

BIRTH REPORT

Legal Information

This part will remain with Chowkidar or Jamadar

BIRTH REPORT

Legal Information

This part to be added to the Birth Register

FORM NO. 1

BIRTH REPORT

Statistical Information

This part to be detached and sent for statistical processing

FORM NO. 1

In the case of multiple births, fill in a separate form for each child and write twin birth or 'Triple birth etc.' As the case may be, in the remarks column in the box below left.

To be filled in by the informant

- Date of Birth _____
(Enter the exact day, month and year the Child was born e.g. 1-1-2000)
- Sex _____
(Enter 'male' or 'female')
(Do not use abbreviation)
- Name of the child, if any _____
(if not named, leave blank)
- Name of the father and address _____

(Full name as usually written)
- Name of the mother _____
(Full name as usually written)
- Place of Birth : (Tick the appropriate entry 1 to 2 below and give the name of the Hospital/ Institution or the address of house where the Birth took place)
 - Hospital/Institution Name _____
 - House Address : _____
- 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 in by the informant

- Date of Birth _____
(Enter the exact day, month and year the Child was born e.g. 1-1-2000)
- Sex _____
(Enter 'male' or 'female')
(Do not use abbreviation)
- Name of the child, if any _____
(if not named, leave blank)
- Name of the father and address _____

(Full name as usually written)
- Name of the mother _____
(Full name as usually written)
- Place of Birth : (Tick the appropriate entry 1 to 2 below and give the name of the Hospital/ Institution or the address of house where the Birth took place)
 - Hospital/Institution Name _____
 - House Address : _____
- 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 in by the informant

- Town or Village or 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 _____
- Is it a town or village : (Tick the appropriate entry below)
 - Town
 - Village
- Name of the District _____
- Name of the State _____
- Religion of the family : (Tick the appropriate entry below)
 - Hindu
 - Muslim
 - Christian
 - Any other religion (Write the name of the religion) _____
- Father's level of education (Enter the completed level of education e.g. if studied up to Class VII but passed only Class VI, write Class VI) _____
- Mother's level of education (Enter the completed level of education e.g. if studied up to Class VII but passed only Class VI, write Class VI) _____
- Father's occupation (If no occupation write 'Nil') _____
- Mother's occupation (If no occupation write 'Nil') _____

To be filled in by the informant

- Age of the mother (in completed years) at the time of marriage : (if married more than once, age at first marriage may be entered) _____
- Age of the mother (in completed years) at the time of this birth _____
- Number of children born alive to the mother so far including this child (Number of children born alive to include. Also those from earlier marriage(s), if any) _____
- Type of attention at delivery : (Tick the appropriate entry below)
 - Institutional-Government _____
 - Institutional-Private or Non-Government _____
 - Doctor, nurses or trained midwife _____
 - Traditional Birth Attendant _____
 - Relatives or others _____
- Method of delivery : (Tick the appropriate entry below)
 - Natural _____
 - Caesarean _____
 - Forceps/Vacuum _____
- Birth Weight (in Kgs.) (If available) _____
- Duration of pregnancy (in weeks) : _____

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

To be filled in by the Registrar

Registration No. _____ Registration Date _____

Registration Unit _____

Town/Village _____ District _____

Remarks (if any) _____

Name and Signature of the Registrar

To be filled in by the Registrar

Registration No. _____ Registration Date _____

Registration Unit _____

Town/Village _____ District _____

Remarks (if any) _____

Name and Signature of the Registrar

TO BE FILLED IN BY THE REGISTRAR

Name _____ Code No. _____ Registration Date _____

District _____ Date of Birth _____

Tehsil _____ Sex : (1) Male (2) Female _____

Town/Village _____ Place of Birth : 1. Hospital/Institutions _____

Registration Unit _____ 2. House _____

Registration No. _____ 3. Other Place _____

Name and Signature of the Registrar