

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 billed by the information)</i></p> <ol style="list-style-type: none"> 1. Date of Birth..... 2. Sex..... 3. Name of the child (If any) 4. Name of the Father..... 5. Name of the Mother..... 6. Permanent Address..... 7. Place of Birth : i.Hospital/Institution Name ii.House Address 8. Order of Birth..... 9. Informant's Name..... Address..... <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 & 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"> 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..... 11. Religion : (1) Hindu (2)Muslim (3) Christian (4) Sikh (5) Any other religion _____ 12. Father's level of education..... 13. Mother's level of education..... 14. Father's Occupation..... 15. Mother's Occupation..... 16. Age of the Mother (in complted years) at the time of marriage : 17. Age of the Mother (in complted years) at the time of marriage : </td> <td style="width:50%; vertical-align: top; padding: 5px;"> <ol style="list-style-type: none"> 18. Number of children born alive to the mother so far including this child 19. Type of attention at delivery : (Tick the appropriate entry below) (a) Instituional – Government (b) Insttutional – Private or Non-Govt. (c) Doctor, Nurse or Trained Midwife (d) Traditional Birth Attendant (e) Relatives or others 20. Method of Delivery : (a) Normal (b) Ceasarean (c) Forceps/Vacuum 21. Birth _____ Weight (in kgs.) _____ 22. Duration of pregnancy (in weeks) : _____ </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:33%; vertical-align: top; padding: 5px;">Name _____</td> <td style="width:33%; vertical-align: top; padding: 5px;">Code No _____</td> <td style="width:33%; vertical-align: top; padding: 5px;">Registration No. _____</td> </tr> <tr> <td style="vertical-align: top; padding: 5px;">District _____</td> <td></td> <td style="vertical-align: top; padding: 5px;">Registration Date _____</td> </tr> <tr> <td style="vertical-align: top; padding: 5px;">Tahasil _____</td> <td></td> <td style="vertical-align: top; padding: 5px;">Date Of Death _____</td> </tr> <tr> <td style="vertical-align: top; padding: 5px;">Town/Village _____</td> <td></td> <td style="vertical-align: top; padding: 5px;">Sex: 1. Male. 2. Female _____</td> </tr> <tr> <td style="vertical-align: top; padding: 5px;">Registration Unit _____</td> <td></td> <td style="vertical-align: top; padding: 5px;">Age: Years/ Months/ Days/Hours _____</td> </tr> <tr> <td></td> <td></td> <td style="vertical-align: top; padding: 5px;">Place of Birth 1. Hospital/Institution 2. House 3. Other place</td> </tr> <tr> <td></td> <td></td> <td style="text-align: center; vertical-align: top; padding: 5px;"><i>Name and Signature of the Registrar</i></td> </tr> </table>	<ol style="list-style-type: none"> 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..... 11. Religion : (1) Hindu (2)Muslim (3) Christian (4) Sikh (5) Any other religion _____ 12. Father's level of education..... 13. Mother's level of education..... 14. Father's Occupation..... 15. Mother's Occupation..... 16. Age of the Mother (in complted years) at the time of marriage : 17. Age of the Mother (in complted years) at the time of marriage : 	<ol style="list-style-type: none"> 18. Number of children born alive to the mother so far including this child 19. Type of attention at delivery : (Tick the appropriate entry below) (a) Instituional – Government (b) Insttutional – Private or Non-Govt. (c) Doctor, Nurse or Trained Midwife (d) Traditional Birth Attendant (e) Relatives or others 20. Method of Delivery : (a) Normal (b) Ceasarean (c) Forceps/Vacuum 21. Birth _____ Weight (in kgs.) _____ 22. Duration of pregnancy (in weeks) : _____ 	Name _____	Code No _____	Registration No. _____	District _____		Registration Date _____	Tahasil _____		Date Of Death _____	Town/Village _____		Sex: 1. Male. 2. Female _____	Registration Unit _____		Age: Years/ Months/ Days/Hours _____			Place of Birth 1. Hospital/Institution 2. House 3. Other place			<i>Name and Signature of the Registrar</i>
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