

See rule 5 of himachal Pradesh registration of birth and death rules, 2003

STILL BIRTH REPORT FORM

STILL BIRTH REPORT

This part to be added Still Birth Register	Statistical information (This part to be detached and send from statistical processing)	
To be filled by the informant	To be filled by the informant	In the case of multiple birth, fill in separate from each for each child and write
1. .Date of birth(enter the exact day, month, year)e.g. 1-1-2000 <input data-bbox="24 722 703 827" type="text"/>	8. Town or village of residence of the mother (place where the mother usually lives. This can be different from the place to where the delivery occurred. The huge address is not required to be entered). a) Name of town village. <input data-bbox="1040 768 1445 835" type="text"/> b) Is it town or village.(tick the appropriate entry and below)	In the case of multiple birth, fill in separate from each for each child and write
	1. Town <input data-bbox="1398 932 1438 968" type="checkbox"/> 2. Village <input data-bbox="1398 989 1438 1024" type="checkbox"/>	"Twin Birth "or triple birth"etc as the case may be, in the remarks column in the box left
2. Enter ("male or female" (Do not use abbreviation) <input data-bbox="342 989 703 1083" type="text"/>	c) Name of district: <input data-bbox="1078 1041 1445 1108" type="text"/> d) Name of state : <input data-bbox="1078 1115 1445 1182" type="text"/>	"Twin Birth "or triple birth"etc as the case may be, in the remarks column in the box left
3. Name of father: (Fully name as usually written) <input data-bbox="24 1360 703 1455" type="text"/>	9. Age of mother: (In completed at the time of this birth). <input data-bbox="703 1276 1445 1344" type="text"/>	
	10. 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). <input data-bbox="703 1486 1445 1554" type="text"/>	
	11. Type of attention or delivery. (Tick the appropriate entry below. 1.Institutional –government <input data-bbox="1398 1671 1438 1707" type="checkbox"/> 2.Institution private or non- government <input data-bbox="1398 1728 1438 1764" type="checkbox"/> 3. Doctor ,nurse or midwife <input data-bbox="1398 1785 1438 1820" type="checkbox"/>	

	4.Traditional birth attendant <input type="checkbox"/> 5. Relative or others <input type="checkbox"/>	
4. Name of mother (fully name as usually written)	12. Duration of pregnancy(in weeks) <input type="text"/> <input type="text"/>	
	13. Cause of foetal death(if known) (Column to be filled are over now put signature at left.) <input type="text"/>	
5.Permanent address <input type="text"/>		
S6.Place of birth (tick the appropriate entry 1or 2 below and give the name of hospital/ institution or the address of house where the birth took place. 1. Hospital <input type="checkbox"/> 2. Institution Name: <input type="checkbox"/> 3. House Address: <input type="checkbox"/>		
7.Informant's name: <input type="text"/>		
Address: <input type="text"/>		
After completing all columns 1 to 12 informant will put date and signature here.)		
Date <input type="text"/> Signature or left thumb mark of the informant <input type="text"/>		

To be filled by the registrar		To be filled by the registrar		Registration no. <input type="text"/>
Registration no.	<input type="text"/>	Code no.	<input type="text"/>	Registration date. <input type="text"/>
Registration date	<input type="text"/>	Name	<input type="text"/>	Date of birth <input type="text"/>
Town/village	<input type="text"/>	District	<input type="text"/>	Sex: 1 Male <input type="text"/>
District	<input type="text"/>	Tehsil	<input type="text"/>	2. Female <input type="text"/>
Remarks (if any)		Town/ village	<input type="text"/>	Place of birth:
		Registration unit	<input type="text"/>	1. Hospital <input type="checkbox"/>
				2. Institution <input type="checkbox"/>
				3. .Home <input type="checkbox"/>
				Name and signature of the registrar
				<input type="text"/>
				<input type="text"/>
				<input type="text"/>