



MINISTRY OF HEALTH & FAMILY WELFARE
GOVERNMENT OF INDIA
NATIONAL BIRTH RECORDS

NAME OF THE CHILD: _____
DATE OF BIRTH: _____
PLACE OF BIRTH: _____

Sl. No.	NAME OF THE CHILD	DATE OF BIRTH	PLACE OF BIRTH
1	...	...	...
2	...	...	...
3	...	...	...
4	...	...	...
5	...	...	...
6	...	...	...
7	...	...	...
8	...	...	...
9	...	...	...
10	...	...	...
11	...	...	...
12	...	...	...
13	...	...	...
14	...	...	...
15	...	...	...
16	...	...	...
17	...	...	...
18	...	...	...
19	...	...	...
20	...	...	...

Signature of the Medical Officer: _____
Signature of the Midwife: _____

Signature of the Registrar: _____
Signature of the Assistant Registrar: _____