



How to Register an Out-of-Hospital Birth



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

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

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

January 2016

Dear Parents:

Congratulations to you and your newborn baby!

California Department of Public Health-Vital Records (CDPH-VR) wants to help you register your baby's birth and get a birth certificate. CDPH-VR is offering this help because you did not give birth in a hospital – where hospital staff would have registered the birth. If a physician or certified nurse midwife / licensed midwife attended the birth, he or she may help you complete the enclosed worksheet.

Please read this pamphlet very carefully. It will walk you through the process of registering your baby's birth.

This pamphlet includes a worksheet that must be completed and taken to the local Health Department within 10 days of the birth.

*Chief Deputy Registrar
Vital Records*

Dear Physician or Midwife:

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

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

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

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

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

The following page provides options available for registering the birth.

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

Chief Deputy Registrar
Vital Records

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

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

Questions Frequently Asked by Parents

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

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

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

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

Who should register my baby's birth?

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

How can I make sure the certificate is completed correctly?

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

What if there is an error on the birth certificate?

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

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

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

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

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

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

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

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

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

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

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

A fee is charged for each certified copy requested.

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

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

Who collects the information on the birth certificate?

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

Am I required to complete every part of the worksheet?

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

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

- 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?

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

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

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

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

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

Instructions for Registering the Birth

Action required before appointment with the local Health Department

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

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

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

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

Declaration of Paternity

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

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

Evidence required



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

Please bring to your appointment evidence to prove five facts:

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

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

Additional information about these five items is provided below.

(Continued)

**Evidence
required**

(Continued)

Identity of the Parents

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

- 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 Person Giving Birth

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

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

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

(Continued)

**Evidence
required**

(Continued)

- The date of the person giving birth'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

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

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

Identity of the Witness

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

- Spouse or other family member.

(Continued)

Evidence required

(Continued)

- Friend.
- 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, they may be able to get identification verification from their consulate.)

Verification

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

Registrar's right to refuse to register birth

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

**Valid ID for
physician/midwife**

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

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

- 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.

What You Need to Know about Your Child's Birth Certificate

Your child's birth certificate lasts forever. Please be certain the information on the certificate is accurate and complete *before* you sign it.

- The 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 (SSN) for their child if the birth certificate is not true and correct.
- It can take several weeks to apply an amendment. The processing time for amendments can be located on the California Department of Public Health-Vital Records website (<https://www.cdph.ca.gov/Programs/CHSI/Pages/Vital-Records-Processing-Times.aspx>).

Common mistakes that require amendments or court orders:

- Misspelled first, middle, or last names of child and/or parents
- Incorrect birth place or date of birth of parent(s)
- Reversed order of last names (surnames)
- Adding additional names to parent(s) or child later
- Incorrect sex of child
- Incorrect birth date

Errors on birth certificates
cannot be corrected on the original certificate.

The **original** birth certificate **does not** change, but 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 that the facts are correct.

Amendment forms may be obtained at the local health department or county recorder's office, or online (<https://www.cdph.ca.gov/Programs/CHSI/Pages/Correcting-or-Amending-Vital-Records.aspx>).

What You Need to Know about Data Collected from Your Child's Birth Certificate

Why is birth certificate information collected?

The birth certificate information is collected based on California Health and Safety Code (HSC) sections 102425 and 102426. This law lists all of the information required on the California birth certificate. This law also makes *all medical information confidential*.

Is birth certificate information confidential?

All medical information, including parents' race, education, occupation, SSNs, and address, is considered confidential and is not released to the public. Access to the confidential portion of the birth certificate is limited to the California Department of Public Health, California Department of Health Care Services, California Department of Finance, ScholarShare Investment Board, local health department, persons with a valid scientific interest as determined by the State Registrar, Committee for Protection of Human Subjects, parent who signed the certificate or parent giving birth, the child named on the birth certificate, and the hospital responsible for preparing and submitting the birth record (Reference HSC 102430). This packet identifies the pages that contain confidential data collected from the parents at the top of the pages.

