STATUTORY INSTRUMENTS

1985 No. 1134

REGISTRATION OF BIRTHS, DEATHS, MARRIAGES, ETC.
ENGLAND AND WALES

The Registration of Births, Still-births and Deaths (Welsh Language) (Amendment No. 2) Regulations 1985

Made - - -	*15th July* 1985
Coming into Operation	*1st January* 1986

The Registrar General, in exercise of the powers conferred upon him by sections 1, 11, 22 and 39 of the Births and Deaths Registration Act 1953 (a) and section 1 of the Industrial Diseases (Notification) Act 1981 (b) as extended by sections 2(2) and 3 of the Welsh Language Act 1967 (c), and of all other powers enabling him in that behalf, with the approval of the Secretary of State for Wales, hereby makes the following regulations:—

Citation, commencement and interpretation

1.—(1) These regulations may be cited as the Registration of Births, Still-births and Deaths (Welsh Language) (Amendment No. 2) Regulations 1985 and shall come into operation on 1st January 1986.

(2) In these regulations the "1969 regulations" mean the Registration of Births, Still-births and Deaths (Welsh Language) Regulations 1969 (d).

Substitution of regulation 3 of the 1969 regulations

2. For regulation 3 of the 1969 regulations (prescribed forms for registration of births, still-births and deaths) there shall be substituted the following regulation—

"3.—(1) In relation to any birth registered or re-registered in Wales, regulations 2, 14, 16, 18, 19, 24A, 25, 25B, 25C, 25D, 78 and 79 of the principal regulations shall have effect as if they referred, instead of to the forms 1, 2, 3, 28, 30, 31 and 32 in Schedule 1 to those regulations, to forms 1, 2, 3, 17, 14, 15 and 16 respectively in Schedule 1 to these regulations.

(2) In relation to any still-birth registered in Wales, regulations 2, 40, 41, 78 and 79 of the principal regulations shall have effect as if they referred, instead of to the forms 5, 6, 7 and 28 in Schedule 1 to those regulations, to forms 4, 5, 6 and 17 respectively in Schedule 1 to these regulations.

(3) In relation to any death registered in Wales, regulations 2, 48, 49, 58, 60, 61 and 78 of the principal regulations shall have effect as if they referred, instead of to the forms 9, 10, 10A, 10B, 11, 12 and 14 in Schedule 1 to those regulations, to forms 7, 8, 8A, 8B, 9, 10 and 11 respectively in Schedule 1 to these regulations.".

(a) 1953 c.20; section 1 was amended by section 108(1) of, and paragraph 13(1) and (2) of Schedule 3 to, the Children Act 1975 (c.72); and section 11 was amended by section 2(1) of the Population (Statistics) Act 1960 (c.32) and section 24(2) of, and paragraph 7 of Schedule 7 to, the Nurses, Midwives and Health Visitors Act 1979 (c.36).
(b) 1981 c.25.
(c) 1967 c.66.
(d) S.I. 1969/203; the relevant amending instruments are S.I. 1974/572, 1976/2092, 1985/569.

Amendment of regulation 9(1) *of the* 1969 *regulations*

3. For paragraph (1) of regulation 9 of the 1969 regulations (registration of deaths occurring in Wales) there shall be substituted the following paragraph—

"(1) The form of a certificate of cause of death shall be—

(a) except in the case of a child who dies within 28 days of birth, form 8A;

(b) in the case of such a child, form 8B;

and may be completed in English or in English and Welsh.".

Amendment of Schedule 1 *to the* 1969 *regulations*

4. In Schedule 1 to the 1969 regulations (prescribed forms)—

(a) for forms 5 and 6 (medical certificate of still-birth and declaration as to still-birth) there shall be substituted the forms numbered 5 and 6 respectively set out in the Schedule to these regulations;

(b) after form 8A (certificate of cause of death) there shall be inserted the form numbered 8B set out in the Schedule to these regulations;

(c) after form 16 (declaration for re-registration of a birth) there shall be inserted the form numbered 17 set out in the Schedule to these regulations.

Amendment of Schedule 2 *to the* 1969 *regulations*

5. In Schedule 2 to the 1969 regulations so far as it relates to regulation 42(1), in column 2 for the words "Certifed Midwife" there shall be substituted the words "Registered Midwife".

Given under my hand on 12th July 1985.

A. R. Thatcher,
Registrar General.

I approve.

Nicholas Edwards,
Secretary of State for Wales.

15th July 1985.

SCHEDULE Regulation 4

FORM 5

Certificate of still-birth

* I was present at the still-birth of a male*/female* child born
Yr oeddwn yn bresennol yn ystod marw-enedigaeth plentyn gwryw*/benyw* a anwyd

* I have examined the body of the male*/female* child which I am informed and believe was born
Yr wyf wedi archwilio corff plentyn gwryw*/benyw* y dywedir wrthyf ac y credaf iddo gael ei eni

on .....day of.....19.....to.....
ar dydd o fis i (name of mother) (enw'r fam)

at .....
yn (place of birth) (ele y ganwyd)

† 1. The certified cause of death has been confirmed by post-mortem.
Cadarnhawyd â post-mortem achos ardystiedig y farwolaeth.

