



How to Register an Out-of-Hospital Birth



Please call _____ for an
appointment to register your baby's birth.

When a birth occurs outside a hospital, the physician or midwife who attended the birth - or in the absence of a physician or midwife, the parents - must register the birth.

This packet contains an important worksheet which the physician, midwife, or parents must complete and take to the local Health Department **within 10 days of the birth** .
This worksheet and affidavit will be used to register the

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Dear Parents:

Congratulations to you and your newborn baby!

California Department of Public Health-Vital
Records

(CDPH-VR) wants to help you register your baby's
birth and

get a birth certificate. CDPH-VR is offering this
help

because you did not give birth in a hospital - where
hospital staff would have registered the birth. If a
physician or

certified nurse midwife / licensed midwife attended
the birth,

he or she may help you complete the enclosed
worksheet.

Please read this pamphlet very carefully. It will
walk

you through the process of registering your baby's
birth.

This pamphlet includes a worksheet that must be

completed and taken to the local Health
Department
within 10 days of the birth.

Chief Deputy Registrar
Vital Records

Dear Physician or Midwife:

CDPH-VR understands you recently attended the birth of a child outside of a hospital. Health and Safety Code Section 102415 requires that you register the birth of this child with the local Health Department.

This pamphlet provides instructions on how to register the birth. It also contains an important worksheet that **must** be completed to register the birth.

1. Please read the pamphlet carefully, complete the Worksheet for Out-of-Hospital Births, the Affidavit of Birth Information for Out-of-Hospital Births, and gather the necessary documents related to the birth.
2. Call the local Health Department to schedule an appointment to register the birth (the phone number is on the cover of this pamphlet).
3. Share the worksheet with the parent(s) of the child prior to the registration appointment so they can help in gathering worksheet information.
4. Please advise the parents that they need to visit the local Health Department office to sign the birth certificate. Although CDPH-VR suggests that the parents sign the certificate at the time of the appointment, a separate appointment can be made to accommodate their schedule.

The birth will not be registered until all signatures are in place.

By law, the birth certificate must be registered ***within 10 days of the birth*** (Health and Safety Code Section 102400).

The following page provides options available for registering the birth.

Thank you for your time and help in registering the birth of this child.

Chief Deputy Registrar
Vital Records

Physicians and Midwives: Following are different options that are available for registering the birth of the child:

If . . .	Then . . .
<p>You want your typed name and title on the birth certificate</p> <p>(but your signature will not be included)</p>	<ol style="list-style-type: none"> 1. Fill out the Worksheet for Out-of-Hospital Births and Affidavit of Birth Information for Out-of-Hospital Births (attached) and give them to the parents. 2. Refer the parents to the instructions in this pamphlet. 3. Instruct the parents to bring your signed Affidavit and other evidence to prove the five facts listed below to the local Health Department to register the birth: <ol style="list-style-type: none"> a. Identity of parent(s) b. Pregnancy of the person giving birth c. Baby was born alive d. Birth occurred in the county where the birth certificate is to be registered e. Identity of the witness <p>Note: The signed Affidavit from a physician or midwife is sufficient evidence to prove b, d, and e, but the parents will still need to provide evidence for facts a and c.</p> 4. Upon review and acceptance of the Affidavit, the clerk will type your name and title on the birth certificate (item 13D). However, the signature box (item 13A) will state "Unavailable."
<p>You want your signature and typed name and title on the birth certificate</p>	<ol style="list-style-type: none"> 1. Fill out the Worksheet for Out-of-Hospital Births and Affidavit of Birth Information for Out-of-Hospital Births (attached) and bring them to your appointment. 2. Call the local Health Department to schedule an appointment to come in and complete your portion of the certificate. 3. Inform the parents that they need to come to the local Health Department to sign the certificate and to prove facts a and c listed above. They can come in at the same time as you, or a separate appointment can be made to accommodate their schedule. <p>Note: The signed Affidavit from a physician or midwife is sufficient evidence to prove facts b, d, and e listed above, but the parents will still need to provide evidence for facts a and c.</p>
<p>You do not want your signature or typed name and title on the birth certificate</p>	<ol style="list-style-type: none"> 1. Refer the parents to the instructions in this pamphlet. 2. Inform the parents that without a signature from a physician or midwife on the birth certificate, they will need to provide evidence of the five facts listed above.

Questions Frequently Asked by Parents

Why do I need to register my baby's birth?

You need to register your baby's birth to comply with state law. Registering the birth is the only way to create a permanent legal record of the birth. For babies not born in a hospital, California law requires the physician or midwife who attended the birth – or in the absence of a physician or midwife, either one of the parents – to register the birth of a baby born in California (Health and Safety Code Section 102415).

