

**BIRTH REPORT**  
Legal information

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Statistical Information

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 by the informant		This part to be added to the Birth Register	
1. Date of Birth: (Enter the exact day, month and year the Child was born e.g. 1-1-2000)		This part to be detached and sent for statistical processing	
2. Sex: (Enter 'male', 'female')		To be filled by the informant	
3. Name of the child, if any: (If not named, leave blank)		Age of the Mother (in completed years) at the time of marriage: (If married more than once, e.g. at first marriage may be entered)	
4. Name of the Father: (Full name as usually written) UID No. of Father (if any)		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)	
5. Name of the Mother: (Full name as usually written) UID No. of Mother (if any)		16. Age of the mother (in completed years) at the time of this birth:	
6. Address of parents at the time of Birth of the Child		17. Type of attention at delivery: (Tick the appropriate entry below)	
7. Permanent address of parents: Address of the house where the birth took place)		18. Method of Delivery: (Tick the appropriate entry below)	
8. Place of Birth: (Tick the appropriate entry 1 or 2 below and give the name of the Hospital/ Institution or the		19. 1. Institutional - Government 2. Institutional, Private or Non-Government 3. Doctor, Nurse or Trained Midwife 4. Traditional Birth Attendant 5. Relatives or others	
9. Informant's name: Address: (After completing all columns 1 to 22, informant will put date and signature here)		20. Method of Delivery: (Tick the appropriate entry below)	
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.)		21. Birth Weight (in kgs.) (if available):	
11. Religion of the Family (Tick the appropriate entry below)		22. Duration of pregnancy (in weeks):	
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)		23. Name and Signature of the Registrar	
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)		24. Name and Signature of the Registrar	
14. Father's occupation: (If no occupation write 'N/I')		25. Name and Signature of the Registrar	
15. Mother's occupation: (If no occupation write 'N/I')		26. Name and Signature of the Registrar	
(Columns to be filled are over. Now put signature at left)			
Date: To be filled by the informant		To be filled by the Registrar	
Registration No.: Registration Date:		Code No.: Registration No.: Registration Date	
Registration Unit: District: Name		Date of Birth: Sex: 1. Male 2. Female	
Town/Village: Tensil:		Place of Birth: 1. Hospital/Institution 2. House	
Remarks: (if any)		Name and Signature of the Registrar	
Name and Signature of the Registrar			