

This part to be added to the Birth Register

This part to be detached and sent for statistical processing

<i>To be filled by the informant</i> 1. Date of Birth : (Enter the exact day, month and year the child was born e.g. 1-1-2000) 2. Sex : (Enter "Male," "Female" or Transgender) do not use abbreviation) 3. Name of the child, if any : (If not named, leave blank) 4. Name of the father : (Full name as usually written) UID No of Father (if any) 5. Name of the mother : (Full name as usually written) UID No of Mother (if any) 6. Address of parents at the time of Birth of the Child 7. Permanent address of parents: 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) 1.Hospital/ Institution Name : 2.House Address : 9. Informant's name : Address : <i>(After completing all columns 1 to 22, informant will put date and signature here :)</i>			<i>To be filled by the informant</i> 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.) 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 : 11. Religion of the Family : (Tick the appropriate entry below) 1. Hindu 2. Muslim 3.Christian 4. Any other religion :(write name of the religion) 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) 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) 14. Father's occupation : (If no occupation write 'Nil') 15. Mother's occupation : (If no occupation write 'Nil')			<i>To be filled by the informant</i> 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) 17. Age of the mother (in completed years) at the time of this birth : 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) 19. 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 20. Method of Delivery : (Tick the appropriate entry below) 1. Natural 2. Caesarean 3. Forceps/Vacuum 21. Birth Weight (in kgs.) (if available) : 22. Duration of pregnancy (in weeks) :		
Date: Signature or left thumb mark of the informant:			(Columns to be filled are over. Now put signature at left)					
<i>To be filled by the Registrar</i>			<i>To be filled by the Registrar</i>					
Registration No. : Registration Date : Registration Unit : District : Town/Village : District : Remarks : (if any)			Name District : Tahsil : Town/Village : Registration Unit :					
Name and Signature of the Registrar:			Name and Signature of the Registrar:					