You also need to register the birth to obtain an official birth certificate. During your child's life, they will need an official birth certificate (certified copy) to:

- i Obtain a Social Security Number
- i Enroll in School
- i Register to Participate in Sports
- i Apply for a Driver's License
- i Travel or Obtain a Passport
- i Apply for Various Benefits (Social Security, Military)

Birth certificates are also valuable to establish:

- i Proof of Parentage
- i Identity
- i Inheritance Rights
- i Citizenship

A certified copy of a birth certificate is a legal record of your child's birth. Certified copies are recognized in any court.

When should I register my baby's birth?

By law, you must register the birth of your baby within 10 days of the birth (Health and Safety Code Section 102400). There is no fee to register the birth within the first year.

Any birth registered on or after the child's first birthday must be processed by CDPH-VR as a Delayed Registration of Birth (there is a \$23 registration fee after the first year). If you cannot meet the requirements for a Delayed Registration of Birth, you will have to apply to your local Superior Court for a Court Order Delayed Registration of Birth. Out-of-hospital births are harder to register the longer you wait after the date of the birth.

Who should register my baby's birth?

When a baby is born at home or elsewhere outside a hospital, the physician or midwife who attended the birth – or in the absence of a physician or midwife, either one of the parents – is responsible for registering the birth with the local Health Department in the county where the birth occurred.

How can I make sure the certificate is completed correctly?

Please review your baby's birth certificate for accuracy before signing it. Never sign a blank birth certificate – the person completing it may make errors. Once the record has been registered, any corrections (such as misspellings or omissions) must be made through CDPH-VR, and a fee may be charged. The processing time for amendments can be located on the CDPH-VR website at:
<http://www.cdph.ca.gov/certlic/birthdeathmar/Pages/ProcessingTimes.aspx>

What if there is an error on the birth certificate?

(Refer to the attached flyer, "What You Need to Know About Your Child's Birth Certificate")

After your baby's birth certificate has been registered, the original certificate (with the exception of gender error) cannot be changed. Errors can only be corrected by filing an Affidavit to Amend a Record (VS 24 form), which is available from the local Health Department or from CDPH-VR.

When accepted, the affidavit will be attached to the original certificate and will become part of the legal birth record (the birth certificate will become a two-page document – the original birth certificate, and the affidavit). The original certificate is not changed.

If there is a gender error on the birth certificate, contact the local Health Department for instructions on how to correct the error.

What if part (or all) of my baby's name was left off the birth certificate?

After your baby's birth certificate has been registered, the original certificate cannot be changed. If part (or all) of the baby's name was left off the birth certificate, and you want to add the baby's name, you must complete either a Supplemental Name Report – Birth (VS 107 form), or an Affidavit to Amend a Record (VS 24 form). These forms are available from the local Health Department, or from CDPH-VR.

When accepted, the application or affidavit will be attached to the original certificate and will become part of the legal birth record (the birth certificate will become a two-page document). The original certificate is not changed.

Note: If you want to change your child's name after the birth has been registered, you may need to obtain a court order.

For amendments made within one year of the child's birth, there is no processing fee. For amendments made one year or more after the child's birth, there is a \$23 processing fee.

How can I get a certified copy of the birth certificate?

You will not automatically receive a copy of your baby's birth certificate. Once the birth is registered, you can request a certified copy of the birth certificate from the local Health Department or County Recorder in the county where your child was born, or from CDPH-VR.

A fee is charged for each certified copy requested.

How can I get a Social Security number for my child?

You can get a Social Security number for your child by contacting the nearest Social Security office. There is *never* a charge for a social security number and card from the Social Security Administration. For more information about Social Security, contact your nearest Social Security Office or call (800) 772-1213 (toll-free). This phone number will provide you with prerecorded information at any time – attendants are available only from 7 a.m. to 7 p.m. (Pacific Standard Time) on any business day. You can also access Social Security's website at: www.socialsecurity.gov.

Who collects the information on the birth certificate?

The information you enter on the enclosed worksheet will be transferred to the Certificate of Live Birth (VS 10D) and collected by CDPH-VR. This information is required by Division 102 of the Health and Safety Code. (Please refer to the attachment, "Importance of Collecting Complete and Accurate Birth Certificate Information.")

Am I required to complete every part of the worksheet?

You must complete each field of information on the Worksheet for Out-of-Hospital Births, except for the fields between the double bold lines in the center of the front page. CDPH-VR asks that you provide this optional information as well, so that the records are complete – but you are not required to do so. The information marked "medical data" will not be transcribed onto the actual hard copy of the birth certificate. This information will also not be disclosed or available to anyone except to CDPH and the federal government and will be used for demographic and statistical analysis only without any personal identifying information. (Health and Safety Code Section 102426.)

The voluntary fields, which apply to information for both the genetic mother and genetic father, are:

- | | |
|--------------------------------------|---------------------------|
| i Race and Ethnicity | i Usual Occupation |
| i Education | i Social Security Numbers |
| i Usual Kind of Business or Industry | i Date Last Worked |

(Continued)

Am I required to complete every part of the worksheet?

