
**The Vital Statistics System and
Family Registration in Japan**

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Abstract

For about fifty years before 1947, the vital statistics system of Japan had been assigned to Bureau of Statistics, Central Statistics Organization of the National Government. But from 1947, the jurisdiction of vital statistics has been transferred to the Ministry of Health and Welfare. That is reason why the data collected would be used mainly for public health activities. Since then, these raw data have been collected through the channel of public health activities.

The vital statistics system in Japan is based in the Family Registration System on 100%. Family Registration System is the important method of storing information about vital events. It is a system where the legal status of each individual are recorded. Because of its legal nature, it is under jurisdiction of the compulsory system.

1.Characteristics of the Present Method

The characteristics of the present vital statistics system of Japan can be represented mostly by the fact that it is based on the Family Registration System under which the legal status of an individual and its change are recorded. Because of its legal nature, the Family Registration System is at present under the jurisdiction of the Ministry of Justice. Being a nationwide compulsory system of a permanent setup, the function of this system is very essential as a source of raw materials for the production of vital statistics.

The responsibility of collecting and composing vital statistics is assumed by the Ministry of Health and Welfare. Such a clear distinction between legal and statistical functions has its own merits, particularly as to the independence of statistics. On the other hand, the secondary nature of the derived statistics involves some limitations as a means of gathering statistical data.

For about 50 years before 1947, the vital statistics system of Japan was assigned to the Bureau of Statistics, a central statistical organization of the national government. The jurisdiction of vital statistics system has been transferred since 1947 to the Ministry of Health and Welfare, in view of making full use of the collected data mainly for public health activities. Since then, these raw data have been collected through the channel of public health administration from local offices through health centers and prefectural

health departments to the Ministry of Health and Welfare.

The establishment of such a special route of statistical reporting, independent of central and local statistical organizations requires continuous efforts to be made to strength statistical functions attached to the public health administration. Above all, the training of statistical personnel and the supply of statistical resources at local level are very essential to ensure efficient statistical operations at local organization.

2. Transcription of Information to Statistical Schedules

According to provisions of the Family Registration law, vital events of birth, death, marriage and divorce have to be declared to the head of local administrative office. The event of stillbirth (foetal death) also has to be declared under the Regulations regarding reporting of stillbirth. These declarations are made usually on the prescribed declaration formats (See Reference 2).

The declaration of birth has to be made with the birth certificate of the doctor or the midwife who attended the birth. It should be declared by either father or mother, the person who lives with them or anyone who attended the birth, within 14 days after the birth.

The death has to be declared with the certificate of death or of autopsy written by doctor (See Reference 3). Declaration of death should be made by the relative or anyone

of others who lived with the deceased, the landowner, or the caretaker of the land, within 7 days after the death or the time when the death was known.

The declaration of stillbirth has to be made as a rule with the physician's or midwife's certificate of stillbirth and is to be declared by father, mother, the person who lived with them or anyone who attended the stillbirth within 7 days after the stillbirth.

The marriage and divorce have to be declared by either the husband or the wife concerned, but no regulation is prescribed as to the duration of declaration.

The head of local administrative offices in charge, on accepting these declarations after due scrutiny, has to prepare immediately a copy each of specified vital statistics schedule for an event of birth, death, stillbirth, marriage and divorce (OCR sheet, See Reference 4). The information necessary to fill in these statistical schedules is all transcribed from declaration formats and/or certificates. The head of local administrative offices, without delay, has to transmit completed statistical schedules to the director of the health center concerned attaching the transmission card to a batch of these schedules.

On the other hand, necessary entries have to be made to the register on the basis of declaration formats thus received for the Family Registration. These declaration formats prepared by those persons whose permanent domicile are not

within the locality have to be sent to the head of appropriate local offices to make the entry to the original register kept there declaration formats have to be forwarded to the director of the health center on a monthly basis to be kept and used in the health center concerned.

