Schedule XXX Form No. 2

# 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.....
   .....
   .....
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 :

Town/Village : District :

Remarks (If any) :

Name and Signature of the Registrar

OGP(FORMS)DTP--414--14,00;.000--06-04-2013

# 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.....
    (d) Name of State.....
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 or 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 Registrar)

Name : Code No.:

District :

Tahasil :

Town/ Village :

Registration Unit :

Registration No.:

Registration Date :

Date of Birth :

Sex : 1. Male 2. Female

Place of Birth : 1. Hospital / Institution 2. House

Name and Signature of the Registrar