

## VITAL STATISTICS SYSTEM OF THE COMMONWEALTH OF PUERTO RICO

A system for the official registration of births, stillbirths, deaths, and marriages was established for the first time in Puerto Rico, on a compulsory basis, during the Spanish regime in the year 1885. Therefore, it can be said that our vital statistics system is a young one as compared with corresponding systems in effect in the most advanced countries. The royal decree from the king of Spain which established the system for the registration of births, deaths, stillbirths and marriages in the island of Puerto Rico was more concerned with the judicial and civil aspects of registration than with its usefulness to such important fields of knowledge as demography, sociology, economics and public health. It, therefore, did not provide for adequate centralization so that the records obtained through registration of these vital events could be filed and analyzed on an island wide basis at some central office. Although it established a certain uniformity of procedures, the application of the law was left to the corresponding authorities in the municipalities into which the island of Puerto Rico was divided for administrative purposes at that time.

After the change of sovereignty in 1898, when Puerto Rico became a possession of the United States as a result of the Spanish-American War, the registration system in the island, except for a few minor changes or modifications, continued to operate in more or less the same way as had been established during the Spanish regime.

It was not until the year 1931, however, and in keeping with the recommendations of the U. S. Vital Statistics Model Law of that period, that the procedures for the registration of births, stillbirths, deaths and marriages were entirely revised and a centralized vital statistics system on an island-wide basis was organized. The new law shifted emphasis to the demographic, socio-economic and public health aspects of registration but at the same time retained the usefulness of the records from the civil or judicial standpoint.

As a result the responsibility for the registration of births, stillbirths, deaths and marriages was transferred from the municipi-

pal authorities to the Commissioner of Health of the island. In order to put the new registration system to work a Bureau of Vital Statistics was created in the Department of Health.

Although the basic unit area for the registration of births, deaths, stillbirths and marriages continued to be the municipality, the Commissioner of Health was granted authority to break up this unit area into smaller ones whenever he thought it convenient for the benefit of the service.

The Commissioner of Health was also vested by the new law with the responsibility to appoint the local registrars upon the recommendation of the chief of the Bureau of Vital Statistics. These local registrars are now considered regular employees of the public health unit serving the particular municipality or registration area to which they are assigned for duty and their offices are usually located in the same building used by the public health unit. It must be added here that public health units in Puerto Rico may be considered as the local municipal branches of the Department of Health.

The new law (1931) obliged the local registrar to send periodically (on a monthly basis) all the original certificates of births, deaths, stillbirths and marriages registered by them, to the central office of the Bureau of Vital Statistics in the Department of Health, for their permanent filing, the issuance of certified copies of them, and the statistical analysis of the data they contained. As soon as the 1931 Vital Statistics Act was put into effect the local registrar was no longer authorized to issue certified copies of the records of the registrations he made, and this duty was transferred to the central office. However, the local registrar was allowed to keep and to issue certified copies of the records corresponding to the registrations made prior to the enactment of the 1931 revision of the Vital Statistics Act.

A recent amendment to our Vital Statistics Act authorizes the local registrars to issue certifications of the registrations made after 1931 upon request of interested parties.

As we could only expect, the 1931 law has been undergoing modifications all the time but so far it has not suffered any change which we may really consider as fundamental. In general terms we may outline the registration procedures now in practice in Puerto Rico as follows:

#### A- Registration of Births

Every birth in Puerto Rico should be registered at the

corresponding local registration office serving the area where the birth occurred, not later than 10 days after its occurrence. If the registration is made within this period no fee is required, it being, therefore, absolutely free of charge. However, if this 10 day period has already elapsed by the time the registration is made, the registrant is required to pay a fine of one dollar (\$1.00) in internal revenue stamps to be cancelled on the certificate, and the registration is entered as a delayed one. If more than one year has elapsed, in addition to the one dollar (\$1.00) fine, he is also required the presentation of an affidavit. Later on further additional proof of his age and place of birth may be required. This may be in the form of a school record, a baptismal record, etc.

In other words, after the child whose birth registration is requested has attained a certain age, the affidavit by itself is not considered sufficient evidence for the delayed registration.

