

REGISTER OF BIRTH

REGISTRAR'S SERIAL NUMBER:

DISTRICT:

1. FULL NAME OF CHILD	Baptismal or given name (s)	Middle or Tribal name	<div style="border: 1px solid black; width: 100%; height: 15px; background-color: #cccccc;"></div> <p style="text-align: center; font-size: small;">Son or daughter of</p>	Surname or tribal name of Father
2. DATE OF BIRTH	Date of Month	Month	3. SEX OF CHILD	Male 1. <input style="width: 40px; height: 15px;" type="text"/> Female 2. <input style="width: 40px; height: 15px;" type="text"/>
4. FULL NAME OF FATHER	Baptismal or given name (s)	Middle or tribal name	<div style="border: 1px solid black; width: 100%; height: 15px; background-color: #cccccc;"></div> <p style="text-align: center; font-size: small;">Son of</p>	Surname or tribal Name of her father
5. FULL NAME OF MOTHER	Baptismal or given name (s)	Middle or tribal name	<div style="border: 1px solid black; width: 100%; height: 15px; background-color: #cccccc;"></div> <p style="text-align: center; font-size: small;">Daughter of</p>	Maiden surname or tribal name of her Father
6. EXACT PLACE OF BIRTH	No. of house and street or road if any	Name of town if any or village/ Sub-location and Location	If in Institution-name of hospital or medical centre	
7. NORMAL RESIDENCE OF MOTHER	If mother not normally resident at above place state district in which she lives			
<input style="width: 40px; height: 15px;" type="text"/>	<input style="width: 40px; height: 15px;" type="text"/>	<input style="width: 40px; height: 15px;" type="text"/>	<input style="width: 40px; height: 15px;" type="text"/>	

**BINDING MARGIN**  
 IMPORTANT—Use typewriter or ballpoint or pen with black or dark blue ink. This is a permanent legal record. Be sure the carbon copy is legible

8. CERTIFICATE TO BE COMPLETED BY INFORMANT

I hereby certify that I attended the above birth or have knowledge of the fact that the

Above child was born (alive)  (dead)  on the date and at the place Specified and that I am the

Check Capacity in which Information given.

Mother of The Child     
  Father of the child     
  Midwife who attended birth     
  Medical Attendant     
  or specify

Signature..... Date Record Signed.....  
 (If informant is illiterate he should add his mark and a witness to such mark should sign here) .....

Date Record Received:

9. SIGNATURE OF REGISTRAR:

CONFIDENTIAL MEDICAL DATA  
 (This section must be completed as fully as possible)

10. AGE OF MOTHER AT BIRTH OF CHILD:

Years

11. IS MOTHER MARRIED TO FATHER? (By Ceremony, Custom, etc.):

Yes 1  No 2

12. PREVIOUS BIRTHS TO MOTHER:

Number Born Alive ..... Number Born Dead.....

13. IF A PLURAL BIRTH. STATE WHETHER TWIN OR TRIPLET

AND ORDER OF BIRTH (I.E. 1ST OR 2ND)

NOTE- A separate record is required for each child.