



Empty grid box for identification or tracking number

REPUBLIC OF SOUTH AFRICA
DEPARTMENT OF HOME AFFAIRS



9 9 9 9

**NOTICE OF BIRTH
(PERSONS UNDER ONE YEAR)**

[Section 9 of Act No. 51 of 1992: Regulation 5 (1)]

COMPLETE WITH BLACK BALLPOINT PEN

A. CHILD

Surname
Forenames in full
Date of birth
Gender
Place of birth: City/Town
Country
Are the parents of the child married to each other?
Date of marriage

B. NATURAL FATHER OF CHILD/PARENT i.t.o. section 5 of the Children's Status Act, 1987*

Identity number
Date of birth
Surname
Forenames in full
Place of birth
Citizenship
Permanent residence permit No.

C. NATURAL MOTHER OF CHILD

Identity number
Date of birth
Present surname
Maiden name
Forenames in full
Place of birth
Citizenship
Permanent residence permit No.

D. ACKNOWLEDGEMENT OF PATERNITY I.R.O. A CHILD BORN OUT OF WEDLOCK

I hereby declare that I am the natural father of the above child.
Mother's permission to the acknowledgement of paternity.

E. INFORMANT I, (forenames in full and surname)

Identity No. declare that the above information is correct.
Contact address
Postal code
Telephone number
Area code
Date
Signature
Relationship to child
Email

F. FOR OFFICIAL USE

Stat Birth
Notice approved by: Date
Initials and surname: Persal No.
Signature

Office stamp

* DELETE WHICHEVER IS NOT APPLICABLE.

REPUBLIC OF SOUTH AFRICA

NOTICE OF BIRTH

Must be completed in black ink. Please tick where applicable. Please refer to instruction booklet

INFORMATION FOR MEDICAL AND HEALTH USE ONLY

FILE No.:

DATE:

Place of birth: Public hospital Private hospital Doctor's office At home Clinic Other

Facility name..... Facility code

MOTHER

Population group: African Coloured Indian White Other (specify)

Education (Specify only highest class completed):

None	Sub A Gr. 1	Sub B Gr. 2	Std. 1 Gr. 3	Std. 2 Gr. 4	Std. 3 Gr. 5	Std. 4 Gr. 6	Std. 5 Gr. 7	Std. 6 Gr. 8 Form 1	Std. 7 Gr. 9 Form 2 NTC 1	Std. 8 Gr. 10 Form 3 NTC 2	Std. 9 Gr. 11 Form 4 NTC 3	Std. 10 Gr. 12 Form 5	Univ. Tech.
------	----------------	----------------	-----------------	-----------------	-----------------	-----------------	-----------------	---------------------------	------------------------------------	-------------------------------------	-------------------------------------	-----------------------------	----------------

Give full details of the kind of work the mother is doing

What is the main activity of the mother's firm, institution or private employer? Describe the activity in as much detail as possible

FATHER

Population group: African Coloured Indian White Other (specify)

Education (Specify only highest class completed):

None	Sub A Gr. 1	Sub B Gr. 2	Std. 1 Gr. 3	Std. 2 Gr. 4	Std. 3 Gr. 5	Std. 4 Gr. 6	Std. 5 Gr. 7	Std. 6 Gr. 8 Form 1	Std. 7 Gr. 9 Form 2 NTC 1	Std. 8 Gr. 10 Form 3 NTC 2	Std. 9 Gr. 11 Form 4 NTC 3	Std. 10 Gr. 12 Form 5	Univ. Tech.
------	----------------	----------------	-----------------	-----------------	-----------------	-----------------	-----------------	---------------------------	------------------------------------	-------------------------------------	-------------------------------------	-----------------------------	----------------

Give full details of the kind of work the father is doing

What is the main activity of the father's firm, institution or private employer? Describe the activity in as much detail as possible

MATERNAL

Live birth Now living Now dead Date of previous live birth

Antenatal visit Y N Clinical estimate of gestation Newly born birth weight g

Mother transferred prior to delivery Y N If yes, enter name of facility transferred from Apgar score: 1 min 5 min

Infant transferred? Y N If yes, enter name of facility transferred from

SELECTED RISK FACTORS FOR THIS PREGNANCY (Complete all items)	Tobacco use during pregnancy <input type="checkbox"/> Y <input type="checkbox"/> N	Average number of cigarettes per day <input type="text"/> <input type="text"/>	Weight gained during pregnancy in kg <input type="text"/> <input type="text"/>
	Alcohol use during pregnancy <input type="checkbox"/> Y <input type="checkbox"/> N	Average number of drinks per week <input type="text"/> <input type="text"/>	

Hypertensive Disease	Eclampsia	Antepartum Haemorrhage	Anaemia	Diabetic	Cardiac Disease	Renal Disease	Infection	Other.....
----------------------	-----------	------------------------	---------	----------	-----------------	---------------	-----------	------------

CONGENITAL ABNORMALITIES OF NEWBORN Y N If yes, specify

METHOD OF THIS DELIVERY (Mark all that apply):

Vaginal	Vaginal birth after Previous C-section	Primary C-section	Repeat C-section	Forceps	Vacuum
---------	--	-------------------	------------------	---------	--------

ABNORMAL CONDITIONS OF NEWBORN (All that apply)

None	Anaemic (HCT <39HGB <13GL)	Neurological birth injury	Fetal alcohol syndrome	Hyaline membrane disease	Seizures	Meconium aspiration syndrome
------	----------------------------	---------------------------	------------------------	--------------------------	----------	------------------------------

Assisted ventilation <30 min Assisted >30 min

Other (specify)