Annex D Certificate used currently for certifying stillbirths

MEDICAL CERTIFICATE OF STILL-BIRTH (Births and Deaths Registration Act 1953, \$ 11(1), as amended by the Population (Statistics) Act 1960) (Form prescribed by the Registration of Births and Deaths Regulations 1987)

SB 505401

To be given only in respect of a child which has issued forth f fter the 24th week of pregnancy and which did not at any t ompletely expelled from its mother breathe or show any oth	ime after being Registered at
I was present at the still-birth of a $\frac{\text{*male}}{\text{*female}}$ child born	
I have examined the body of a $\frac{\text{*male}}{\text{*female}}$ child which I am i	informed and believe was born
nday ofto	(NAME OF MOTHER)
t	
 The certified cause of death has been confirmed by post-mortem. Post-mortem information may be available later. Post-mortem not being held. 	Weight of fetusgrams Estimated duration of pregnancy State (a) the number of weeks of delivery (b) When the child died
Strike out the words which do not apply. Ring appropriate digit.	(i) before labour* (ii) during labour* (iii) not known*
 a. Main diseases or conditions in fetus b. Other diseases or conditions in fetus c. Main maternal diseases or conditions affects fetus d. Other maternal diseases or conditions affecting fetus 	
e. Other relevant causes	
hereby certify that (i) the child was not born alive, and (ii) to the best of my knowledge and bel pregnancy of the mother were as sta	ief the cause of death and the estimated duration of ted above.
ignature	
ualification as registered by General Medical Council, or Registered No. as Registered Midwife.	-

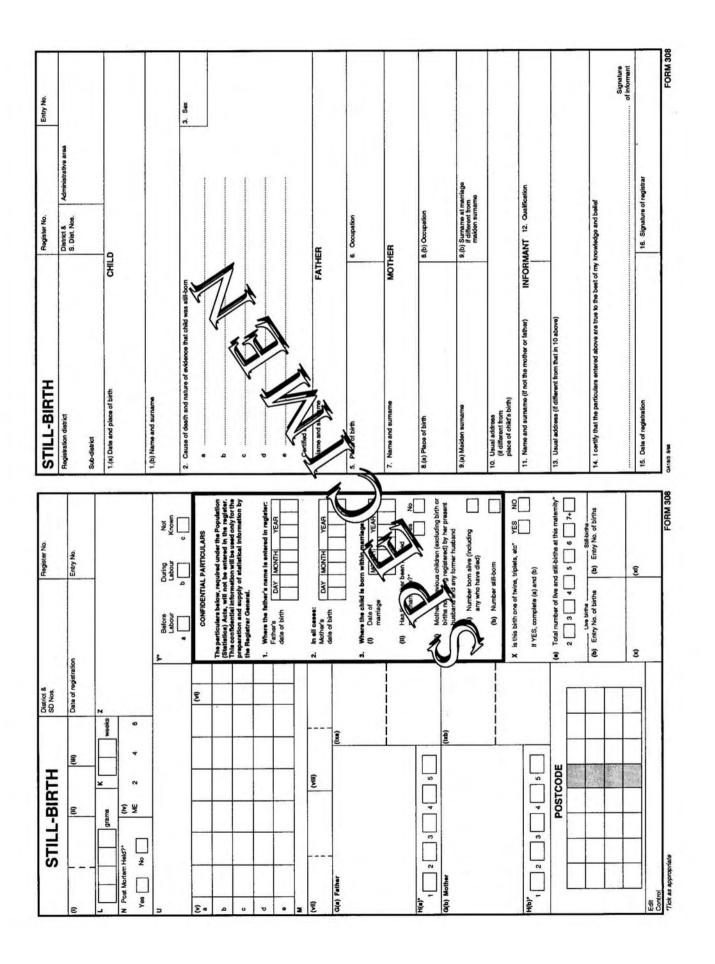
THIS IS NOT AN AUTHORITY FOR BURIAL OR CREMATION [SEE OVER]

Certificate used currently for certifying deaths within the first 28 days of life

