

Legal information

This part to be added to the Still Birth Register

To be filled by the informant

1. **Date of Birth :** (Enter the exact day, month and year e.g.1-1-2000)
 2. **Sex :** (Enter "male" , "female") (Do not use abbreviation)
 3. **Name of the father :** (Full name as usually written) UID No. of father (if any)
 4. **Name of the mother :** (Full name as usually written) UID No of mother (if any)
 5. **Place of birth :** (Tick the appropriate entry below and give the name of the Hospital/Institution or the address of the house where the birth took place)

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 6. **Informant's name :** Address :
- (After completing all columns 1 to 12, informant will put date and signature here.)

Date **Signature or left thumb mark of the informant**

To be detached and sent for statistical processing

To be filled by the informant

7. **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.)
 - 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 :**
 8. **Age of the mother (in completed years) at the time of this birth :**
 9. **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)
 10. **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
 11. **Duration of pregnancy:** (in weeks)
 12. **Cause of foetal death :** (if known)
- (Columns to be filled are over. Now put signature at left)

To be filled by the Registrar

Registration No. : Registration Date :
 Registration Unit : District :
 Town/Village :
 Remarks : (if any)

Name and Signature of the Registrar

To be filled by the Registrar

Name : Code No. :
 Registration No. :
 Registration Date :
 Date of Birth :
 Sex : 1.Male 2.Female
 Place of Birth : 1.Hospital/Institution 2.House

District :
 Tahsil :
 Town/Village :
 Registration Unit :
 Name and Signature of the Registrar

STILL BIRTH REPORT

Statistical information

This part to be detached and sent for statistical processing