# 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 their local health department* ***within 10 days of the birth****. This worksheet and affidavit will be used to register the baby's birth.*

January 2015

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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.<br>2. Call our office to schedule an appointment to come in and complete your portion of the certificate.<br>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<br><br>(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.<br>2. Refer the parents to the instructions in this pamphlet.<br>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:<br>a. Identity of parent(s)<br>b. Pregnancy of the mother<br>c. Baby was born alive<br>d. Birth occurred in the county where the birth certificate is to be registered<br>e. Identity of the witness<br>**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.<br>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.<br>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 California Department of Public Health Vital Records 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 California Department of Public Health Vital Records, and a fee may be charged. The processing time for amendments can be located on our 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 your local health department, or from California Department of Public Health 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 form), or an Affidavit to Amend a Record (VS 24 form). These forms are available from your local health department, or from the California Department of Public Health – 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 $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 California Department of Public Health 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, 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:

- Spouse 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.

# Worksheet for Out-of-Hospital Births

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

| | | | |
|---|---|---|---|
| **Child's Information** | First Name | Middle | Last |
| | Sex | This Birth Specify 1=Single, 2=Twin, 3=Triplet, Etc. | |
| | Date of Birth | Time of Birth □ a.m. □ p.m. | |
| | Place of Birth | Street Address | |
| | City | County | Zip |
| **Father/ Parent's Information** | First Name | Middle | Last (Birth) |
| | State of Birth | Date of Birth | |
| **Mother/ Parent's Information** | First Name | Middle | Last (Birth) |
| | State of Birth | Date of Birth | |

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

| | | | | |
|---|---|---|---|---|
| **Father/ Parent's Information** | Race (list up to 3) | Hispanic: □ Yes □ No | | Date Last Worked |
| | See Attached Race/Ethnicity Worksheet | Specify: _____ | | |
| | Usual Occupation | Usual Kind of Business or Industry | Education – Years Completed | Social Security Number |
| **Mother/ Parent's Information** | Race (list up to 3) | Hispanic: □ Yes □ No | | Date Last Worked |
| | See Attached Race/Ethnicity Worksheet | Specify: _____ | | |
| | Usual Occupation | Usual Kind of Business or Industry | Education – Years Completed | Social Security Number |
| | 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 |

**Continued on Back**

# Worksheet for Out-of-Hospital Births (Continued)

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

| | | | | |
|---|---|---|---|---|
| **Medical Data** | Did Mother 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 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<br>☐ Mother/Parent<br>☐ Father/Parent | Date Signed | Phone Number<br>(  ) |
| **Witness Verification** | Printed Name | Written Signature ► | |
| | Address – Street Name and Number | | County |
| | City | State | Zip |
| | Relationship to Child | Date Signed | Phone Number<br>(  ) |
| **Attendant Verification**<br><br>**(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<br>(  ) |
| **Local Registration District Staff Verification** | Printed Name | Written Signature ► | |
| | Date Signed | ☐ Registered ☐ Denied | Inventory Control Number<br>_____ |

### 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 California Department of Public Health 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.

March 3, 2008

# 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
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)*** ***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
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)*** ***EXPECTED PRINCIPAL SOURCE OF PAYMENT FOR DELIVERY***
***Item 32B (Fetal Death)*** *(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)*** ***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 "Certificate 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**

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)*** ***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)**

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

***Birth Certificates Last Forever***

**Please be Certain the Information on the Certificate is Accurate and Complete Before *You* 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, obtaining a passport or social security number for their child if the birth certificate is not true and correct.
- It can take several months to apply an amendment. The processing time for amendments can be located on our website at:

  http://www.cdph.ca.gov/certlic/birthdeathmar/Pages/ProcessingTimes.aspx

**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 **two-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 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 HIJO

**Los Certificados del nacimiento duran para siempre. Por favor asegurase de que la información en el certificado este exacta y completa antes de que usted firme.**

- Un certificado del nacimiento es un documento legal.
- Un formulario de enmienda es necesario para hacer correcciones al certificado de nacimiento.
- El certificado del nacimiento llegará a ser un documento de dos páginas si usted solicita una enmienda después de que el acta original se haya procesado.
- Muchos cambios en el certificado del nacimiento requieren al solicitante ir a la corte, es necesario hacer un Cambio de Nombre por medio de la Corte cuando uno cambia la orden de los nombres y apellidos.
- Padres pueden tener problemas para recibir los beneficios viajando en una línea aérea, obteniendo un pasaporte o el número del seguro social para su hijo si el certificado del nacimiento no es verdadero y correcto.
- Puede tomar unos meses para aplicar una enmienda.
- El tiempo de procesamiento de las enmiendas se puede encontrar en nuestro sitio de web:

  http://www.cdph.ca.gov/certlic/birthdeathmar/Pages/ProcessingTimes.aspx

**Los comunes errores que requieren enmiendas o orden de corte:**

- Nombres mal escrito como el primero, segundo y apellido de hijo y los padres.
- El estado o país o la fecha del nacimiento de los padres incorrecto.
- Orden inverso de apellidos (familia) y nombres.
- Agregando más nombres y apellidos a los nombres de los padres y el hijo después que la original se ha procesado.
- El género incorrecto de hijo
- La fecha de nacimiento incorrecto de su hijo.

El certificado **original** del nacimiento **no cambia**,
Pero una enmienda hace
Que su acta sea
Un documento de **dos páginas** sea la acta original y enmienda

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

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