# STILL BIRTH REPORT

**Legal Information**

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 when the birth took place)*

   - 1. Hospital/Institution
   - 2. House Address

6. Informant's name: *(Address)*

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

   Date: Signature or left thumb mark of the informant

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# STILL BIRTH REPORT

**Statistical Information**

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

   a) Name of 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 the 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. Doctor, 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):

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# STILL BIRTH REPORT

**To be filled by the Registrar**

Registration No.: Registration Date:

Registration Unit:

Town/Village:

Remarks, (if any):

Name and Signature of the Registrar

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# STILL BIRTH REPORT

**To be filled by the Registrar**

Name: Code No.

District:

Tahsil:

Town/Village:

Registration Unit:

Registration No.: Registration Date:

Date of Birth: Sex: 1. Male 2. Female

Place of Birth: 1. Hospital/Institution 2. House

3. Other Place:

Name and Signature of the Registrar

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