NO.	IPD NUM	DATE IN --/--/--	MOTHERS NAME	RESIDENCE		MOTHERS IPD NUM	MOTHERS TELEPHONE	HIV (TR/TRR/ UK)	SYPHILIS (YES/NO/ UK)	LMP --/--/--	EDD --/--/--	BIRTH PLACE	BIRTH DATE --/--/--	TIME OF BIRTH 24:00
				VILLAGE	DISTRICT									

MODE OF DELIVERY	SINGLETON/ TWIN/OTHER	SEX OF BABY (M/F)	APGAR SCORE AT 1MIN AND 5 MIN	WEIGHT ON ADMISSION (KG)	DIAGNOSIS ON ADMISSION	DIAGNOSIS AT DISCHARGE	OUTCOME (DISCHARGE/DEATH/ RUNAWAY/TRANSFER)	DATE OF OUTCOME --/--/--	REMARKS