

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', '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) UID No. of Father (if any)	
5. Name of the Mother: (Full name as usually written) UID No. of Mother (if any)	
6. Address of parents at the time of Birth of the Child	
7. Permanent address of parents:	
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).	

BIRTH REPORT
Statistical Information

This part to be detached and sent for statistical processing

To be detached and sent for statistical processing	
10. 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)	16. Age of the Mother (in completed years) (If married more than once, age at first marriage may be entered)
a) Name of Town/Village:	17. Age of the mother (in completed years) at the time of this birth:
b) Is it a town or village: (Tick the appropriate entry below)	18. 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)
1. Town 2. Village	19. Type of attention at delivery: (Tick the appropriate entry below)
c) Name of District:	1. Institutional – Government
d) Name of State	2. Institutional – Private or Non-Government
Religion of the Family (Tick the appropriate entry below)	3. Doctor, Nurse or Trained midwife
1. Hindu 2. Muslim 3. Christian	4. Traditional Birth Attendant
4. Any other religion: (write name of the religion)	5. Relatives or others
12. 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)	20. Method of Delivery: (Tick the appropriate entry below)
13. 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)	1. Natural
14. Father's occupation: (If no occupation write 'Nil')	2. Caesarean
15. Mother's occupation: (If no occupation write 'Nil')	3. Force/Vacuum
	21. Birth Weight (in kgs) (if available):
	22. Duration of pregnancy (in weeks):

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.

Signature or left thumb mark of the informant		Date:	
To be filled by the Registrar		To be filled by the Registrar	
Registration No.:	Registration Date:	District:	Name
Town/Village:	District:	Town/Village:	Code No.
Remarks: (if any)		Registration Unit:	
Name and Signature of the Registrar.			