

Legal information

This part to be added to the Still Birth Register

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.

<p><i>To be filled by the informant</i></p> <p>1. Date of Birth : (Enter the exact day, month and year e.g. 1-1-2000)</p> <p>2. Sex : (Enter "male", "female") (Do not use abbreviation)</p> <p>3. Name of the father : (Full name as usually written) UID No. of father (if any) <table border="1" style="width:100%; height: 15px; border-collapse: collapse;"></table></p> <p>4. Name of the mother : (Full name as usually written) UID No of mother (if any) <table border="1" style="width:100%; height: 15px; border-collapse: collapse;"></table></p> <p>5. 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)</p> <p>1. Hospital/ Institution Name :</p> <p>2. House Address :</p> <p>6. Informant's name : Address :</p> <p><i>(After completing all columns 1 to 12, informant will put date and signature here:)</i></p> <p>Date _____ Signature or left thumb mark of the informant _____</p>	To be detached and sent for statistical processing	<p><i>To be filled by the informant</i></p> <p>7. 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.)</p> <p>a) Name of Town/Village :</p> <p>b) Is it a town or village : (Tick the appropriate entry below) 1. Town 2. Village</p> <p>c) Name of District :</p> <p>d) Name of State :</p> <p>8. Age of the mother (in completed years) at the time of this birth :</p> <p>9. 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)</p> <p>10. Type of attention at delivery : (Tick the appropriate entry below)</p> <p>1. Institutional – Government 2. Institutional – Private or Non-Government 3. Doctor, Nurse or Trained midwife 4. Traditional Birth Attendant 5. Relatives or others</p> <p>11. Duration of pregnancy: (in weeks)</p> <p>12. Cause of foetal death : (if known) <i>(Columns to be filled are over. Now put signature at left)</i></p>																								
<p><i>To be filled by the Registrar</i></p> <p>Registration No. : _____ Registration Date : _____</p> <p>Registration Unit :</p> <p>Town/Village : Karaikal Municipality District : Karaikal</p> <p>Remarks : (if any)</p> <p style="text-align: right;">Name and Signature of the Registrar _____</p>		<p><i>To be filled by the Registrar</i></p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;"></td> <td style="width:25%; text-align: center;">Name</td> <td style="width:25%; text-align: center;">Code No.</td> <td style="width:25%;"></td> </tr> <tr> <td>District :</td> <td></td> <td></td> <td>Registration No. :</td> </tr> <tr> <td>Tahsil :</td> <td></td> <td></td> <td>Registration Date :</td> </tr> <tr> <td>Town/Village : Karaikal Municipality</td> <td></td> <td></td> <td>Date of Birth :</td> </tr> <tr> <td>Registration Unit :</td> <td></td> <td></td> <td>Sex : 1.Male 2.Female</td> </tr> <tr> <td></td> <td></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.		District :			Registration No. :	Tahsil :			Registration Date :	Town/Village : Karaikal Municipality			Date of Birth :	Registration Unit :			Sex : 1.Male 2.Female				Place of Birth : 1.Hospital/Institution 2.House
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