

# BIRTH REPORT

Form No.2 (See Rule 5)

## PART-I (Legal Information)

(This part to be added to the Birth Register)

# BIRTH REPORT

Form No.2 (See Rule 5)

## PART-II (Statistical Information)

(This part to be detached and sent for statistical processing)

<p style="text-align: center;"><i>(To be filled by the informant)</i></p> <ol style="list-style-type: none"> <li>1. Date of Birth.....</li> <li>2. Sex.....</li> <li>3. Name of the child (If any) .....</li> <li>4. Name of the Father.....</li> <li>5. Name of the Mother.....</li> <li>6. Permanent Address..... .....</li> <li>7. Place of Birth : i.Hospital/Institution Name .....</li> <li>ii.House Address .....</li> <li>.....</li> <li>8. Order of Birth.....</li> <li>9. Informant's Name..... Address..... .....</li> </ol> <p>Date _____ Signature _____ or Left Thumb mark of the Informant</p> <p style="text-align: center;"><i>(To be filled by the Registrar)</i></p> <p>Registration No : _____ Registration Date : _____ Registration Unit : _____ Town/Village : _____ District: _____ Remarks(if any) _____</p> <p style="text-align: center;">Name &amp; Signature of the Registrar</p>	<p style="text-align: center;"><i>(To be filled by the information)</i></p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; vertical-align: top; padding: 5px;"> <ol style="list-style-type: none"> <li>10. Town or Village of Residence of the deceased a. name of town/ village : _____ b. Is it a town or village (Put a mark) (1) Town (2) Village _____ c. Name of District..... d. Name of State.....</li> <li>11. Religion : (1) Hindu (2)Muslim (3) Christian (4) Sikh (5) Any other religion</li> <li>12. Father's level of education.....</li> <li>13. Mother's level of education.....</li> <li>14. Father's Occupation.....</li> <li>15. Mother's Occupation.....</li> <li>16. Age of the Mother (in completed years) at the time of marriage : .....</li> <li>17. Age of the Mother (in completed years) at the time of marriage : .....</li> </ol> </td> <td style="width:50%; vertical-align: top; padding: 5px;"> <ol style="list-style-type: none"> <li>18. Number of children born alive to the mother so far including this child .....</li> <li>19. Type of attention at delivery : (Tick the appropriate entry below) (a) Institutional – Government (b) Institutional – Private or Non-Govt. (c) Doctor, Nurse or Trained Midwife (d) Traditional Birth Attendant (e) Relatives or others</li> <li>20. Method of Delivery : (a) Normal (b) Ceasarean (c) Forceps/Vacuum</li> <li>21. Birth _____ Weight (in kgs.) _____</li> <li>22. Duration of pregnancy (in weeks) : _____</li> </ol> </td> </tr> </table> <p style="text-align: center;"><i>(To be filled by the registration)</i></p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; vertical-align: top; padding: 5px;">Name _____ District _____ Tahasil _____ Town/Village _____ Registration Unit _____</td> <td style="width:20%; vertical-align: top; padding: 5px;">Code No _____</td> <td style="width:50%; vertical-align: top; padding: 5px;">Registration No. _____ Registration Date _____ Date Of Death _____ Sex: 1. Male. 2. Female Age: Years/ Months/ Days/Hours Place of Birth 1. Hospital/Institution 2. House 3. Other place <b>Name and Signature of the Registrar</b></td> </tr> </table>	<ol style="list-style-type: none"> <li>10. Town or Village of Residence of the deceased a. name of town/ village : _____ b. Is it a town or village (Put a mark) (1) Town (2) Village _____ c. Name of District..... d. Name of State.....</li> <li>11. Religion : (1) Hindu (2)Muslim (3) Christian (4) Sikh (5) Any other religion</li> <li>12. Father's level of education.....</li> <li>13. Mother's level of education.....</li> <li>14. Father's Occupation.....</li> <li>15. Mother's Occupation.....</li> <li>16. Age of the Mother (in completed years) at the time of marriage : .....</li> <li>17. Age of the Mother (in completed years) at the time of marriage : .....</li> </ol>	<ol style="list-style-type: none"> <li>18. Number of children born alive to the mother so far including this child .....</li> <li>19. Type of attention at delivery : (Tick the appropriate entry below) (a) Institutional – Government (b) Institutional – Private or Non-Govt. (c) Doctor, Nurse or Trained Midwife (d) Traditional Birth Attendant (e) Relatives or others</li> <li>20. Method of Delivery : (a) Normal (b) Ceasarean (c) Forceps/Vacuum</li> <li>21. Birth _____ Weight (in kgs.) _____</li> <li>22. Duration of pregnancy (in weeks) : _____</li> </ol>	Name _____ District _____ Tahasil _____ Town/Village _____ Registration Unit _____	Code No _____	Registration No. _____ Registration Date _____ Date Of Death _____ Sex: 1. Male. 2. Female Age: Years/ Months/ Days/Hours Place of Birth 1. Hospital/Institution 2. House 3. Other place <b>Name and Signature of the Registrar</b>
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