

STILL BIRTH REPORT

Legal information

This part to be added to the Still Birth Register.

STILL BIRTH REPORT

Statistical information

This part to be detached and sent for statistical processing

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.

To be filled by the informant

- Date of Birth :** (Enter the exact day, month and year e.g.1-1-2000)
- Sex :** (Enter "male" or "female")
(Do not use abbreviation)
- Name of the father :**
(Full name as usually written)
- Name of the mother :**
(Full name as usually written)
- Place of birth :** (Tick the appropriate entry below and give the name of the Hospital/Institution or the address of the house where the birth took place)
 - 1.Hospital/ Institution Name :
 - 2.House Address :
- 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 the informant _____

To be detached and sent for statistical processing

To be filled by the informant

- 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 Town/Village :**
 - b) **Is it a town or village :** (Tick the appropriate entry below)
 - 1. Town 2. Village
 - c) **Name of District :**
 - d) **Name of State :**
- Age of the mother (In completed years) at the time of this birth :**
- 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)
- Type of attention at delivery :** (Tick the appropriate entry below)
 - 1. Institutional – Government
 - 2. Institutional – Private or Non-Government
 - 3. Doctor, Nurse or Trained midwife
 - 4. Traditional Birth Attendant
 - 5. Relatives or others
- Duration of pregnancy:** (in weeks)
- Cause of foetal death :** (if known)
(Columns to be filled are over. Now put signature at left)

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

To be filled by the Registrar

Name	Code No.	Registration No. :
District :		Registration Date :
Tahsil :		Date of Birth :
Town/Village :		Sex : 1.Male 2.Female
Registration Unit :		Place of Birth : 1.Hospital/Institution 2.House
		_____ Name and Signature of the Registrar

FORM NO.3
(See Rule 5)
STILL BIRTH REPORT FORM

