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THIRD SUPPLEMENT
TO THE
FEDERATED MALAY STATES
GOVERNMENT GAZETTE
OF FRIDAY, THE 14TH OF JULY, 1922.
(No. 17, Vol. XIV.)

PUBLISHED BY AUTHORITY.

SATURDAY, 22ND JULY, 1922.

The following Notifications are, by direction of the Chief Secretary to Government, published for general information.

C. W. H. COCHRANE,
Acting Under Secretary, F.M.S.

"THE BIRTHS AND DEATHS REGISTRATION
ENACTMENT, 1920."

No. 4383.—IN exercise of the powers conferred on him by section 25 (i) of "The Births and Deaths Registration Enactment, 1920," the Chief Secretary to Government hereby makes the following rules, with effect from the first day of July, 1922:

The rules made under "The Births and Deaths Registration Enactment, 1901," of Perak, Selangor and Negri Sembilan, and published in the *Perak Government Gazette* of 21st June, 1901, in the *Selangor Government Gazette* of 31st May, 1901, and in the *Negri Sembilan Government Gazette* of 12th April, 1901, are rescinded with effect from the first day of July, 1922.

FORMS.

1. The following shall be in the forms given in the schedule to these rules:

- Register of Births, in form A.
- Register of Deaths, in form B.
- Index of Register of Births, in form C.
- Index of Register of Deaths, in form D.

2. Reports of births and deaths shall be in forms E and F, respectively.

3. Reports for registering the name of a child subsequent to the registration of its birth shall be in form G.

4. The medical certificate of the cause of death shall be in form H; and forms of certificate of the cause of death after *post-mortem* examination shall be in form I.

5. Forms H and I shall not be used by Medical Officers in charge of, or attached to, hospitals or other public institutions. Such officers shall fill in and sign the report of death, form F, when deaths are registered by them.

6. Every report of a birth or death (forms E and F) shall be signed by the informant, or person making such report.

7. Certified extracts from the registers shall be given on forms, giving particulars identical with the particulars shown in the registers.

FEES.

8. The fees to be paid under this Enactment shall be—

For a certified extract from register or post registration book of a birth or death	...	\$1
For a search in register or post registration book of births or deaths	...	1
For late registration (section 14)	...	1

Provided that any different fees collected in Pahang prior to the publication of these rules shall be accepted in lieu of the fees hereby prescribed.

SCHEDULE.

FORM A.

REGISTER OF BIRTHS.

No.	Name.	Sex.	Father's			Mother's		Date and hour when born.	Where born.	Name of informant.	Date and hour of registration.	Date of issue of notice of vaccination.	Date of vaccination and remarks.
			Name.	Occupation.	Nationality.	Maiden name.	Nationality.						

FORM B.

REGISTER OF DEATHS.

No.	Name.	Age.			Sex.	Residence at death.	Nationality.	Occupation.	Period of continuous residence in district.	Last place of residence before arrival in district.	Date and hour of death.	Cause of death.	Duration of illness.	Date and hour of registration.	Name of informant.	Remarks. Name and qualification of medical man certifying.
		Y.	M.	D.												

FORM E.

No.....
 DUPLICATE REGISTER OF BIRTH.
 Name.....
 Sex.....
 Father's { Name.....
 { Occupation.....
 { Nationality.....
 Mother's { Maiden name.....
 { Nationality.....
 When born.....
 Where born.....
 Name of informant and signature.....
 Date of registration.....
 Counterfoil receipt No. (in cases of post
 registration only).....
, 19....

.....,
Deputy Registrar, Births and Deaths.

NOTE.—A vaccination notice will be
 issued to the informant at the time of
 registration.

No.....
 ORIGINAL REGISTER OF BIRTH.
 Name.....
 Sex.....
 Father's { Name.....
 { Occupation.....
 { Nationality.....
 Mother's { Maiden name.....
 { Nationality.....
 When born.....
 Where born.....
 Name of informant and signature.....
 Date of registration.....
 Counterfoil receipt No. (in cases of post
 registration only).....
, 19....