3.Channels of Data Collection

Vital statistics schedules are prepared at the responsibility of the head of local administrative offices and are transmitted to the director of the health center concerned, usually day by day. As was mentioned before, these statistical schedules are prepared right on accepting relevant declaration formats regardless of residence of the person concerned. A particular attention is drawn, therefore, not to prepare a vital statistics schedules for a declaration format which is transmitted merely for the entry to the original register kept at the local office of permanent domicile of the person concerned.

Vital statistics schedules forwarded from local officers have to undergo a general scrutiny at health centers. Among these schedules received by health centers, birth, death and stillbirth schedules of those events occurred during the previous month have to be put together in a batch and forwarded to the Prefectural Government concerned by the 25th of every month together with two copies of the prescribed forwarding form. Similarly marriage and divorce schedules of

those events which were declared during the previous month must be arranged in a batch to be sent together with two copies of forwarding from to the concerned Prefectural Government by the 25th of every month.

On receipt of these vital statistics schedules forwarded from health centers, a general scrutiny has to be carried out at the Health Department of each Prefectural Government as stipulated uniformly by the Ministry of Health and Welfare. After the necessary scrutiny and corrections, these schedules are rearranged properly and forwarded to the Ministry of Health and Welfare by the 5th of the following month. A copy each of health center's forwarding forms and a copy of prefectural forwarding form must be attached to the batch of these schedules to be sent to the Ministry of Health and Welfare.

The Statistics and Information Department, Ministry of Health and Welfare, takes charge of receiving them and carrying out their tabulations. These channels of collecting vital statistics data can be illustrated in the chart as reference 1.

4. Nationwide Network of Data Collection

Dealing with statistical data such as vital statistics, a nationwide network must be firmly established to cover all the territory of the country. Vital events are taking place at every moment at various places all over the country. On the

other hand, these vital events may occur in a very scattered fashion and at a considerable length of interval. A permanent governmental setup which can be engaged continuously in the lookout of occurrence vital events is indispensable to collect complete and accurate vital statistics.

In many countries, a government unit in charge of small area administration, such as district or local administration assumes the responsibility of such a task. In Japan also, local administrative offices like village, town, and city offices, are taking charge of operating the Family Registration System which constitutes an important source of vital statistics in the field.

There were about eight hundreds cities (the are of some large cities was further subdivided into ward), about two thousands towns and about six hundreds villages as of November 1, 1993. various kind of in-services training activities and special training courses are provided with the personnel of these local offices. On the other hand, incentives of the people in general are great to make use of these records kept on the registers. This should also be considered as an important factor keeping these registers complete and accurate in Japan.

An important role played by the health center must be mentioned in connection with relevant activities needed for the collection of data on vital statistics. There are approximately 850 health centers at present all over Japan,

covering about 140,000 population per center in average. The health center undertakes public health activities for residents of the district to prevent communicable and other diseases, to promote health of residents, to improve environmental hygiene, to inspect food sanitation and so on.

The staff of a health center always includes some statistical members who takes charge of statistical matters of the center on a full-time or part-time basis. the collection and scrutiny of vital statistics schedule constitute one of their important functions. They are also engaged in making full use of these vital data preserved in the health center for various public health services performed by the center. Constant efforts are being made to give them some appropriate training in the fields of vital as well as health statistics.

5.Utilization of Vital Data at Local Levels

Copies of vital statistics schedules for birth, death and stillbirth are to be preserved and used at health centers. For this purpose, when birth schedules are sent from local offices to health centers, a carbon copy of its descriptive portion is removed from the original schedule to be kept in the health center. A summary death schedules is also prepared transcribing major information out of the original schedule. The original stillbirth reporting forms which are monthly forwarded from local administrative offices are also preserved in the health center.

These transcripts or forms should be kept in the health center of the district where the concerned persons are usually living. Therefore these transcripts or forms of the events occurred to the persons usually living in places under the jurisdiction of other health centers but within the same prefecture are transmitted directly to the health center concerned on a monthly basis.