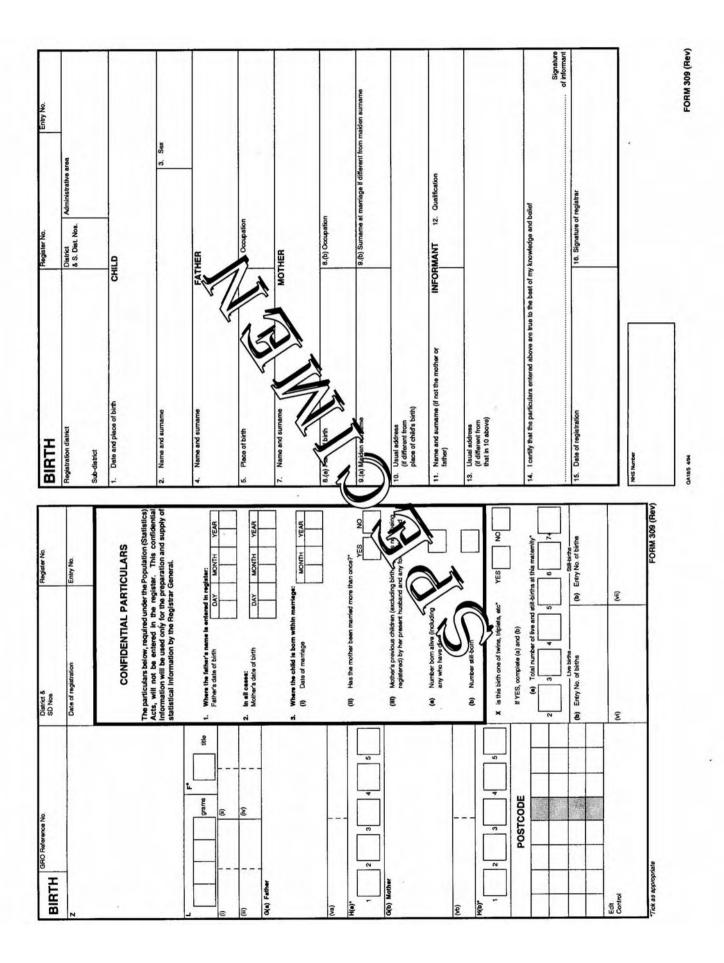
I hereby certify that I was in medical attendance during	e. Other relevant causes	d. Other maternal diseases or conditions affecting infant	c. Main maternal diseases or conditions affecting infant		CAUSE OF DEATH	c c	has been confirmed by Please ring a please ring b	st seen alive by me	ace of birth	and to be delivered by him forthwith to the Registrar of Births and Deaths. Name of child	MED B 310481 BIRTHS AND DEATHS REGISTRATION ACT 1953 MED B 310481 Im prescribed by the Registration of Births and Deaths Regulations 1987) Registration of Births and Deaths Regulations 1987) Im prescribed by the Registration of Births and Deaths Regulations 1987) Image: Second
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Other diseases or conditions in frant	Other diseases or conditions in infant	Other diseases or conditions in infant	Other diseases or conditions in infant	Other diseases or conditions in infant		CAUSE OF DEATH	ot being held. d this death to the Coroner for further action. CAUSE OF DEATH	med by Please ring a perpendite b b appropriate b digit and letter.	ath has been confirmed by day of	day of Sex. days (completed period of 24 hours). Sex. e by me day of et a cause of death has been confirmed by day of m day of n from post-mortem may be available later. b n from post-mortem may be available later. b appropriate each b orted this death to the Coroner for further action. c n for this death to the Coroner for further action. c orted this death to the Coroner for further action. c eacf c core after death by a medical practitioner. agree of this death to the Coroner for further action. c action to the coroner for further action. c orted this death to the Coroner for further action. c not being held. c orted this death to the Coroner for further action. c Addition to the coroner for further action. c out of this death to the Coroner for further action. c Addition to the coroner for further action. c addition to the coroner for further action. c addition to the coroner for further action. c <tr< td=""><td>u u u</td></tr<>	u u u
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Certificate used currently for certifying deaths at ages 28 days and over

Draft entry form used currently for registering stillbirths (Form 308(Rev))



Draft entry form used currently for registering live births (Form 309(Rev))



Draft entry form used currently for registering deaths (Form 310(Rev))

DEATH	Register No.		Entry No.			DEATH		District & SD Nos	œ	Register No.
Registration district	District & S. Dist. Nos	Administrativo aroa			6 months or over	• Under 6 months	8	Date of registration		Entry No.
Sub-district				(m)					CONFIDENTIAL PARTICULARS	ARTICULARS
1. Date and place of death								The P	articulare below.	The particulars below, required under the
(date)				N				ropue the reg used o atalieti	plater. This confider only for the prepa ball information by	Propulation (statistics) acts, with not be entered in the register. This confidential information will be used only for the proparation and supply of statistical information by the Registrar General.
2. Name and sumame		3. Sex						At date of Single	Al date of death deceased was" Single	vas'
	÷	4. Maiden sumame c	4. Maiden sumame of woman who has married					Mar	Mamied Control	(if married insert date of birth of spouse)
5. Date and piece of birth (dato)				G(a) Decest	G(a) Deceased or †Mother	-	POSTCODE			
 Occupation and usual address 									Divorced	
	HALL .	百百		H(a) [*] 1 G(b) Husbar	H(a) [*] 1 2 3	4 C			Nel known	
7. (a) Name and sumame of informant	SPECE (1) Quali	(b) Qualification			- 1			(viia)	5	(qiv)
(c) Usuel address	-							AND		
-				7	(M)	5		ه	Last Day	Month Year
8. Cause of death Itml						2		α. 	en or Not	after death
(b).						-			•	
(c)				,					Referred to Coroner by	× ph
							-		1 Doctor	2 Registrar
Certified by				2				<u>ه</u>	SD Yes No Find	(viii) 1 ME 2
 I certify that the particulars discorbuting above and true to 			School	2			1 (v)	(V)		•
given by me above are the to the best of my knowledge and belief			organization of Informant	Post	(X) e					
10. Date of registration	11. Signature of registrar	registrar		Yes	<u></u> о а					
O NHS No.		a	Q (age)	Ŷ						
244 241			FORM 310(Rev)	2			Employment		· (x)	Edit control
				f II deceased in Tick as approv	t II deceased is under 16 years of age • Tick as appropriate	1 age				FORM 310(Rev