(Continued)

For births not attended by a physician or midwife, there are also three voluntary fields (see asterisks on the worksheet) which apply to medical data:

- i Complications and procedures of pregnancy and concurrent illnesses
- i Complications and procedures of labor and delivery, and
- i Abnormal conditions and clinical procedures related to the newborn

These three fields are required for physician- or midwife-attended births. They are, however, voluntary if the parents are registering the birth.

What is the information on the birth certificate used for?

CDPH-VR collects birth information for conducting research relating to the health status of California's population.

Who should appear at the Health Department to register the birth certificate?

In order to register an out-of-hospital birth, the local Health Department must require the personal appearance of:

- i The physician and parent(s), or parent(s) with the physician's signed Affidavit, for physician attended births
- i The midwife and parent(s), or parent(s) with the midwife's signed Affidavit, for midwife attended births, or
- i The parent(s) and attendant (if appropriate), for non-physician, non-midwife attended births.

Note: They do not necessarily need to come in to the office at the same time.

Instructions for Registering the Birth

Action required before appointment with the local Health Department

Complete the enclosed “Worksheet for Out-of-Hospital Births” before your appointment with the local Health Department.

The enclosed worksheet will be used to register the baby’s birth and prepare the birth certificate. Fill out the worksheet accurately with facts as of the day the baby was born. CDPH-VR prefers that all items be completed or accounted for, including the public health data portion of the worksheet.

If the birth was attended by a physician or midwife, they should complete form VS 10A (attached), which provides supplemental medical information.

Contact the local Health Department if you have any questions regarding registering your baby’s birth (the phone number is on the cover of this pamphlet).

Declaration of Paternity

If the person giving birth is not married or in a State Registered Domestic Partnership (SRDP), the other parent’s name shall not be listed in Items 6A-6C unless both are biological parents and both sign a voluntary Declaration of Paternity (CS 909).

Call the Paternity Opportunity Program at (916) 464-1982 or the local Health Department if you have any questions or need to obtain forms.

Evidence required



This section applies only if a physician or midwife was not in attendance at the birth, and the parents are registering the birth.

Please bring to your appointment evidence to prove five facts:

1. Identity of the parent(s)
2. Pregnancy of the person giving birth
3. Baby was born alive
4. Birth occurred in California
5. Identity of the witness

Note: If a physician or midwife attended the birth, their signed Affidavit is sufficient evidence to prove 2, 4, and 5 above, but the parents always need to provide evidence for facts 1 and 3.

Additional information about these five items is provided below.

(Continued)

**Evidence
required**

(Continued)

Identity of the Parents

A valid picture identification card issued to the parents by a government agency must be provided to prove identity. Following are some recommended documents that can be used (only the original or a ***certified*** copy is acceptable):

- i A driver's license or identification card issued by a United States (U.S.) Department of Motor Vehicles Office.
- i U.S. passport.
- i U.S. military identification card.
- i Temporary resident identification card (green card).
- i Other valid picture identification card issued by a foreign government. (If the parents gave birth in California but are not here legally, they may be able to get identification verification from their consulate.)

Pregnancy of the Person Giving Birth

To prove the pregnancy of the person giving birth, provide a pregnancy test verification form or a letter that meets ***all*** of the following conditions:

- i From a doctor, midwife, or clinic.
- i Written on the doctor's, midwife's, or clinic's official stationery (not on a prescription pad).
- i Signed (not stamped) by the doctor, midwife, or clinic representative or nurse.
- i Contains the current issued professional license number of the physician or midwife who signed the letter.

The pregnancy test verification form or letter must include ***all*** of the following information:

- i The name of person giving birth.
- i The date when the person giving birth was first seen by the doctor or midwife (this date may be after the date of birth).
- i The results of the person giving birth's prenatal or postpartum exams or pregnancy tests.

(Continued)

**Evidence
required**

(Continued)

- i The date of the person giving birth's last menstrual period.
- i The date the baby was born, or was expected to be born (due date).

Baby was Born Alive

- i ***Bring the baby to the appointment.***
- i ***The appointment will not be conducted if the baby is not present.***

Birth Occurred in California

CDPH-VR needs information showing that the person giving birth was in California on the date that the birth occurred. Documentation to confirm the person giving birth's presence in California on the date the birth occurred may include any of the following:

- i If the birth occurred at the person giving birth's residence, provide an electric power, natural gas, or water bill for the period when the birth occurred. The copy of the bill (or statement from the company) must include the name of the utility company, the address of the residence where the birth occurred, and the name of either parent who is listed on the birth certificate.
- i An affidavit from someone who was with the person giving birth at the time of the baby's birth. The affidavit must contain the address of the person with the person giving birth, and the location of the birth.
- i A current rent receipt or other similar document that shows the name of either parent and current address.
- i A statement from a state or local government agency that requires proof of residency in California that the person giving birth was receiving services on the date of the baby's birth (e.g., WIC or Medi-Cal).