What is birth certificate information used for?

The information collected is used to record what happened during pregnancy, labor and delivery, and any issues the newborn experienced. The information will be used to understand and help prevent birth defects, preterm births, maternal deaths, other labor and delivery outcomes, and public health programs.

Do I have to provide all information?

All information is required by law with the exception of the parents' race, occupation, education, and SSNs. Although not required, reporting information about your race, occupation, and education helps public health programs to succeed. Without information, we cannot effectively develop public health programs to treat gestational diabetes, assist with teen pregnancies, manage services for Women, Infants & Children (WIC), and so much more.

Who collects birth certificate information?

Birth certificate information is collected by the birth clerk. It is then securely sent to the local health department, then to the California Department of Public Health - Vital Records for registration, and finally sent to the National Center for Health Statistics within the Centers for Disease Control and Prevention. If parents request an SSN for their newborn, then non-medical information as well as parent SSN (if listed) and address of where SSN card should be sent are forwarded to the Social Security Administration. Scholarshare information is collected solely for the purposes and use of the Scholarshare program.

I still have questions...

Please contact the California Department of Public Health - VitalRecords at (916) 445-2684.

Certificate of Live Birth Worksheet

Please complete this information to prepare your child's birth certificate.

Name of Child: (If a name has not been determined at the time the birth certificate is created, a dash (-) can be entered for the first, middle and last name. The birth certificate can be amended later to add the child's name.)

FOR HOSPITAL OR ATTENDANT USE ONLY:

Room: _____ MR: _____

Attendant: _____

Clerk Initial: _____

Date Given to Parent(s): _____

Date Completed: _____

1A. First Name: _____

1B. Middle Name: _____

1C. Last Name: _____

Suffix (Optional): I II III IV V VI VII VIII IX X JR SR

2. Sex: Male Female Unknown/Undetermined

3A. Plurality:

- Single Twin Triplet Quadruplet
 Quintuplet Sextuplet Septuplet Octuplet or More Unknown

3B. Birth Order: 1st 2nd 3rd 4th 5th 6th 7th 8th or more Unknown

4A. Date of Birth: _____ 4B. Time of Birth: _____

Planned Place of Birth:

Place of birth and planned place of birth refer to categories, and do not refer to specific addresses. Categories include: Hospital, Freestanding Birth Center, Home Delivery, Clinic/doctor's office, Other, and Unknown.

Did the place of birth category match the planned place of birth category? Yes No Unknown

If place of birth category did not match planned place of birth category, where did you plan for this birth to take place?

- Hospital
 Freestanding Birth Center
 Home Delivery
 Clinic/doctor's office
 Other _____ (Please specify other category, do not put names of specific facilities, business names, other places)
 Unknown

Birth name of Parent Giving Birth (fields 9A, 9B, 9C, on child's birth certificate), unless a certified copy of a surrogate court order is presented. If only one parent is listed on the birth certificate, they must be listed in fields 9A, 9B, 9C.

9A. First Name: _____

9B. Middle Name: _____

9C. Last Name (Birth): _____

Suffix: I II III IV V VI VII VIII IX X JR SR

This question collects information on whether the person listed in Field 9a-c is the genetic mother of the child. This information is confidential and does not print on the birth certificate. Parents do not need to report this information; This information is voluntary.

Is this the Genetic Mother? Yes No Unknown

9D. Relationship to Child (Optional): Mother Father Parent

10. Birth State/Foreign Country:

- US State. State Name: _____
- US Territory. Territory Name: _____
- Canadian Province. Province Name: _____
- Mexican State. State Name: _____
- Other Country. Country Name: _____
- Other Country Unknown
- Unknown

(Specify the Birth State/Foreign Country from the dropdown in EBRs)

11. Birth Date: _____

Are the Parents Married and/or in a State Registered Partnership (SRDP), or is there a certified surrogate court order?

- Yes No Unknown

Has a Voluntary Declaration of Parentage (VDOP) form been completed and signed?

