

<b>FORM NO.1</b> <b>(See Rule 5)</b> <b>BIRTH REPORT</b> <b>Legal Information</b> <i>This part to be added to the Birth Register</i>	<b>BIRTH REPORT</b> <b>Statistical Information</b> <i>This part to be detached and send for Statistical Processing</i>	In the case of multiple births, fill in a separate form for each child and write 'Twin birth' or 'Triple birth' etc., as the case may be, in the remarks column in the box below left.	<b>FORM No.1</b> <b>(See Rule 5)</b>																																								
<p><i>To be filled by the informant</i></p> <p>1. Date of Birth : (Enter the exact day, month and year the child was born e.g. 1-1-2000)</p> <p>2. Sex : (Enter "Male, or " Female") do not use abbreviation)</p> <p>3. Name of the child, if any : (If not named, leave blank)</p> <p>4. Name of the father : (Full name as usually written) UID No of Father (if any)</p> <table border="1" style="width:100%; height: 15px; border-collapse: collapse;"> <tr> <td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td> </tr> </table> <p>Name of the mother : (Full name as usually written) UID No of Mother (if nay)</p> <table border="1" style="width:100%; height: 15px; border-collapse: collapse;"> <tr> <td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td> </tr> </table> <p>6. Address of parents at the time of Birth of the Child</p> <p>7. Permanent address of parents: Mobile No:</p> <p>8. Place of birth : (Tick the appropriate entry 1,2 or 3 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 Name &amp; Address: 2.House Address : 3. Others:</p> <p>9. Informant's name :  Address :  <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><b>a) Name of Town/Village :</b></p> <p><b>b) Is it a town or village :</b> (Tick the appropriate entry below)</p> <p><b>1. Town    2. Village</b></p> <p><b>c) Name of District :</b></p> <p><b>d) Name of State :</b></p> <p>11. <b>Religion of the Family</b> : (Tick the appropriate entry below)</p> <p><b>1.Hindu 2. Muslim 3.Christian</b></p> <p><b>4. Any other religion :</b> (write name of the religion)</p> <p>12. <b>Father's level of education :</b></p> <p>(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></p> <p>(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> <i>(If no occupation write 'Nil')</i></p> <p>15. <b>Mother's occupation :</b> <i>(If no occupation write 'Nil')</i></p>	<p><i>To be filled by the informant</i></p> <p>16. Age of the mother (in completed years) at the time of marriage : (If married more than once, age at first marriage may be entered)</p> <p>17. Age of the mother (in completed years) at the time of this birth :</p> <p>18. Number of children born alive to the mother so far including this child : (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><b>1. Institutional – Government</b></p> <p><b>2. Institutional– Private or Non-Government</b></p> <p><b>3. Doctor, Nurse or Trained midwife</b></p> <p><b>4. Traditional Birth Attendant</b></p> <p><b>5. Relatives or others</b></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. Birth Weight (in kgs.) (if available) :</p> <p>22. Duration of pregnancy (in weeks) :</p>	
<b>Date :</b>	<b>Signature or left thumb mark of the informant</b>	<i>(Columns to be filled are over. Now put signature at left)</i>																																									
<i>To be filled by the Registrar</i>		<i>To be filled by the Registrar</i>																																									
Registration No:                      Registration date :  Registration Unit : Town/Village :                      District :  Remarks : (If any)	Name :  District :  Tahsil :  Town / Village :  Registration Unit :	Code No.	Registration No:                      Registration date :  Date of Birth :  Sex : 1.Male    2.Female  Place of Birth : 1.Hospital / Institution 2. House  <div style="text-align: right;">Name and Signature of the Registrar</div>																																								
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