Identity of the Witness

If a physician or midwife did not attend the birth, and if a witness did attend, ***the witness should accompany you to the appointment.*** A witness may include any of the following:

- i Spouse or other family member.

(Continued)

- i Friend.

Evidence required

(Continued)

- i Paramedic or fire department staff.

If a paramedic or fire department staff was present at the birth, you can get a copy of the official report stating the treatment or service they provided (there may be a fee for the report). The staff does not have to be present at the appointment, nor do you have to bring a copy of their identification.

If the paramedic arrived after the baby's birth, bring a copy of the 911 call or an official report of the contents of the 911 call, along with a copy of the paramedic's report.

- If the paramedic cut the cord, or was present when the cord was cut, the report should so state.
- If the paramedic delivered the placenta, the report should so state.

Valid ID for Witness: A valid picture identification card issued to the witness by a government agency must be provided to prove identity. Following are some recommended documents that can be used (only the original or a **certified** copy is acceptable):

- i A driver's license or identification card issued by a United States (U.S.) Department of Motor Vehicles Office.
- i U.S. passport.
- i U.S. military identification card.
- i Temporary resident identification card (green card).
- i Other valid picture identification card issued by a foreign government. (If the witness is not in California legally, they may be able to get identification verification from their consulate.)

Verification

The local Health Department may verify the accuracy of all information provided to register an out-of-hospital birth.

Registrar's right to refuse to register birth

If the requirements of Health and Safety Code Section 102415 and of the enclosed registration packet or other bona fide evidence are not presented to the registrar, then the registrar must refuse to register the birth certificate. In these cases, the birth certificate may be registered only by authority of a Superior Court. (Health and Safety Code Section 103450.)

**Valid ID for
physician/midwife**

The physician or midwife must provide written documentation of their identity at the time they sign the birth certificate.

A valid picture identification card issued by a government agency must be provided to prove identity. Following are some recommended documents that can be used (only the original or a **certified** copy is acceptable):

- i A driver's license or identification card issued by a United States (U.S.) Department of Motor Vehicles Office.
- i U.S. passport.
- i U.S. military identification card.

The physician or midwife **must** also provide their professional license number for verification purposes.

Worksheet for Out-of-Hospital Births

Please Bring This Completed Form to Register This Child's Out-of-Hospital Birth

Child's Information	First Name	Middle	Last (Birth)	
	Sex	This Birth Specify 1=Single, 2=Twin, 3=Triplet, Etc.		
	Date of Birth	Time of Birth <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.		
	Place of Birth	Street Address		
	City	County	Zip Code	
Parent's Information	First Name	Middle	Last (Birth)	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Parent
	State of Birth	Date of Birth		
Parent's Information (Person Giving Birth)	First Name	Middle	Last (Birth)	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Parent
	State of Birth	Date of Birth		

The Following is Confidential Information and Will be Used for Public Health Purposes Only

Genetic Father's Information	Race (list up to 3) See Attached Race/Ethnicity Worksheet		Hispanic: <input type="checkbox"/> Yes <input type="checkbox"/> No Specify: _____	Date Last Worked	
	Usual Occupation	Usual Kind of Business or Industry	Education – Years Completed	Social Security Number	
Genetic Mother's Information	Race (list up to 3) See Attached Race/Ethnicity Worksheet		Hispanic: <input type="checkbox"/> Yes <input type="checkbox"/> No Specify: _____	Date Last Worked	
	Usual Occupation	Usual Kind of Business or Industry	Education – Years Completed	Social Security Number	
Person Giving Birth's Address	Residence – Street Name and Number		County		
	City	State	Zip		
	Mailing Address – If Different From Residence Address Street Name and Number or P.O. Box		County		
	City	State/Foreign County	Zip		

Worksheet for Out-of-Hospital Births (Continued)

The Following is Confidential Information and Will be Used for Public Health Purposes Only

