

FORM NO. 7 (See Rule 13)
DEATH REGISTER
BIRTH REPORT

FORM NO. 1

(See Rule 5)
Legal Information

This Part to be added to the 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" or "female"
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)
5. **Name of the Mother :**
(Full name as usually written)
6. **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

1. Hospital	Name:
Institution	
2. House	Address
7. **Informant's Name:**

Address :

(After completing all columns
1 to 12 informant will put date
and signature here)

Date :/...../20.....

Signature or left thumb mark
of the informant

BIRTH REPORT

(See Rule 5)

Statistical Information

This Part to be detached and sent for statistical Processing

To be filled by the informant

8. **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 or Village :
(b) Is it a Town or Village : (Tick the appropriate entry below)

1. Town	2. Village
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(c) Name of District :
(d) Name of State :
9. **Religion of the Family:** (Tick the appropriate entry below)

1. Hindu	2. Muslim	3. Christian
4. Any other religion : (Write name of the religion)		
10. **Father's level of Education:**
(Enter the completed level of
education e.g. If studied upto
Class VIII but passed only Class
VI write Class VI)
11. **Mother's level of Education:**
(Enter the completed level of
education e.g. If studied upto
Class VIII but passed only Class
VI write Class VI)
12. **Father's Occupation:**
(If no occupation write 'NIL')
13. **Mother's Occupation:**
(If no occupation write 'NIL')

To be detached and sent for statistical processing

To be filled by the informant

14. **Age of the mother :(in completed
years) at the time of marriage :**

(If married more than once, age at
first marriage may be entered)
15. **Age of the mother :(in completed
years) at the time of birth :**
16. **Number of children born alive of
the mother so far including this
child :(Number of children born alive
of include also those from earlier
marriage(s), in any)**
17. **Type of attention at delivery:(Tick the
appropriate enter below)**

1. Institution - Government
2. Institutional - Private or Non-Government
3. Doctor, Nurse or Trained midwife
4. Traditional Birth Attendant
5. Relatives or others
18. **Method of Delivery :(Tick the appropriate
enter below)**

1. Normal
2. Caesarean
3. Forceps/Vacuum
19. **Birth Weight (in Kgs.) :(if available)**
20. **Duration of Pregnancy :(In week)**

(Columns to be filled are over. Now put Signature at left)

To be filled by the informant

Registration No. : Registration Date :/...../20.....
Registration Unit :
Town / Village : District :
Remarks : (if any)

Name and Signature of the Register/Sub-Register

To be filled by the Registrar

Name	Code No.	Registration No.
District :		Registration Date :/...../20.....
P.S. :		Date of Birth :
Town/Village :		Sex 1. Male 2. Female
Registration Unit :		Place of Birth : 1. Hospital / Institution
		2. House

Name and Signature of the Register/Sub-Register