



REPUBLIC OF SOUTH AFRICA
DEPARTMENT OF HOME AFFAIRS

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

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



9 9 9 9

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/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.

Initials and surname

Signature

Initials and surname

Signature

Identity No.

Identity No.

Date

Date

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

F. FOR OFFICIAL USE

Notice approved by:

Date

Initials and surname:

Persal No.

Office stamp

Stat

Birth

I	O	S	M

Signature

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 <input type="checkbox"/>	Private hospital <input type="checkbox"/>	Doctor's office <input type="checkbox"/>	At home <input type="checkbox"/>	Clinic <input type="checkbox"/>	Other
Facility name		Facility code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			

MOTHER

Population group: African <input type="checkbox"/>	Coloured <input type="checkbox"/>	Indian <input type="checkbox"/>	White <input type="checkbox"/>	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 <input type="checkbox"/>	Coloured <input type="checkbox"/>	Indian <input type="checkbox"/>	White <input type="checkbox"/>	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 <input type="checkbox"/>	Now living <input type="checkbox"/>	Now dead <input type="checkbox"/>	Date of previous live birth <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>					
Antenatal visit <input type="checkbox"/> Y <input type="checkbox"/> N	Clinical estimate of gestation <input type="text"/> <input type="text"/>	Newly born birth weight g <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>						
Mother transferred prior to delivery <input type="checkbox"/> Y <input type="checkbox"/> N	If yes, enter name of facility transferred from		Apgar score: 1 min <input type="text"/> <input type="text"/> 5 min <input type="text"/> <input type="text"/>					
Infant transferred? <input type="checkbox"/> Y <input type="checkbox"/> 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 <input type="checkbox"/> Y <input type="checkbox"/> 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)								