

BIRTH REPORT

Legal Information

This part to be added to the Birth Register

To be filled by the informant

1. **Date of Birth :**
(Enter the exact day, month and year the death took place (e.g. 01-01-2000))
2. **Sex**
(Enter "Male or Female", do not use abbreviation)
3. **Name of the Child :**
(If not named leave blank)
4. **Name of the Father :**
(Full name as usually written)
5. **Name of the Mother:**
(Full name as usually written)
5(a) Permanent Address :
5(b) Address of Parents at time of Birth of Child
6. **Name of Grandfather** (Father's Side)
7. **Name of Gaandmother** (Father's Side)
8. **Place of Birth:**
(Tick the appropriate entry 1 or 2 below and give the name of the Hospital/Institution or the address of the house where the birth took place)
1) Hospital / Institution Name
2) House Address :
9. **Informant's Name**
- Address**
(After Completing all columns 1 to 22 informant will put date and signature here)

Date:

Signature or left thumb mark of the informant

To be filled by the Registrar

Registration No. :

Registration Date:

Registration Unit :

Town/Village :

District :

Remarks : (If any)

Name and Signature of the Registrar

BIRTH REPORT

Statistical information

This part to be detached and sent for statistical processing

To be filled by the informant

10. Town or Village of Residence of the Mother :
(Place where the Mother actually lived. This can be different from the place where the delivery occurred. The house address is not required to be entered.)

a) Name of Town/Village :

b) Is it a Town or village :

(Tick the appropriate entry below)

(1) Town (2) Village

c) Name of District :

d) Name of State :

11. Religion of the Family :

(Tick the appropriate entry below)

(1) Hindu (2) Muslim (3) Christian

4. Any other religion :

(Write the name of the religion)

12. Father's Level of Education:.....

(Enter the completed level of education)

13. Mother's Level of Education:.....

(Enter the completed level of education)

14. Father's Occupation :

(If no Occupation write NIL)

15. Father's Occupation :

(If no Occupation write NIL)

To be filled by the informant

16. Age of Mother at time of Marriage:.....

(In completed years , if married more than once age at First Marriage may be entered)

17. Age of Mother at time of this Birth

18. Number of Children born alive to the mother so far including this child :

(Include also those from earlier marriage if any)

19. Type of Attention at Delivery (Tick appropriate)

1. Institutional – Government

2. Institutional –Private or Non Government

3. Doctor, Nurse or Trained midwife.

4. Traditional Birth Attendant.

5. Relatives or others.

20. Method of Delivery (Tick appropriate below)

1. Natural

2. Caesarean

3. Forceps/ Vacuum

21. Birth Weight (in kgs) :If available :

22. Duration of Pregnancy In weeks :

(Columns to filled are over. Now put signature at top)

To be filled by the Registrar

Name :

Code No.

Registration No.:

Registration Date:

District :

Date of Birth:

Tehsil :

Sex: 1. Male 2. Female

Town / Village :

Age : Years/months/days/hours

Registration Unit :

Place of Birth : 1. Hospital/Institution 2. House

Name and Signature of the Registrar