



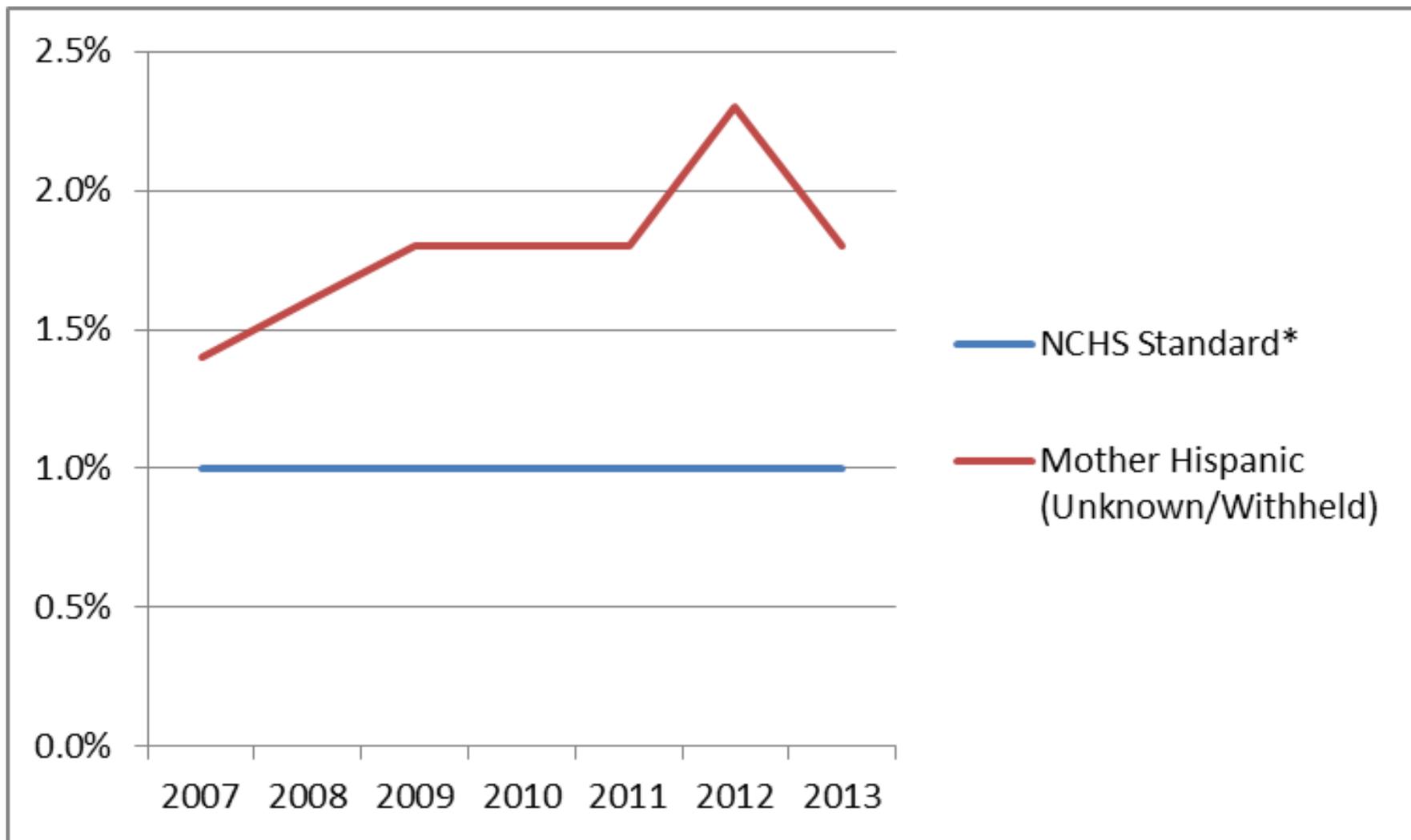
PROVIDING COMPLETE BIRTH CERTIFICATE INFORMATION

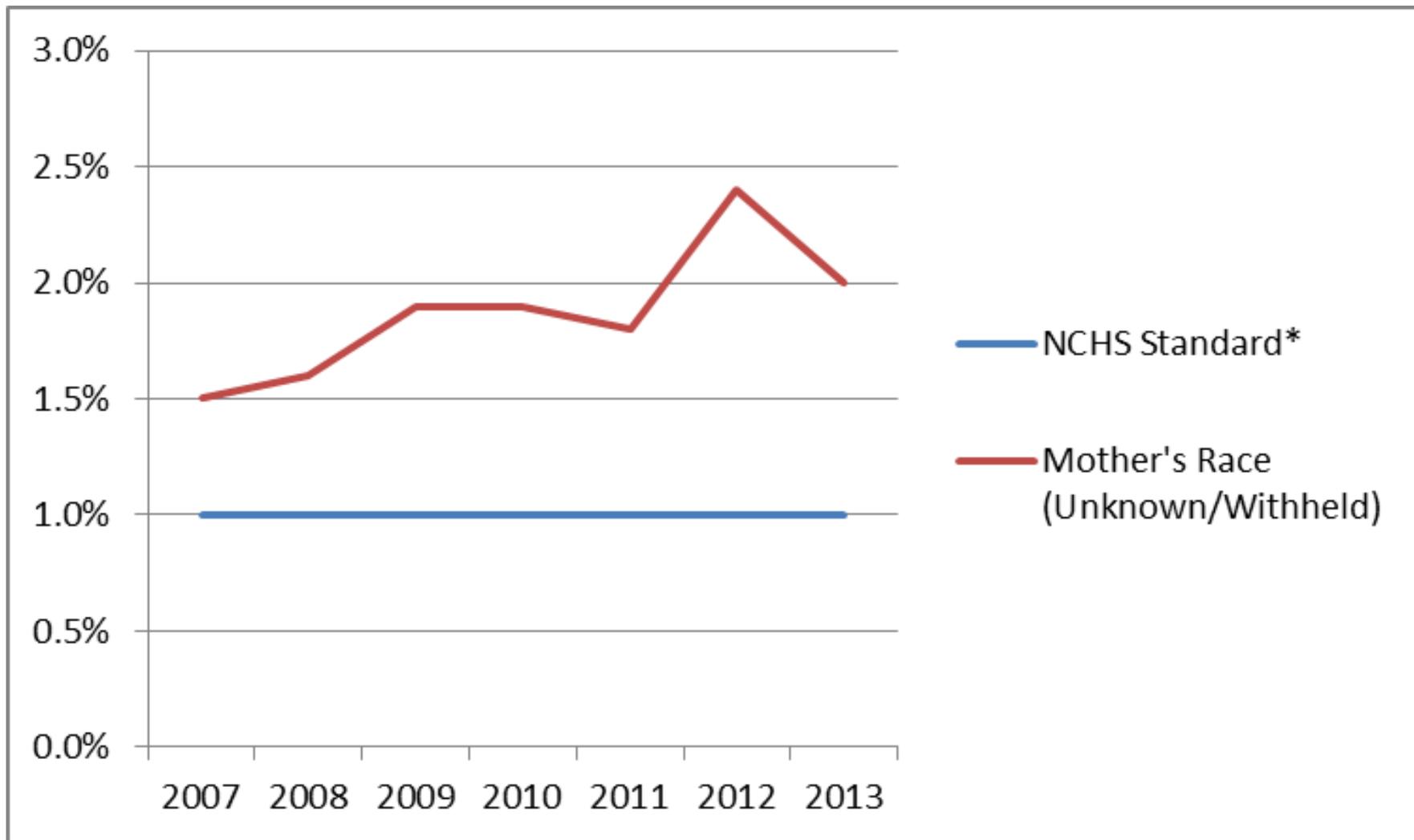
FOR PUBLIC HEALTH USE

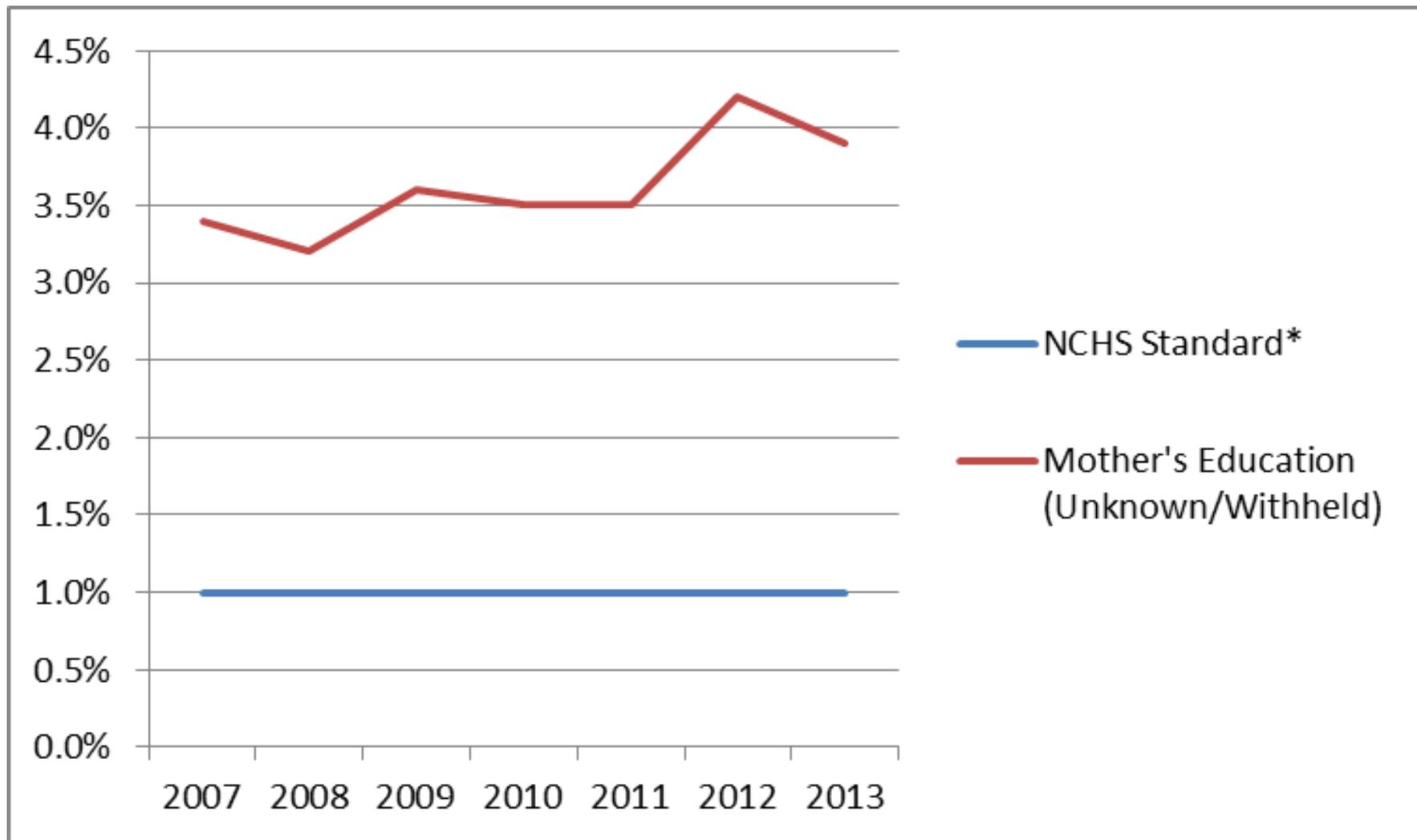
% Missing (Incomplete/Unknown/Withheld) Values for Selected CA Birth Cert Items

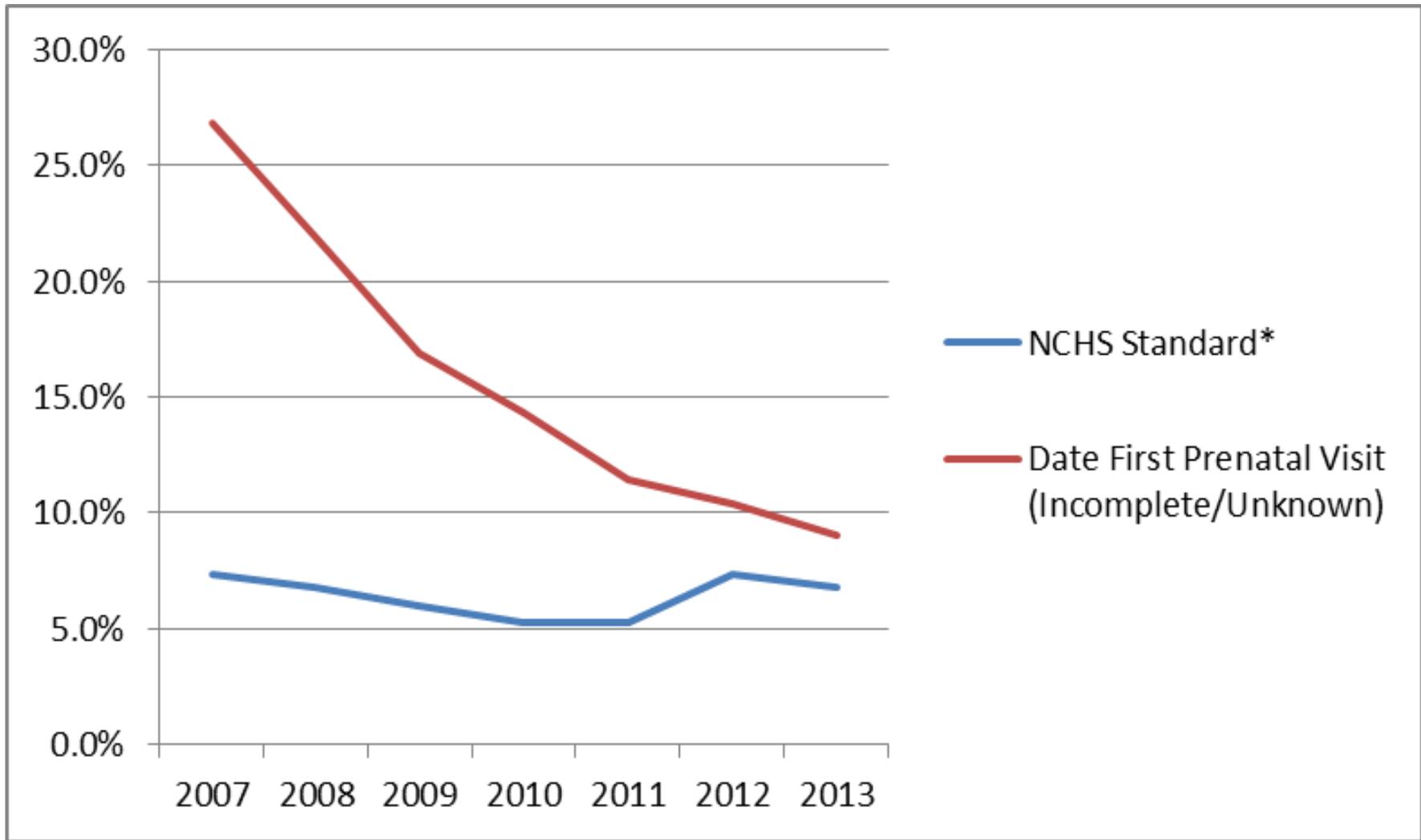
	2008	2009	2010	2011	2012	2013	NCHS Standard*
Mother Hispanic (Unknown/Withheld)	1.6%	1.8%	1.8%	1.8%	2.3%	1.8%	1.0%
Mother's Race (Unknown/Withheld)	1.6%	1.9%	1.9%	1.8%	2.4%	2.0%	1.0%
Mother's Education (Unknown/Withheld)	3.2%	3.6%	3.5%	3.5%	4.2%	3.9%	1.0%
Date LMP Began (Incomplete/Unknown)	9.3%	7.9%	7.0%	5.4%	4.8%	3.7%	12.2%
Date First Prenatal Visit (Incomplete/Unknown)	21.9%	16.9%	14.3%	11.4%	10.4%	9.0%	6.8
Month Prenatal Care Began (Unknown)	2.1%	1.9%	2.1%	2.1%	2.2%	1.7%	N.A.
Date Last Prenatal Visit (Incomplete/Unknown)	6.7%	5.1%	4.7%	3.7%	3.5%	3.1%	4.6
Number of Prenatal Care Visits (Unknown)	3.3%	2.7%	2.7%	2.4%	2.4%	2.0%	3.0%
Fetal Presentation (Unknown)	8.9%	7.8%	7.2%	5.5%	4.6%	3.2%	1.0%
Mother's Prepregnancy Weight (Unknown)	8.9%	6.4%	5.3%	4.8%	4.6%	4.2%	2.2%
Mother's Weight At Delivery (Unknown)	6.6%	4.4%	3.3%	3.0%	2.6%	2.5%	2.5%
Mother's Height (Unknown)	6.2%	3.9%	2.6%	2.1%	1.7%	1.9%	1.1%
Cigarettes Smoked First Trimester (Unknown)	1.9%	1.7%	0.9%	0.9%	0.9%	0.6%	1.0%
5 Minute APGAR Score (Unknown)	2.2%	1.4%	0.7%	0.5%	0.6%	0.5%	1.0%

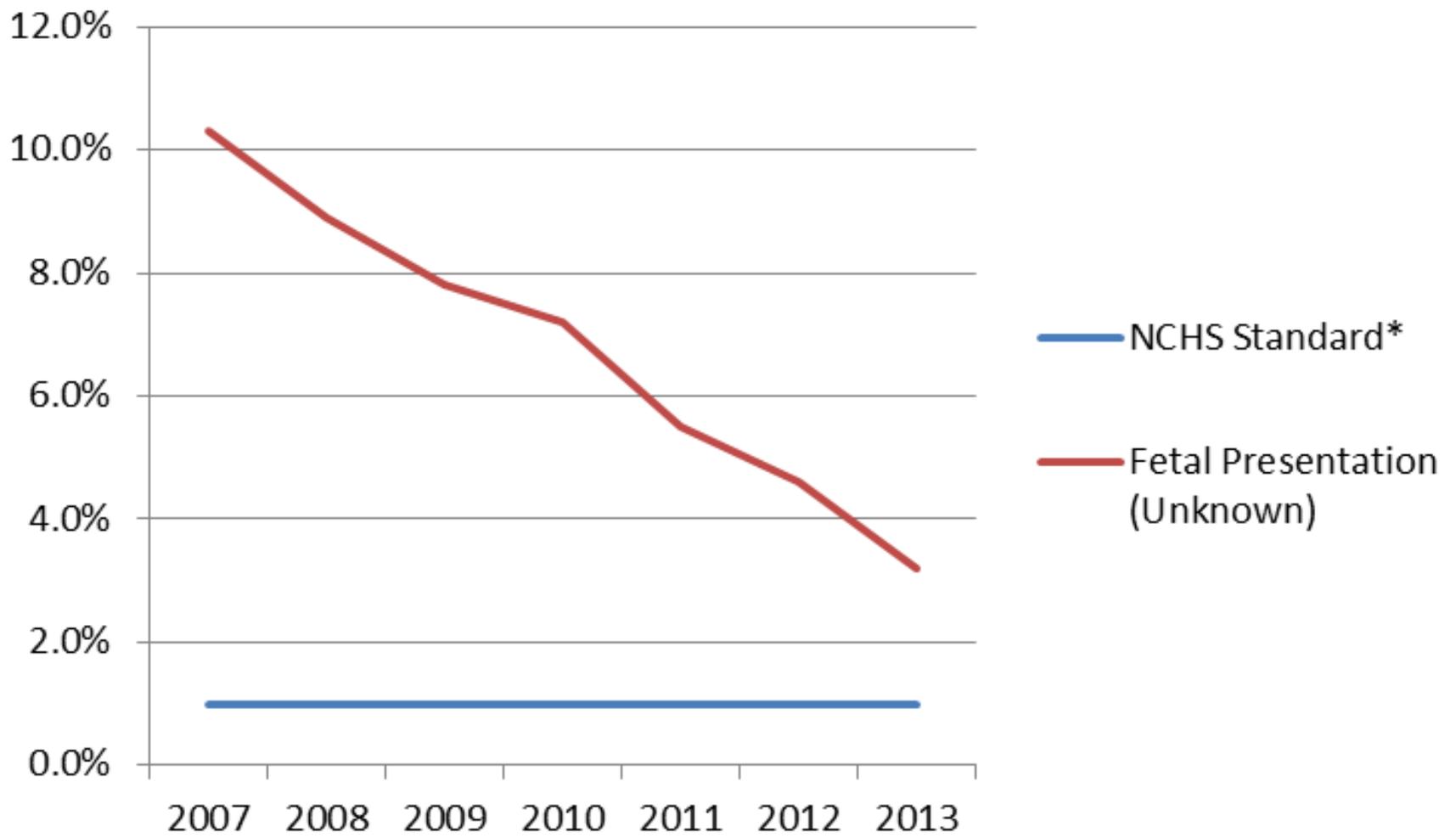
* NCHS Standard is 1.5 x the median reported by the states for 2011 and above 1.0%.

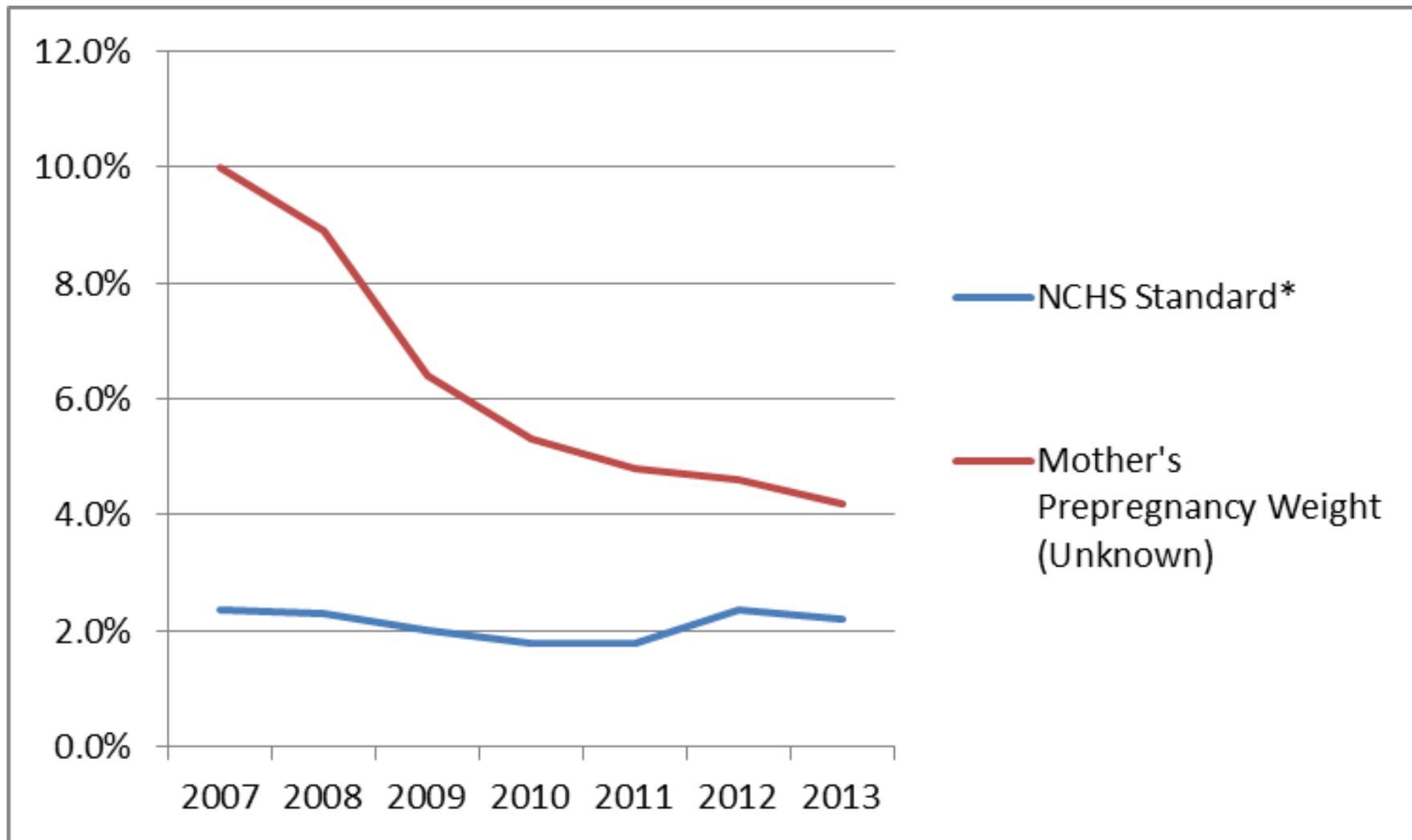


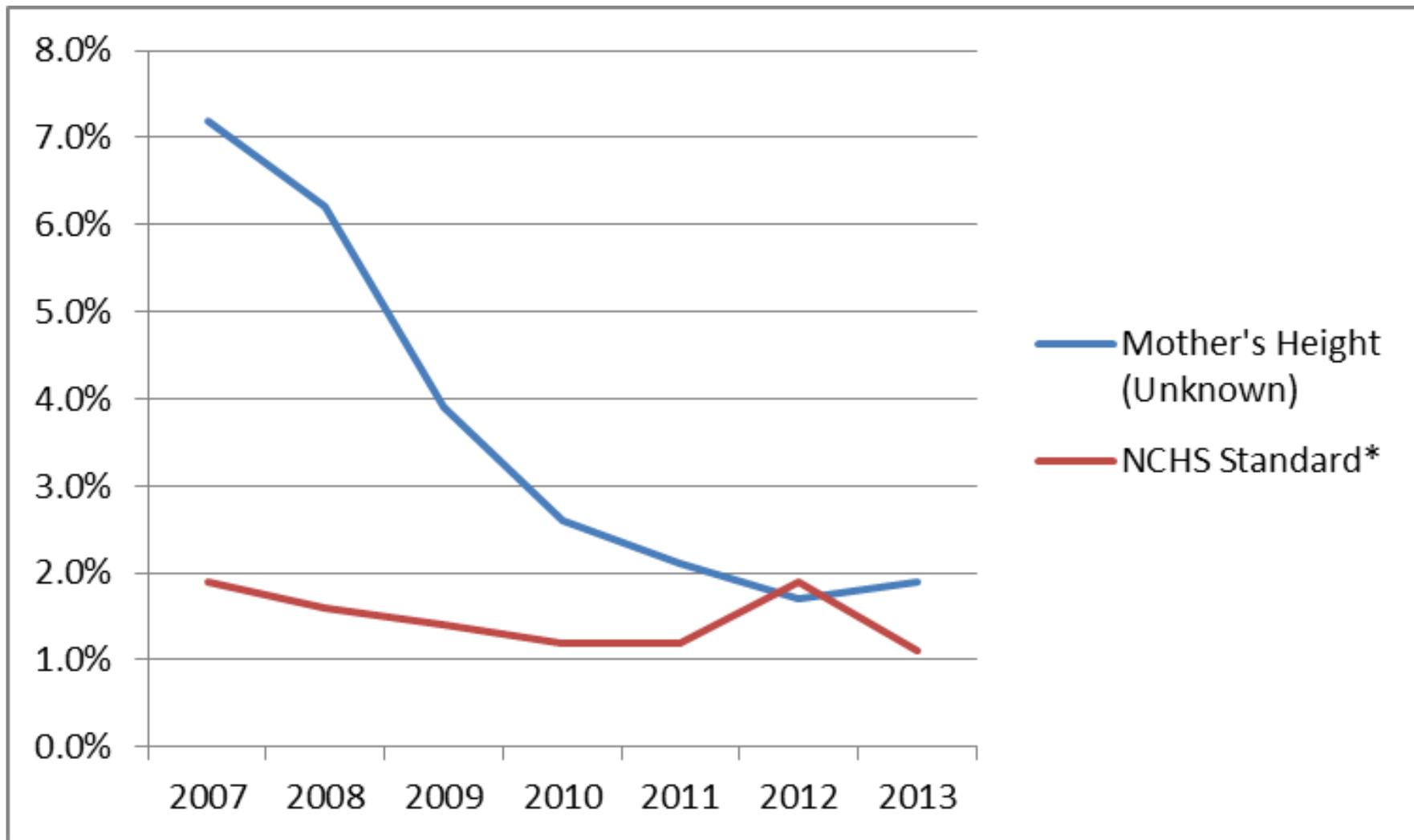








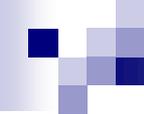




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Cigarettes Smoked First Trimester (Unknown)	1.9%	1.7%	0.9%	0.9%	0.9%	0.6%	1.0%
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USING AVSS TO GENERATE #UNKNOWN REPORTS

SYSTEM OPTION > **REPORT GENERATOR**

REPORT GENERATOR OPTION > **GENERATE REPORT**

REP. REPORT > **#UNKNOWN** = UNKNOWN TABLES FOR 2007+ VARIABLES

ENTER BEGINNING VALUE FOR DATE OF BIRTH <**1/1/2013**> (1/1/2013)

ENTER ENDING VALUE FOR DATE OF BIRTH < T > **01312013** (1/31/2013)

RUN THIS REPORT IN THE BACKGROUND <N>

SAVE THE OUTPUT FROM THIS REPORT <N>

OUTPUT DEVICE <T>

USING AVSS TO GENERATE A SOCIAL SECURITY LETTER

SYSTEM OPTION > **REPORT GENERATOR**

REPORT GENERATOR OPTION > **GENERATE REPORT**

REP. REPORT > **SOCIAL**

- 1 #CSSA1=SOCIAL SECURITY ENGLISH LETTER
- 2 #CSSA2=SOCIAL SECURITY SPANISH LETTER
- 3 #HSSA1=SOCIAL SECURITY ENGLISH LETTER
- 4 #HSSA2=SOCIAL SECURITY SPANISH LETTER

SELECTION # > 1 #CSSA1 = SOCIAL SECURITY ENGLISH LETTER

FILE# OR INDEX TO SEARCH > **01**

RUN THIS REPORT IN THE BACKGROUND <N>

SAVE THE OUTPUT FROM THIS REPORT <N>

OUTPUT DEVICE <P>

Newborn's Automatic Number Assignment

NOTICE TO PARENTS: Completion of this form in the hospital will enable you to receive a valuable service from the federal government. Federal law requires that a Social Security Number be provided for all dependents listed on federal tax forms. A Social Security Number is also necessary when applying for welfare or other public assistance benefits for your child. By completing this form and requesting a Social Security Number for your new baby, the California Department of Public Health will transmit your request to the Social Security Administration, and a card will be mailed to you usually within six weeks, eliminating the need for you to personally visit a Social Security office with evidence of your child's identity, birth date, and citizenship.

If you choose to participate in this program, and the parent(s) Social Security Number(s) are provided on the birth certificate, the parents(s) Social Security Number(s) will be disclosed to the Internal Revenue Service. The Social Security Number(s) will be used by the Internal Revenue Service solely for the purpose of tax benefits based on support or residence of a child, pursuant to 42 USC 405 (c)(2) as amended by Section 1090(b) of Public Law 105-34. For further information about this program, please contact the Social Security Administration at (800) 772-1213.

For certified copies of your child's birth certificate, contact the health department or the recorder's office of the county where the birth occurred. You may also obtain an application for a certified copy through the California Department of Public Health by calling (916) 445-2684 or by visiting the web site at www.cdph.ca.gov.

NEWBORN AUTOMATIC NUMBER ASSIGNMENT

(NANA)

Baby's Name as Reported on Birth Certificate

(A Social Security number cannot be issued for a child that has not been named.)

1. Do you want a Social Security number for your new baby? Yes No
2. May the Social Security Administration share it with the California Department of Public Health? Yes No

Mother/Parent or Father/Parent's Signature

Mother/Parent's Name (Please print)

Medical Record Number

Instructions to Birth Clerks: This consent form is to be completed and signed by the newborn's mother/parent or father/parent. After proper coding of Box F on the birth certificate, **RETAIN THIS FORM** in the mother's medical records.

**INFORMATION ABOUT WHEN YOU WILL RECEIVE
YOUR BABY'S SOCIAL SECURITY CARD**

IMPORTANT: IF YOU HAVE NOT NAMED YOUR BABY, A SOCIAL SECURITY CARD CANNOT BE ISSUED.

You should get your baby's Social Security card in about 8 weeks. It takes your State about 7 weeks to notify the Social Security Administration (SSA) about your baby's birth. After the birth is registered, SSA will issue your baby a Social Security card. The card will be mailed to you about one week after SSA is notified by the State of your baby's birth.

Never pay a fee to get a Social Security card. If anyone asks for money to help you get a card, notify SSA immediately at 1-800-772-1213.

If your baby has medical problems, call SSA at the number shown above to find out if Supplemental Security Income (SSI) can help.

If you are filing for Welfare or other public assistance benefits for your baby, you will need the following information completed before you leave the hospital.

This certifies that a Social Security number was requested for

BABY'S NAME

Name of Child

1/13/2014

Signature of hospital official

Date

NOTE: Notify your caseworker when you receive your baby's Social Security card.

BIRTH CERTIFICATE

1A.BABY FIRST NAME 1B.- 1C.BABY LAST NAME
2.FEMALE 3A.SINGLE 3B.- 4A.01/03/2014 4B.1242
5A.ACMC-HIGHLAND CAMPUS 5B.1411 E. 31ST ST.
5C.OAKLAND 5D.ALAMEDA
6A.- 6B.- 6C.- 7.- 8.-
9A.MOM'S FIRST NAME 9B.- 9C.MOM'S LAST NAME 10.CHINA 11.04/08/1983
12A. 12B.MOTHER 12C.01/06/2014
13B.A004836 13C.01/06/2014
13D.JOHN LENNOX,MD,1411 E 31ST STREET,OAKLAND 14.MYESHA GRIFFIN,ADMIN
15A. 15B. 16.MUNTU DAVIS, M.D. 17.01/08/2014

19.UNKNOWN 18.UNKNOWN 20C.UNKNOWN
20.UNKNOWN 20A.UNKNOWN 20B.UNKNOWN
22.NO 21.CHINESE 23C.MASTER'S
23.09/2013 23A.BANKER 23B.BANKING
I19.9 I18.99 I18A.99 I18B. I18C. I22.1 I21.42 I21A.42 I21B. I21C.
24A.39150 CEDAR BLVD.#102 24B.ALAMEDA
24C.NEWARK 24D.CA 24E.94560
25A.04/05/2013 25AA.05/10/2013 25B.2ND 25BA.12/27/2013 25C.UNKNOWN 25D.09
26.3232
26A.39 27A.0 27B.0 27D.1 27E.0
26B.PASS (BOTH EARS) 27C.- 27F.03/2011
28A.01,0,20,58,68 28B.09 29.51,52,53,54,56
30.12 31.73,75
A.0013 B.001 D.1 F.YY CT.444600 32.NONE 33.NONE
MSTREET.5219 MODENA COURT MCOUNTY.ALAMEDA
MCITY.PLEASANTON MSTATE.CA MZIP.94588
APGAR1.09 APGAR5.09 APGAR10.UNKNOWN
CIGPN=0 CIGFN=0 CIGSN=0 CIGTN=0
MWT1.116 MWT2.140 MHT.5'6" WIC.NO
BPF.30017726 FAGE. MAGE.30 GAGE.273 GAWK.39.0 TYPE.M.D.
SENT.1/8/2014 SENTHCA. SENTLCA.01/09/2014 AMNDAT.
LFN.1201401000001 COM.
RSN. PSFN.1052014000102

SSA RESPONSE.ASSIGNED ON: 01/09/2014

Birth Data Quality Resources on the Web

- www.avss.org

The University of California Santa Barbara AVSS website contains several manuals including the “AVSS Quick Reference Manual” and “Report Generator Manual”.

- <http://www.cdc.gov/nchs/data/dvs/GuidetoCompleteFacilityWks.pdf>

The National Center for Health Statistics website contains a “Guide to Completing the Certificate of Live Birth and Report of Fetal Death”.

Need help with AVSS?

AVSS Help Desk

Peter Chen (805) 893-3214
John Marinko (916) 449-5174
FAX (916) 445-5708



AVSS Web Page
www.avss.org

State Help Desk

Patricia Stewart (916) 552-8222
patricia.stewart@cdph.ca.gov
Andrea Argyilan (916) 552-8216
FAX (916) 323-2299