In every birth certificate there are certain items among those required to be filled at the time of registration which are considered of a confidential nature and not disclosed unless at the request of the person to whom the certificate refers, his parents, or upon the order of a competent court. At the moment of registration the registrant is issued an abbreviated certificate which constitutes evidence that the registration was made. This "certificate" which looks like a small "diploma", has been found to be helpful in the promotion of registration among the lower classes of our society.

Recent studies made by the U. S. Census Bureau about our completeness of birth registration indicate that at present about 96% of the births occurring in Puerto Rico are registered within the period required by law.

#### B- Registration of Deaths

Every death occurred in Puerto Rico must be registered within 24 hours after its occurrence. The registration must be made with the local registrar serving the area where the death occurred, and is a prerequisite to the celebration of the funeral, as no interment or transfer of the corpse may be allowed without a permit which can only be obtained from the local registrar after the death has been duly registered. The interment-permits collected at the cemeteries are returned to the corresponding local registrars so that they be matched to the original death certificates as checks on the final disposal of the corpses.

A medical certification of the cause of death is required in every certificate of death prior to its registration at the local demographic registry office.

Death registration in Puerto Rico is considered practically 100% complete. However, due to the fact that there is still a relative shortage of physicians in Puerto Rico the quality of the medical certifications is still relatively poor and could be considerably improved.

#### C- Registration of Stillbirths

The registration of stillbirths in Puerto Rico follows almost the same pattern as registration of deaths. However, for the registration of a stillbirth a special form called "Certificate of Stillbirth" is used. This form may be considered as made up of a combination of items taken from the birth and death certificates.

#### D- Registration of Marriages

All marriages performed in the island of Puerto Rico must be registered within 10 days after their celebration. The registration must be made at the local registration office serving the area where the ceremony was performed. The responsibility for the registration is vested on the person who performed the marriage.

As a prerequisite for the celebration of the marriage, the parties must have first obtained a marriage license. This is issued by a demographic registrar to the parties after they have presented the corresponding medical certificates required by our statutes to prevent the celebration of marriages among persons suffering from communicable diseases or mentally defective. The medical certificate is valid for only 10 days, within which period the marriage must be performed, unless the parties undergo a new medical examination and a new license be issued thereupon.

In Puerto Rico any duly ordained minister or priest of a recognized religious group is authorized to celebrate marriages. Also authorized to officiate are Justices of Peace, of District or Superior Courts and of the Supreme Court.

Marriages may be performed anywhere in Puerto Rico. That is, the ceremony may take place in a home, in a church, in a Court of Justice, etc.

- \* \* \* -

I- From the preceding description of our vital statistics system we may be able to summarize the primary functions of the Bureau of Demographic Registry and Statistics of the Department of Health of the Commonwealth of Puerto Rico as follows:

- a- To provide the necessary facilities for, and to promote the registration of births, stillbirths, marriages and deaths in Puerto Rico.
- b- To preserve and safeguard the documents corresponding to the registration of the above mentioned events.
- c- To provide adequate facilities for the prompt issuance of certified copies of these documents to the interested parties who may rightfully request them.
- d- To analyze periodically from the statistical viewpoint all the data contained in these documents which may be considered reliable indicators of our health conditions or which may be useful in the study of some of our health, demographic, and or socio-economic problems or characteristics.
- e- To give information and advise to other bureaus or sections of the Department of Health, as well as to other agencies outside it, which may be necessary for research studies or for other purposes involving the collection, analysis, and or, interpretation of vital statistics or demographic data.

Because of the wide scope of these primary objectives, the Bureau of Demographic Registry and Statistics, which was formerly a part of the Department's Division of Public Health, was eventually placed under the immediate or direct supervision of the Secretary as one of the bureaus at the central office level. It is my personal opinion that this was a good measure and that the Bureau's present position in the organizational structure of the Department of Health should be maintained.

Although from a disciplinary standpoint the local health officer is the immediate supervisor of the corresponding local registrar, it is the Bureau of Demographic Registry and Statistics

which establishes the procedures all or any local registrar will have to follow in fulfilling his duties as such. This implies that the Bureau has a direct responsibility in the supervision of the local registries both from the technical and the administrative standpoints.

Whatever the problems of a disciplinary or administrative nature which the local health officer may encounter in his office involving the local registrar should be reported to the Bureau of Demographic Registry and Statistics for the corresponding action aimed at its correction. It is therefore evident that these are some important direct lines of relationship between the local health officers and the Bureau of Demographic Registry and Statistics.