- Yes No

If the parents are not married or in an SRDP, then the biological or intended parents may sign the Voluntary Declaration of Parentage (VDOP) form to list the biological parent not giving birth or intended parent in fields 6A, 6B, 6C at the time of birth. If the parents are not married or in an SRDP, do not have a surrogate court order and do not complete the VDOP, the second parent cannot be listed or have additional information collected for the birth certificate. Reference Health and Safety Code Section 102425(a)(4). Additional parents may be added through the amendment process after the certificate is registered.

Scholarshare Contact Information for Parent Giving Birth. This information is for Scholarshare use only. This information does not print on the birth certificate and is not included with any data collected on the birth certificate.

E-mail address: _____

Mobile Phone Number (Include area code and country code if applicable): _____

Birth Name of Parent Not Giving Birth or Intended Parent (Fields 6A, 6B, 6C, on child's birth certificate):

6A. First Name: _____

6B. Middle Name: _____

6C. Last Name: _____

Suffix: I II III IV V VI VII VIII IX X JR SR

6D. Relationship to Child (Optional): Mother Father Parent

7. Birth State/Foreign Country:

- US State. State Name: _____
- US Territory. Territory Name: _____
- Canadian Province. Province Name: _____
- Mexican State. State Name: _____
- Other Country. Country Name: _____
- Other Country Unknown
- Unknown

(Specify the Birth State/Foreign Country from the dropdown in EBRs)

8. Birth Date: _____

Scholarshare Contact Information for Parent Not Giving Birth or Intended Parent (Person listed in 6A-6C). This contact information is for Scholarshare use only. This information does not print on the birth certificate and is not included with any data collected on the birth certificate. If no parent is listed in fields 6A-6C, do not collect this information.

E-mail address: _____

Mobile Phone Number (Include area code and country code if applicable): _____

Names of Parent(s)/Informant(s) Signing the Birth Certificate:

12A. Printed Name of Parent/Informant 1 who will sign the Birth Certificate (Required)

Your name should be printed as you want it to appear in field 12A in lieu of an ink signature.

12B. Relationship of Parent/Informant 1:

- Mother
- Father
- Parent
- Other: _____

12A. Printed Name of Parent/Informant 2 who will sign the Birth Certificate (Optional)

Your name should be printed as you want it to appear in field 12A in lieu of an ink signature.

12B. Relationship of Parent/Informant 2:

- Mother
- Father
- Parent
- Other: _____

Father or Parent Information

Field 19 (Father or Parent)

Is the father or parent Hispanic, Latino, or Spanish?

- Yes If Yes, please specify: Cuban
 No Mexican
 Unknown Puerto Rican
 Withheld Other _____

Fields 18 and 21

Up to three races may be entered for each parent on the birth certificate. Unless otherwise specified, the selected race(s) will print on the certificate. If the parent(s) would like a different description to print on the certificate, enter it in the space provided.

Field 18 (Father or Parent)

- White**
 White _____
 Caucasian _____
- Black or African American**
 Black _____
 African American _____
- Hispanic**
 Mexican _____
 Mexican American _____
 Other Hispanic, specify _____
- American Indian or Alaskan Native**
 Alaska Native _____
 Eskimo _____
 Aleut _____
 Native American _____
 American Indian _____
- Asian**
 Chinese _____
 Japanese _____
 Filipino _____
 Korean _____
 Vietnamese _____
 Asian Indian _____
 Cambodian _____
 Thai _____
 Laotian _____
 Hmong _____
 Indonesian _____
 Malaysian _____
 Taiwanese _____
 Bangladeshi _____
 Pakistani _____
 Sri Lankan _____
 Other Asian, specify _____
- Native Hawaiian or Other Pacific Islander**
 Native Hawaiian _____
 Guamanian _____
 Samoan _____
 Fijian _____
 Tongan _____
 Other Pacific Islander, specify _____

Mother Information

Field 22 (Mother)

Is the mother Hispanic, Latina, or Spanish?