Draft entry form used currently for registering stillbirths online (Registration online) (Form 308 (RON))

		NHS Number	Certified YES	What number is circled on the Medical Certificate	weeks		BEFORE LABOUR	1	Number of	N	NI NON NK			Confidential Particulars	opulation (Statistics preparation and sup	Where father's name is entered into the register Father's Father's Reason for non completion (if applicable)	In all cases Mothers Mothers	(Allow Hotel to	an once?		by her present husband and any former husband	Heason for non completion (if applicable)	Voluntary Statistics	Father's industry and employment	REFUSED NO GAINFUL P		Citer Car	Uther Comments		-
Register Entry			s NO	Certificate 1 2 3 NONE	weeks Weight of fetus	Coroner's post mortem held	DURING LABOUR	hs and still-births in	Number of live-births Number of still-births	D Birth order	Mother's country of birth E W	Postcode - Space 10	Postcode - Space 13	Particulars	The particulars below, required under the Population (Statistics) Acts, will not be entered into the register. This confidential information will be used only for the preparation and supply of statistical information by the Registrar General	Father's date of birth And Addention Address Addre	c dat of the BEELICED		YES N	Number born alive (including any who have died)	tantan tan	NOT KNOWN REFUSED	Statistics	Mother's industry and employment	Reason for non completion NOT F	2 3		Dimments		Register No. End
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	Registration district		Sub-district		1.(a) Date and place of birth			1.(b) Name and surname			2. Cause of death and nature of evidence that child was still-born			4. Name and surname		5. Place of birth	7 Name and sumame	8 (a) Place of hith		9.(a) Maiden sumame		10. Usual address (it different from place of child's birth)		11. Name and surname (if not the mother or father)	de la	13. Usual adoress (if different from that in 10 above)	feature at the value	14. I certify that the particulars entered above are true to the best of my knowledge and belie	15. Date of registration	
STILL-BIRTH	Administrative area				CHILD						was still-born			FATHER	7	les a desire		R (h) Occuration	insudance (allo	9.(b) Surname at marriage if different from maiden surname				INFORMANT 12. Qualification				ie to the best of my knowledge and belief	16. Signature of registrar	
	area										3. Sex									n maiden surname								Signature of informant		

Draft entry form used currently for registering live

births online (Registration online) (Form 309 (RON))

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Entry Entry -births in this maternity -births in this maternity -births in this maternity -births in this maternity -birth Number of still-births -birth E maternity - -birth N	Register Entry r			Registration district		Sub-district						Name and surname		Place of birth		Name and surname	1					10. Usual address (if different from place of child's birth)	11. Name and surname (if not the mother or father)	13. Usual address (if different from that in 10 above)	1.4. I certify that the particulars entered above are true to the interest of the particulars entered above are true to the interest of the particulars entered above are true to the interest of the particulars entered above are true to the interest of the particulars entered above are true to the interest of the particulars entered above are true to the interest of the particulars entered above are true to the interest of the particulars entered above are true to the interest of the particulars entered above are true to the interest of the particulars entered above are true to the interest of the particulars entered above are true to the interest of the particulars entered above are true to the interest of the particulars entered above are true to the interest of the particulars entered above are true to the interest of the particulars entered above are true to the interest of the particulars entered above are true to the interest of the particulars entered above are true to the interest of the particulars entered above are true to the interest of the particular entered above are true to the interest of the particular entered above are true to the interest of the particular entered above are true to the interest of the particular entered above are true to the interest of the particular entered above are true to the interest of the particular entered above are true to the interest of the particular entered above are true to the interest of the particular entered above are true to the interest of the particular entered above are true to the interest of the particular entered above are true to the interest of the particular entered above are true to the interest of the particular entered above	15. Date of registration		
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Draft entry form used currently for registering deaths online (Registration online) (Form 310 (RON))

