

Notification of Birth – To: National Perinatal Reporting System, Healthcare Pricing Office (HPO)

TYPE OF BIRTH (Live = 1, Still = 2) 1 PLACE OF BIRTH (Hospital = 1, BBA = 2, Domiciliary = 3) 2 NAME AND _____
HOSPITAL NO. 3 CASE NO. 6 ADDRESS OF _____
Y Y Y Y HOSPITAL _____

INFANT'S DETAILS
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TIME OF BIRTH _____
IF MULTIPLE BIRTH ORDER OF BIRTH No. 22 of 23
SEX (Male = 1, Female = 2, Indeterminate = 3) 24
BIRTHWEIGHT 25 GRAMMES
PERIOD OF GESTATION 29 WEEKS

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MOTHER'S DETAILS

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NATIONALITY 72
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