

FORM NO.1 Legal Information This part to be added to Birth Register	BIRTH REPORT Statistical Information This part to be detached and sent for statistical Processing	In case of multiple births, fill in separate form for each child and write 'Twin birth' or 'Triple birth' etc as may be in the remarks column in the box below left.
To be filled by the informant 1. Date of Birth : 2. Sex/Male /Female : 3. Name of the child : 4. Name of the father : 5. Name of the mother : 6. Place of birth : I. Hospital/Institution Name : II. House : Address: 7. Informant's name : Address : Date : Signature or left thumb mark of the informant	To be filled by the informant 8. Town or village of Residence of the mother : (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 : 9. Religion of the family (Tick the appropriate entry below): 1. Hindu 2. Muslim 3. Christian 4. Any other religion (write name of religion) 10. Father's level of Education : 11. Mother's level of Education : 12. Father's occupation : 13. Mother's occupation :	14. Age of the mother at the time of marriage (in complete years) : 15. Age of the mother at the time of birth (in complete years): 16. Name of children born alive to the mother so far including this child 17. Type of attention at delivery (Tick appropriate entry below): 1. Institutional - Government Private/Non-government 2. Doctor, Nurse or Trained midwife 3. Traditional Birth Attendant 4. Relatives or other 18. Method of delivery (Tick the appropriate entry below): 1. Natural 2. Caesarean 3. Forceps/Vacuum 19. Birth weight (in kgs) : 20. Duration of Pregnancy (in weeks) :
To be filled by the Registrar Registration No. : Registration Date : Registration unit : Town/Village : District: Remarks (if any) Name and signature of Registrar	To be filled by the Registrar Name : Code No. District : Tahsil : Town /Village : Registration unit :	Registration No. : Registration Date : Date of Birth : Sex 1. Male 2. Female Place of Birth 1. Hospital 2. Institution 3. House Name and signature of the Registrar