- Yes If Yes, please specify: Cuban
 No Mexican
 Unknown Puerto Rican
 Withheld Other _____

Field 21 (Mother)

- White**
 White _____
 Caucasian _____
- Black or African American**
 Black _____
 African American _____
- Hispanic**
 Mexican _____
 Mexican American _____
 Other Hispanic, specify _____
- American Indian or Alaskan Native**
 Alaska Native _____
 Eskimo _____
 Aleut _____
 Native American _____
 American Indian _____
- Asian**
 Chinese _____
 Japanese _____
 Filipino _____
 Korean _____
 Vietnamese _____
 Asian Indian _____
 Cambodian _____
 Thai _____
 Laotian _____
 Hmong _____
 Indonesian _____
 Malaysian _____
 Taiwanese _____
 Bangladeshi _____
 Pakistani _____
 Sri Lankan _____
 Other Asian, specify _____
- Native Hawaiian or Other Pacific Islander**
 Native Hawaiian _____
 Guamanian _____
 Samoan _____
 Fijian _____
 Tongan _____
 Other Pacific Islander, specify _____

Page 5 Confidential Data Section

Unknown or Other

Unknown

Other

Other

Other

Withheld

Withheld

Unknown or Other

Unknown

Other

Other

Other

Withheld

Withheld

20C. Father or Parent Education: (Enter Highest Level or Degree of School Completed. Does not include trade schools/occupation-specific certificate programs)

- | | |
|---|---|
| <input type="checkbox"/> 0-11 th Grade. Highest Grade Completed: _____ | <input type="checkbox"/> 12 th Grade with No Diploma |
| <input type="checkbox"/> High School Diploma | <input type="checkbox"/> General Equivalency Diploma (GED) |
| <input type="checkbox"/> Some College (No degree) | <input type="checkbox"/> Associate's Degree (e.g., AA, AS, AAS, AAB) |
| <input type="checkbox"/> Bachelor's Degree (e.g., BA, BSc, BEng) | <input type="checkbox"/> Master's Degree (e.g., MA, MSc, MBA, MSW) |
| <input type="checkbox"/> Doctorate Degree (e.g., PhD, EdD) | <input type="checkbox"/> Professional Degree (e.g., MD, JD, DDS, LLB) |

20A. Father or Parent Usual Occupation:

Work done for the longest period of time. Do *not* enter company name.

20B. Father or Parent Kind of Business/Industry:

Do *not* enter company name.

Sexual Orientation / Gender Identity. This information is optional and should only be provided by the parent identified in fields 6A-6C. This information is confidential and does not print on the birth certificate.

1. *What sex appears on your original birth certificate?*

- Male
- Female
- Unknown
- Decline to respond

2. *How do you describe your gender identity?*

- Male
- Female
- Female-to-Male (FTM)/Transgender Male/Trans Man
- Male-to-Female (MTF)/Transgender Female/Trans Woman
- Nonbinary, Genderqueer, neither exclusively male nor female
- Other gender category, please specify _____
- Do not know/Unsure
- Decline to respond

3. *How do you describe your sexual orientation? (if more than one orientation, select orientation with which you identify the most)*

- Lesbian, gay or homosexual
- Straight or heterosexual
- Bisexual
- Pansexual
- Other, please specify _____
- Do not know/Unsure
- Decline to respond

23C. Mother Education: (Enter Highest Level or Degree of School Completed. Does not include trade schools/occupation-specific certificate programs)

- | | |
|---|---|
| <input type="checkbox"/> 0-11 th Grade. Highest Grade Completed: _____ | <input type="checkbox"/> 12 th Grade with No Diploma |
| <input type="checkbox"/> High School Diploma | <input type="checkbox"/> General Equivalency Diploma (GED) |
| <input type="checkbox"/> Some College (No degree) | <input type="checkbox"/> Associate's Degree (e.g., AA, AS, AAS, AAB) |
| <input type="checkbox"/> Bachelor's Degree (e.g., BA, BSc, BEng) | <input type="checkbox"/> Master's Degree (e.g., MA, MSc, MBA, MSW) |
| <input type="checkbox"/> Doctorate Degree (e.g., PhD, EdD) | <input type="checkbox"/> Professional Degree (e.g., MD, JD, DDS, LLB) |

23A. Mother Usual Occupation:

Work done for the longest period of time. Do **not** enter company name.

