ANNEXURE 1A
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)]

SPACE FOR BAR CODE

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

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.
Initials and surname | Signature
Identity No.
Date

Mother's permission to the acknowledgement of paternity
Initials and surname | Signature
Identity No.
Date

E INFORMANT

I, (forenames in full and surname) .....
Identity number — declare that the above information is correct.
Contact address
Postal Code
Telephone number
Area Code
Date
Signature | Relationship to child

F FOR OFFICIAL USE

Stat Birth

I	O	S	M

Notice approved by
Date
Initials and surname
Persal No.
.....
.....
Signature

Office Stamp

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 ☐ Private hospital ☐ Doctor's office ☐ At home ☐ Clinic ☐ Other .....

Facility name..... Facility code ☐☐☐☐☐☐

MOTHER

Population group: African ☐ Coloured ☐ Indian ☐ White ☐ 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 ☐ Coloured ☐ Indian ☐ White ☐ 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 .....

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MATERNAL

Live birth ☐☐ Now living ☐☐ Now dead ☐☐ Date of previous live birth ☐☐☐☐☐☐

Antenatal visit [Y | N] Clinical estimate of gestation ☐☐ Newly born birth weight g ☐☐☐☐

Mother transferred prior to delivery [Y | N] If yes, enter name of facility transferred from ..... Apgar score: 1 min ☐☐ 5 min ☐☐

Infant transferred? [Y | N] If yes, enter name of facility transferred from .....

SELECTED RISK FACTORS FOR THIS PREGNANCY (Complete all items)	Tobacco use during pregnancy [Y | N] Alcohol use during pregnancy [Y | N]	Average number of cigarettes per day ☐☐ Average number of drinks per week ☐☐	Weight gained during pregnancy in kg ☐☐

Hypertensive Disease	Eclampsia	Antepartum Haemorrhage	Anaemia	Diabetic	Cardiac Disease	Renal Disease	Infection	Other..... .....

CONGENITAL ABNORMALITIES OF NEWBORN [Y | 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).....