.....,
Deputy Registrar, Births and Deaths.

NOTE.—A vaccination notice will be
 issued to the informant at the time of
 registration.

No.....
 CERTIFICATE OF REGISTRATION
 OF BIRTH.
 Name.....
 Sex.....
 Father's { Name.....
 { Occupation.....
 { Nationality.....
 Mother's { Maiden name.....
 { Nationality.....
 When born.....
 Where born.....
 Name of informant and signature.....
 Date of registration.....
 Counterfoil receipt No. (in cases of post
 registration only).....
, 19....

.....,
Deputy Registrar, Births and Deaths.

NOTE.—A vaccination notice will be
 issued to the informant at the time of
 registration.

FORM F.

No.....
 DUPLICATE REGISTER OF DEATH.
 Name.....
 Age.....
 Sex.....
 Occupation

Residence at death and period of continuous residence thereat.
 Last place of residence before arrival in district.....
 Nationality.....
 Date of death.....
 Cause of death.....
 Duration of illness.....
 Date of registration.....
 Name of informant and his signature.....
 Counterfoil receipt No. (in cases of post registration only).....
, 19....

Deputy Registrar, Births and Deaths.

No.....
 ORIGINAL REGISTER OF DEATH.
 Name.....
 Age.....
 Sex.....
 Occupation.....

Residence at death and period of continuous residence thereat.....
 Last place of residence before arrival in district.....
 Nationality.....
 Date of death.....
 Cause of death.....
 Duration of illness.....
 Date of registration.....
 Name of informant and his signature.....
 Counterfoil receipt No. (in cases of post registration only).....
, 19....

Deputy Registrar, Births and Deaths.

No.....
 CERTIFICATE OF REGISTRATION OF DEATH.
 Name.....
 Age.....
 Sex.....
 Occupation.....

Residence at death and period of continuous residence thereat.....
 Last place of residence before arrival in district.....
 Nationality.....
 Date of death.....
 Cause of death.....
 Duration of illness.....
 Date of registration.....
 Name of informant and his signature.....
 Counterfoil receipt No. (in cases of post registration only).....
, 19....

Deputy Registrar, Births and Deaths.

6

FORM G.

I hereby certify that the name of the child registered by me on
.....is.....

Date.....

FORM H.

No.....

CERTIFICATE OF
PARTICULARS OF
DEATHS.

(Under section 17 of
Enactment 13 of 1920.)

Name.....

Stated age.....

Last seen.....

Died.....

Cause of death.....

Date.....

No.....

CERTIFICATE OF PARTICULARS OF DEATHS.
(Under section 17 of Enactment 13 of 1920.)

I hereby certify that I attended.....of
.....whose age was stated to be.....
during ^{his}_{her} last illness and that I last saw ^{him}_{her}
alive on.....

and that ^{he}_{she} died on.....

Cause of death.....

Duration of illness.....

District.....

Name.....

Date.....

Qualification.....

In the event of the medical practitioner making a
post-mortem examination, he must give a certificate
on the form provided for that purpose.

FORM I.

Not to be used by any other than a Registered

Medical Practitioner.

No.....

MEDICAL CERTIFI-
CATE OF CAUSE
OF DEATH.

Name.....

Examination.....

post mortem.....

Cause of death.....

Date....., 19....

No.....

MEDICAL CERTIFICATE OF CAUSE
OF DEATH.

I certify that I made on.....a post-
mortem examination of the body of.....
and that the cause of death was.....

District.....

Name.....

Date....., 19....

Qualification.....

"THE BIRTHS AND DEATHS REGISTRATION ENACTMENT, 1920."

No. 4384.—In exercise of the powers conferred on him by section 3 (i) of "The Births and Deaths Registration Enactment, 1920," the Chief Secretary to Government hereby appoints the Senior Health Officer to be Registrar-General of Births and Deaths for the Federated Malay States, with effect from the 1st July, 1922. [G. 1735/21.]