

**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 of birth. E.g. 1-1-2000)

2. Sex:
(Enter "Male" or "Female". Do not use Abbreviation)

3. Name of the Father:
(Write the complete full name)

4. Name of the Mother:
(Write the complete full name)

5. Name of Children:
(If not named, leave blank)

6. Permanent Address:
.....

7. Place of Birth: (Tick the appropriate entry, 1 or 2 below. 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:

8. Informant's Name:
Address:

(After completing all the columns 1 to 20, Informant will put the date and Signature here)

Date: Signature or Left Thumb Impression of the informant

N.B: Registration of Birth is Compulsory.

To be filled by the Registrar

Registration No. Registration Date:
Registration Unit: District:
Town/Village:
Remarks (if any):

Name and signature of the Registrar

**BIRTH REPORT
STATISTICAL INFORMATION**

In the case of multiple birth, here is a specimen for each child and write "twin Birth or Triplet Birth" etc. as the case may be in the Remarks column in the box below left

**FORM
NO.1**

*This part to be detached and sent for statistical processing
To be filled by the informant.*

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

- (a) Name of the Town/Village:
- (b) Is it a Town or Village: (Tick the appropriate entry below)
1. Town 2. Village
- (c) Name of the District:
- (d) Name of the State:

10. Religion of the Family: (Tick the appropriate entry below)

- 1. Hindu 2. Muslim
- 3. Christian 4. Others (specify

11. Father's Level of Education:
(Enter the complete level of education e.g. if studied upto VII but passed only Class VI, write Class VI)

12. Mother's Level of Education:
(Enter the complete level of education e.g. if studied upto VII but passed only Class VI, write Class VI)

13. Father's Occupation:
(If none, write "Nil")

14. Mother's Occupation:
(If none, write "Nil")

To be filled by the Registrar

Name..... Code No.
District:.....
Tahsil :.....
Town/Village:.....
Registration Unit :

Name and signature of the Registrar

To be detached and sent for statistical processing

To be filled by the informant

15. Age of the Mother at the time of Marriage:

(Write in complete years; If married more than once, age of the first marriage must be entered)

16. Age of the Mother at the time of this Birth:

(Write in complete years)

17. Number of Children born alive to the Mother so far including this

birth: (Number of Children born alive to include also those from alive to

Include also those from earlier marriage(s), if any

18. Type of attention at Delivery: (Tick the appropriate entry below):

1. **Institutional (Government)**
2. **Institutional (Private or Non-Government)**
3. **Doctor, Nurse or Trained Midwife**
4. **Traditional Birth Attendant**
5. **Relative or Others**

19. Method of Delivery: (Tick the appropriate entry below)

1. **Natural**
2. **Caesarian**
3. **Forceps/Vacuum**

20. Birth Weight (in kgs, if available):

21. Duration of pregnancy (in weeks):

(Column to be filled are over. Now put your Signature at left)

To be filled by the Registrar

Registration No.

Registration Date:

Date of Birth:

Sex: 1. Male 2. Female

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

Name and Signature of the Registrar.