D.P.H361	
Form NO.1	INFORMATION
BIRTH REPORT LEGAL INFORMATION  This part to be added to the birth register	
To be filled by the informant	
1. DATE OF BIRTH	iaiit
	nter "male" or "female" do not
use abbreviations)	no. maio ei female de net
3. Name of the child if any: _	
4. (a) Name of the father	
(full name as usually writte	
(b) Name of the Grandfat	her:
5.(a) Name and Age of the n	nother:
· ,	(full name as usually
written)	`
6. (a) Place of birth	
(Tick the appropriate entry 1 or 2 below and give	
the name of the Hospital	
address of the house wh	
address of the flouse wi	iere trie birtir took place)
(b) Order of Birth:	
(Living children only	<b>y</b> )
7. Complete Residential A	ddress:
8. Informant's name:	
	Address:
(After completing all columns 1 to 20	
informant will put date and signature here).	
Doto :	
Date :	signature or left thumb
	mark of the informant

## **BIRTH REPORT** SATISTICAL INFORMATION This part to be detached and sent for statistical processing 9. Town or village of Residence of the mother (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). (a) Name of Two/village: (b) Is it appropriate entry below: 1. Town 2.Village (c) Name of district: (d) Name of state: 10. Religion of the family:(Tick the appropriate entry below) 1. Hindu 2. Muslim 3. Christian 4. Sikh 5. Any other religion (write name of the religion) 11. Father's level of education (Enter the completed level of education e.g. if studies upto class VII but passed only class VI. Write class VI) 12. Mother's level of education: \_\_\_ (Enter the completed level of education e.g. if studies upto class VII but passed only class VI.

Write class VI)

13.Father's Occupation:\_\_\_\_\_ no occupation write 'NIL')

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 14. Mother's Occupation:  (If no occupation write 'NIL')
15. Age of the mother (in complete years) at the
time of marriage::
(If married more than once, age at first marriage
may be entered
<b>16.</b> Age of the mother (in completed years) at the
time of this birth:
17. 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).
18.Type of attention at delivery:
(Tick the appropriate entry/below)
Institutional – Government
2. Institutional – Private or non- Government
3. Doctor, Nurse or Trained midwife
4. Traditional Birth Attendant
5. Relatives or others
19. Method of Delivery:
(Tick the appropriate entry below)  1. Natural
2. Caesaren
<ol> <li>Forceps/Vacum</li> <li>Birth Weight (in kgs.)if</li> </ol>
20. Birth Weight (in kgs.)if available:
21 Duration of pregnancy (in weeks):