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STILL-	BIRTH	Entry No.	
Registration district	Administrative area		
Sub-district			
1.(a) Date and place of birth CH	IILD		
1.(b) Name and surname			
Cause of death and nature of evidence that child was still-born	3. Sex		
4. Name and sur	HER		
5. Place (b)	6. Occupation		
Name Saugname MOT	THER		
\			
a) Place of birth	8.(b) Occupation		
9.(a) Malden surname	9.(b) Surname at marriage if different from me	iden surname	
10. Usual address (if different from place of child's birth)	L		
11. Name and surname (if not the mother or father)	RMANT 12. Qualification	:	
13. Usual address (if different from that in 10 above)			
14. I certify that the particulars entered above are true to the best of m	knowledge and belief	Signature of Informant	
15. Date of registration	16. Signature of registrar		

Annex D

Draft entry form used for registering stillbirths online

(Registration on-line) (Form 308(RON))

15. Date of registration

16. Signature of registrar

System No.
Begister No.
Begister No.