These transcripts or forms related to the persons whose places of usual residence are in other prefectures are collected in a batch and sent to the Ministry of Health and Welfare through prefectural Government. Later, copies of transferred transcripts or forms are prepared and sent back to appropriate health center in charge of the districts of usual residence of the concerned persons from the Ministry of Health and Welfare. There are some 7-8 percent of all schedules falling in this category which is subject to transmission across prefectural boundaries.

Preservation of copies of marriage or divorce schedules is not required.

The place of usual residence of the person concerned is ascertained by "address of child" for a birth schedules, by "address of the deceased" for a death schedules, and by "address of mother" at the time of occurrence of stillbirth for a stillbirth for a stillbirth schedule.

By each arrangement for re-distribution, all the relevant transcripts and forms regarding birth, death and stillbirth

are to be placed in the health center of the districts of usual residence of the concerned persons. These preserved transcripts or reporting forms are utilized as statistical data or identity of individual cases for public health services at the health center. For example, the health center may locate individual cases of premature birth which requires special treatment and so on.

Moreover, making use of these locally preserved data, some specific tables may be generated newly to meet local needs of special kind. It should be noted, however, that since the vital statistics is recognized as a designated statistics under the Statistics Law of Japan, a specific permission has to be obtained from the Management and Coordination Agency to use unit data for a non-statistical purpose or even for Statistical tabulation other than originally specified ones.

Reference

1. Flowchart of vital statistics system in
Japan
2. Notification of Death
3. Certificate of Death
4. OCR Sheet (Schedule) of Death
5. Guide of the Statistics and Information
Department

1. Flowchart

Vital Events



**Family Registration Section,
Local Government**

- (1) Accept Notification & Certificate
- (2) Prepare Schedule (OCR Sheet)
- (3) Forward Schedule



**Health Statistics Section,
Health Center**

- (1) Examine Schedule
- (2) Transmit Schedule



**Section in charge of health Statistics,
Health Department,
Prefectural Government**

- (1) Examine Schedule
- (2) Transmit Schedule



**Statistics and Information Department,
Ministry of Health and Welfare**

- (1) Supervise
- (2) Compute, Tabulate and Publish

2.

NOTIFICATION OF DEATH

Date notified
Month Day Year.

Columns in Registrar's Use Only

(1) (2)	Name and surname							<input type="checkbox"/> Male	<input type="checkbox"/> female
(3)	Date of birth	Month	Day	Year	State in the following if the death occurred with in 30 days after birth	<input type="checkbox"/> Forenoon	Hour	Min.	
(4)	Date and time at death	Month	Day	Year	<input type="checkbox"/> Forenoon	Hour	Min.	<input type="checkbox"/> Afternoon	
(5)	Place of death	Location address							
(6)	Residency	Address							
		Name and surname of the head of the household							
(7)	Family register (if a foreigner, state only the nationality)	Domiciled locality							
		Name and surname of the head of the family register							
(8) (9)	Spouse	<input type="checkbox"/> Existing (Age) ,Not existing (<input type="checkbox"/> Unmarried, <input type="checkbox"/> deceased, <input type="checkbox"/> Divorced)							
(10)	Date and registrar of the birth of the deceased	Date	Month	Day	Municipality where registered City, Town or village	Prefecture	(State only if the death occurred within 8 days after the birth)		
(11)	Occupational type of Household at this death	<input type="checkbox"/> 1. Agriculture only <input type="checkbox"/> 2. Agriculture with other works <input type="checkbox"/> 3. Self-employed business (Liberal profession, Shop or factory owner, etc.) <input type="checkbox"/> 4. White-collar worker (Administrator, Manager, Clerk, Salesman, Engineer, etc.) <input type="checkbox"/> 5. Blue-collar worker (Factory labourer, Shop assistant, etc.) <input type="checkbox"/> 6. Others (Casual or temporary worker)							
(12)	Occupation and industry	Occupation	Industry						
R e m a r k N o t i f i e r	<input type="checkbox"/> 1. Relatives living together, <input type="checkbox"/> 2. Other relatives, <input type="checkbox"/> 3. Inmate, <input type="checkbox"/> 4. Owner of the house								
	<input type="checkbox"/> 5. Owner of the site, <input type="checkbox"/> 6. Caretaker of the house, <input type="checkbox"/> 7. Caretaker of the site								
	Resident address								
	Domiciled locality				Name and surname of the head of the family register				
	Signature		Sealing		Date		of birth		
				Month		Day Year			
Entry number									

3.

