

(See Rule 5 of Himachal Pradesh Registration of Births and Death Rules, 2003)

BIRTH REPORT FORM

BIRTH REPORT

Legal Information This part is to be added to the birth register	Statistical information This part is to be detached and sent for statistical processing		In the case of multiple, fill in separate
To be filed by the informant	To be filed by the informant	To be filed by the informant	from each for each child and write
1.Date of Birth(Enter the exact day, month, year the child was born e.g. 1-1-2000) <input type="text"/>	9. Town or village of Residence of the mother (place the mother usually lives) This can be different from the place to where the delivery occurred. The house address is not required to be entered)	19.Method of delivery(Tick the appropriate entry below)	"Twin Birth "or triple birth"etc as the case may be, in the remarks column in the box left
2. Sex (Enter Male/ Female do not use abbreviation) <input type="text"/>	a) Name of Town /Village: <input type="text"/>	1. Normal <input type="checkbox"/> 2. Caesarean <input type="checkbox"/> 3.Forceps/Vacuum <input type="checkbox"/>	
3.Name of the child if any(if not named leave blank) <input type="text"/>	b)Is it town or village:(Tick the appropriate entry below):	20. Birth Weight(in kgs if available) <input type="text"/>	
4. Name of father(Full name as usually written) <input type="text"/>	1) Town <input type="checkbox"/> 2) village <input type="checkbox"/>	21.Duration of pregnancy(in weeks) <input type="text"/>	
	c) Name of District : <input type="text"/>		
	d) Name of State: <input type="text"/>		
5.Name of mother (Full name as usually written) <input type="text"/>	10. Religion of the family(tick the appropriate entry below):	(Columns to be filled are over. Now put signature at left)	
6. Permanent Address: <input type="text"/>	1. Hindu <input type="checkbox"/> 2. Muslim <input type="checkbox"/> 3. Christian <input type="checkbox"/> 4.Sikh <input type="checkbox"/> 5. Any other religion)	Registration No. <input type="text"/>	
7. Place of Birth:(Tick the appropriate entry 1or 2 below and give the name of Hospital/Institution or the address of the house where the Birth took place)	(Write name of the religion) <input type="text"/>	Registration Date: <input type="text"/>	
1. . Hospital <input type="checkbox"/>	11. Father's level of education: Enter the completed level of education e.g. (if studied up to class VII but passed only class VI, write class VI)	Date of Birth: <input type="text"/>	
2. Institution name: <input type="checkbox"/>	<input type="text"/>	Sex: 1. Male <input type="checkbox"/> 2. Female <input type="checkbox"/>	
3. . House Address <input type="checkbox"/>		Place of Birth:	
8.Informant's Name and Address <input type="text"/>	12. Mother's level of education:	1. Hospital <input type="checkbox"/> 2. Institution <input type="checkbox"/> 3. House <input type="checkbox"/>	

(After completing all columns 1 to 21 informant will put date and sign here) Date	(Enter the completed level of education(e.g. If studied up to class VII but passed only class VI, write class VI) <input type="text"/>	Name and signature of the registrar	
	13. Father's Occupation: (if no occupation write nil)		
	14. Mother's Occupation: (if no occupation write nil)		
	15. Age of mother:(in completed years)at the time of marriage(if married than once age at first marriage may be entered)		
To be filled by the registrar Code no <input type="text"/> Name <input type="text"/> District <input type="text"/> Tehsil <input type="text"/> Town/ village <input type="text"/> Registration unit <input type="text"/>	16. 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(No 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: 1) government <input type="checkbox"/> 2) private and non-government <input type="checkbox"/> Residential : 3) Doctor, nurse or trained and wife <input type="checkbox"/> 4) Traditional birth Attendant <input type="checkbox"/> 5) Relative or others <input type="checkbox"/>		