறந்தவரின் இறந்த இடம் க்கு

“E Ensure registration of every birth and death”
“X»b bthU Âwÿò k%W« İwÿig gÂÎ brÇEtij cWÂbrÇEÂ@”

FORM No.7

(See Rule 12)
 BIRTHREGISTER
 BIRTH REPORT
 Legal Information

This part to be added to the Birth Register

To be filled by the informant

1. Date of Birth: _____

(Enter the exact day, month
and year the child was borne.g.1-1-2000)

2. Sex : _____

(Male/Female/Transgender)
do not use abbreviation)

3. Name of the child, if any: _____

(If not named, leave blank)

4. Name of the father : _____

(Full name as usually written)

UID No of Father (if any)

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5. Name of the Mother: _____

(Full name as usually written)

UID No of mother (if any)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

6. Address of parents at the
time of Birth of the Child _____

7. Permanent address of parents : _____

8. Place of Birth : _____

(Tick the appropriate entry 1 or 2 below and give the name of the Hospital/Institution or the address of the house where the birth took place)

5.Hospital / Institution Name & _____

Address _____

6.House Address: _____

7.Others _____

9. Informant's name: _____

Address: _____

(After completing all columns 1 to 22, informant will put date and signature here:)

Date:

Signature or left thumb mark of the informant

To be filled by the Registrar

Registration No:

Registration Date:

Registration Unit:

District:

Town/Village:

Remarks: (If any)

Name and Signature of the Registrar

FORM No.8
(See Rule 12)
DEATH REGISTER
DEATH REPORT

Legal Information

This part to be added to the Birth Register

To be filled by the informant 1.

Date of Death: _____

(Enter the exact day, month
and year the death took place) (e.g.1.1.2000)

2. Name of the Deceased: _____

(Full name as usually written)

UID No of deceased (if any)

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3. Sex of the deceased: _____

Male/Female/Transgender(do not use abbreviation) 4. Name

of the Mother: _____

UID No

of mother (if any)

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5. Name of the Father: _____

UID No of Father (if any)

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5.a. Name of Husband/Wife: _____ UID

No of Husband/Wife (if any)

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6. Age of the deceased: _____

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

7. Address of the deceased at the time of death: _____

8. Permanent address of the deceased: _____

9. Place of death: _____

(Tick the appropriate entry 1,2, or 3 below and give the name of the Hospital / Institution or the address of the house where the death took place. If other place, give location)

8.

Hospital / Institution Name: _____

& Address :

To be filled by the Registrar

Registration No:

Registration Date:

Registration Unit:

District:

Town/Village:

Remarks: (If any)

Name and Signature of the Registrar

FORM No.9

(See Rule 12)

STILL BIRTH REGISTER

STILL BIRTH REPORT

Legal Information

This part to be added to the Birth Register

To be filled by the informant 1.

Date of Birth: _____

(Enter the exact day, month
and year) (e.g. 01-01-2000)

2. Sex : _____

Male/Female/Transgender)
do not use abbreviation)3. Name of the father : _____ (Full
name as usually written)

UID No of father (if any)

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4. Name of the mother: _____ (Full
name as usually written)

UID No of Mother (if any)

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5. Place of Birth : (Tick the appropriate entry below and give the name of the Hospital/Institution or the address of the house where the birth took place)

1. Hospital / Institution Name & _____

Address: _____

2. House Address: _____

5.a. Permanent address of parents : _____

5.b.

Address of parents at the
time of Still Birth of the Child _____

6. Informant's name: _____

Address: _____

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

Date: _____ Signature or left thumb mark of the informant

To be filled by the Registrar

Registration No:

Registration Date:

Registration Unit:

District:

Town/Village:

Remarks: (If any)

Name and Signature of the Registrar

Form No.10**(See Rule 13)****NON-AVAILABILITY CERTIFICATE**

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

This is to certify that a search has been made on the request of Shri/Smt./Kum
 son / wife / daughter
 of..... in the registration records for the years(s)
 relating to (local area) of (Tahsil)
 of (District)..... of (State)and found that the event relating to the
 Birth/Death of son / daughter of.....
 was not registered.

Signature of Registrar

Date:

Signature of issuing authority

Date

Seal



Form No. 11

(See Rule 14)

SUMMARY MONTHLY REPORT OF BIRTHS

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

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

Dated:

Signature and name of the Registrar

Submitted to the chief Registrar / Additional District Registrar



Form No. 12

(See Rule 14)

SUMMARYMONTHLY REPORT OF DEATHS

1. Reportfor the Month of: Year.....
2. District:.....
3. Town/ Village:.....
4. Registration Unit:.....
5. Details of DeathsRegistered during the Month:.....

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

Note: Infant and Maternal Deaths should also beincluded in the Deaths.

*Total should be equal to the number of statistical part of DeathReport Forms (Form No.2)

attached with this monthly report.

Dated:

Signature and name of the Registrar

Submitted to the chief Registrar /Additional District Registrar

Form No. 13

(See Rule 14)

SUMMARY MONTHLY REPORT OF STILL BIRTHS

1. Reportfor the Month of: Year.....
2. District:.....
3. Town/ Village:.....
4. Registration Unit:.....
5. Number of Births Registered:.....

*Number of still births registered should be equal to the number of Still Birth report forms

(Form No.3) attached with this monthly report.

Dated:

Signature and name of the Registrar

Submitted to the chief Registrar/ Additional District Registrar



**Form
No.14-A**

**[See
Under
Rule
(12)
[Under
Rule
12(4)
Under
Sec 16]
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YEAR**

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(PART A) Name of Taluk/Panchayat

Name of Panchayats/Village/ Town	January		February		March		April		May		June		July		August		Sept
	Date of Receipt	Date of Despatch	Date of Receipt	Date of Despatch	Date of Receipt	Date of Despatch	Date of Receipt	Date of Despatch	Date of Receipt	Date of Despatch	Date of Receipt	Date of Despatch	Date of Receipt	Date of Despatch	Date of Receipt	Date of Despatch	Date of Receipt

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Name of Taluk/Panchayat Union:

Name of Panchayats/Village/ Town	January		February		March		April		May		June		July		August		Sept
	Birth	Death	Birth	Death	Birth	Death	Birth	Death	Birth	Death	Birth	Death	Birth	Death	Birth	Death	Birth