† 2. Information from post-mortem may be available later.
Dichon y bydd gwybodaeth a gafwyd o'r post-mortem ar gael yn ddiweddarach.

† 3. Post-mortem not being held.
Ni chynhelir post-mortem.

Weight of fetus.....grams
Pwysau'r ffetws gram
Estimated duration of pregnancy
Amcangyfrif o barhad y beichiogiad
State (a) the number of weeks at delivery.....
Nodwch (a) nifer yr wythnosau adeg y marw-eni .....
(b) when the child died
pryd y bu'r plentyn farw
(i) before labour*
cyn yr esgor*
(ii) during labour*
yn ystod yr esgor*
(iii) not known*
nid yw'n hysbys*

† Please ring appropriate digit.
Rhowch gylch am y ffigur cymwys.

* Strike out the words that do not apply.
Dylid dileu y geiriau anghymwys.

CAUSE OF DEATH
ACHOS Y FARWOLAETH

a. Main diseases or conditions in fetus
Prif glefydau neu gyflyrau a berthynai i'r ffetws

b. Other diseases or conditions in fetus
Clefydau eraill neu gyflyrau a berthynai i'r ffetws

c. Main maternal diseases or conditions affecting fetus
Prif glefydau mamol neu gyflyrau a effeithiai ar y ffetws

d. Other maternal diseases or conditions affecting fetus
Clefydau mamol eraill neu gyflyrau a effeithiai ar y ffetws

e. Other relevant causes
Achosion perthnasol eraill

I hereby certify that (i) the child was not born alive, and
(ii) to the best of my knowledge and belief the cause of death and the estimated duration of pregnancy of the mother were as stated above.

Tystiaf drwy hyn (i) na anwyd y plentyn yn fyw, a
(ii) hyd y gwn ac y credaf i fod achos y farwolaeth ac amcangyfrif o barhad beichiogiad y fam fel a fynegir uchod.

Signature .....Date .....
Llofnod Dyddiad

Qualifications as registered by General Medical Council, or Registered no. as Registered Midwife .....
Cymwysterau fel y cofrestrwyd hwy gan y Cyngor Meddygol Cyffredinol neu Rhif Cofrestru fel Bydwraig Gofrestredig.

Address .....
Cyfeiriad

For still-births in hospital:
Please give the name of the consultant responsible for the care of the mother.
Yn achos marw-eni mewn ysbyty:
Rhowch enw'r ymgynghorydd oedd yn gyfrifol am edrych ar ôl y fam.

.....

FORM 6
Declaration as to still-birth

Date of still-birth .....
Dyddiad y marw-eni

Place of still-birth.....
Lle'r marw-eni

Name and surname of parents of still-born child or, in case of an illegitimate child, of the mother only. .....
Enw a chyfenw rhieni'r plentyn marw-anedig neu, yn achos plentyn anghyfreithlon, enw'r fam yn unig.

Usual address of mother of child .....
Cyfeiriad arferol mam y plentyn .....
.....
.....
.....

Reason why a certificate that the child was not born alive cannot be obtained from a registered medical practitioner or registered midwife. .....
Rheswm pam na ellir cael tystysgrif oddi wrth feddyg cofrestredig neu fydwraig gofrestredig yn tystio na chafodd y plentyn ei eni'n fyw. .....
.....
.....

I declare that the particulars stated above are true to the best of my knowledge and belief, and that the child mentioned above was not born alive.
Yr wyf yn datgan fod y manylion a roddwyd uchod yn wir hyd eithaf fy ngwybodaeth a'm cred ac na chafodd y plentyn y cyfeiriwyd ato uchod ei eni'n fyw.

Signature .....
Llofnod

State whether "Mother", "Father" of the child or in what other capacity liable to give information concerning the still-birth. .....
Dywedwch ai "Mam", "Tad" y plentyn neu ynteu mewn safle arall sy'n rhwym o roi gwybodaeth ynghylch y marw-eni.

Date .....
Dyddiad

FORM 8B

Certificate of cause of death of infant

Name of child ..... Sex .....
Enw'r plentyn Rhyw

Date of death ..... day of ..... 19 .....
Dyddiad y farwolaeth dydd o fis

Age at death ..... days (complete period of 24 hrs) ..... hours
Ei oed pan fu farw diwrnod (24 awr cyflawn) awr

Place of death .....
Man y farwolaeth

Place of birth .....
Lle y ganwyd

Last seen alive by me ..... day of ..... 19 .....
Gwelwyd yn fyw am y tro diwethaf gennyf ar dydd o fis

1 The certified cause of death has been confirmed by post-mortem.
Cadarnhawyd â post-mortem achos ardystiedig y farwolaeth.

