



Designation of responsibilities and Organizational structure of the Civil Registration System in Barbados

Presented by:
Marcia Thompson

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Introduction and Presentation Overview

Topics

- ❖ **Legal Framework**
- ❖ **Organizational structure**
- ❖ **Registration Process & Data Management**
- ❖ **Vital Statistics System**



Legal Framework

- ❖ **Background to Civil Registrations**
 - **1819 - Registration of Colonial slaves**
 - » **Every 3 years**
 - **1887 - Parochial Registrations**
 - **1890 - Registration of Births Act**
 - **1925 - Registration of Deaths Act**



Legal Framework Cont'd

- ❖ **Vital Statistics Registration Act Cap. 192A**
 - **Establishes who is responsible for the administration of the act;**
 - **Duties of Registrar**
 - **Duties of District Registrars**
 - **Types of vital events to be reported/registered**
 - **Time frame and requirements for registration of each event**
 - **Person or informant responsible for registration**



Legal Framework Cont'd

❖ Vital Statistics Registration Act Cap 192A

❖ Administration

- Registrar of the Supreme Court
 - Is also Registrar General

- District Registrars



Legal Framework cont'd

❖ Types of events recorded

- Births
- Stillbirths
- Deaths
- Marriages
- Divorces



Legal Framework cont'd

Requirements for Registration				
Live Birth	Still-Birth	Death	Marriage	Divorce
Proof of Birth from Birthing Centre Medical Certification/ Immunization Card	Proof of Still-Birth in the form of Medical Certificate of Cause of Still Birth	Proof of Death in the form of one of the following: Medical Certificate of Cause of Death, Coroner's Certificate, Post Mortem Report	Original Religious and /or Civil Marriage record	Original or certified true copy of Court Order/Decree Absolute
Notice of Birth	Notice of Still Birth	Notice of Death		
Identification of Mother and/or father				
Marriage certificate (where necessary)				
Time frame for Registration				
within 28 days of the occurrence	with in 28 days of the occurrence	within 5 days of the occurrence	with in first 10 days of every month	



Legal Framework cont'd

- ❖ **Person responsible for informing of the event**
 - ❖ **Live Birth** - The father (where parents are married to each other), the mother, the head or occupier of the house/ institution
 - ❖ **Stillbirth** The Funeral Director, father, mother.
 - ❖ **Death** The Funeral Director, nearest relative
 - ❖ **Marriage** Marriage Officer (*Sec (2) Marriage Act Cap 218A*)



Vital Events Reporting

❖ Births

- Two types (1. Live Births 2. Stillbirths)
- 99.% of all births occur in formal birthing centers or hospitals

❖ Deaths (Natural and un-natural)

- All deaths are registered based on the medical certificate of Cause of Death provided by the medical doctor, a coroners certificate or postmortem signed by the pathologist.



Vital Events Reporting cont'd

- **Marriages**
 - Religious
 - Civil

All Religious Marriage officers must be appointed and registered before they are allowed to perform a marriage ceremony.

- **Divorces**
 - When Application is filed.
 - Obtained from High Court Family Files



Registration Process & Data Management

❖ For each event

- Individual statistical forms are completed
- Alphanumeric number with date of registration.
(e.g B100A/2015)

• Paper Records

- Written in non-blurring ink
- Original in bound volumes

• Electronic

- Electronic Document Management System
- Supporting documents are imaged
- Stored in optical Jukebox on optical disks
 - Stored offsite



Data Management cont'd

- **Vault (Repository)**
 - Air-conditioned
 - Dexion shelving
 - Fire Extinguishers
 - Acid free boxes



