

Schedule XX—Form No. 2 (Revised)

BIRTH REPORT

Form No. 1 (see Rule 5)

PART-I (Legal Information)

(This part to be added to the Birth Register)

(To be filled by the Informant)

Date of Birth: 30.3.12 at 1.40 A.M.
2. Sex: Male 2.990
3. Name of the child (if any): Newborn
4. Name of father: Mangra Gochhayat
5. Name of the mother: Jheli Gochhayat
6. Permanent Address: At - Rakarkh,
PO - Padmabhatpur,
Vidya - Talcher, Angul
7. Place of birth:
(1) Hospital/Institution Name: N.S.C.H.
(2) House: Dera, Talcher
8. Order of birth: Para 2
9. Informant's name: D.C. Gm
Address: H.C.
Date: Signature: 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

BIRTH REPORT

Form No. 2 (see Rule 5)

PART-II (Statistical Information)

(This part to be detached and sent for statistical processing)

(To be filled by the Informant)

10. Town or Village of Residence of the mother:
(a) Name of town/village: Dera
(b) Is it a town or village: (Put a ✓ mark)
(1) Town (2) Village
(c) Name of District: Angul
(d) Name of State: Orissa
11. Religion of the family:
(1) Hindu (2) Muslim (3) Christian
(4) Jain (5) Any other religion
12. Education of mother: 5th pass
13. Education of father: Nothing
14. Occupation of mother: M.C.L. Service
15. Occupation of father: Housewife
16. Age of mother (in completed years) at the time of birth: 20 yrs
17. Age of father (in completed years) at the time of birth: 22 yrs
18. Number of children born alive to the mother so far including this child: Two
19. Type of attention at delivery (Tick the appropriate entry below)
(a) Institutional - Government
(b) Institutional - Private or Non-Government
(c) Doctor, Nurse or Trained Midwife
(d) Traditional Birth Attendant
(e) Others
20. Method of delivery:
(a) Normal
(b) Caesarean
(c) Forceps/Vacuum
21. Birth Weight (in kg): 2.990 kg
22. Duration of pregnancy (in weeks): 28 weeks

(To be filled by the Registrar)

Name:

Code No.:

Registration No.:

District:

Registration Unit:

Tahasil:

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