

STILL BIRTH REPORT

Legal information

This part to be added to the Still Birth Register

To be filled by the informant

1. **Date of Birth :** (Enter the exact day, month and year
e.g.1-1-2000)
2. **Sex :** (Enter "Male, " Female" or Transgender
(Do not use abbreviation)
3. **Name of the father :**
(Full name as usually written)
UID No. of father (if any)

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4. **Name of the mother :**
(Full name as usually written)
UID No of mother (if any)

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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)

1.Hospital/ Institution 2.House	Name : Address :
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6. **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 filled by the Registrar

Registration No. : Registration Date :
 Registration Unit :
 Town/Village : District :
 Remarks : (if any)

Name and Signature of the Registrar

STILL BIRTH REPORT

Statistical information

This part to be detached and sent for statistical processing

To be filled by the informant

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.)
 - a) **Name of Town/Village :**
 - b) **Is it a town or village :** (Tick the appropriate entry below)

1. Town	2. Village
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 - c) **Name of District :**
 - d) **Name of State :**
8. **Age of the mother (in completed years) at the time of this birth :**
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)
10. **Type of attention at delivery :** (Tick the appropriate entry below)
 6. Institutional – Government
 7. Institutional – Private or Non-Government
 8. Doctor, Nurse or Trained midwife
 9. Traditional Birth Attendant
 10. Relatives or others
11. **Duration of pregnancy:** (in weeks)
12. **Cause of foetal death :** (if known)
(Columns to be filled are over. Now put signature at left)

To be detached and sent for statistical processing

To be filled by the Registrar

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

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.