

FORM NO. 1 BIRTH REPORT

LEGAL INFORMATION

This part to be added to the Birth Register

To be filled by the informant.

- Date of Birth :-** (Enter the exact day Month and Year the Child was born e.g. 01-01-2004)
- Sex :** (enter "Male or Female" do not use abbreviation) :-
- Name of the Child, if any** (If not named leave blank) :-
- Name of the Father** (Full name as usually written) :-
- Permanent address: -**
- Name of the mother** (Full name as usually written) :-
- Place of birth :** (Tick the appropriate entry 1 to 2 below and given the name of the Hospital/Institution or the address of the house where the birth took place)
1. Hospital/Institution Name :
2. House Address :
- Informant's Name :**
Address :
(After completing all columns 1 to 20, informant will put date & signature here).

Date : Signature or left thumb mark of the informant

To be filled by the Registrar

Registration No. Registration date :
Registration Unit : District :
Town/Village : Name and signature of the Registrar
Remarks : (If any)

N. B. :- Registration of Birth is compulsory.

BIRTH REPORT

STATISTICAL INFORMATION

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

- Town or Village or 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).
(a) Name of Town/Village: -
(b) Is it a town or village: (Tick the appropriate entry below)
1. Town 2. Village
(c) Name of District:
(d) Name of State:
- Religion of the family: (Tick the appropriate entry below)
1. Hindu 2. Muslim 3. Christian
4. Any other religion: (write the name of the religion)
- Father's level of education: -
(Enter the completed level of education e.g. if studies upto class-VII but passed only Class-VI write Class-VI)
- Mother's occupation: -
(Enter the completed level of education e.g. if studies upto class-VII but passed only Class-VI write Class-VI)
- Father's occupation: -
(If no occupation writes Nil)
- Mother's occupation:-
(If no occupation writes Nil)

To be detached and sent for Statistical Processing

FORM NO. 1
(see Rule-5)
BIRTH REPORT FORM

In the case of multiple births, here is a specimen form 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.

To be filled by the Registrar

Name : **Code No. :**
District :-
Tahsil :-
Town/Village :-
Registration Unit :-

FORM NO. 1

To be filled by the informant

15. Age of the mother (in completed years) at the time of marriage: (If married more than once age at first marriage may be entered)
16. Age of the mother (in completed years) at the time of the birth:
.....
17. Number of children born alive to the mother so far including this child (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. Relatives or others | ☐ | ☐ |
19. Method of delivery: (Tick the appropriate entry below)
- | | | |
|-------------------|--------------------------|--------------------------|
| 1. Natural | ☐ | ☐ |
| 2. Caesarean | ☐ | ☐ |
| 3. Forceps/Vacuum | ☐ | ☐ |
20. Birth weight (in Kgs.) (If available).....
21. Duration of pregnancy (in weeks).....
- (Column to be filled are over, now put 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