Medical Data	Did Person Giving Birth Receive WIC (Womens, Infants & Children) Food While Pregnant?			
	Average Number of Cigarettes/Packs Per Day First Three Months Prior to Pregnancy		Average Number of Cigarettes/Packs Per Day First Trimester	
	Average Number of Cigarettes/Packs Per Day Second Trimester		Average Number of Cigarettes/Packs Per Day Third Trimester	
	Prepregnancy Weight in Pounds	Delivery Weight in Pounds	Height Feet	Height Inches
	APGAR Score at 1 Minute (00-10, Unknown, or Not Taken)	APGAR Score at 5 Minutes (00-10, Unknown, or Not Taken)	APGAR Score at 10 Minutes (00-10, Unknown, or Not Taken)	Date Last Normal Menses Began
	Date First Prenatal Care Visit	Month Prenatal Care Began	Date Last Prenatal Care Visit	Number of Prenatal Visits
	Obstetric Estimate of Gestation at Delivery (Completed Weeks)		Hearing Screening: (Pass (Both Ears); Refer (One Ear); Refer (Both Ears); Results Pending; Waived; Not Medically Indicated; Test Not Available)	
	PREGNANCY HISTORY (Complete Each Section)			
Live Births (Do not count this child)		Other Terminations (Exclude induced abortions)		
Now Living	Now Dead	Before 20 Weeks	After 20 Weeks	
Date of Last Live Birth		Date of Last Other Termination		
Enter Appropriate Codes From Worksheets	Principal Source of Payment for Prenatal Care	Birthweight in Grams (See attached birth weight conversion table)	Method of Delivery (See attached VS 10A worksheet)	
	Principal Source of Payment for Delivery	* Complications and Procedures of Pregnancy and Concurrent Illnesses (See attached VS 10A worksheet) Enter 00 for NONE		
	* Complications and Procedures of Labor and Delivery (See attached VS 10A worksheet) Enter 00 for NONE		* Abnormal Conditions and Clinical Procedures Related to the Newborn (See attached VS 10A worksheet) Enter 00 for NONE	
	* The attending physician or midwife shall complete these three fields for physician- or midwife-attended out-of-hospital births. These three fields are optional for non-physician- or non-midwife-attended out-of-hospital births.			

Affidavit of Birth Information for Out-of-Hospital Births

This Affidavit is to be Completed at the Local Health Office

I swear or affirm that the information stated is true and correct to the best of my knowledge and belief. I certify that the child named herein was born alive to the stated parent at the place, date, and time shown on this worksheet.

This worksheet was completed with the understanding that the facts so stated herein afford a full, complete, and truthful representation of facts and what my testimony shall be should I be asked or directed to testify to the facts herein in a court of law. I realize that any false statement of facts or information made herein could subject me to the risk of criminal liability, including, but not limited to, prosecution for perjury.

Parent Verification	Printed Name		Written Signature ▶	
	Relationship to Child <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Parent	Date Signed		Phone Number ()
Witness Verification	Printed Name		Written Signature ▶	
	Address – Street Name and Number			County
	City		State	Zip
	Relationship to Child	Date Signed		Phone Number ()
Attendant Verification (Physician, Certified Nurse-Midwife, or Licensed Midwife)	Printed Name		Written Signature ▶	
	Address – Street Name and Number			County
	City		State	Zip
	State License Number	Date Signed		Phone Number ()
Local Registration District Staff Verification	Printed Name		Written Signature ▶	
	Date Signed	<input type="checkbox"/> Registered	<input type="checkbox"/> Denied	Inventory Control Number _____

Privacy Notification

The information entered on the worksheet will be transferred to the Certificate of Live Birth (VS 10D) and will be collected by California Department of Public Health-Vital Records, M.S. 5103, P.O. Box 997410, Sacramento, CA 95899-7410, telephone number (916) 445-2684. This information is required by Division 102 of the Health and Safety Code. Every element on the worksheet is mandatory, except the items between the double bold lines on the first page of the worksheet. Failure to comply by every person, except a parent informant, is a misdemeanor. The Certificate of Live Birth is open to public access except where prohibited by statute. The principal purposes of this record are to: 1) Establish a legal record of each vital event, 2) Provide certified copies for personal use, 3) Furnish information for demographic and epidemiological studies, and 4) Supply data to the National Center for Health Statistics for federal reports. The parents' Social Security numbers are included pursuant to Section 102425 (b) (15) of the Health and Safety Code, and may be used for child support enforcement purposes.

**CERTIFICATES OF LIVE BIRTH AND FETAL DEATH
MEDICAL DATA SUPPLEMENTAL WORKSHEET
VS 10A (Rev. 1/2006)**

Use the codes on this Worksheet to report the appropriate entry in items numbered 25D and 28A through 31 on the "Certificate of Live Birth" and for items 29D and 32B through 35 on the "Certificate of Fetal Death."

Item 25D. (Birth) PRINCIPAL SOURCE OF PAYMENT FOR PRENATAL CARE
Item 29D. (Fetal Death) (Enter only 1 code)

02 Medi-Cal, without CPSP Support Services	07 Private Insurance Company	99 Unknown
13 Medi-Cal, with CPSP Support Services	09 Self Pay	00 No Prenatal Care
05 Other Government Programs (Federal, State, Local)	14 Other	

Item 28A. (Birth) METHOD OF DELIVERY
Item 32A (Fetal Death) (Enter only 1 code/number under each section, separated by commas: A,B,C,D,E,F)

