

BIRTHS AND DEATHS REGISTRATION ACT

(Cap. 30:01)

BIRTHS AND DEATHS REGISTRATION (AMENDMENT) REGULATIONS, 1985

(Published on 4th April, 1985)

ARRANGEMENT OF REGULATIONS

REGULATION

1. Citation
2. Amendment of regulation 6 of Cap. 30:01 (Sub. Leg.)
3. Amendment of First Schedule to principal Regulations

SCHEDULE

IN EXERCISE of the powers conferred on the Minister of Home Affairs by section 28 of the Births and Deaths Registration Act, the following Regulations are hereby made —

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| <p>1. These Regulations may be cited as the Births and Deaths Registration (Amendment) Regulations, 1985.</p> | Citation |
| <p>2. Regulation 6 of the Births and Deaths Registration Regulations (in these Regulations referred to as the "principal Regulations") is hereby amended by substituting for subregulation (2) thereof, the following new subregulation (2) —</p> <p style="padding-left: 40px;">“(2) Any person whose duty it is to give notice of a birth or a still-birth under section 9 of the Act shall either send to the District Registrar of the district in which the birth or still-birth, as the case may be, took place an information form in Form B3 in the First Schedule or give verbal notice of the birth or still-birth, as the case may be, to the District Registrar of the district in which the birth or the still-birth took place.”</p> | Amendment of regulation 6 of Cap. 30:01 (Sub. Leg.) |
| <p>3. The First Schedule to the principal Regulations is hereby amended —</p> <p>(a) by substituting for Form B3 thereof, a new Form B3 set out in the Schedule hereto; and</p> <p>(b) by deleting Form B12 relating to Notice of Still-Birth from the said First Schedule.</p> | Amendment of First Schedule to principal Regulations |

SCHEDULE

“Form B3

GOVERNMENT OF BOTSWANA

Notice of livebirth/still-birth

Registration No.

- | | |
|--------------------------------|------------------------|
| 1. District: | Medical Regions: |
| 2. First names of child: | 3. Surname: |
| 4. Place of birth: | 5. Date of birth |
| | 6. Sex |

7. Full name of father: 8. Age:
9. Birthplace: 10. Occupation:
11. Full name of Mother: 12. Age:
13. Birthplace: 14. Occupation:
15. If parents married, Date and Place of Marriage:,
16. Previous births to mother — living children M: F:
- deceased children M: F:
17. Type of delivery: 18. Live-born/Still-born
19. Was mother ill during pregnancy Yes/No
20. Did mother have difficulties giving birth Yes/No
21. Did baby look normal after birth Yes/No

if not, describe:

22. Period of gestation: Weeks. 23. Weight at Birth

24. I hereby certify that the above particulars are true and correct to the best of my knowledge in that I was present at or attend to this birth and I am/was —

- (a) Mother of the child
- (b) Father of the child
- (c) Present at the birth
- (d) Occupier of dwelling in which birth took place

Signature: Date:

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 This form to be completed in duplicate after every birth — then both copies sent to:—

Regional Medical Officer, for review, then to District Registrar of Births, for registration, then to Registrar of Births and Deaths, Gaborone, for registration and forward carbon copy to Central Statistics Office.”

MADE this 25th day of March, 1985.

E.M.K. KGABO,
Minister of Home Affairs.