## BIRTH REPORT

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Name and Signature of the Registrar	nemana (many)	Town/Village: District:		Registration No.: Registration Date:	To be filled by the Registrar	Date : Signature or left thumb mark of the informant	(After completing all columns 1 to 22, informant will put date and signature here.	Address:	9. Informant's name :	2. House Address:	Institution		8. Place of birh: (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)	7. Permanent address of the parents :	time of Birth of the Child	6. Address of parents at the	ent fo	UID No. of Mother (if any)	5. Name of the mother:  (Full name as usually written)	I pro	UID No. of Father (if any).	(Full name as asusually written)	4. Name of the father:	3. Name or the child, ir any : (If not named, leave blank)		2. Sex: (Enter "Male" or "Female"	and year the child was born e.g. 1-1-2000)	1. Date of Birth: (Enter the exact day, month	To be filled by the informant	This part to be added to the Birth Register	Legal Information	BIRTH REPORT
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Registration Unit	Town/Village:	Tahasii :		Name Code No	To be fille					Mother's occupation : (If no occupation write 'Nil')	(If no occupation write 'Nii')	Father's occupation :	(Enter the completed leyel of education e.g. if studied upto class VII but passed only class VI, write class VI)	Mother's level of educati	class VI)	education e.g. if studied upto class  VII but passed only class VI. write	~	-	Hindu 2. Muslim 3. Christian     Any other religion : (Write name of the religion)	Religion of the Family: (Tick the appropriate entry below)	d) Name of State:		Nome of District			Name of Town Village:	mother usually lives. This can be different from the place where the delivery occurred. The house address is not required to be entered.		To be filled by the informant	This part to be detached and sent for statistical processing	Statistical Information	BIRTHREPORT
and the second		Place	Date	Regia	ed by t			22.	21.	•			20.		MARON CONC			•		3			18.	:	17			<u>.</u>				
Name and Signature of the Registrar		Place of Birth : 1. Hospital / Institution 2. House		Registration No.: Registration Date:	To be filled by the Registrar	(Columns to be filled are over. Now put signature at left)		Duration of pregenancy (in weeks):	Birth weight (in kgs.) (if available) :	s. Forceps vacuum		1. Natural	Method of Delivery : (Tick the appropriate entry below)	5. Relatives or others	4. Traditional Birth Attendant	3. Doctor, Nurse or Trained midwife	2. Institutional - Private or Non-Government	Institutional - Government	(Tick the appropriate entry below)	Type of attention at delivery :	also those from earlier marriage(s), if any)	Mumber of children born alive to include	Number children born alive to the	years) at the time of this birth :	Age of the mother (in completed)	( If married more than once, age at	years) at the time of marriage:	Age of the mother (in completed	To be filled by the informant		in the remarks column in the box below left.	in the case or multiple births, till in a separate form for each child and write 'Twin birth' or '