Civil Registration and Vital Statistics System Organizational Structure

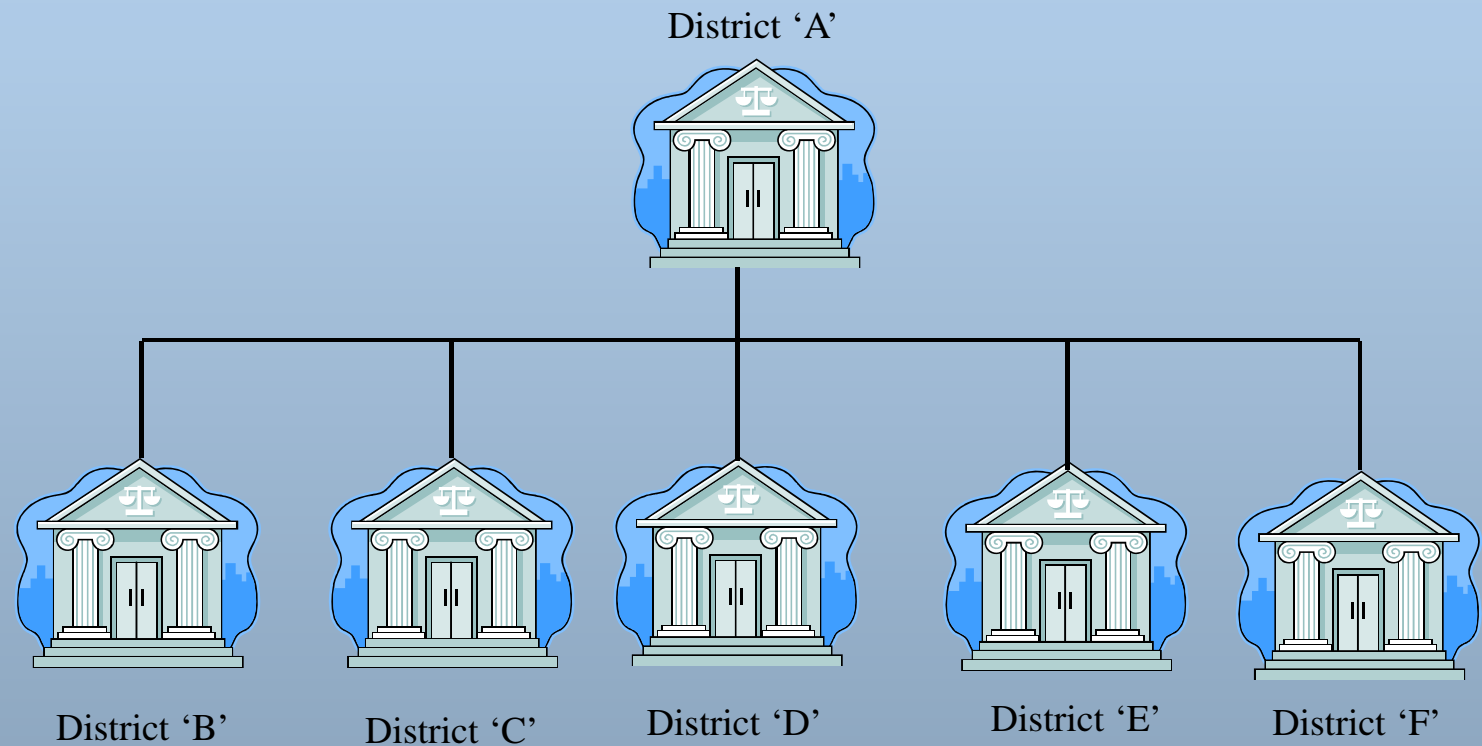
- ❖ **Agency for civil registration system**
 - the Registration Department an agency of the Office of the Attorney General.
 - Central authority for managing the entire system.



Civil Registration and Vital Statistics System Organizational Structure cont'd

❖ 6 District Registrars

❖ 6 Registering Offices (including the central registry)





Civil Registration and Vital Statistics System Organizational Structure cont'd

❖ **Vital events are registered in the district of occurrence.**

Place of occurrence

Registering Office

St. Michael

District A, Registration Office,
White Park Road, St. Michael

Christ Church and St. George

District 'B' Magistrate's Court
Office, St. George

St. Philip and St. John

District 'C' Magistrate's Court
Office

St. Thomas

District 'D' Magistrate's Court
Office

St. James, St. Peter and St. Lucy

District 'E' Magistrate's Court
Office

St. Joseph and St. Andrew

District 'F' Magistrate's Court Office



Birth & Still Birth Statistical Form

CONFIDENTIAL STATISTICAL RETURN (Births and Still Births) Statistics Act, 1958

Station

Registration No.

