

LIVE BIRTH REPORT

FORM 2

(SEE RULE - 5)

**APPLICATION UNDER SUBSECTIN (1) OF SECTION 7-A UNDER
SUBSECTIN (1) OF SECTION 8 OF THE ACT.**

To

Registration Unit/Villages/Town /Municipality/Taluk/Tahsil/Block/Thana
District.

1. Date Of Birth
2. Sex Male/Female
3. Name Of Child
4. Place Of Birth
5. Permanent Residential Address
6. Father's
 - I. Name
 - II. Literacy
 - III. Occupation
 - IV. Nationality
 - V. Religion
7. Mother's
 - I Name
 - II Literacy
 - III Occupation
 - IV Nationality
 - V Religion
8. Age of mother in completed years at confinement
9. Order of birth
(Number of live-births including the birth registered)
10. Type of attention at delivery
11. Informant's
 - I. Name
 - II. Address

Date:-

Signature of the thumb mark of the informant.

Note: - If the person is non-worker, insert the word “Nil” in the column for occupation

- If the delivery took place in Hospital or any other institution write “Hospital or Institution giving its name, other wise give full postal address of the place of birth

- If the delivery was conducted in a hospital or maternity home write the name of institution otherwise mention whether it was conducted by a qualified or unqualified mid-wife and give her names.

- In the case of illegitimate birth the word “illegitimate should be entered in”