

BIRTH REPORT

Form No. 2 (See Rule 5)
 PART - I (Legal information)
 (This part to be added to the Birth Register)

(To be filled by the informant)

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

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7. Place of Birth :

(1) Hospital / Institution Name

(2) House Address

8. Order of Birth

9. Informant's Name

Address

Date

Signature or left thumb Mark of the informant

(To be filled by the Registrar)

Registration No. : Registration Date :

Registration Unit : District :

Town / Village : District :

Remarks (if any) :

Name and Signature of the Registrar

BIRTH REPORT

Form No. 2 (See Rule 5)
 PART - II (Statistical information)
 (This part to be detached and sent for statistical processing)

(To be filled by the informant)

10. Town or Village of Residence of the Mother :

(a) Name of Town / Village

(b) Is it a town or village : (Put a Mark)

(i) Town (ii) Village

(c) Name of the District **GAJAPATI**

(d) Name of State **ODISHA**

11. Religion of the Family :

(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 completed years) at the time of marriage

17. Age of the Mother (in completed years) at the time of this Birth

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) Institutional - Government

(b) Institutional-Private of non -Government

(c) Doctor, Nurse or trained Midwife

(d) Traditional Birth Attendant

(e) Relatives or others

20. Method of delivery :

(a) Normal

(b) Caeserian

(c) Forceps / Vacuum

21. Birth Weight (in Kgs.)

22. Duration of pregnancy (in weeks)

(To be filled by the informant)

Name :	Registration Code No.:
District :	Registration Date
Tahasil :	Date of Birth
Town / Village :	Sex : 1. Male <input type="checkbox"/> 2. Female <input type="checkbox"/>
Registration Unit :	Place of Birth : 1. Hospital / Institution 2. House
Name and Signature of the Registrar	