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Form No.3 STILL BIRTH REPORT																							
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1 D	ate o		To be filled by the Informant(in Capital Letter only)											1	M- Male								
(E	nter th	ne exa	ay,month and year e.g. 1-1-2000														F - Female						
3 Name of the Father(Full name as usually written)																							
3 N	ame	<u>of th</u>	ne Fa	athe	er(Fu	<u>ıll n</u>	ame	e as	นรเ	ally	<u>wr</u> i	itter	I)		1	r		1	1				
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5 P	lace	of Ri	irth	& Δ	ddr	255	(Ho	spite	al/In	stit	utio	n/H	0054	e)									
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6 In	form	ant'	s Na	me	•		•						•										
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Regi	stratio	on U	nit																				
Town /Village										District													
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GOVERNMENT OF NATIONAL CAPITAL TERRITORY OF DELHI												
Form No. 3 STILL BIRTH REPORT												
Statisticall Information This part to be detected 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 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)	Town Village											
c Name of District d Name of S												
8 Age of the mother at the time of												
9 Mother's level of education:(enter the completed level of education												
e.g. if studies upto class VII but passed only VI write class VI) 10 Type of attention at delivery 11 Duration of pregnancy(in weeks)												
(tick the appropriate entry)												
1 Institutional - Government												
2 Institutional - Private or Non-Government 3 Doctor, Nurse or Trained midwife												
4 Traditional Birth Attendent												
5 Relatives or others												
12 Cause of foetal death(if known)												
(Columns to be filled are over, Now put signature at left)												
(To be filled by the Registra	ar)											
Name of district Code No.												
Tehsil Code No.	Code No.											
Town/Village Code No.	Code No.											
Registration Unit Code No.	Code No.											
Registration No. Registration	on Date											
	.Male Female											
Place of Birth 1.Hospital/Institution 2.House												
Nam	ne & Signature of the Registrar and Stamp											