

EXPLANATORY NOTE

(This note is not part of the Regulations, but is intended to indicate their general purport.)

These Regulations consolidate the National Insurance (Industrial Injuries) (Prescribed Diseases) Regulations (Northern Ireland), 1948, and subsequent amending regulations which are set out in the Third Schedule and are revoked by regulation 38.

No amendments other than those of a drafting or consequential nature have been made.

1960. No. 210**[NC]****REGISTRATION OF STILL-BIRTHS****Appointed Day**

ORDER, DATED 20TH DECEMBER, 1960, MADE BY THE MINISTER OF FINANCE UNDER SECTION 9 OF THE REGISTRATION OF STILL-BIRTHS ACT (NORTHERN IRELAND), 1960.

Whereas by sub-section (3) of section nine of the Registration of Still-Births Act (Northern Ireland), 1960, it is provided that the Act shall come into operation on such day or days as the Minister of Finance may by order appoint:

Now, therefore, I, Captain The Right Honourable Terence Marne O'Neill, Minister of Finance, hereby appoint the first day of January, nineteen hundred and sixty-one, to be the day on which the said Act shall come into operation.

Given under my hand this 20th day of December, 1960.

Terence O'Neill,

Minister of Finance for Northern Ireland.

1960. No. 211**[NC]****REGISTRATION OF STILL-BIRTHS****Prescription of Forms**

REGULATIONS, DATED THE 20TH DECEMBER, 1960, MADE BY THE REGISTRAR-GENERAL WITH THE CONSENT OF THE GOVERNOR UNDER SECTION 34 OF THE BIRTHS AND DEATHS REGISTRATION ACT (IRELAND), 1880, AND SECTION 5(4) OF THE REGISTRATION OF STILL-BIRTHS ACT (NORTHERN IRELAND), 1960.

WAKEHURST

Consent is hereby given to these Regulations

The Registrar-General in exercise of the powers conferred on him by Section 34 of the Births and Deaths Registration Act (Ireland), 1880(a) and

(a) 43 & 44 Vic. c. 13.

sub-section (4) of section 5 of the Registration of Still-Births Act (Northern Ireland), 1960(a), with the consent of the Governor, hereby makes the following Regulations:

1. These Regulations may be cited as the Registration of Still-Births Regulations (Northern Ireland), 1960, and shall come into operation on the 1st day of January, 1961.

2. The forms required to be prescribed under Sections 2(1)(a), 2(1)(b), 2(3), 2(4) and 3(1) of the Registration of Still-Births Act (Northern Ireland), 1960(a), shall be as numbered 1, 2, 3, 4 and 5 respectively in the Schedule to these Regulations.

As witness my hand this twentieth day of December, 1960.

L. C. Mulligan,
Registrar-General for Northern Ireland.

SCHEDULE

FORM 1

Certificate of Still-Birth

(Registration of Still-Births Act (Northern Ireland), 1960)

To be given only in respect of a child which has been completely expelled or extracted from its mother after the twenty-eighth week of pregnancy and which did not at any time after such expulsion or extraction breathe or show any other evidence of life.

Insert a tick in appropriate box

I was present at the still-birth of a child born

I have examined the body of a child which I am informed and believe was born at on to of

I hereby certify that (i) the child was not born alive, (ii) the sex was (iii) to the best of my knowledge and belief the cause of the still-birth, the estimated duration of pregnancy of the mother and the weight of the foetus were as stated below:

Table with 2 main columns: CAUSE OF THE STILL-BIRTH and Estimated duration of pregnancy / Weight of foetus. Rows include DIRECT CAUSE, ANTECEDENT CAUSES, and OTHER SIGNIFICANT CONDITIONS.

Insert a tick in appropriate box

- 1. The certified cause of the still-birth has been confirmed by post-mortem.
 2. Post-mortem information may be available later.
 3. Post-mortem not being held.

Signature
Residence

Qualification as registered by General Medical Council or registered No. as Certified Midwife.
Date

FORM 2

Declaration as to Still-Birth

REGISTRATION OF STILL-BIRTHS ACT (N.I.), 1960.

- 1. Date of still-birth
- 2. Place of still-birth
- 3. Name and surname of parents of
still-born child, or, in the case of
an illegitimate child, of the mother
only.)
- 4. Residence of mother of child
- 5. Here state the reason why a
certificate that the child was not
born alive cannot be obtained from
a registered medical practitioner or
certified midwife.)
- 6. If a registered medical practitioner
or certified midwife was present at
the birth or examined the body,
state his or her name and address.)

I, the undersigned, declare that the particulars above stated are true to the best of my knowledge and belief, and that the child above mentioned was not born alive.

Signature

State whether "Mother", "Father" of the child or in what other capacity liable to give information concerning the still-birth

Date

FORM 3

REGISTRATION OF STILL-BIRTHS ACT (N.I.), 1960.

Form to be given on request to the informant or person effecting disposal of the body, when a still-birth has been registered or a written notice of a still-birth, accompanied by a doctor's or certified midwife's certificate of still-birth, has been given to the Registrar.

I certify that I have this day of 19..
(a) the birth of a
(b) still-born child to
of
at
on the day of 19..

Registrar's District.....

Registrar.

(a) Registered or received written notice of.
(b) Male or female.

FORM 4

REGISTRATION OF STILL-BIRTHS ACT (N.I.), 1960, SECTION 2(4)

Return to be made to the appropriate Registrar of Births and Deaths by Person who has control over or effects disposal of Bodies at any Burial Ground or other place where the Body of a Still-Born Child was disposed of without the production of a Registrar's Certificate of Registration (or Receipt of Notice) or a Coroner's Authority

To the Registrar of Births and Deaths for the District of.....

The following particulars relate to a still-born child(ren) whose still-birth(s) occurred in your District and whose body(ies) was (were)

(a)at (b).....

- (a) State means of disposal, e.g., buried, cremated.
- (b) Give particulars of place of disposal.

Date of still-birth (if known)	Date of disposal	Address at which still-birth occurred	Name and address of mother	For use of Registrar of Births and Deaths
				No. of entry in still-birth register
.....
.....
.....
.....
.....

I certify that the above is a true and correct return

Signature of Disposal Authority's Officer

Date

Signed
.....
Registrar

No. 211

Registration of Still-Births

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Coroner's Certificate

To be sent to the Registrar within five days after inquest

To the Registrar of Births and Deaths for the District of..... Pursuant to Section 3(1) of the Registration of Still-Births Act (N.I.), 1960, I hereby certify that at an Inquest held by me on the..... day of..... 19.... at..... in the..... of..... on the body of a still-born child on which a post-mortem examination has/has not been made, I/the Jury found as follows:—

Date and Place of Still-birth (or of finding the body)	Sex	Name, Surname and Dwelling-place of Father*	Name, Surname and Maiden Surname of Mother	Profession or Occupation of Father*	Cause of the Still-Birth			Estimated Duration of Pregnancy	Weight of Fœtus
					Fœtal condition directly causing the still-birth	Fœtal and/or maternal conditions giving rise to cause in previous column stating the underlying cause last	Other significant conditions of fœtus or mother which may have contributed to but, in so far as is known, were not related to direct cause of the still-birth		
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
						(a)			... lbs.
					due to (a) in next column	due to (b)		weeks	... ozs.

Witness my hand this..... day of..... 19....

Signature

Coroner for Residence

*In cases where the child would have been legitimate had it been born alive.