

FORM NO.1

**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 child was born
e.g. 1-1-2000)
2. **Sex:** (Enter "male or female"
do not use abbreviation)
3. **Name of the child, if any:**
(if not named leave blank)
4. **Name of the father:**
(Full name as usually written)
5. **Permanent address:**
6. **Name of the mother**
(Full name as usually written)
7. **Place of birth:** (Tick the appropriate entry 1 or 2 below and given 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 columns 1 to 20,
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

In the case of multiple births, here is a specimen form 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 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:

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

1. Hindu 2. Muslim 3. Christian

4. Any other religion: (write name of the religion)

11. Father's level of education:

(Enter the completed level of education e.g. if studies upto class VII but passed only class VI write class VI)

12. Mother's level of education:

(Enter the completed level of education e.g. if studies upto class VII but passed only class VI write class VI)

13. Father's occupation:

(If no occupation write Nil).

14. Mother's occupation:

(If no occupation write Nil).

FORM NO. 1
(See Rule 5)
BIRTH REPORT FORM

To be filled by the Registrar

NAME:

Code no.

District:

Tahsil :

Town/Village:

Registration Unit:

To be filled by the Informant

15. **Age of the mother (in completed years) at the time of marriage:** (If married more than once age at first marriage may be entered)
16. **Age of the mother (in completed years) at the time of this birth :**
17. **Number of the children born alive to the mother so far including this child:** (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. **Doctors, Nurse or Trained midwife**
 4. **Traditional birth attendant**
 5. **Relatives or others**
19. **Methods of delivery:** (Tick the appropriate entry below)
 1. **Natural**
 2. **Caesarean**
 3. **Forceps/Vacuum**
20. **Birth weight** (in Kgs.) (If available)
21. **Duration of pregnancy** (in weeks)

(Columns to be filled are over. Now put 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
