

*This part to be added to the Birth Register*

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

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| To be filled by the informant                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | To be filled by the informant                                           |  | To be filled by the informant                                                                                                                          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |
| <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>4. <b>Name of the father :</b> (Full name as usually written)<br/>UID No of Father (if any)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 12.5%; height: 20px;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> </tr> </table> <p>5. <b>Name of the mother :</b> (Full name as usually written)<br/>UID No of Mother (if any)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 12.5%; height: 20px;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></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>1.Hospital/ Institution      <b>Name :</b></p> <p>2.House      <b>Address :</b></p> <p>9. <b>Informant's name :</b></p> <p><b>Address :</b></p> <p>(After completing all columns 1 to 22, informant will put date and signature here :)</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>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> |  |
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| Date:      Signature or left thumb mark of the informant:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                         |  | (Columns to be filled are over. Now put signature at left)                                                                                             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |
| To be filled by the Registrar                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                         |  | To be filled by the Registrar                                                                                                                          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |
| Registration No. :      Registration Date :<br>Registration Unit :<br>Town/Village :      District :<br>Remarks : (if any)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | Name<br>District :<br>Tahsil :<br>Town/Village :<br>Registration Unit : |  | Code No.<br>Registration No. :      Registration Date :<br>Date of Birth :<br>Sex : 1.Male 2.Female<br>Place of Birth : 1.Hospital/Institution 2.House |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |
| Name and Signature of the Registrar:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                         |  | Name and Signature of the Registrar:                                                                                                                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |