

*This part to be added to the Birth Register*

*This part to be detached and sent for statistical processing*

<p><i>To be filled by the informant</i></p> <p><b>1. Date of Birth :</b> (Enter the exact day, month and year the child was born e.g. 1-1-2000)</p> <p><b>2. Sex :</b> (Enter "male", "female") do not use abbreviation)</p> <p><b>3. Name of the child, if any :</b> (if not named, leave blank)</p> <p><b>4. Name of the father :</b> (Full name as usually written) UID No of Father (if any)</p> <p><b>5. Name of the mother :</b> (Full name as usually written) UID No of Mother (if any)</p> <p><b>6. Address of parents at the time of Birth of the Child</b></p> <p><b>7. Permanent address of parents:</b></p> <p><b>8. Place of birth :</b> (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><b>1. Hospital/ Institution Name :</b></p> <p><b>2. House Address :</b></p> <p><b>9. Informant's name :</b></p> <p><b>Address :</b></p> <p><i>(After completing all columns 1 to 22, informant will put date and signature here :)</i></p>	<p style="text-align: center;"><b>To be detached and sent for statistical processing</b></p> <p><i>To be filled by the informant</i></p> <p><b>10. Town or Village of Residence of the mother :</b> (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><b>a) Name of Town/Village :</b></p> <p><b>b) Is it a town or village :</b> (Tick the appropriate entry below)</p> <p style="margin-left: 20px;">1. Town    2. Village</p> <p><b>c) Name of District :</b></p> <p><b>d) Name of State :</b></p> <p><b>11. Religion of the Family :</b> (Tick the appropriate entry below)</p> <p style="margin-left: 20px;">1. Hindu    2. Muslim    3. Christian</p> <p><b>4. Any other religion :</b> (write name of the religion)</p> <p><b>Father's level of education :</b> (Enter the completed level of education e.g. if studied upto class VII but passed only class VI, write class VI)</p> <p><b>Mother's level of education :</b> (Enter the completed level of education e.g. if studied upto class VII but passed only class VI, write class VI)</p> <p><b>14. Father's occupation :</b> (if no occupation write 'Nil')</p> <p><b>15. Mother's occupation :</b> (if no occupation write 'Nil')</p>	<p><i>To be filled by the informant</i></p> <p><b>16. Age of the mother (in completed years) at the time of marriage :</b> (If married more than once, age at first marriage may be entered)</p> <p><b>17. Age of the mother (in completed years) at the time of this birth :</b></p> <p><b>18. Number of children born alive to the mother so far including this child :</b> (Number of children born alive to include also those from earlier marriage(s), if any)</p> <p><b>19. Type of attention at delivery :</b> (Tick the appropriate entry below)</p> <p style="margin-left: 20px;">1. Institutional – Government</p> <p style="margin-left: 20px;">2. Institutional– Private or Non-Government</p> <p style="margin-left: 20px;">3. Doctor, Nurse or Trained midwife</p> <p style="margin-left: 20px;">4. Traditional Birth Attendant</p> <p style="margin-left: 20px;">5. Relatives or others</p> <p><b>20. Method of Delivery :</b> (Tick the appropriate entry below)</p> <p style="margin-left: 20px;">1. Natural</p> <p style="margin-left: 20px;">2. Caesarean</p> <p style="margin-left: 20px;">3. Forceps/Vacuum</p> <p><b>21. Birth Weight (in kgs.) (if available) :</b></p> <p><b>22. Duration of pregnancy (in weeks) :</b></p>
<b>Date: _____</b>		
<i>To be filled by the Registrar</i>		
<p><b>Signature or left thumb mark of the informant</b></p> <p>Registration No. : _____</p> <p>Registration Unit : _____</p> <p>Town/Village : _____</p> <p>Remarks : (if any)</p>	<p><b>Name</b></p> <p>District : _____</p> <p>Tahsil : _____</p> <p>Town/Village : _____</p> <p>Registration Unit : _____</p>	<p><b>Code No.</b></p> <p>Registration No. : _____</p> <p>Date of Birth : _____</p> <p>Sex : 1.Male    2.Female</p> <p>Place of Birth : 1.Hospital/Institution    2.House</p>
<b>Name and Signature of the Registrar</b>		