CERTIFICATE OF DEATH (or the Autopsy)

	Name and surname		Sex	1.Male 2.Female	Age last birthday	(in years)		
	Date attacked by the original cause in	Month	Day	Year				
	Date and time at death	Month	Day	Year	Forenoon Afternoon	Hour Min.		
(13)	Place and institution of occurrence	Location address						
(14)		1.Hospital, 2.Clinic, 3.Skilled nursing home, 4.Midwife's home. (State the appellation if this applies to 1,2,3,or 4) 5.At home, 6.Others						
(15)	Kind of death	1.Death from disease or natural death, Death from external cause (2 Poisoning, 3 Other accident, 4 Suicide 5 Homicide, 6 Others or undecidable), 7 Others or undecidable						
(16)	Cause of death (Give the underlying causes (b) or (c) only if these are thought medically to have given rise to immediate cause (a))	I	(a) Immediate cause		Approximate interval between onset and death			
			(b) Cause of (a)					
			(c) Cause of (b)					
		II	Other significant conditions					
			Principal findings of operation		Date of operation	Month	Day	year
			Principal findings of autopsy					
(17)	Supplementary matters concerning external cause	Date and time at the occurrence of injury						
		Means and circumstances						
		Place where injury occurred	Location address		Injury			
			(Give details about the place)				1 At work, 2 Not at work	
(18)	Give the following if the death occurred within 168 hours (7 days) after birth	Maternal conditions during pregnancy or at delivery						
(19)	I certify that the above is the result of my diagnosis (autopsy) about the deceased. Month Day Year							
	(Specify the name and location of the hospital or other clinic to which the doctor belongs)					Sealing		
	Name and surname of certifier :							

4. OCK SHEET FOR DEATH

数字記入例

0 1 2 3 4 5 6 7 8 9

2 人口動態調査死亡票

平成 年 月 日 市区町村受付

指定統計第5号

市区町村符号及び保健所符号

支所 保健所

事件簿番号

平成 年 月 日 保健所受付

照会

(1) 氏名	(2) 男 女 男 女 別	(3) 生年日 明 大 昭 平	年 月 日 午前午後 時	(4) 死年日 昭 平	年 月 日 午前午後 時
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(5) 死亡したところ	(6) 死亡した人の住所	都道府県	市、郡、東京都区	町、村、指定都市の区	(指定都市の町) 字、丁目、番地、番号	市区町村符号	保健所符号	アパート・マンション、様方
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(7) 死亡した人の国籍	(8)(9) 死亡した人の夫または妻	いる 満 歳	いない(未婚 死別 離別)	不詳
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(10) 死亡した人の出生日	都道府県	市区町村	(11) 死亡したときの世帯の主な仕事	(12) 死亡したときの職業・産業
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(13)(14) 死亡の場所の種別	施設の名	(15) 死亡の種類	(17) 従業中か否か
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原死因符号	E符号	発生場所符号	傷害発生場所	解剖の有無
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(16) 死亡の原因	I 直接死因	発病から死亡までの期間
	ロ(イ)の原因	
	ハ(ロ)の原因	
	その他の身体状況	

手術の主要所見	手術の年月日	解剖の主要所見
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(17) 外因死の追加事項	傷害発生年月日時分	平成 年 月 日 午前午後 時 分	(18) 妊娠・分娩時における母体の状況
	手段及び状況	(19) 施設の所在地又は医師の住所及び氏名	住所 氏名
	傷害発生場所	市区町村	場所名の具体的記載欄

5.

