

FORM NO. 3

**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 or "Female")
(do not use abbreviation)
3. **Name of the father :**
(Full name as usually written)
4. **Name of the mother :**
(Full name as usually written)
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** **Name:**
 2. **House** **Address :**
6. **Informant's Name :**
Address :

(After completing all columns 1 to 12,
informant will put
date and signature here).

Date :

Signature of 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**

In case of multiple births, here is **FORM NO. 3**
a specimen form for each child and
write "**Twin birth or Triplet birth**" etc.
as the case may be in the remarks
column in the box below left.

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 where the delivery occurred. The house address is not required to be entered).

(a) Name of the Town/Village :

(b) Is it a town or village : (Tick the appropriate entry below)

1. Town 2. Village

(c) Name of District :

(d) Name of State :

8. Age of 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)

1. Institutional – Government
2. Institutional – Private or Non – Government
3. Doctors, Nurse or Trained midwife
4. Traditional birth attendant
5. 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)

**FORM NO. 3
(See Rule 5)
STILL BIRTH REPORT
FORM**

To be filled by the Registrar

Name :

Code No.

Registration No. :

District :

Registration date :

Tahsil :

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