

Vital Statistics of Birth

This form should be completed in respect of every child whose birth is registered, and should be attached to the duplicate of the birth entry by the Registrar.

(If this form is not completed by the informant the Registrar should complete this.)

* These boxes are for office use only

BIRTH ENTRY	These particulars should be entered by the Registrar			
	Registrars Division (Births and Deaths)			
	Entry No. _____	→		
CHILD'S PARTICULARS	1. Date of birth of the Child _____	Date	Month	Year
		□ □	□ □	□ □ □ □
	2. Was the birth occurred in a hospital? _____ (Mark X in the correct box)	Yes <input type="checkbox"/>		No. <input type="checkbox"/>
	3. Sex of the Child _____ (Mark X in the correct box)	Male <input type="checkbox"/>		Female <input type="checkbox"/>
	4. If the child is a <u>twin only</u> mark X in the box _____	□		
	If more than two Children were born enter the number of children born _____	□		
	5. Weight of the child at birth _____ (Enter the weight as shown on the document issued by the hospital or on the Infant Growth Card.)	Kg.	□	g. □ □ □
MOTHER'S PARTICULARS	1. Mother's date of birth _____ (If the month and date is not known enter the year only) (If the year is also not known correct age) _____	Date	Month	Year
		□ □	□ □	□ □ □ □
	7. Were Parents married? _____ (Mark X in the correct box)	Married <input type="checkbox"/>		Not Married <input type="checkbox"/>
	8. Live birth order _____ (all children born alive to the mother should be counted)	□ □		
	9. Mother's permanent residence :- Address	* □ □		
	10. District	* □ □		
	11. Divisional Secretary's Division	□ □		
PARENTS' PARTICULARS	12. Race of Parents _____ (Mark X in the correct boxes)	Sinhala _____	Mother's	Father's
		□	□	□
		Sri Lankan Tamil _____	□	□
		□	□	□
		Indian Tamil _____	□	□
		□	□	□
		Sri Lankan moor _____	□	□
		□	□	□
	If any other race write here :- Mother	Father.....		