GUIDE OF
THE STATISTICS AND INFORMATION DEPARTMENT

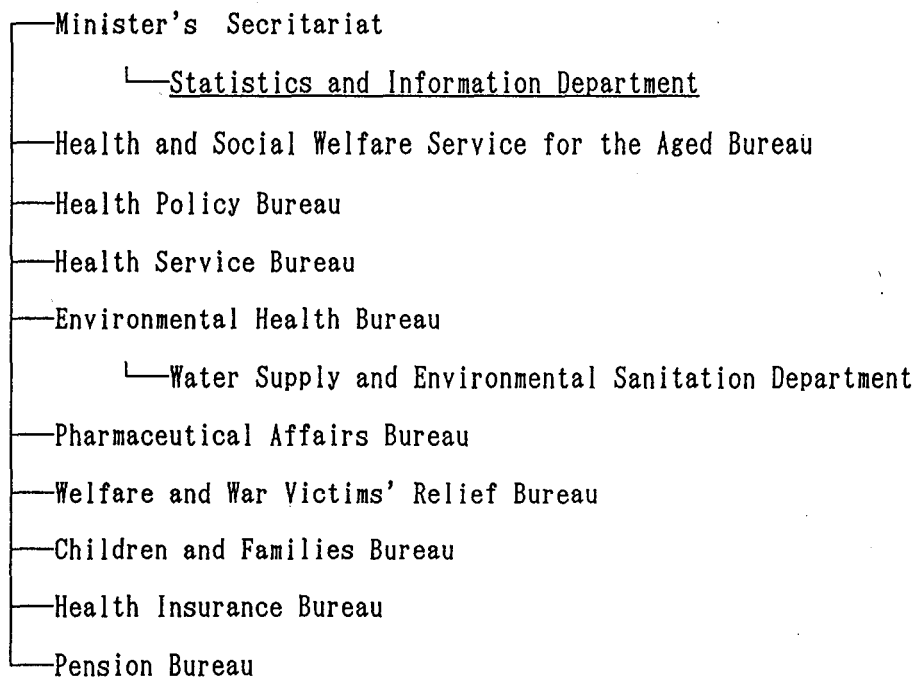
STATISTICS AND INFORMATION DEPARTMENT
MINISTER'S SECRETARIAT
MINISTRY OF HEALTH AND WELFARE
JAPANESE GOVERNMENT

1. Organization of our Department

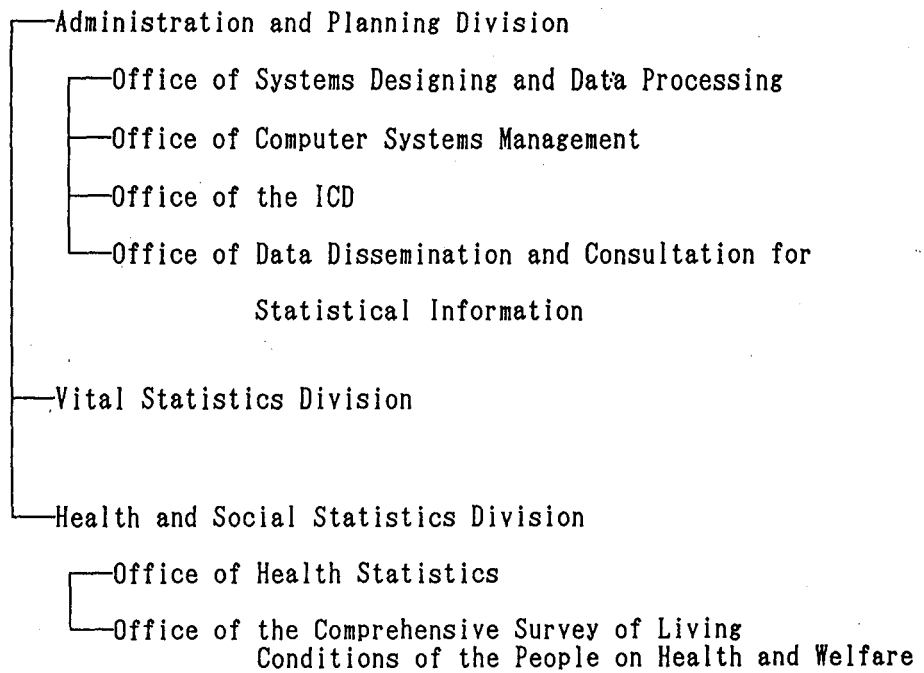
Our department, The Statistics and Information Department was originally established in 1949 in the Minister's Secretariat of the Ministry. It has been making the vital, health and welfare statistics, analyzing them, and providing these statistical outcome to the other parts in the Ministry and each Prefecture Government.