A. Final delivery route

- 01 Cesarean—primary
- Cesarean—primary, with trial of labor attempted
- 21 Cesarean—primary, with vacuum
- 31 Cesarean—primary, with vacuum & trial of labor attempted
- 02 Cesarean—repeat
- 12 Cesarean—repeat, with trial of labor attempted
- 22 Cesarean—repeat, with vacuum
- 32 Cesarean—repeat, with vacuum & trial of labor attempted
- 03 Vaginal—spontaneous
- 04 Vaginal—spontaneous, after previous Cesarean
- 05 Vaginal—forceps
- 15 Vaginal—forceps, after previous Cesarean
- 06 Vaginal—vacuum
- 16 Vaginal—vacuum, after previous Cesarean
- 88 Not Delivered (Fetal Death Only)

B. If mother had a previous Cesarean—How many? _____
 (Enter 0 – 9, or U if Unknown)

C. Fetal presentation at birth

- 20 Cephalic fetal presentation at delivery
- 30 Breech fetal presentation at delivery
- 40 Other fetal presentation at delivery
- 90 Unknown

D. Was vaginal delivery with forceps attempted, but unsuccessful?
 50 Yes 58 No 59 Unknown

E. Was vaginal delivery with vacuum attempted, but unsuccessful?
 60 Yes 68 No 69 Unknown

F. Hysterotomy/Hysterectomy (Fetal Death Only)
 70 Yes 78 No

Item 28B. (Birth) EXPECTED PRINCIPAL SOURCE OF PAYMENT FOR DELIVERY
Item 32B (Fetal Death) (Enter only 1 code)

02 Medi-Cal	05 Other Government Programs (Federal, State, Local)	14 Other
15 Indian Health Service	07 Private Insurance	99 Unknown
16 CHAMPUS/TRICARE	09 Self Pay	00 Medically Unattended Birth

Item 29. (Birth) COMPLICATIONS AND PROCEDURES OF PREGNANCY AND CONCURRENT ILLNESSES
Item 33. (Fetal Death) (Enter up to 16 codes, separated by commas, for the most important complications/procedures.)

DIABETES

- 09 Prepregnancy (Diagnosis prior to this pregnancy)
- 31 Gestational (Diagnosis in this pregnancy)

HYPERTENSION

- 03 Prepregnancy (Chronic)
- 01 Gestational (PIH, Preeclampsia)
- 02 Eclampsia

OTHER COMPLICATIONS/PREGNANCIES

- 32 Large fibroids
- 33 Asthma
- 34 Multiple pregnancy (more than 1 fetus this pregnancy)
- 35 Intrauterine growth restricted birth this pregnancy
- 23 Previous preterm birth (<37 weeks gestation)
- 36 Other previous poor pregnancy outcomes (Includes perinatal death, small-for-gestational age/intrauterine growth restricted birth, large for gestational age, etc.)

OBSTETRIC PROCEDURES

- 24 Cervical cerclage
- 28 Tocolysis
- 37 External cephalic version—Successful
- 38 External cephalic version—Failed
- 39 Consultation with specialist for high risk obstetric services

PREGNANCY RESULTED FROM INFERTILITY TREATMENT

- 40 Fertility-enhancing drugs, artificial insemination or intrauterine insemination
- 41 Assisted reproductive technology (e.g., in vitro fertilization (IVF), gamete intrafallopian transfer (GIFT))

INFECTIONS PRESENT AND/OR TREATED DURING THIS PREGNANCY

- 42 Chlamydia
- 43 Gonorrhea
- 44 Group B streptococcus
- 18 Hepatitis B (acute infection or carrier)
- 45 Hepatitis C
- 16 Herpes simplex virus (HSV)
- 46 Syphilis
- 47 Cytomegalovirus (Fetal Death Only)
- 48 Listeria (Fetal Death Only)
- 49 Parvovirus (Fetal Death Only)
- 50 Toxoplasmosis (Fetal Death Only)

PRENATAL SCREENING DONE FOR INFECTIOUS DISEASES

- 51 Chlamydia
- 52 Gonorrhea
- 53 Group B streptococcal infection
- 54 Hepatitis B
- 55 Human immunodeficiency virus (offered)
- 56 Syphilis

NONE OR OTHER COMPLICATIONS/PROCEDURES NOT LISTED

- 00 None
- 30 Other Pregnancy Complications/Procedures not Listed

See reverse side for codes to Birth Items 30 and 31 and Fetal Death Items 34 and 35.

Do not enter any identification by patient name or number on this worksheet. Discard after use.
 Do not retain the worksheet in the medical records or submit with the "Certificates of Live Birth or Fetal Death."

