



**MINISTRY OF HEALTH AND FAMILY WELFARE
GOVERNMENT OF INDIA
NATIONAL BIRTH RECORDS**

NAME OF CHILD: _____ SEX: _____
 DATE OF BIRTH: _____ TIME OF BIRTH: _____
 PLACE OF BIRTH: _____

NAME OF FATHER: _____ NAME OF MOTHER: _____
 NAME OF DOCTOR: _____

Sl. No.	Weight (kg)	Length (cm)	Head Circumference (cm)	Remarks
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				
29				
30				
31				
32				
33				
34				
35				
36				
37				
38				
39				
40				
41				
42				
43				
44				
45				
46				
47				
48				
49				
50				

NAME OF DOCTOR: _____

DATE OF BIRTH: _____

Signature of Doctor: _____

Signature of Parent: _____



25-1-79