Name Surname Christian Names

Date of Birth

Day	Month	Year

Sex *

Male	Female

Is this Birth *

Legitimate	Illegitimate

Is this Birth *

Live	Still

Is this Birth *

Single	Twins	Triplets

Order of Birth (for multiple births only)

1st of Twins or Triplets	2nd of Twins or Triplets	3rd of Triplets

Composition of Sexes * (for multiple births only)

2 males	1 male 1 female	2 females	3 males

.....

2 males 1 female	1 male 2 females	3 females

Certification (For Stillbirths) *

Doctor	Mid-wife	Declaration	Postmortem report	Coroner's Certificate

Age of mother at last birthday (in years)

Age of father or reputed father at last birthday (in years)

Occupation of mother

Occupation of father

2

Parish of occurrence of birth

St. Michael	Christ Church	St. Philip	St. John	St. Joseph	St. Thomas	St. James	St. Peter	St. Lucy	St. Andrew	St. George
01	02	03	04	05	06	07	08	09	10	11

Usual Residence of mother *

St. Michael	Christ Church	St. Philip	St. John	St. Joseph	St. Thomas	St. James	St. Peter	St. Lucy	St. Andrew	St. George
01	02	03	04	05	06	07	08	09	10	11

Give the total number of live and still born children (including this birth) that this mother has had so far, and the number still alive:-

Live born	Stillborn	Total born	Total still alive

Was the person in attendance at this birth *

Doctor	Registered midwife	Nurse	Relative	Other	None

Place of Birth

Did this birth take place in *

Government Hospital	Private Hospital	Nursing Home/ Private Clinic	Other Institutions	At Home	Other

Date of Registration

Day	Month	Year

When named *

At Registration	Added to Baptism Certificate	Added to Other Certificate	No Name	Not Stated

Informant *

Father	Mother	Other person

Signature of Registrar

* - Tick entries which are applicable.



Notice of Birth & Notice of Still-Birth

FORM A

A64:107

(Section 8(1))

Vital Statistics Registration Act, 1980

NOTICE RESPECTING THE BIRTH OF A CHILD

Name (if any)	
Date of birth	
Place of birth	
Sex	
Name of father	
Name of mother	
Residence of father	
Residence of mother	
Occupation of father	
Occupation of mother	
Number of children mother has previously borne	
Name of person attending at birth	
Profession of person attending at birth	
Name of informant	
Abode of informant	
Signature of informant	
Signature of District Registrar	
Date of Registration	
Registration number	

BARBADOS



Form G

(Section 16(1))

Vital Statistics Registration Act, Cap. 192A

NOTICE RESPECTING STILL-BIRTH

Date of birth	
Place of birth	
Sex	
Name of father	
Name of mother	
Residence of father	
Residence of mother	
Occupation of father	
Occupation of mother	
Number of children mother has previously borne	
Name of person attending at time of birth	
Name of informant	
Abode of informant	
Signature of informant	
Proposed date of burial	
Proposed place of burial	
Signature of Funeral Director	
Signature of District Registrar	
Date registration	



Proof of Still-Birth

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Form H

(Section 16(2))

Vital Statistics Registration Act, Cap. 192A

MEDICAL CERTIFICATE OF STILL-BIRTH

Name of Mother

Date of birth of child

Place of birth

I hereby certify that I was in attendance at the still-birth of the above-mentioned mother and that the cause of the still-birth is as stated hereunder:

CAUSE OF THE STILL-BIRTH

- (a)
- (b)
- (c)

Dated this day of ,19

Signature and Qualifications

Address

Signature of District Registrar

Date of Registration

Note: This medical certificate of still-birth is to be delivered to the funeral director in charge of the body.



Death Statistical Form

Registration

Confidential Statistical Return

DEATHS

(Statistics Act, 1958)

Station

Registration No.

Name

Surname

Christian Name

.....

