

Serial Number: 033124



Government of Solomon Islands  
**NOTICE OF BIRTH**

LIVE  STILL

|                                       |   |  |   |
|---------------------------------------|---|--|---|
| Name of Child:                        |   |  |   |
| Sex:                                  | Female <input type="checkbox"/> Male <input type="checkbox"/> | Date of a Birth                                |   |
| Place of Birth:                       |   | Date of Notification                           |   |
| Health Facility:                      |   | Health Facility Birth <input type="checkbox"/> | Village Birth <input type="checkbox"/> BBA <input type="checkbox"/>   |
| Province:                             |   | Birth Weight                                   |   |
| Island/ Area:                         |   | Gestation Period                               |   |
| Mother's Name:                        |   |  |   |
| Mother's Maiden Name:                 |   | Mother's Date of Birth:                        |   |
| Nationality:                          |   | Occupation:                                    |   |
| Father's Name:                        |   | Occupation:                                    |   |
| Nationality:                          |   | Father's Date of Birth:                        |   |
| Permanent Address of Parent (s):      |   |  |   |
| Current Address:                      |   |  |   |
| Closest Health Facility:              |   |  |   |
| Total No. of Children Born to Mother: | Live: <input type="text"/>                                    | Still: <input type="text"/>                    |   |
| Attendant at Birth:                   |   | Position:                                      | Dr <input type="checkbox"/> RN <input type="checkbox"/> Midwife <input type="checkbox"/> NA <input type="checkbox"/> Other <input type="checkbox"/> |
| Signature of Attendant:               |   | Date:  |   |
| Name of Witness:                      |   | Date:  |   |

**FOR THE PURPOSE OF BIRTH REGISTRATION**

**STATUS of PARENTS:**

SINGLE:

MARRIED: (Legal  or Customary )

DE FACTO:

**PARTICULARS OF MARRIAGE (If Applicable)**

Place: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Mother: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Father: \_\_\_\_\_

Date: \_\_\_\_\_

COPY FOR MHMS CENTRAL REGISTRY