

# 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 .....
- 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: District  
 Town/Village :  
 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 : .....
- Is it a Town or Village : (Put  a mark)  
 (i) Town  (ii) Village
- Name of District.....
- 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. :  
 Registration No.:  
 Registration Date:  
 Date of Birth:  
 Sex : 1. Male, 2. Female  
 Place of Birth : (1) Hospital/Institution (2) House  
 Town/Village :  
 Registration Unit :  
 Name and Signature of the Registrar