

**CERTIFICATE OF LIVE BIRTH  
STATE OF CALIFORNIA  
USE BLACK INK ONLY**

STATE FILE NUMBER \_\_\_\_\_

LOCAL REGISTRATION NUMBER \_\_\_\_\_

<b>THIS CHILD</b>	1A. NAME OF CHILD - FIRST			1B. MIDDLE		1C. LAST		
	2. SEX	3A. THIS BIRTH, SINGLE, TWIN, ETC.		3B. IF MULTIPLE, THIS CHILD 1ST, 2ND, ETC.		4A. DATE OF BIRTH - MM/DD/CCYY		4B. HOUR - 24 HOUR CLOCK TIME
<b>PLACE OF BIRTH</b>	5A. PLACE OF BIRTH - NAME OF HOSPITAL OR FACILITY				5B. STREET ADDRESS - STREET AND NUMBER, OR LOCATION			
	5C. CITY				5D. COUNTY			
<b>FATHER/PARENT</b>	6A. NAME OF FATHER/PARENT - FIRST		6B. MIDDLE		6C. LAST		7. BIRTHPLACE - STATE/ COUNTRY	8. DATE OF BIRTH - MM/DD/CCYY
	9A. NAME OF MOTHER/PARENT - FIRST		9B. MIDDLE		9C. LAST - BIRTH NAME		10. BIRTHPLACE - STATE/ COUNTRY	11. DATE OF BIRTH - MM/DD/CCYY
<b>INFORMANT AND BIRTH CERTIFICATION</b>	I CERTIFY THAT I HAVE REVIEWED THE STATED INFORMATION AND THAT IT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.		12A. PARENT OR OTHER INFORMANT - SIGNATURE			12B. RELATIONSHIP TO CHILD		12C. DATE SIGNED - MM/DD/CCYY
	I CERTIFY THAT THE CHILD WAS BORN ALIVE AT THE DATE, HOUR, AND PLACE STATED.		13A. ATTENDANT/CERTIFIER - SIGNATURE AND DEGREE OR TITLE			13B. LICENSE NUMBER		13C. DATE SIGNED - MM/DD/CCYY
	13D. TYPED NAME, TITLE AND MAILING ADDRESS OF ATTENDANT				14. TYPED NAME AND TITLE OF CERTIFIER IF OTHER THAN ATTENDANT			
<b>LOCAL REGISTRAR</b>	15A. DATE OF DEATH - MM/DD/CCYY		15B. STATE FILE NO. - STATE USE ONLY		16. LOCAL REGISTRAR - SIGNATURE		17. DATE ACCEPTED FOR REGISTRATION - MM/DD/CCYY	

**CONFIDENTIAL INFORMATION FOR PUBLIC HEALTH USE ONLY**

<b>GENETIC FATHER</b>	19. FATHER HISPANIC, LATINO, OR SPANISH?		18. RACE - UP TO THREE RACES/ETHNICITIES MAY BE LISTED. SEE WORKSHEET ON BACK.				20C. EDUCATION - HIGHEST LEVEL OR DEGREE					
	20. DATE LAST WORKED - MM/CCYY		20A. USUAL OCCUPATION			20B. KIND OF BUSINESS OR INDUSTRY						
<b>GENETIC MOTHER</b>	22. MOTHER HISPANIC, LATINA, OR SPANISH?		21. RACE - UP TO THREE RACES/ETHNICITIES MAY BE LISTED. SEE WORKSHEET ON BACK.				23C. EDUCATION - HIGHEST LEVEL OR DEGREE					
	23. DATE LAST WORKED - MM/CCYY		23A. USUAL OCCUPATION			23B. KIND OF BUSINESS OR INDUSTRY						
<b>BIRTH MOTHER ADDRESS</b>	24A. MOTHER'S RESIDENCE STREET AND NUMBER, OR LOCATON - DO NOT USE P.O. BOX NUMBERS					24B. COUNTY/PROVINCE						
	24C. CITY					24D. STATE/FOREIGN COUNTRY		24E. ZIP CODE				
<b>MEDICAL AND HEALTH DATA BIRTH MOTHER AND NEWBORN</b>	25A. DATE LAST NORMAL MENSES BEGAN		25AA. DATE FIRST PRENATAL CARE VISIT		25B. MONTH PRENATAL CARE BEGAN		25BA. DATE LAST PRENATAL CARE VISIT		25C. NUMBER OF PRENATAL CARE VISITS		25D. PRINCIPAL SOURCE OF PAYMENT FOR PRENATAL CARE	
	26. BIRTHWEIGHT - GRAMS				27. PREGNANCY HISTORY - COMPLETE EACH SECTION							
					PREVIOUS LIVE BIRTHS - DO NOT INCLUDE THIS CHILD				OTHER TERMINATIONS - EXCLUDE INDUCED ABORTIONS			
	26A. OBSTETRIC ESTIMATION OF GESTATION AT DELIVERY COMPLETED WEEKS				A. NUMBER NOW LIVING		B. NUMBER NOW DEAD		D. NUMBER BEFORE 20 WEEKS		E. NUMBER AFTER 20 WEEKS	
	26B. HEARING SCREENING				C. DATE OF LAST LIVE BIRTH - MM/DD/CCYY				F. DATE OF LAST OTHER TERMINATION - MM/CCYY			
28A. METHOD OF DELIVERY			28B. EXPECTED SOURCE OF PAYMENT FOR DELIVERY			29. COMPLICATIONS AND PROCEDURES OF PREGNANCY AND CONCURRENT ILLNESSES						
30. COMPLICATIONS AND PROCEDURES OF LABOR AND DELIVERY						31. ABNORMAL CONDITIONS AND CLINICAL PROCEDURES RELATED TO THE NEWBORN						
A	B	C	D	E	F	CENSUS TRACT			32. FATHER/PARENT SOCIAL SECURITY NUMBER		33. MOTHER/PARENT SOCIAL SECURITY NUMBER	

VS 10D (REV. 1/07)

**PRIVACY NOTIFICATION**

This information is collected by the State of California, Department of Health Services, Office of Vital Records, MS 5103, PO Box 997410, Sacramento, CA 95899-7410. The information is required by Division 102 of the Health and Safety Code. This record is open to public access except where prohibited by statute. Every element on this form, except items 18 through 23C, 32, and 33, is mandatory. Failure to comply is a misdemeanor. 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. Items 32 and 33 are included pursuant to Section 102425(b)(14) of the Health and Safety Code, and may be used for child support enforcement purposes.

**Definition of Live Birth**

"Live Birth" means the complete expulsion or extraction from its mother of a product of conception (irrespective of duration of pregnancy) which, after such separation, breathes or shows any other evidence of life such as beating of the heart, pulsation of the umbilical cord, or definite movement of voluntary muscles, whether or not the umbilical cord has been cut or the placenta is attached.

**RACE /ETHNICITY AND EDUCATION WORKSHEET** (For Reference Only)

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