Sex* MALE FEMALE

Marital Status* Single Married Widowed Divorced Legally Separated Separated

Date of Death Day Month Year

Age at Death
(If 2 years and over, give age in completed years. If under 2 years give age in completed months. If under 1 month (31 days) give age in completed days).
..... Years Months Days

Date of Birth *(Infant under 2 years)* Day Month Year

Livebirth order *(Infant under 2 years)*

Mother's age *(Infant under 1 year)* Years

Legitimacy* *(Deceased under 2 years)* Legitimate Illegitimate

Cause of Death

(Code E and N cause) E N

Certification* Medical Post mortem report Coroner's inquest Uncertified

Usual occupation (Give kind of work done during most of working life)

Usual residence of deceased*

St. Michael	Christ Church	St. Philip	St. John	St. Joseph	St. Thomas	St. James	St. Peter	St. Lucy	St. Andrew	St. George
01	02	03	04	05	06	07	08	09	10	11

Parish in which death occurred*

St. Michael	Christ Church	St. Philip	St. John	St. Joseph	St. Thomas	St. James	St. Peter	St. Lucy	St. Andrew	St. George
01	02	03	04	05	06	07	08	09	10	11

Did this death take place in*

<input type="checkbox"/> Government Hospital	<input type="checkbox"/> Private Hospital	<input type="checkbox"/> Nursing Home/ Private Clinic	<input type="checkbox"/> At Home	<input type="checkbox"/> Other
--	---	---	----------------------------------	--------------------------------

Date of registration

<input type="text"/> Day	<input type="text"/> Month	<input type="text"/> Year
--------------------------	----------------------------	---------------------------

Signature of Registrar

*Tick entries which are applicable.



Proof of Death

FORM J (Section 22 (1))

Vital Statistics Registration Act, Cap. 192A
MEDICAL CERTIFICATE OF DEATH

Name of deceased person:

Address:

Sex: Age:

Duration of Illness:

I hereby certify that the abovementioned deceased who was attended by me and was last seen alive by me on the day of, 20, died on the day of 20, and that to the best of my knowledge and belief the cause of death is stated hereunder.

CAUSE OF DEATH PART I	APPROXIMATE INTERVAL BE- TWEEN ONSET AND DEATH
Disease or condition directly leading to death* (a)	
due to (or as a consequence of)	
Antecedent Causes (b)	
Morbid conditions, if any, giving rise to the above cause, stating the underlying condition last. due to (or as a consequence of)	
(c)	
due to (or as a consequence of)	
(d)	
PART II	
Other significant conditions, contributing to the death, but not related to the disease or condition causing it. (a)	
(b)	

*This does not mean the mode of dying, e.g. heart failure, respiratory failure. It means the disease, injury or complication that caused death.

Dated this day of, 20

Name

Signature and Qualifications

Address

Signature of District Registrar

Date of registration

NOTE: This medical certificate of death is to be delivered to the funeral director in charge of the body.

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A81:586



Registrar's Number

CORONER'S CERTIFICATE
Vital Statistics Registration Act, cap. 192A

(Section 21)

District

Name of Deceased

Address

Date of Death Age

1. * I, CERTIFY that on the day of 20, I, dispensed

with the holding of an inquest into the death of the deceased. A Postmortem examination

was performed by

Pathologist/Medical Practitioner

..... on the day of 20

OR

2. * I, CERTIFY that on the day of 20, I commenced

an inquest into the death of the deceased. The inquest concluded on the

day of 20

The cause of death as recorded by me is:

.....

.....

.....

.....

.....

.....

* Delete which is inapplicable

.....
Coroner District " "



Notice of Death

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A64-116
Form F
[Section 20 (1)]

Vital Statistics Registration Act, 1980

NOTICE OF DEATH

Name	
Registration Number (if any)	
Age	
Marital Status	
Date of Death	
Place of Death	
Sex	
Rank or Profession	
Country of Birth	
Name of Informant	
Residence of Informant	
Signature of Informant	
Proposed date of Burial	
Proposed place of Burial	
Signature of Funeral Director	
Signature of District Registrar	
Date of Registration	
National Registration Number	



- **A brief look at:**

Vital Statistics Registration Act Cap. 192A

**Vital Statistics Registration (Forms and Fees)
Regulations Cap. 192 A'A**



Vital Statistics System

- **The Law**

- ❖ Part 11 Section 5 (1) of The Vital Statistics Registration Act Cap. 192A of the Laws of Barbados.

