FORM NO. 1

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 of birth. E.g. 1-1-2000)

2. Sex: ...............................................................................
(Enter “Male” or “Female”. Do not use Abbreviation)

3. Name of the Father: ...................................................
(Write the complete full name)

4. Name of the Mother: ...................................................
(Write the complete full name)

5. Name of Children: .......................................................
(If not named, leave blank)

6. Permanent Address: ....................................................
................................................................................................

7. Place of Birth: (Tick the appropriate entry, 1 or 2 below. 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:...........................................................

8. Informant’s Name: .....................................................
Address: ...........................................................................

(After completing all the columns 1 to 20, Informant will put the date and Signature here)

Date: Signature or Left Thumb Impression of the informant

N.B: Registration of Birth is Compulsory.

To be filled by the Registrar

Registration No. Registration Date: ........................................

Registration Unit: District: ...............................................

Town/Village: .......................................................

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.

9. Town or Village of Residence of the Mother:
(Place where the mother usually lives. This can be different from the pace
where the delivery occurred. The house address is not required to be entered.)

   (a) Name of the Town/Village:
   1. Town
   2. Village

   (b) Is it a Town or Village: (Tick the appropriate entry below)

   (c) Name of the District:
   (d) Name of the State:

10. Religion of the Family: (Tick the appropriate entry below)

    1. Hindu 2. Muslim
    3. Christian 4. Others (specify .............................................)

11. Father’s Level of Education: ........................................
(Enter the complete level of education e.g. if studied upto VII but passed only
Class VI, write Class VI)

12. Mother’s Level of Education: ........................................
(Enter the complete level of education e.g. if studied upto VII but passed only
Class VI, write Class VI)

13. Father’s Occupation: ....................................................
(If none, write “Nil”)

14. Mother’s Occupation: ....................................................
(If none, write “Nil”)

In the case of multiple birth, here is a specimen for
each child and write “twin Birth or Triplet Birth” etc. as the case may be in the Remarks column in
the box below left)
15. Age of the Mother at the time of Marriage: ........................................
   (Write in complete years; If married more than once, age of the first marriage must be entered)

16. Age of the Mother at the time of this Birth: .................................
   (Write in complete years)

17. Number of Children born alive to the Mother so far including this birth: (Number of Children born alive to include also those from alive to include also those from earlier marriage(s), if any) ....................................

18. Type of attention at Delivery: (Tick the appropriate entry below):
   1. Institutional (Government) □
   2. Institutional (Private or Non-Government) □
   3. Doctor, Nurse or Trained Midwife □
   4. Traditional Birth Attendant □
   5. Relative or Others □

19. Method of Delivery: (Tick the appropriate entry below)
   1. Natural □
   2. Caesarian □
   3. Forceps/Vacuum □

20. Birth Weight (in kgs, if available):

21. Duration of pregnancy (in weeks):
   (Column to be filled are over. Now put your Signature at left)

To be filled by the Registrar

Registration No. Registration Date:

Date of Birth:

Sex: 1. Male 2. Female

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

Name and Signature of the Registrar.