

Vital Statistic of Birth

This form should be completed in respect of every child whose birth is registered, and should be attached to the duplicate of the birth entry by the Registrar.

(If this form is not completed by the informant the Registrar should complete this)

*These boxes are for office use only

BIRTH ENTRY	These particulars should be entered by the Registrar Registrar Division (Births and Deaths)..... Entry No. _____ → <input style="width: 40px; height: 20px;" type="text"/>									
CHILD'S PARTICULARS	1. Date of birth of the Child → <table style="display: inline-table; border: none;"> <tr> <td style="text-align: center; padding: 0 10px;">Date</td> <td style="text-align: center; padding: 0 10px;">Month</td> <td style="text-align: center; padding: 0 10px;">Year</td> </tr> <tr> <td style="text-align: center;"><input style="width: 20px; height: 20px;" type="text"/></td> <td style="text-align: center;"><input style="width: 20px; height: 20px;" type="text"/></td> <td style="text-align: center;"><input style="width: 40px; height: 20px;" type="text"/></td> </tr> </table> 2. Was the birth occurred in a hospital? → Yes <input type="checkbox"/> No <input type="checkbox"/> (Mark X in the correct box) 3. Sex of the Child → Male <input type="checkbox"/> Female <input type="checkbox"/> (Mark X in the correct box) 4. If the child is a <u>twin only</u> mark X in the box → <input type="checkbox"/> If more than two children were born enter the number of children born → <input style="width: 20px; height: 20px;" type="text"/> 5. Weight of the child at birth → Kg. <input style="width: 20px; height: 20px;" type="text"/> g. <input style="width: 40px; height: 20px;" type="text"/> (Enter the weight as shown on the document issued by the hospital or on the Infant Growth card)	Date	Month	Year	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>			
Date	Month	Year								
<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>								
MOTHER'S PARTICULARS	6. Mother's date of birth → <table style="display: inline-table; border: none;"> <tr> <td style="text-align: center; padding: 0 10px;">Date</td> <td style="text-align: center; padding: 0 10px;">Month</td> <td style="text-align: center; padding: 0 10px;">Year</td> </tr> <tr> <td style="text-align: center;"><input style="width: 20px; height: 20px;" type="text"/></td> <td style="text-align: center;"><input style="width: 20px; height: 20px;" type="text"/></td> <td style="text-align: center;"><input style="width: 40px; height: 20px;" type="text"/></td> </tr> </table> (If the month and date is not known enter the year only) (If the year is also not known correct age) → Year <input style="width: 20px; height: 20px;" type="text"/> 7. Were parents married? → Married <input type="checkbox"/> Not Married <input type="checkbox"/> (Mark X in the correct box) 8. Live birth order → <input style="width: 20px; height: 20px;" type="text"/> 9. Mother's permanent residence : Address * <input style="width: 20px; height: 20px;" type="text"/> * <input style="width: 20px; height: 20px;" type="text"/> * <input style="width: 20px; height: 20px;" type="text"/> 10. District * <input style="width: 20px; height: 20px;" type="text"/> 11. Divisional Secretary's Division * <input style="width: 20px; height: 20px;" type="text"/>	Date	Month	Year	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>			
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<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>								
PARENTS' PARTICULARS	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;"></td> <td style="text-align: center; border-bottom: 1px solid black;">Mother's</td> <td style="text-align: center; border-bottom: 1px solid black;">Father's</td> </tr> <tr> <td style="vertical-align: top;"> 12. Race of Parents (Mark X in the correct boxes) </td> <td style="border-left: 1px solid black; border-right: 1px solid black; text-align: center;"> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> </td> <td style="border-left: 1px solid black; border-right: 1px solid black; text-align: center;"> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> </td> </tr> <tr> <td style="vertical-align: top;"> 13. Any other race write here: - Mother Father </td> <td></td> <td></td> </tr> </table>		Mother's	Father's	12. Race of Parents (Mark X in the correct boxes)	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	13. Any other race write here: - Mother Father		
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