

This part to be added to the Birth Register

This part to be detached and sent for statistical processing

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.

<p><i>To be filled by the informant</i></p> <p>1. Date of Birth : (Enter the exact day, month and year the child was born e.g. 1-1-2000)</p> <p>2. Sex : (Enter "male", "female") do not use abbreviation)</p> <p>3. Name of the child, if any : (If not named, leave blank)</p> <p>4. Name of the father : (Full name as usually written) UID No of Father (if any)</p> <table border="1" style="width:100%; height: 15px; border-collapse: collapse;"> <tr> <td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td> </tr> </table> <p>5. Name of the mother : (Full name as usually written) UID No of Mother (if any)</p> <table border="1" style="width:100%; height: 15px; border-collapse: collapse;"> <tr> <td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td> </tr> </table> <p>6. Address of parents at the time of Birth of the Child</p> <p>7. Permanent address of parents:</p> <p>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)</p> <p>1.Hospital/ Institution Name :</p> <p>2.House Address :</p> <p>9. Informant's name :</p> <p>Address :</p> <p><i>(After completing all columns 1 to 22, informant will put date and signature here :)</i></p>																																									To be detached and sent for statistical processing	<p><i>To be filled by the informant</i></p> <p>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.)</p> <p>a) Name of Town/Village :</p> <p>b) Is it a town or village : (Tick the appropriate entry below)</p> <p style="margin-left: 20px;">1. Town 2. Village</p> <p>c) Name of District :</p> <p>d) Name of State :</p> <p>11. Religion of the Family : (Tick the appropriate entry below)</p> <p>1. Hindu 2. Muslim 3. Christian</p> <p>4. Any other religion : (write name of the religion)</p> <p>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)</p> <p>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)</p> <p>14. Father's occupation : (If no occupation write 'Nil')</p> <p>15. Mother's occupation : (If no occupation write 'Nil')</p>	<p><i>To be filled by the informant</i></p> <p>16. Age of the mother (in completed years) at the time of marriage : (If married more than once, age at first marriage may be entered)</p> <p>17. Age of the mother (in completed years) at the time of this birth :</p> <p>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)</p> <p>19. Type of attention at delivery : (Tick the appropriate entry below)</p> <p>1. Institutional – Government</p> <p>2. Institutional– Private or Non-Government</p> <p>3. Doctor, Nurse or Trained midwife</p> <p>4. Traditional Birth Attendant</p> <p>5. Relatives or others</p> <p>20. Method of Delivery : (Tick the appropriate entry below)</p> <p>1. Natural</p> <p>2. Caesarean</p> <p>3. Forceps/Vacuum</p> <p>21. Birth Weight (in kgs.) (if available) :</p> <p>22. Duration of pregnancy (in weeks) :</p>
<p>Date: _____</p> <p style="text-align: center;"><i>To be filled by the Registrar</i></p>	<p style="text-align: center;"><i>(Columns to be filled are over. Now put signature at left)</i></p> <p style="text-align: center;"><i>To be filled by the Registrar</i></p>																																										
<p>Registration No. : _____ Registration Date : _____</p> <p>Registration Unit : _____</p> <p>Town/Village : _____ District : _____</p> <p>Remarks : (if any)</p> <p style="text-align: right;">Name and Signature of the Registrar</p>	<p>District : _____</p> <p>Tahsil : _____</p> <p>Town/Village : _____</p> <p>Registration Unit : _____</p>	<p>Name</p> <p>Code No.</p> <p>Registration No. : _____ Registration Date : _____</p> <p>Date of Birth : _____</p> <p>Sex : 1.Male 2.Female</p> <p>Place of Birth : 1.Hospital/Institution 2.House</p> <p style="text-align: right;">Name and Signature of the Registrar</p>																																									

FORM NO. 1
(See Rule 5)