

# FORM NO. 1 BIRTH REPORT

## 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 the Child was born e.g. 01-01-2004) .....
  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. **Permanent address:** -  
.....
  6. **Name of the mother** (Full name as usually written) :-  
.....
  7. **Place of birth :** (Tick the appropriate entry 1 to 2 below and given the name of the Hospital/Institution or the address of the house where the birth took place)
    1. Hospital/Institution Name : .....
    2. House Address : .....
  8. **Informant's Name :** .....
- Address :** .....
- (After completing all columns 1 to 20, informant will put date & signature here).

Date : \_\_\_\_\_ Signature or left thumb mark of the informant

### To be filled by the Registrar

Registration No. \_\_\_\_\_ Registration date : \_\_\_\_\_  
 Registration Unit : \_\_\_\_\_ District : \_\_\_\_\_  
 Town/Village : \_\_\_\_\_ Name and signature of the Registrar  
 Remarks : (If any) \_\_\_\_\_

**N. B. :- Registration of Birth is compulsory.**

# BIRTH REPORT

## STATISTICAL INFORMATION

This part to be detached and sent for statistical processing  
 To be filled by the informant.

In the case of multiple births, here is a specimen form for each child and write "Twin birth or Triplet birth" etc. as the case may be in the remarks column in the box below left.

To be detached and sent for Statistical Processing

9. Town or Village or 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: .....
10. Religion of the family: (Tick the appropriate entry below)
  1. Hindu
  2. Muslim
  3. Christian
  4. Any other religion: (write the name of the religion)
11. Father's level of education: - .....
- (Enter the completed level of education e.g. if studies upto class-VII but passed only Class-VI write Class-VI)
12. Mother's occupation: - .....
- (Enter the completed level of education e.g. if studies upto class-VII but passed only Class-VI write Class-VI)
13. Father's occupation: -  
 .....  
 (If no occupation writes Nil)
14. Mother's occupation:-  
 (If no occupation writes Nil)

FORM NO. 1  
 (see Rule-5)  
 BIRTH REPORT FORM

### To be filled by the Registrar

**Name :** \_\_\_\_\_ **Code No. :** \_\_\_\_\_  
 District :- .....  
 Tahsil :- .....  
 Town/Village :- .....  
 Registration Unit :- .....

# FORM NO. 1

*To be filled by the informant*

15. Age of the mother (in completed years) at the time of marriage: (If married more than ..... once age at first marriage may be entered)
16. Age of the mother (in completed years) at the time of the birth:  
.....
17. Number of children born alive to the mother so far including this child (Number of ..... children born alive to include also those from alive to include also those from earlier marriage (s), if any).
18. Type of attention at delivery:- (Tick the appropriate entry below)
- |  |                          |                          |
|--|--------------------------|--------------------------|
| 1. Institutional - Government                | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Institutional - Private or Non-Government | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Doctor, Nurse or Trained midwife          | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Traditional birth attendant               | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Relatives or others                       | <input type="checkbox"/> | <input type="checkbox"/> |
19. Method of delivery: (Tick the appropriate entry below)
- |                   |                          |                          |
|-------------------|--------------------------|--------------------------|
| 1. Natural        | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Caesarean      | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Forceps/Vacuum | <input type="checkbox"/> | <input type="checkbox"/> |
20. Birth weight (in Kgs.) (If available).....
21. Duration of pregnancy (in weeks).....
- (Column to be filled are over, now put signature at left)

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To be filled by the Registrar

Registration No. :- .....      Registration date: -.....

Date of Birth: -.....

Sex :            1. Male                      2. Female

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

Name and signature of the Registrar