And the terminals which are installed in such affiliated institutes of MHW as Research Institutes, Regional Medical Affairs Offices and Quarantine Stations are connected to the our main-host computer through a value-added network (VAN) to operate "Information System for the Supervision of Imported Foods", and so forth.

Organization Chart of Ministry of Health and Welfare



Organization Chart of statistics and Information Department
(390 members)



2. Main Surveys of our Department

Title	Contents	Periodicity	method
1. Vital Statistics			
Vital Statistics	Statistics of birth, death, marriage, divorce and fetal death.	monthly annually	census
Survey of Socio-Economic Aspects on Vital Statistics	This survey's subject is yearly changed. (ex. Birth, Death from cancer)	annually	sample survey
Life Table	Completed Life Table and Abridged Life Table.	annually	
2. Health Statistics			
The Patient Survey	Statistics on health status and use of health services.	every 3 years	sample survey
Survey of Medical Care Institution	Geographical distribution, characteristics, manpower and equipment.	every 3 years	census
Survey of Physicians Dentists and Pharmacists	Geographical distribution, age, sex and so on.	every 2 years	census
Survey of Health Facilities for the Elderly	Geographical distribution, function, and manpower of facilities, and health status of user.	annually	census
Statistics on Communicable Diseases	Number of patients for legally defined, specially designated and notifiable communicable diseases (1)	annually	report
Report on Public Health Administration and Services	Concerning to Communicable Diseases: Public assisted patients from leprosy, number of isolated patients from communicable diseases and so on.	annually	report
Report on Activities of Public Health Centers	Number of people having preventive inoculation, medical check for tuberculosis and so on.	annually	report
3. Social Statistics			
Comprehensive survey of Living Conditions of the People on Health and Welfare	Living condition of the people in the household.	annually	sample survey
Survey of Social Welfare Institution	Geographical distribution, function, manpower and user.	annually	census
Survey of Public Assistance movement	People in/out of public assistance, that's reason, working situations.	annually	sample survey
Survey of Medical Care Activities in Public Health Insurance	Medical care activities and diseases in the system of public health insurance	annually	sample survey

4.Others			
Statistical Survey on the Establishments Rendering Health and Welfare Related Services	Geographical distribution, services and users.	every 3 years	sample survey
Estimates of National Medical Care Expenditure	Total expenditure of medical care in the medical institutions.	annually	census

Note:

(1) Legally defined communicable disease

Cholera, Dysentery, Typhoid fever, Paratyphoid fever, Smallpox, Epidemic typhus, Scarlet fever, Diphtheria, Meningococcal meningitis, Plague, Japanese encephalitis.

Specially designated communicable diseases

Acute poliomyelitis, Lassa fever.

Notifiable communicable diseases

Measles, Tetanus, Malaria, Tsutsugamushi, Filariasis, Yellow fever, Relapsing fever, Influenza, Whooping cough, Rabies, Anthrax, Infectious diarrhea.

Others

Schistosomiasis, Syphilis, Gonorrhoea, chancroid, Lymphogranuloma inguinale.