

See rule 5 of himachal Pradesh registration of birth and death rules, 2003

STILL BIRTH REPORT FORM**STILL BIRTH REPORT**

This part to be added Still Birth Register	Statistical information (This part to be detached and send from statistical processing)	
To be filled by the informant	To be filled by the informant	
1. Date of birth(enter the exact day, month, year)e.g. 1-1-2000	8. Town or village of residence of the mother (place where the mother usually lives. This can be different from the place to where the delivery occurred. The huge address is not required to be entered). a) Name of town village. b) Is it town or village.(tick the appropriate entry and below) 1. Town 2. Village c) Name of district: d) Name of state :	
2. Enter ("male or female" (Do not use abbreviation)	9. Age of mother: (In completed at the time of this birth.	
	10. Mother's level of education: (Enter the completed level of education e.g. if studied upto class VII but passed only class VI, write class VI).	
	11. Type of attention or delivery. (Tick the appropriate entry below. 1.Institutional –government 2.Institution private or non- government 3. Doctor ,nurse or midwife 4.Traditional birth attendant 5. Relative or others	
3. Name of father:	12.Duration of pregnancy(in weeks)	

(Fully name as usually written)	13. Cause of foetal death(if known)		
4. Name of mother (fully name as usually written)	(Column to be filled are over now put signature at left.		
5. Permanent address			
6. Place of birth (tick the appropriate entry 1or 2 below and give the name of hospital/ institution or the address of house where the birth took place. 1. Hospital/ Institution Name: 2. House Address:			
7. Informant's name: Address:			
After completing all columns 1 to 12 informant will put date and signature here.)			
Date signature or left thumb mark of theinformant			
To be filled by the registrar Registration no Registration date Town/village District Remarks (if any) Name and signature of the registrar	To be filled by the registrar Code no. Name : District Tehsil Town/ village Registration unit	Registration no. Registration date. Date of birth Sex: 1 Male 2. Female Place of birth: 1. Hospital / institution 2. Home Name and signature of the registrar	