

COUNTER FOIL

Book No. Form No.1 Sl.No.
 1. Date of Birth : 4.Sex :
 2. Name of Father 5 Place of Birth :
 3. Name of Mother

BIRTH REPORT LEGAL INFORMATION Form No.1

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-
 2 Sex :
 (Enter "Male" or "Female", do not use abbreviation)
 (If not named, leave blank)
 3 Name of the Child, if any :
 (If not named leave blank)
 4 Name of the Father :
 (Full name as usually written)
 5 Name of the mother :
 (Full name as usually Written)
 6 Place of Birth
 1 Hospital/in Name :
 2 House : Address :

7 Informant's Name :
 Address :
 (After completing columns i.e from 1 to 20 informant will put date and signature here

Date : Signature or left thumb mark of the

To be filed by the Registrar

Regn. No: Town/Village : District :
 Regn. Unit :
 Regn. Date :
 Remarks (If any)

Name and Signature of the Registrar

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BIRTH REPORT STATISTICAL INFORMATION Form No.1

To be filled by the informant This part be to detached and sent for statistical processing

8 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

a) Name of town / village :
 b) Is it a town or Village : (Tick the appropriate entry

1. Town 2. Village

c) Name of District :

d) Name of State

9 Religion of the Family : (Tick the appropriate entry below)
 1. Hindu 2. Muslim 3. Christian

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

10 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)

11 Mother's level of education : (Enter the completed level of education e.g. if studied upto class vii but passed only class vi, write

12 Father's occupation :
 (If no occupation write

13 Mother's occupation :
 (If no occupation write "Nil")

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

CODENO : 14 Age of the mother (In completed years at the time of marriage. (If married more than once, age at first marriage may be entered) CODENO :

15 Age of the mother (In completed years) at the

16 Number of children born alive to the mother so far including this child : (Number of children

born alive to include also those from earlier

17 Type of attention at delivery : (Tick the

1 Institutional- Government
 2 Institutional- Private or Non- Government

3 Doctor, Nurse or Trained midwife
 4 Traditional Birth attendant
 5 Relatives or Other

18 Method of Delivery : (Tick the appropriate

1 Natural
 2 Caesarean
 3 Forceps/Vacuum

19 Birth weight (in Kgs) (if available)

20 Duration of pregnancy (in weeks)

Columns to be filled are ever, new put signature at

To be filed by the Registrar

Regn. No.: Regn. Date :
 Date of Birth :

Place of Birth : 1. Hospital/Institution
 2. House

Sex : 1. Male 2. Female

Name and signature of the Registrar