- » Provision is made for collating, publishing and distributing statistical information regarding:

- Births
 - Still-births
 - Deaths
 - Marriages
 - Divorces



Vital Statistics System

❖ Procedure

- ❖ Manual and time consuming

❖ Some Collations & Tabulations

- Live Births, Stillbirths, Deaths, and Infant deaths by registrations
- Live Births, Deaths, and Infant deaths, Marriages by occurrences
- Live Births, Deaths, and Infant deaths by sex
- Live Births, Deaths, and Marriages by quarters
- Live Births, Deaths Infant deaths by age group
- Live Birth Order: By age of mother and order of Birth
- Midyear Population and Vital Rates of increase.

❖ Publication of Vital Statistics

❖ [Last publication 2013](#)

LIVE BIRTH ORDER: AGE OF MOTHER AND ORDER OF BIRTH

AGE GROUP (yrs)	ORDER OF BIRTH											
	TOTAL	1	2	3	4	5	6	7	8	9	10+	N/S
Under 15	3	3										
15-17	83	80	3									
18-19	209	171	37		1							
20-21	309	218	73	16	2							
22-24	442	221	155	46	16	4						
25-29	690	270	229	113	51	20	7					
30-34	669	194	224	129	67	32	11	8	2	1	1	
35-39	450	73	134	115	62	30	15	12	6	1	2	
40-44	152	37	38	24	25	17	4	4	1	2		
45-49	12	2	5	2								
50+	0											
N/S	5	1		1								3
Total	3024	1270	888	446	224	103	40	24	9	4	3	3

