

*This part to be added to the Birth Register*

*This part to be detached and sent for statistical processing*

<p><i>To be filled by the informant</i></p> <p>1. <b>Date of Birth :</b> (Enter the exact day, month and year the child was born e.g. 1-1-2000)</p> <p>2. <b>Sex :</b> (Enter "Male," Female" or Transgender) do not use abbreviation)</p> <p>3. <b>Name of the child, if any :</b> (If not named, leave blank)</p> <p><b>Name of the father :</b> (Full name as usually written) UID No of Father (if any)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; height: 20px;"></td> <td style="width: 10%; height: 20px;"></td> <td style="width: 10%; height: 20px;"></td> <td style="width: 10%; height: 20px;"></td> <td style="width: 10%; height: 20px;"></td> <td style="width: 10%; height: 20px;"></td> <td style="width: 10%; height: 20px;"></td> <td style="width: 10%; height: 20px;"></td> <td style="width: 10%; height: 20px;"></td> <td style="width: 10%; height: 20px;"></td> </tr> </table> <p><b>Name of the mother :</b> (Full name as usually written) UID No of Mother (if any)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; height: 20px;"></td> <td style="width: 10%; height: 20px;"></td> <td style="width: 10%; height: 20px;"></td> <td style="width: 10%; height: 20px;"></td> <td style="width: 10%; height: 20px;"></td> <td style="width: 10%; height: 20px;"></td> <td style="width: 10%; height: 20px;"></td> <td style="width: 10%; height: 20px;"></td> <td style="width: 10%; height: 20px;"></td> <td style="width: 10%; height: 20px;"></td> </tr> </table> <p>6. Address of parents at the time of Birth of the Child</p> <p>7. Permanent address of parents:</p> <p>8. <b>Place of birth :</b> (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)</p> <p><b>1.Hospital/ Institution      Name :</b></p> <p><b>2.House                      Address :</b></p> <p>9. <b>Informant's name :</b></p> <p><b>Address :</b></p> <p><i>(After completing all columns 1 to 22, informant will put date and signature here :)</i></p>																														<p><i>To be filled by the informant</i></p> <p>10. <b>Town or Village of Residence of the mother:</b> (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.)</p> <p>a) <b>Name of Town/Village :</b></p> <p>b) <b>Is it a town or village :</b> (Tick the appropriate entry below)</p> <p>1. Town      2. Village</p> <p>c) <b>Name of District :</b></p> <p>d) <b>Name of State :</b></p> <p>11. <b>Religion of the Family :</b> (Tick the appropriate entry below)</p> <p>1. Hindu 2. Muslim 3.Christian</p> <p>4. <b>Any other religion :</b>(write name of the religion)</p> <p>12. <b>Father's level of education :</b> (Enter the completed level of education e.g. if studied upto class VII but passed only class VI, write class VI)</p> <p>13. <b>Mother's level of education :</b> (Enter the completed level of education e.g. if studied upto class VII but passed only class VI, write class VI)</p> <p>14. <b>Father's occupation :</b> (If no occupation write 'Nil')</p> <p>15. <b>Mother's occupation :</b> (If no occupation write 'Nil')</p>										<p><i>To be filled by the informant</i></p> <p>16. <b>Age of the mother (in completed years) at the time of marriage :</b> (If married more than once, age at first marriage may be entered)</p> <p>17. <b>Age of the mother (in completed years) at the time of this birth :</b></p> <p>18. <b>Number of children born alive to the mother so far including this child :</b> (Number of children born alive to include also those from earlier marriage(s), if any)</p> <p>19. <b>Type of attention at delivery :</b> (Tick the appropriate entry below)</p> <p>1. Institutional – Government</p> <p>2. Institutional– Private or Non-Government</p> <p>3. Doctor, Nurse or Trained midwife</p> <p>4. Traditional Birth Attendant</p> <p>5. Relatives or others</p> <p>20. <b>Method of Delivery :</b> (Tick the appropriate entry below)</p> <p>1. Natural</p> <p>2. Caesarean</p> <p>3. Forceps/Vacuum</p> <p>21. <b>Birth Weight (in kgs.)</b> (if available) :</p> <p>22. <b>Duration of pregnancy</b> (in weeks) :</p>									
<p><b>Date:</b>      <b>Signature or left thumb mark of the informant:</b></p>										<p>(Columns to be filled are over. Now put signature at left)</p>																																							
<p><i>To be filled by the Registrar</i></p>										<p><i>To be filled by the Registrar</i></p>																																							
<p>Registration No. :      Registration Date :</p> <p>Registration Unit :</p> <p>Town/Village :      District :</p> <p>Remarks : (if any)</p>										<p>Name</p> <p>District :</p> <p>Tahsil :</p> <p>Town/Village :</p> <p>Registration Unit :</p>										<p>Code No.</p> <p>Registration No. :      Registration Date :</p> <p>Date of Birth :</p> <p>Sex : 1.Male 2.Female</p> <p>Place of Birth : 1.Hospital/Institution 2.House</p>																													
<p>Name and Signature of the Registrar:</p>										<p>Name and Signature of the Registrar:</p>																																							

**FORM NO. 1**  
(See Rule 5)