

BIRTH REPORT
Legal Information
This part to be added to the Birth Register

To be filled 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:** (Full name as usually written)
- Name of the mother:** (Full name as usually written)
- Place of Birth:** (Tick the appropriate entry)
 - Hospital / Institution Name:
 - House Address:
 - Other Place:
- Address of parents at the time of Birth of the Child:**
- Permanent address of parents:**
- Informant's Name :**
Address:
- Date:**

Signature or left thumb mark of the informant

To be filled by the Registrar

Registration No. : Registration Date:

Registration Unit : District:

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

- 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).
 - Name of Town/Village :**
 - Town :
 - Village :
 - Name of District:**
 - Name of State :**
- Religion of the Family:** (Tick the appropriate entry below)
 - Hindu 2. Muslim 3. Christian
 - Any other religion:** (write name of the religion)
- Father's level of education:** (Enter the completed level of education e.g. if studied upto 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 upto class VII but passed only class VI, write class VI)
- Whether the father belong to :** SC/ST/OBC (if no occupation write 'NIL')
- Father's occupation:** (if no occupation write 'NIL')
- Mother's occupation:** (if no occupation write 'NIL')

To be detached and sent to statistical processing

To be filled by the Registrar

Name : Code No.

District : Tahsil :

Town/Village : Registration Unit :

Name and Signature of the Registrar

To be filled 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)
 - Institutional – Government
 - Institutional – Private or Non-Government
 - Doctor, Nurse 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)

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.