DEATHS REGISTERED BY QUARTER AND SEX IN EACH PARISH

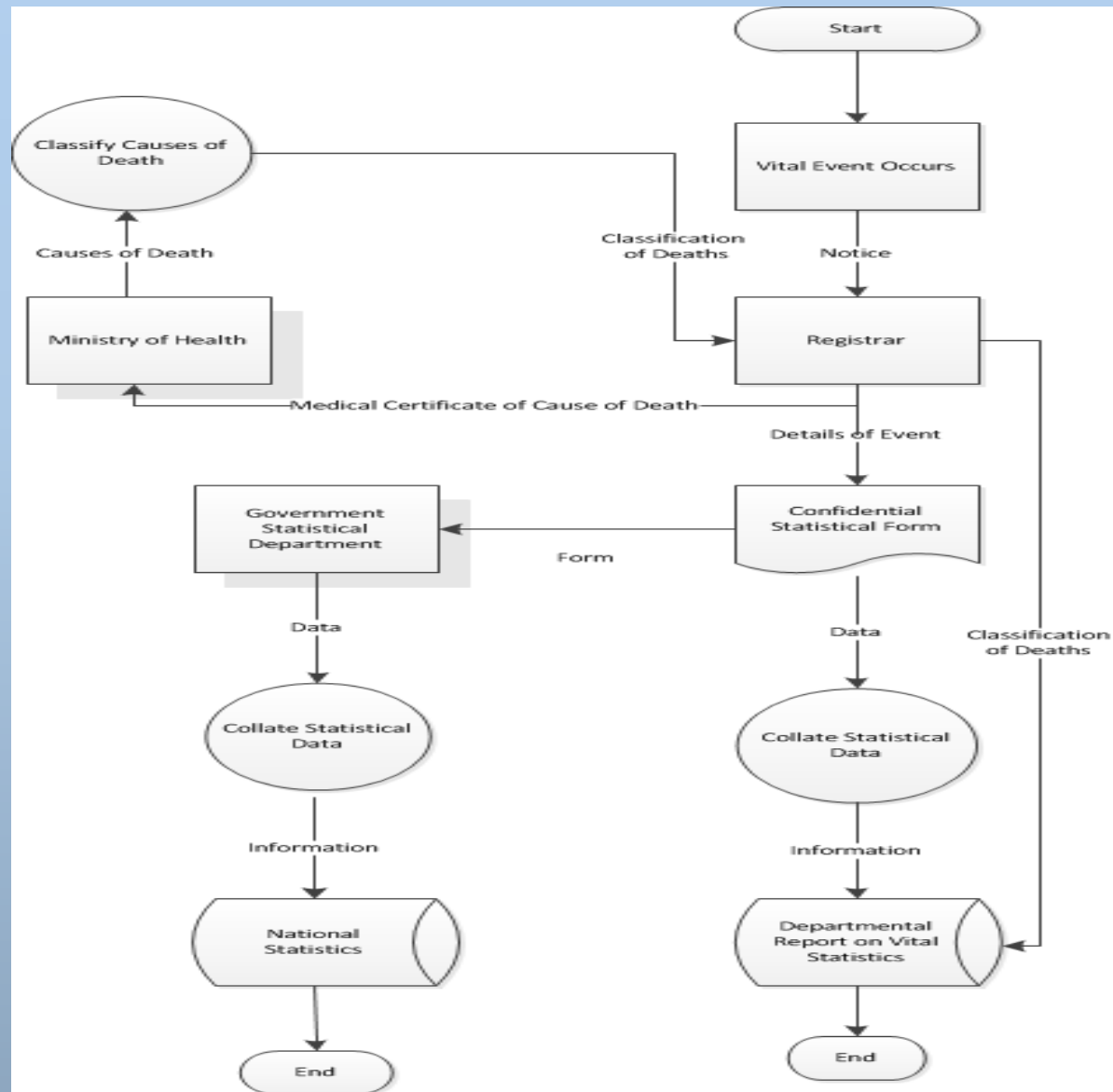
PARISH	TOTAL	TOTAL		1ST QUARTER		2ND QUARTER		3RD QUARTER		4TH QUARTER	
		M	F	M	F	M	F	M	F	M	F
ST MICHAEL	1819	922	897	236	220	210	210	234	240	240	227
CHRIST CHURCH	217	91	126	22	31	25	25	21	30	29	38
ST GEORGE	61	22	39	4	9	5	9	8	6	5	5
ST PHILIP	100	57	43	15	10	14	14	14	13	14	9
ST JOHN	28	17	11	4	2	3	3	4	3	6	3
ST JAMES	85	35	50	9	10	8	8	11	16	7	16
ST THOMAS	43	17	26	3	4	3	12	4	5	7	5
ST PETER	44	19	25	5	9	8	8	2	2	4	6
ST LUCY	43	19	24	7	6	3	8	4	3	5	7
ST ANDREW	12	8	4	3		2	1			3	3
ST JOSEPH	20	9	11	1	2	5	4			3	5
N/S	0	0	0								
TOTAL	2495	1216	1279	308	303	289	302	302	320	317	324

LIVE BIRTHS, DEATHS AND INFANT DEATHS BY SEX, STILL BIRTHS AND MARRIAGES REGISTERED IN EACH QUARTER

QUARTERS	BIRTHS			DEATHS		INFANT DEATHS			STILL BIRTHS	MARRIAGES	
	TOTAL	M	F	TOTAL	M	F	TOTAL	M			F
1ST	790	384	405	611	308	303	4	2	2	8	366
2ND	670	345	325	591	289	302	7	3	4	8	468
3RD	688	360	328	622	302	320	9	5	4	5	497
4TH	872	451	421	641	317	324	5	1	4	9	478
TOTAL	3024	1540	1484	2465	1216	1249	25	11	14	30	1829



Civil Statistics Data Flow





Conclusion

- Not a perfect system
 - Civil Registrations
 - No continuous monitoring and evaluation of the system's performance
 - Vital Statistics system
 - There is need to examine all aspects of the vital statistics system with a view of improving the collection and dissemination of data using information technology.
 - Limited number of tabulations manually prepared as no computer facilities exist
 - Training of the vital statistics personnel



That was a brief look at the responsibilities and Organizational structure of the Civil Registration and Vital Statistics System in the Civil Registry of Barbados

Thank You !