

REGISTRATION OF STILL BIRTH (2)

Civil Status Office _____					
Serial No _____					
Date of Registration _____					
<i>For Civil Status Office Use</i>			<i>Stat Codes only</i>		
Ethnic Group					
Sex					
Religion					
District of Residence					
Township (if applicable)					
Date of Birth					
Legitimacy					
District of C.S.O					
No. of Regr. and page					
Plurality					

Maiden Surname of																				
Mother																				
Names																				
<i>For Civil Status Office Use</i>										<i>Stat Codes only</i>										
Father's Profession																				
Mother's Profession																				
Date of birth of mother																				
Age of mother																				
No. of Previous Live Births																				
No of Previous Still Birth																				
Month and Year Union Started											M	M	Y	Y						
Date of Previous Live Birth																				
Age of Father																				
Place of Delivery																				

Attendant at Birth
Not to be punched