Direct lines of relationship also exist between our Bureau and other Bureaus, as well as Divisions, within the Department. In these cases we deal directly with the corresponding chief or head of the bureau or division involved. Among the reasons for existence of this type of relationship we may mention the following important ones:

- a- whenever matters of policy relative to the way certain important functions of the registration system involving other bureaus or divisions, like timely and accurate registration of deaths occurred in district hospital, etc., need to be decided, settled, or discussed.
- b- whenever matters of policy relative to the way certain important functions of other bureaus or divisions, which may involve the registration system need to be decided, settled or discussed.
- c- whenever any other bureau or division expresses the need for or requests certain data routinely collected thru our registration system considered essential for the programs or evaluations relative to some of their activities.
- d- when information not routinely collected thru our registration system, but which because of its very nature could easily be obtained thru it, is requested by other bureaus or divisions.
- e- whenever consultation or advise is necessary at the bureau or division levels relative to research, statistical or functional matters involving the registration system.

2- The main functions of our Bureau are rather well defined by the Vital Statistics Act which created it. It is therefore, one of the duties of the Secretary of Health to watch that the Bureau's work be performed in the way prescribed by this Act. When in his opinion amendments to the law are considered convenient or necessary he may propose such amendments to the Legislature. Usually the amendments he proposes are based on recommendations or suggestions initiated by the Bureau's chief on whom he delegates for the fulfillment of the tasks prescribed by the Vital Statistics Act. The same thing is true relative to the regulations he may recommend for promulgation, without legislative action, to the Governor of Puerto Rico in matters pertaining to the registration of births, stillbirths, marriages and deaths.

The Secretary of Health may, of course, request from the Bureau work or duties not explicitly mentioned or included in the Vital Statistics Act. As a result the Chief, or technical personnel of the Bureau may act as consultants to him on statistical matters or may perform for him research studies involving the use of the facilities the Bureau may be able to offer in terms of personnel, equipment, data collected, etc.

3- I do not feel qualified to propose a reorganization of the Department of Health that would take into account all aspects of its health programs, activities and administrative setup. This is certainly not a matter to decide or suggest on the basis of just a few hours of thinking and writing and without due consultation with experts in the different fields of knowledge embraced by such a term as public health.

However, I could express some specific ideas which would constitute elements, although may be minor ones, in a reorganization scheme. For example, I could think of the advantages and disadvantages of creating a Board of Health of which the Secretary of Health could be its chairman. This board, if composed of duly qualified representatives from different fields of activity closely or intimately related to public health may perhaps help in focusing public health problems, with a greater sense of proportion in terms of terms of the overall conditions pervading the society in which they exist. Also, the intensity with which certain important long term public health programs need to be carried on will not be so much dependent on who the Secretary may be at a particular time, etc. Of course, such advantages would have to be judged in their relationship against such disadvantages as the stumbling block difference in opinion with respect to a particular problem among the members of the Board may represent.

Another thing I would think of doing is investing the Bureau of Demographic Registry and Statistics through its technical and properly trained personnel in the field of public health statistics with the responsibility of supervising and coordinating the manipulation of statistical data by other bureaus on a routine basis so as to prevent the waste of resources and the dangers that statistics always represent when their degree of reliability or usefulness is ignored.

4- The only thing I know about the Medical Center is that it is going to be built quite soon in Monacillos, Rfo Piedras and that it will consolidate or at least concentrate in a small geographical area several health services. I do not know anything about the way this center will function to formulate my opinion relative to the responsibilities, relationship and functions of the Department of Health with respect to it. All I can do at present is to presume that there will be a very close relationship at least from the functional point of view, between the two institutions.

5- With respect to the Regionalization Study I do know more because I happen to be a member of its statistical evaluation unit. From the knowledge I have about this study I feel very strongly in favor of it and hope for its success. However, there are obstacles to and dangers in any process requiring the coordination of several services which for long have been used to an autonomy which such a coordination must necessarily curtail, and Regionalization is no exception to this rule.

The pilot study going on in Comerfo will help, I think, in considerably reducing the risks they may represent.

January 23, 1958

José L. Janer