A. Birth Registration Form (BMD-1)

Form: BMD - 1 85710 Swaziland Government

DEPARTMENT OF THE REGISTRAR GENERAL

ACKNOWLEDGEMENT OF BIRTH NOTIFICATION

Cross the appropriate box thus X

1. NAME OF CHILD: ..... *(First Name)* *(Other Names)* *(Surname)*
2. DATE OF BIRTH: ...../...../..... *Day Month Year*
3. SEX M ☐ F ☐
4. NATURE OF BIRTH Born Alive ☐ Born Dead ☐
5. NAME OF MOTHER: ..... *(First Name)* *(Other Names)* *(Maiden Surname)*
6. MOTHER'S USUAL RESIDENCE: ..... *Name of Area* *Region (District)*

I certify that the above information has been notified and recorded.

7. DATE: .....
8. REGISTRATION INFORMATION OFFICER: SIGNATURE: .....
NAME OF REGISTRATION CENTRE:

.....

Form: BMD - 1 85710 Swaziland Government

DEPARTMENT OF THE REGISTRAR GENERAL

REGISTER OF BIRTH

For office use only

CHILD

1. NAME: ..... *(First Name)* *(Other Names)* *(Surname)*
2. DATE OF BIRTH: ...../...../..... *Day Month Year*
3. SEX *Male* ☐ *Female* ☐
4. TYPE OF BIRTH *Single* ☐ *Twin* ☐ *other specify:* .....
5. NATURE OF BIRTH *Born Alive* ☐ *Born Dead* ☐
6. BIRTH ORDER: .....
7. PLACE OF BIRTH: ..... *Hospital Home Area* *Region (District)*

PARENTS

	FATHER			MOTHER			
8. Name And Surname *(in block letters)*				First Name			14. Date of marriage *Day* *Month* *Year*
9. Place of Birth							15. Place of marriage
10. Date of Birth	*Day*	*Month*	*Year*	*Day*	*Month*	*Year*	16. Form of marriage
11. Nationality							17. Number of children excluding the present birth
12. Occupation				Children Born Alive	Children Born Dead	Children Still Alive	
13. Usual place of Residence							

INFORMANT

18. NAME: ..... (First Name) (Other Name) (Surname)
19. CAPACITY OF INFORMANT

Parent ☐ Relative ☐ Midwife ☐ Medical Attendant ☐ Other specify ☐ .....

20. CERTIFICATION: *To the best of my knowledge, the information given above is correct.*

21. *DATE:* ...../...../..... *Day Month Year* 22. *SIGNATURE:* *Father:* ..... *Mother:* ..... *(thumb print)*

Other .....

REG. INFO OFFICER

23. DATE: ...../...../..... Day Month Year
24. NAME: .....
26. NAME OF AREA: .....
25. SIGNATURE: .....

STRAR

27. DISTRICT: .....
28. REGISTRATION NO.: .....
29. DATE:
30. SIGNATURE: