How to Register an Out-of-Hospital Birth

Please call 530-265-7264 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 their local health department ***within 10 days of the birth****. This worksheet and affidavit will be used to register the baby's birth.*

March 3, 2008

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Dear Parents:

Congratulations to you and your newborn baby!

We want to help you register your baby's birth and get a birth certificate. We are 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 your local health department within 10 days of the birth.

Chief Deputy Registrar
Vital Records

Dear Physician or Midwife:

We understand 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 our office 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 this office to sign the birth certificate. Although we suggest 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 . . .
You want your signature and typed name and title on the birth certificate	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 our office to schedule an appointment to come in and complete your portion of the certificate. 3. Inform the parents that they need to come to our office to sign the certificate. They can come in at the same time as you, or a separate appointment can be made to accommodate their schedule.
You want your typed name and title on the birth certificate (But your signature will not be included)	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 our office to register the birth: a. Identity of parent(s) b. Pregnancy of the mother c. Baby was born alive d. Birth occurred in the county where the birth certificate is to be registered e. Identity of the witness **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. 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."
You do not want your signature or typed name and title on the birth certificate	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, he or she will need an official birth certificate (certified copy) to:

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

Birth certificates are also valuable to establish:

- Proof of Parentage
- Identity
- Inheritance Rights
- 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 the State Office of Vital Records as a Delayed Registration of Birth (there is a $20 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 the State Office of Vital Records, and a fee may be charged. Amendments can take up to one year for the state office to process.

What if there is an error on the birth certificate?

(Refer to attached flyer)

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), which is available from your local health department, or from the State Office of Vital Records.

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 your 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), or an Affidavit to Amend a Record (VS 24). These forms are available from your local health department, or from the State Office of Vital Records.

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 $20 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 the State Office of Vital Records.

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 the California Department of Public Health, Office of Vital Records. This information is required by Division 102 of the Health and Safety Code.

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. We ask 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 the California Department of Public Health 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 mother and father, are:

- Race and Ethnicity
- Education
- Usual Kind of Business or Industry
- Usual Occupation
- Social Security Numbers
- 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:

- Complications and procedures of pregnancy and concurrent illnesses
- Complications and procedures of labor and delivery, and
- 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?

The California Department of Public Health collects birth information for conducting research relating to the health status of California's population.

Instructions for Registering the Birth

Action required before appointment with 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. We prefer 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, he or she should complete form VS 10A (attached), which provides supplemental medical information.

Contact our office if you have any questions regarding registering your baby's birth.

Declaration of Paternity

If the mother and father are not married to each other, the father's name cannot be listed on the birth certificate unless both the mother and father sign a voluntary Declaration of Paternity (CS 909) before the birth certificate is prepared.

Call the Department of Child Support Services (1-866-249-0773) or your 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 mother
3. Baby was born alive
4. Birth occurred in California
5. Identity of the witness

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):

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

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

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

The letter must include ***all*** of the following information:

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

(Continued)

Evidence required

(Continued)

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

Baby was Born Alive

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

Birth Occurred in California

We need information showing that the mother was in California on the date that the birth occurred. Documentation to confirm the mother's presence in California on the date the birth occurred may include any of the following:

- If the birth occurred at the mother'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 the mother or father (if he is listed on the birth certificate).
- An affidavit from someone who was with the mother at the time of the baby's birth. The affidavit must contain the address of the person with the mother, and the location of the birth.
- A current rent receipt or other similar document that shows the mother's name and current address.
- A statement from a state or local government agency that requires proof of residency in California that the mother 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:

- Husband or other family member.
- Friend.

(Continued)

Evidence required

(Continued)

- 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):

- A driver's license or identification card issued by a United States (U.S.) Department of Motor Vehicles Office.
- U.S. passport.
- U.S. military identification card.
- Temporary resident identification card (green card).
- Other valid picture identification card issued by a foreign government. (If the witness is not in California legally, he or she 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):

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

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

(1)

Birth Worksheet

1A. First name of child	2B. Middle name of child	3C. Last Name of Child

2. Sex	3A. This fetus, single, twin	3B. This fetus, 1st, 2nd	4A. DOB	4B. Hour of birth

5A. Place of Birth	5B. Street address- Street, number or location
5C. City	5D. County

6A. Father's first name	6B. Middle	6C. Last	7. Birthplace	8. DOB

9A. Mother's first name	9B. Middle	9C. Last (maiden)	10. Birthplace	11.DOB

13D. Attendant's name, title and license number

Not a Legal Document

19. Father's race	18. Hispanic?	20C. Education
20. Date last worked (father)	20A. Usual Occupation	20B. Kind of Business
22. Mother's race	21. Hispanic?	23C. Education
23. Date last worked (mother)	23A. Usual occupation	23C. Kind of Business
24A. Mother's Residence-street and number		24B. County
24C. City	24D. State	23C. Zip Code
25A. Date of last menses	25AA. Date of 1st prenatal visit	25B. Month prenatal care began
25BA. Date of last prenatal visit	25C. Number of prenatal visits	25D. Source of prenatal care
26A. Birth weight (grams)	Previous live births (do not include this one)	Other terminations (exclude induced abortions)
26A.OB Est. wks of gest @ del.	A. # now living / B. # now dead	D. #<20 wks / E. # >20 wks
26B. Hearing Screening	C. Date of last live birth mo/day/yr	F. Date of last other term. mo/yr

28. Method of Delivery	A.	B.	C.	D.	E.

28B. Source of delivery pay	29. Complications, procedures, illness of pregnancy
30. Complications & procedures of labor & delivery	31. Abnormal conditions related to newborn

FOB SS#	MOB SS#	Phone #

Were parents married at time of birth? Yes_____ No_____

Was NBS test done? Yes_____ No_____ Date:_____

Where? _____

Mother's current last name: _____

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Electronic Only Birth Information.

This information is required by state for birth registration. This information will not be printed on the birth certificates.
For statistical use only

Name of Child: _____ **Date of Birth:**_____

Mother's mailing address:

Street Number and Name or P.O. Box: _____

County: _____

City: _____

State: _____

Zip: _____

Did mother receive WIC (Women, Infants & Children) food while pregnant with this child? Yes _____ **No** _____ **Unknown** _____

How many cigarettes or packs of cigarettes did the mother smoke during each of the following time periods?

	# of cigarettes		# of packs
Three months before pregnancy:	_____	**OR**	_____
First three months of pregnancy:	_____	**OR**	_____
Second three months of pregnancy:	_____	**OR**	_____
Third trimester of pregnancy:	_____	**OR**	_____

Mother's Pre-pregnancy weight-pounds: _____

Mother's delivery weight-pounds: _____

Mother's height: Feet: _____ **Inches:** _____

APGAR Score:

At 1 minute: _____ **At 5 minutes:** _____ **At 10 minutes:** _____
(00-10; unknown or not taken)

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 mother 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 ☐ Mother/Parent ☐ Father/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	☐ Registered	☐ 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 the State of California, Department of Public Health, Office of Vital Records, 1501 Capitol Avenue, 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 father's and the mother's Social Security numbers are included pursuant to Section 102425 (b) (14) 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)
Item 29D. (Fetal Death)
PRINCIPAL SOURCE OF PAYMENT FOR PRENATAL CARE
(Enter only 1 code)

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

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

A. Final delivery route

01 Cesarean—primary
11 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)
Item 32B (Fetal Death)
EXPECTED PRINCIPAL SOURCE OF PAYMENT FOR DELIVERY
(Enter only 1 code)

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

Item 29. (Birth)
Item 33. (Fetal Death)
COMPLICATIONS AND PROCEDURES OF PREGNANCY AND CONCURRENT ILLNESSES
(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)
Item 34 (Fetal Death)

COMPLICATIONS AND PROCEDURES OF LABOR AND DELIVERY

(Enter up to 9 codes, separated by commas, for the most important complications/procedures.)

ONSET OF LABOR

10 Premature rupture of membranes (≥ 12 hours)

07 Precipitous labor (< 3 hours)

08 Prolonged labor (≥ 20 hours)

CHARACTERISTICS OF LABOR AND DELIVERY

11 Induction of labor

12 Augmentation of labor

32 Non-vertex presentation

33 Steroids (glucocorticoids) for fetal lung maturation received by the mother prior to delivery

34 Antibiotics received by the mother during labor

35 Clinical chorioamnionitis diagnosed during labor or maternal temperature ≥ 38°C (100.4°F)

19 Moderate/heavy meconium staining of the amniotic fluid

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

37 Epidural or spinal anesthesia during labor

25 Mother transferred for delivery from another facility for maternal medical or fetal indications

COMPLICATIONS OF PLACENTA, CORD, AND MEMBRANES

38 Rupture of membranes prior to onset of labor

13 Abruptio placenta

39 Placental insufficiency

20 Prolapsed cord

17 Chorioamnionitis

MATERNAL MORBIDITY

24 Maternal blood transfusion

40 Third or fourth degree perineal laceration

41 Ruptured uterus

42 Unplanned hysterectomy

43 Admission to ICU

44 Unplanned operating room procedure following delivery

NONE OR OTHER COMPLICATIONS/PROCEDURES NOT LISTED

00 None

31 Other Labor/Delivery Complications/Procedures not Listed

Item 31 (Birth)
Item 35 (Fetal Death)

ABNORMAL CONDITIONS AND CLINICAL PROCEDURES RELATING TO THE NEWBORN
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)

01 Anencephaly

02 Meningomyelocele/Spina bifida

76 Cyanotic congenital heart disease

77 Congenital diaphragmatic hernia

78 Omphalocele

79 Gastroschisis

80 Limb reduction defect (excluding congenital amputation and dwarfing syndromes)

28 Cleft palate alone

29 Cleft lip alone

30 Cleft palate with cleft lip

57 Down's Syndrome—Karyotype confirmed

81 Down's Syndrome—Karyotype pending

82 Suspected chromosomal disorder—Karyotype confirmed

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

ABNORMAL CONDITIONS (NEWBORN OR FETUS)

66 Significant birth injury (skeletal fracture(s), peripheral nerve injury, and/or soft tissue/solid organ hemorrhage which requires intervention)

ADDITIONAL ABNORMAL CONDITIONS/PROCEDURES (NEWBORN ONLY)

71 Assisted ventilation required immediately following delivery

85 Assisted ventilation required for more than 6 hours

73 NICU admission

86 Newborn given surfactant replacement therapy

87 Antibiotics received by the newborn for suspected neonatal sepsis

70 Seizure or serious neurological dysfunction

74 Newborn transferred to another facility within 24 hours of delivery

NONE OR OTHER ABNORMAL CONDITIONS/PROCEDURES NOT LISTED

00 None (Newborn or Fetus)

75 Other Conditions/Procedures not Listed (Newborn Only)

67 Other Conditions/Procedures not Listed (Fetal Death Only)

RACE/ETHNICITY AND EDUCATION WORKSHEET (For Reference Only)

RACE/ETHNICITY (FATHER/PARENT)

HISPANIC, LATINO, SPANISH (check 1 box). Enter specific origin on the certificate.

Is the **FATHER/PARENT** Hispanic/Latino/Spanish?

- ☐ No, not Hispanic/Latino/Spanish
- ☐ ***Yes, Mexican, Mexican American, Chicano***
- ☐ Yes, Central American
- ☐ Yes, South American
- ☐ Yes, Cuban
- ☐ Yes, Puerto Rican
- ☐ Yes, Other Hispanic/Latino/Spanish (Specify): _____

RACE (check 1, 2 or 3 boxes). Enter up to 3 races on the certificate.

The **FATHER/PARENT** is:

- ☐ White
- ☐ Black or African American
- ☐ American Indian or Alaska Native (includes North, South, or Central **American Indian, Aleut or Alaska Native)** Specify Tribe(s):_____
- ☐ Native Hawaiian
- ☐ Guamanian
- ☐ Samoan
- ☐ Other Pacific Islander (Specify): _____
- ☐ Asian Indian
- ☐ Cambodian
- ☐ Chinese
- ☐ Filipino
- ☐ Hmong
- ☐ Japanese
- ☐ Korean
- ☐ Laotian
- ☐ Thai
- ☐ Vietnamese
- ☐ Other Asian (Specify): _____
- ☐ Other (Specify):_____
- ☐ Other (Specify):_____
- ☐ Other (Specify):_____

RACE/ETHNICITY (MOTHER/PARENT)

HISPANIC, LATINA, SPANISH (check 1 box). Enter specific origin on the certificate.

Is the **MOTHER/PARENT** Hispanic/Latina/Spanish?

- ☐ No, not Hispanic/Latina/Spanish
- ☐ ***Yes, Mexican, Mexican American, Chicana***
- ☐ Yes, Central American
- ☐ Yes, South American
- ☐ Yes, Cuban
- ☐ Yes, Puerto Rican
- ☐ Yes, Other Hispanic/Latina/Spanish (Specify): _____

RACE (check 1, 2 or 3 boxes). Enter up to 3 races on the certificate.

The **MOTHER/PARENT** is:

- ☐ White
- ☐ Black or African American
- ☐ American Indian or Alaska Native (includes North, South, or Central American Indian, Aleut or Alaska Native) Specify Tribe(s):_____
- ☐ Native Hawaiian
- ☐ Guamanian
- ☐ Samoan
- ☐ Other Pacific Islander (Specify): _____
- ☐ Asian Indian
- ☐ Cambodian
- ☐ Chinese
- ☐ Filipino
- ☐ Hmong
- ☐ Japanese
- ☐ Korean
- ☐ Laotian
- ☐ Thai
- ☐ Vietnamese
- ☐ Other Asian (Specify): _____
- ☐ Other (Specify):_____
- ☐ Other (Specify):_____
- ☐ Other (Specify):_____

EDUCATION (FATHER/PARENT)

Check 1 box that best describes the highest degree or level of school completed by the **FATHER/PARENT** at the time of the delivery. Enter education degree or level on the certificate.

- ☐ 0-11th grade. Enter highest year completed: _____
- ☐ 12th grade; no diploma. Enter **12 ND**
- ☐ High school graduate or GED completed. Enter **HS GRADUATE** or **GED**
- ☐ Some college credit, but no degree. Enter **SOME COLLEGE**
- ☐ Associate degree (e.g., AA, AS). Enter **ASSOCIATE**
- ☐ Bachelor's degree (e.g., BA, AB, BS). Enter **BACHELOR'S**
- ☐ Master's degree (e.g., MA, MS, MEd, MSW, MBA). Enter **MASTER'S**
- ☐ Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DO, DDS, DVM, LLB, JD). Enter **DOCTORATE** or **PROFESSIONAL**: _____

EDUCATION (MOTHER/PARENT)

Check 1 box that best describes the highest degree or level of school completed by the **MOTHER/PARENT** at the time of the delivery. Enter education degree or level on the certificate.

- ☐ 0-11th grade. Enter highest year completed: _____
- ☐ 12th grade; no diploma. Enter **12 ND**
- ☐ High school graduate or GED completed. Enter **HS GRADUATE** or **GED**
- ☐ Some college credit, but no degree. Enter **SOME COLLEGE**
- ☐ Associate degree (e.g., AA, AS). Enter **ASSOCIATE**
- ☐ Bachelor's degree (e.g., BA, AB, BS). Enter **BACHELOR'S**
- ☐ Master's degree (e.g., MA, MS, MEd, MSW, MBA). Enter **MASTER'S**
- ☐ Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DO, DDS, DVM, LLB, JD). Enter **DOCTORATE** or **PROFESSIONAL**: _____

Birthweight Conversion Table

Converting Pounds and Ounces to Grams

POUNDS	OUNCES 0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
0	--	28	57	85	113	142	170	198	227	255	284	312	340	369	397	425
1	454	482	510	539	567	595	624	652	680	709	737	765	794	822	851	879
2	907	936	964	992	1021	1049	1077	1106	1134	1162	1191	1219	1247	1276	1304	1332
3	1361	1389	1418	1446	1474	1503	1531	1559	1588	1616	1644	1673	1701	1729	1758	1786
4	1814	1843	1871	1899	1928	1956	1985	2013	2041	2070	2098	2126	2155	2183	2211	2240
5	2268	2296	2325	2353	2381	2410	2438	2466	2495	2523	2552	2580	2608	2637	2665	2693
6	2722	2750	2778	2807	2835	2863	2892	2920	2948	2977	3005	3033	3062	3090	3119	3147
7	3175	3204	3232	3260	3289	3317	3345	3374	3402	3430	3459	3487	3515	3544	3572	3600
8	3629	3657	3686	3714	3742	3771	3799	3827	3856	3884	3912	3941	3969	3997	4026	4054
9	4082	4111	4139	4167	4196	4224	4253	4281	4309	4338	4366	4394	4423	4451	4479	4508
10	4536	4564	4593	4621	4649	4678	4706	4734	4763	4791	4820	4848	4876	4905	4933	4961
11	4990	5018	5046	5075	5103	5131	5160	5188	5216	5245	5273	5301	5330	5358	5387	5415
12	5443	5472	5500	5528	5557	5585	5613	5642	5670	5698	5727	5755	5783	5812	5840	5868
13	5897	5925	5954	5982	6010	6039	6067	6095	6124	6152	6180	6209	6237	6265	6294	6322
14	6350	6379	6407	6435	6464	6492	6521	6549	6577	6606	6634	6662	6691	6719	6747	6776
15	6804	6832	6861	6889	6917	6946	6974	7002	7031	7059	7088	7116	7144	7173	7201	7229

1 Ounce = 28.35 Grams 1 Pound = 453.60 Grams EXAMPLE: 8 Pounds, 2 Ounces = 3,686 Grams

(Out-of-Hospital Birth Registration)

WHAT YOU NEED TO KNOW ABOUT YOUR CHILD'S BIRTH CERTIFICATE

From the State Office of Vital Records

Birth Certificates Last Forever

Please be Certain the Information on the Certificate is Accurate and Complete B*efore Y*ou Sign It

- A birth certificate is a legal document.
- An amendment form is required to make corrections to the birth certificate.
- The birth certificate will become a two-page document if an amendment is requested after the original has been processed.
- Many changes on the birth certificate require the applicant to go to court for a court order, including reversing the order of last names (surnames).
- Parents may have problems receiving benefits, traveling on an airline, or obtaining a passport or social security number for their child if the birth certificate is not true and correct.
- It can take up to one year to apply an amendment.

Common mistakes that require amendments and/or court orders:

- Misspelled first, last, and middle names of child and/or parents
- Incorrect state, country, and/or birth date of parent(s)
- Reversed order of last (family) names
- Adding extra names to parent(s) or child later
- Incorrect gender (sex) of child
- Incorrect birth date

Any errors on birth certificates
cannot be corrected on the original certificate.

The **original** birth certificate **does not** change, but, in most cases, an amendment is attached to create a **2-page** document.

Parents:

- ✓ Please review the information on the birth certificate carefully before you sign it.
- ✓ Your signature confirms that you have reviewed the information and that the facts are correct.

Amendment forms can be obtained at local health departments or county recorder's offices.

LO QUE USTED NECESITA SABER ACERCA DEL CERTIFICADO de NACIMIENTO DE SU NIÑO

De la Oficina del Estado de Registros Vitales

Los Certificados del Nacimiento Duran Para Siempre
Por Favor Revise la Información en el Certificado
Sea Seguro Que la Información es Correcto y Completo Antes de Firmar

- Un certificado de nacimiento es un documento legal.
- Una forma de la enmienda se requiere para hacer las correcciónes al certificado de nacimiento.
- El certificado de nacimiento llegará a ser un documento de dos páginas si una enmienda se solicita después que la original sea procesado.
- Muchos cambios en el certificado de nacimiento requieren al solicitante ir a la corte, es necessario hacer un Cambio de Nombre por Orden de la Corte cuando uno cambia el orden de los nombres y apellidos o agregan mas nombres.
- Padres pueden tener problemas obteniendo beneficios, viajando en una linea aérea, obteniendo un pasaporte o el número del seguro social para su niño si el certificado de nacimiento no es verdad y correcto.
- Puede tomar hasta un año para aplicar una enmienda.

Los errores que requieren una enmienda o un Orden de la Corte:

- Nombres escrito incorrecto; el primero, segundo y apellido del niño o de los padres.
- El estado o pais o la fecha del nacimiento de los padres si esta incorrecto.
- Cambio de orden de los nombres y apellidos.
- Agregando mas nombres y apellidos a los nombres de los padres o del niño despues que la original sea procesado.
- El género (sexo) del niño incorrecto.
- La fecha de nacimiento del niño incorrecto.

Cualquier errores en certificados de nacimiento
no se puede corregir en el certificado original.

El certificado **original** de nacimiento **no cambia**, pero, en la mayoria de casos, una enmienda se conecta para crear un documento de **2 páginas**.

Los Padres:

- ✓ Revisen por favor la información en el certificado del nacimiento con cuidado antes de firmar.
- ✓ Su firma confirma que usted ha revisado la información y que los hechos son correctos.

Las formas de la enmienda se pueden obtener en departamentos locales de salud o las oficinas de grabadora de condado.