CERTIFICATES OF LIVE BIRTH AND FETAL DEATH—MEDICAL DATA SUPPLEMENTAL WORKSHEET (Continued)

Item 30 (Birth)	COMPLICATIONS AND PROCEDURES OF LABOR AND DELIVERY	
Item 34 (Fetal Death)	(Enter up to 9 codes, separated by commas, for the most important complications/procedures.)	
ONSET OF LABOR		COMPLICATIONS OF PLACENTA, CORD, AND MEMBRANES
10 Premature rupture of membranes (\geq 12 hours)		38 Rupture of membranes prior to onset of labor
07 Precipitous labor (< 3 hours)		13 Abruptio placenta
08 Prolonged labor (\geq 20 hours)		39 Placental insufficiency
CHARACTERISTICS OF LABOR AND DELIVERY		20 Prolapsed cord
11 Induction of labor		17 Chorioamnionitis
12 Augmentation of labor		MATERNAL MORBIDITY
32 Non-vertex presentation		24 Maternal blood transfusion
33 Steroids (glucocorticoids) for fetal lung maturation received by the mother prior to delivery		40 Third or fourth degree perineal laceration
34 Antibiotics received by the mother during labor		41 Ruptured uterus
35 Clinical chorioamnionitis diagnosed during labor or maternal temperature \geq 38°C (100.4°F)		42 Unplanned hysterectomy
19 Moderate/heavy meconium staining of the amniotic fluid		43 Admission to ICU
36 Fetal intolerance of labor such that one or more of the following actions was taken: in-utero resuscitative measures, further fetal assessment, or operative delivery		44 Unplanned operating room procedure following delivery
37 Epidural or spinal anesthesia during labor		NONE OR OTHER COMPLICATIONS/PROCEDURES NOT LISTED
25 Mother transferred for delivery from another facility for maternal medical or fetal indications		00 None
		31 Other Labor/Delivery Complications/Procedures not Listed

Item 31 (Birth)	ABNORMAL CONDITIONS AND CLINICAL PROCEDURES RELATING TO THE NEWBORN	
Item 35 (Fetal Death)	ABNORMAL CONDITIONS AND CLINICAL PROCEDURES RELATING TO THE FETUS	
	(Enter up to 10 codes, separated by commas, for the most important conditions/procedures.)	
CONGENITAL ANOMALIES (NEWBORN OR FETUS)		ABNORMAL CONDITIONS (NEWBORN OR FETUS)
01 Anencephaly		66 Significant birth injury (skeletal fracture(s), peripheral nerve injury, and/or soft tissue/solid organ hemorrhage which requires intervention)
02 Meningocele/Spina bifida		ADDITIONAL ABNORMAL CONDITIONS/PROCEDURES (NEWBORN ONLY)
76 Cyanotic congenital heart disease		71 Assisted ventilation required immediately following delivery
77 Congenital diaphragmatic hernia		85 Assisted ventilation required for more than 6 hours
78 Omphalocele		73 NICU admission
79 Gastroschisis		86 Newborn given surfactant replacement therapy
80 Limb reduction defect (excluding congenital amputation and dwarfing syndromes)		87 Antibiotics received by the newborn for suspected neonatal sepsis
28 Cleft palate alone		70 Seizure or serious neurological dysfunction
29 Cleft lip alone		74 Newborn transferred to another facility within 24 hours of delivery
30 Cleft palate with cleft lip		NONE OR OTHER ABNORMAL CONDITIONS/PROCEDURES NOT LISTED
57 Down's Syndrome—Karyotype confirmed		00 None (Newborn or Fetus)
81 Down's Syndrome—Karyotype pending		75 Other Conditions/Procedures not Listed (Newborn Only)
82 Suspected chromosomal disorder—Karyotype confirmed		67 Other Conditions/Procedures not Listed (Fetal Death Only)
83 Suspected chromosomal disorder—Karyotype pending		
35 Hypospadias		
88 Aortic stenosis		
89 Pulmonary stenosis		
90 Atresia		
62 Additional and unspecified congenital anomalies not listed above		

RACE/ETHNICITY AND EDUCATION WORKSHEET (For Reference Only)

