

BIRTH REPORT

Form No. 2 (see Rule 5)
PART-I (Legal information)

(This part to be added to the Birth Register)

(To be filled by the informant)

- Date of Birth.....
- Sex.....
- Name of the child (if any).....
- Name of the Father.....
- Name of the Mother.....
- Permanent Address.....
- Place of Birth:
(1) Hospital/ Institution Name.....
(2) House Address.....
- Order of Birth.....
- Informant's Name.....
Address.....
- Date.....
Signature or Left Thumb Mark of the Informant.....

(To be filled by the Registrar)

Registration No.: Registration Date :

Registration Unit :
Town/Village : District :

Remarks (if any) :

Name and Signature of the Registrar

BIRTH REPORT

Form No. 2 (see Rule 5)
PART-II (Statistical information)

(This part to be detached and sent for statistical processing)

(To be filled by the informant)

- Town or Village of Residence of the Mother:
(a) Name of Town/ Village.....
(b) Is it a Town or Village : (Put a mark)
(i) Town (ii) Village
(c) Name of the District.....
(d) Name of State.....
- Religion of the family :
(1) Hindu (2) Muslim (3) Christian
(4) Sikh (5) Any other religion
- Father's level of education.....
- Mother's level of education.....
- Father's occupation.....
- Mother's occupation.....
- Age of the mother (in completed years) at the time of Marriage.....
- Age of the mother (in completed years) at the time of this Birth.....
- Number of children born alive to the mother so far including this child.....
- Type of attention at delivery (Tick the appropriate entry below)
(a) Institutional-Government
(b) Institutional-Private or Non-Government
(c) Doctor, Nurse or Trained Midwife
(d) Traditional Birth Attendant
(e) Relatives or others
- Method of Delivery:
(a) Normal
(b) Caesarian
(c) Forceps/ Vacuum
- Birth Weight (in kgs.).....
- Duration of pregnancy (in weeks).....

(To be filled by the Registrar)

Name : Code No.:

District : Registration No.:

Tahasil : Registration Date :

Town/Village : Date of Birth :

Registration Unit : Sex : 1. Male 2. Female

Place of Birth : 1. Hospital / Institution 2. House

Name and Signature of the Registrar