

# STILL BIRTH REPORT

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.

### Legal information

*This part to be added to the Still Birth Register*

### Statistical information

*This part to be detached and sent for statistical processing*

<p><i>To be filled by the informant</i></p> <p>1. <b>Date of Birth</b> : (Enter the exact day, month and year e.g.1-1-2000)</p> <p>2. <b>Sex</b> : (Enter "Male, " Female" or Transgender (Do not use abbreviation))</p> <p>3. <b>Name of the father</b> :                      (Full name as usually written)                      UID No. of father (if any)  <input type="text"/></p> <p>4. <b>Name of the mother</b> :                      (Full name as usually written)                      UID No of mother (if any)  <input type="text"/></p> <p>5. <b>Place of birth</b> : (Tick the appropriate entry below and give the name of the Hospital/Institution or the address of the house where the birth took place)</p> <p>1.Hospital/ Institution      <b>Name :</b></p> <p>2.House                          <b>Address :</b></p> <p>6. <b>Informant's name</b> :</p> <p><b>Address :</b></p> <p><i>(After completing all columns 1 to 12, informant will put date and signature here:)</i></p> <p><b>Date</b> _____ <b>Signature or left thumb mark of the informant</b> _____</p>	<p><i>To be filled by the informant</i></p> <p>7. <b>Town or Village of Residence of the mother:</b> (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.)</p> <p>a) <b>Name of Town/Village :</b></p> <p>b) <b>Is it a town or village :</b> (Tick the appropriate entry below)</p> <p>1. <b>Town</b>      2. <b>Village</b></p> <p>c) <b>Name of District :</b></p> <p>d) <b>Name of State :</b></p> <p>8. <b>Age of the mother (in completed years) at the time of this birth</b> :</p> <p>9. <b>Mother's level of education</b> :                      (Enter the completed level of education e.g. if studied upto class VII but passed only class VI, write class VI)</p> <p>10. <b>Type of attention at delivery</b> : (Tick the appropriate entry below)</p> <p>6. <b>Institutional – Government</b></p> <p>7. <b>Institutional – Private or Non-Government</b></p> <p>8. <b>Doctor, Nurse or Trained midwife</b></p> <p>9. <b>Traditional Birth Attendant</b></p> <p>10. <b>Relatives or others</b></p> <p>11. <b>Duration of pregnancy:</b> (in weeks)</p> <p>12. <b>Cause of foetal death</b> : (if known)</p> <p><i>(Columns to be filled are over. Now put signature at left)</i></p>
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To be detached and sent for statistical processing

<p><i>To be filled by the Registrar</i></p> <p>Registration No. : _____      Registration Date : _____</p> <p>Registration Unit : _____</p> <p>Town/Village : _____      District : _____</p> <p>Remarks : (if any)</p> <p style="text-align: center;">Name and Signature of the Registrar _____</p>	<p><i>To be filled by the Registrar</i></p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">Name _____</td> <td style="width:20%;">Code No. _____</td> <td style="width:50%;">Registration No. : _____</td> </tr> <tr> <td>District : _____</td> <td></td> <td>Registration Date : _____</td> </tr> <tr> <td>Tahsil : _____</td> <td></td> <td>Date of Birth : _____</td> </tr> <tr> <td>Town/Village : _____</td> <td></td> <td>Sex : 1.Male 2.Female</td> </tr> <tr> <td>Registration Unit : _____</td> <td></td> <td>Place of Birth : 1.Hospital/Institution 2.House</td> </tr> </table> <p style="text-align: right;">Name and Signature of the Registrar _____</p>	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 _____	Code No. _____	Registration No. : _____														
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FORM No. 3  
(See Rule 5)  
STILL BIRTH REPORT FORM