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 Irelond), 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.

(**a**) 1960. c. 18.

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 fœtus were as stated below:

CAUSE OF THE STILL-BIRTH		Estimated duration of pregnancy
I	I	
DIRECT CAUSE State fœtal condition directly causing the still-birth.	(*a*)	..... weeks
ANTECEDENT CAUSES State fœtal and/or maternal conditions, if any, giving rise to the above cause, stating the underlying cause last.	due to (*b*) ..... due to (*c*)	
II	II	Weight of fœtus
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.		..... lbs. ..... oz.

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 .....