



REPUBLIC OF SOUTH AFRICA
DEPARTMENT OF HOME AFFAIRS

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

SPACE FOR BAR CODE

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

A. CHILD

COMPLETE WITH BLACK BALLPOINT PEN

Surname

Forenames in full

Date of birth Gender

Place of birth: City/Town Country

Are the parents of the child married to each other? If yes Nature of marriage Civil Customary Religious

Date of marriage

B. NATURAL FATHER OF CHILD

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

Initials and surname Signature

Identity No.

Date

Mother's permission to the acknowledgement of paternity

Initials and surname Signature

Identity No.

Date

E. INFORMANT

I, (forenames in full and surname)

Identity No. declare that the above information is correct.

Contact address

Telephone number Area code

Date

Signature Relationship to child

F. FOR OFFICIAL USE

Stat Birth

Notice approved by: Date

Initials and surname: Persal No.

Signature

Office stamp

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)