RACE/ETHNICITY (GENETIC FATHER/PARENT)	RACE/ETHNICITY (GENETIC MOTHER/PARENT)				
<p>HISPANIC, LATINO, SPANISH (check 1 box). Enter specific origin on the certificate.</p> <p>Is the GENETIC FATHER/PARENT Hispanic/Latino/Spanish?</p> <p><input type="checkbox"/> No, not Hispanic/Latino/Spanish</p> <p><input type="checkbox"/> Yes, Mexican, Mexican American, Chicano</p> <p><input type="checkbox"/> Yes, Central American</p> <p><input type="checkbox"/> Yes, South American</p> <p><input type="checkbox"/> Yes, Cuban</p> <p><input type="checkbox"/> Yes, Puerto Rican</p> <p><input type="checkbox"/> Yes, Other Hispanic/Latino/Spanish (Specify): _____</p>	<p>HISPANIC, LATINA, SPANISH (check 1 box). Enter specific origin on the certificate.</p> <p>Is the GENETIC MOTHER/PARENT Hispanic/Latina/Spanish?</p> <p><input type="checkbox"/> No, not Hispanic/Latina/Spanish</p> <p><input type="checkbox"/> Yes, Mexican, Mexican American, Chicana</p> <p><input type="checkbox"/> Yes, Central American</p> <p><input type="checkbox"/> Yes, South American</p> <p><input type="checkbox"/> Yes, Cuban</p> <p><input type="checkbox"/> Yes, Puerto Rican</p> <p><input type="checkbox"/> Yes, Other Hispanic/Latina/Spanish (Specify): _____</p>				
<p>RACE (check 1, 2 or 3 boxes). Enter up to 3 races on the certificate.</p> <p>The GENETIC FATHER/PARENT is:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native (includes North, South, or Central American Indian, Aleut or Alaska Native) Specify Tribe(s): _____ _____ <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander (Specify): _____ _____ </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Asian Indian <input type="checkbox"/> Cambodian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Hmong <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Laotian <input type="checkbox"/> Thai <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian (Specify): _____ _____ </td> </tr> </table> <p><input type="checkbox"/> Other (Specify): _____</p> <p><input type="checkbox"/> Other (Specify): _____</p> <p><input type="checkbox"/> Other (Specify): _____</p>	<input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native (includes North, South, or Central American Indian, Aleut or Alaska Native) Specify Tribe(s): _____ _____ <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander (Specify): _____ _____	<input type="checkbox"/> Asian Indian <input type="checkbox"/> Cambodian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Hmong <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Laotian <input type="checkbox"/> Thai <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian (Specify): _____ _____	<p>RACE (check 1, 2 or 3 boxes). Enter up to 3 races on the certificate.</p> <p>The GENETIC MOTHER/PARENT is:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native (includes North, South, or Central American Indian, Aleut or Alaska Native) Specify Tribe(s): _____ _____ <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander (Specify): _____ _____ </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Asian Indian <input type="checkbox"/> Cambodian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Hmong <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Laotian <input type="checkbox"/> Thai <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian (Specify): _____ _____ </td> </tr> </table> <p><input type="checkbox"/> Other (Specify): _____</p> <p><input type="checkbox"/> Other (Specify): _____</p> <p><input type="checkbox"/> Other (Specify): _____</p>	<input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native (includes North, South, or Central American Indian, Aleut or Alaska Native) Specify Tribe(s): _____ _____ <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander (Specify): _____ _____	<input type="checkbox"/> Asian Indian <input type="checkbox"/> Cambodian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Hmong <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Laotian <input type="checkbox"/> Thai <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian (Specify): _____ _____
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EDUCATION (GENETIC FATHER/PARENT)	EDUCATION (GENETIC MOTHER/PARENT)				
<p>Check 1 box that best describes the highest degree or level of school completed by the GENETIC FATHER/PARENT at the time of the delivery. Enter education degree or level on the certificate.</p> <p><input type="checkbox"/> 0-11th grade. Enter highest year completed: _____</p> <p><input type="checkbox"/> 12th grade; no diploma. Enter 12 ND</p> <p><input type="checkbox"/> High school graduate or GED completed. Enter HS GRADUATE or GED</p> <p><input type="checkbox"/> Some college credit, but no degree. Enter SOME COLLEGE</p> <p><input type="checkbox"/> Associate degree (e.g., AA, AS). Enter ASSOCIATE</p> <p><input type="checkbox"/> Bachelor's degree (e.g., BA, AB, BS). Enter BACHELOR'S</p> <p><input type="checkbox"/> Master's degree (e.g., MA, MS, MEd, MSW, MBA). Enter MASTER'S</p> <p><input type="checkbox"/> Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DO, DDS, DVM, LLB, JD). Enter DOCTORATE or PROFESSIONAL: _____</p>	<p>Check 1 box that best describes the highest degree or level of school completed by the GENETIC MOTHER/PARENT at the time of the delivery. Enter education degree or level on the certificate.</p> <p><input type="checkbox"/> 0-11th grade. Enter highest year completed: _____</p> <p><input type="checkbox"/> 12th grade; no diploma. Enter 12 ND</p> <p><input type="checkbox"/> High school graduate or GED completed. Enter HS GRADUATE or GED</p> <p><input type="checkbox"/> Some college credit, but no degree. Enter SOME COLLEGE</p> <p><input type="checkbox"/> Associate degree (e.g., AA, AS). Enter ASSOCIATE</p> <p><input type="checkbox"/> Bachelor's degree (e.g., BA, AB, BS). Enter BACHELOR'S</p> <p><input type="checkbox"/> Master's degree (e.g., MA, MS, MEd, MSW, MBA). Enter MASTER'S</p> <p><input type="checkbox"/> Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DO, DDS, DVM, LLB, JD). Enter DOCTORATE or PROFESSIONAL: _____</p>				