

FORM NO. 6
(See Rule 5)

LIVE BIRTH REPORT

REGN. UNIT: SHILLONG CANTONMENT
THANA: SHILLONG
DIST: EAST KHASI HILLS.

- 1. Date of Birth.**
- 2. Sex Male/Female**
- 3. Name of the Child.**
- 4. Place of birth.**
- 5. Permanent Residential Address.**
- 6. Father's**
 - (i) Name**
 - (ii) Literacy**
 - (iii) Occupation**
 - (iv) Religion**
- 7. Mother's**
 - (i) Name**
 - (ii) Literacy**
 - (iii) Occupation**
 - (iv) Religion**
- 8. Age of mother in completed years at confinement.**
- 9. Order of Birth (Number of live births including the birth)**
- 10. Type of attention of delivery.**
- 11. Informants**
Name
Address

Date

Signature/Thumb Impression
Name

Note:

Please tick mark the number of days the certificate is required

1	Certificate required after 07 days	
2	Certificate required after 03 days	
3	Certificate required on same day	