2 Information from post-mortem may be available later.
Dichon y bydd gwybodaeth a gafwyd o'r post-mortem ar gael yn ddiweddarach.

3 Post-mortem not being held.
Ni chynhelir post-mortem.

4 I have reported this death to the Coroner for further action.
Yr wyf wedi hysbysu'r Crwner am y farwolaeth hon iddo weithredu ymhellach.

Please ring appropriate digit(s) and letter.
Rhowch gylch o gwmpas y ffigur (au) a'r llythyren gymwys.

a Seen after death by me.
Gwelwyd ar ôl marw gennyf i.

b Seen after death by another medical practitioner but not by me.
Gwelwyd ar ôl marw gan feddyg arall ond nid gennyf i.

c Not seen after death by a medical practitioner.
Nis gwelwyd ar ôl marw gan feddyg.

CAUSE OF DEATH
ACHOS Y FARWOLAETH

a. Main diseases or conditions in infant
Prif glefydau neu gyflyrau a berthynai i'r baban

b. Other diseases or conditions in infant
Clefydau eraill neu gyflyrau a berthynai i'r baban

c. Main maternal diseases or conditions affecting infant
Prif glefydau mamol neu gyflyrau a effeithiai ar y baban

d. Other maternal diseases or conditions affecting infant
Clefydau mamol eraill neu gyflyrau a effeithiai ar y baban

e. Other relevant causes
Achosion perthnasol eraill

I hereby certify that I was in medical attendance during the above-named deceased's last illness, and that the particulars and cause of death above written are true to the best of my knowledge and belief.

Signature .....
Llofnod

Qualifications as registered by General Medical Council .....
Cymwysterau fel y cofrestrwyd hwy gan y Cyngor Meddygol Cyffredinol

Tystiaf drwy hyn i mi weini'n feddygol ar yr ymadawedig a enwyd uchod yn ystod ei salwch olaf a bod y manylion ac achos y farwolaeth a ysgrifennwyd uchod yn gywir hyd y gwn ac y credaf i.

Address..... Date .....
Cyfeiriad Dyddiad

For deaths in hospital: Please give the name of the consultant responsible for the above-named as a patient .....
Yn achos marwolaethau mewn ysbyty: Rhowch enw'r ymgynghorydd a oedd yn gyfrifol am y person uchod pan oedd yn glaf

FORM 17

Certificate of registration of birth

I, the undersigned, do hereby certify that the birth of
Yr wyf fi sydd a'm llofnod isod yn tystio drwy hyn i enedigaeth

a male*/female* child (still-)born on the .....19.....
plentyn gwryw*/benyw* a anwyd (yn farw) ar

has been duly registered by me at Entry No..... in my Register No. .....
gael ei chofrestru'n briodol gennyf fi yng Nghofnod Rhif yn fy Nghofrestr Rhif

Name of informant.....
Enw'r hysbysydd

Qualification of informant .....
Cymhwyster yr hysbysydd

Date .....Signature of registrar .....
Dyddiad Llofnod y cofrestrydd

District.....Sub-district.....
Dosbarth Is-ddosbarth

* Strike out whichever does not apply.
Dileer yn ôl galw

EXPLANATORY NOTE

(This Note is not part of the Regulations.)

These regulations amend the Registration of Births, Still-births and Deaths (Welsh Language) Regulations 1969. They prescribe a new bilingual certificate of registration in relation to births and still-births registered in Wales (regulations 2 and 4(c)) and a new form of certificate of cause of death for a child who dies within 28 days of birth (regulations 3 and 4(b)). They also substitute a new form of certificate of still-birth and a new form of declaration of a still-birth (regulation 4(a)) and amend the reference to "certified midwife" in Schedule 2 to the 1969 regulations (regulation 5).

NODYN EGLURO

(Nid yw'r Nodyn hwn yn rhan o'r Rheolau.)

Y mae'r rheolau hyn yn diwygio Registration of Births, Still-births and Deaths (Welsh Language) Regulations 1969. Pennir ganddynt dystysgrif gofrestru ddwyieithog newydd mewn perthynas â genedigaethau a marw-enedigaethau a gofrestrir yng Nghymru (rheolau 2 a 4(c)) ynghyd â thystysgrif newydd achos marwolaeth plentyn sy'n marw o fewn 28 diwrnod i'w eni (rheolau 3 a 4(b)). Y maent hefyd yn cyflwyno tystysgrif newydd cofnodi marw-enedigaeth ynghyd â ffurflen newydd i wneud datganiad ynglŷn â marw-enedigaeth (rheol 4(a)) a diwygio'r cyfeiriad at "certified midwife" yn Atodlen 2 rheolau 1969 (rheol 5).

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