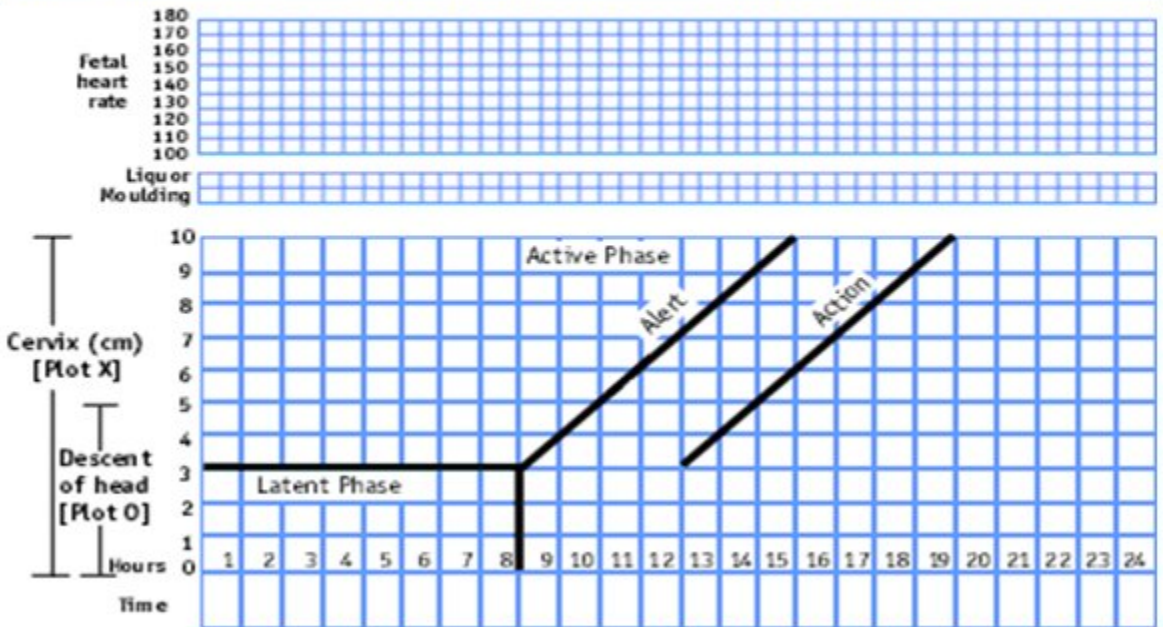


PARTOGRAPH

Name _____ Gravida _____ Para _____ Hospital no. _____
 Date of admission _____ Time of admission _____ Ruptured membranes _____ Hours _____



PARTOGRAPH

Name _____ Gravida _____ Para _____ Hospital no. _____
 Date of admission _____ Time of admission _____ Ruptured membranes _____ Hours _____