23B. Mother Kind of Business/Industry:

Do **not** enter company name.

Sexual Orientation / Gender Identity. This information is optional and should only be provided by the parent identified in fields 9A-9C. **This information is confidential and does not print on the birth certificate.**

1. What sex appears on your original birth certificate?

- Male
- Female
- Unknown
- Decline to respond

2. How do you describe your gender identity?

- Male
- Female
- Female-to-Male (FTM)/Transgender Male/Trans Man
- Male-to-Female (MTF)/Transgender Female/Trans Woman
- Nonbinary, Genderqueer, neither exclusively male nor female
- Other gender category, please specify _____
- Do not know/Unsure
- Decline to respond

3. How do you describe your sexual orientation? (if more than one orientation, select orientation with which you identify the *most*)

- Lesbian, gay or homosexual
- Straight or heterosexual
- Bisexual
- Pansexual
- Other, please specify _____
- Do not know/Unsure
- Decline to respond

24A-E. Parent Giving Birth Residence Address (Required). P.O. Boxes Are Not Acceptable.

Street Number and Name: _____ Apt/Suite/Unit: _____

City: _____ State/Province: _____

Zip Code/Postal Code: _____ County/Country: _____

Medical and Health Data: Birth Parent and Newborn

Did the person giving birth receive Women, Infants and Children (WIC) food while pregnant?

- Yes No Unknown

Did the person giving birth smoke before or during the pregnancy? Enter number of cigarettes smoked per day as follows:

During the three months prior to becoming pregnant:

- Did not smoke
- Cigarettes. # per day _____
- Packs. # per day _____
- Unknown

During the first three months of pregnancy:

- Did not smoke
- Cigarettes. # per day _____
- Packs. # per day _____
- Unknown

During the second three months of pregnancy:

- Did not smoke
- Cigarettes. # per day _____
- Packs. # per day _____
- Unknown

During the last three months of pregnancy:

- Did not smoke
- Cigarettes. # per day _____
- Packs. # per day _____
- Unknown

Birth Parent: Prepregnancy Weight: _____ Delivery Weight: _____ Height: _____

APGAR score (5 minute): _____ APGAR score (10 minute): _____

25A. Date Last Normal Menses Began: (if exact date is unknown, enter the month and year) _____

25AA. Date of First Prenatal Care Visit: (if exact date is unknown, enter the month and year) _____

25B. Month Prenatal Care Began: _____ 25BA. Date of Last Prenatal Care Visit: _____
(e.g., 1st, 2nd, 3rd, Unknown, etc.) (Do not enter delivery date)

25C. Number of Prenatal Visits: _____
(Count only visits recorded in the most current record available. Do not estimate additional prenatal visits when the prenatal record is not up to date. Do not include non-pregnancy related visits to ER; visit to confirm pregnancy; nutritionist; dietitian; health educator, etc. Normal prenatal visits are approximately 16.)

25D. Principal Source of Payment for Prenatal Care:

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

26. Birthweight in Grams: _____ 26A. Obstetric Estimate of Gestation: _____ (Completed Weeks)

26B. Hearing Screening:

- Pass Both
- Refer One
- Refer Both
- Results Pending
- Waived
- Not Med Indicated
- Test Not Available

Page 9 Confidential Data Section

27A. Number of Previous Live Births Now Living: _____ 27B. Number of Previous Live Births Now Dead: _____

27C. Date of Last Live Birth: _____ (Do not count this child.)

27D. Number of Miscarriages Before 20 Weeks: (Do not count abortions) _____ 27E. After 20 Weeks: _____

27F. Date of Last Miscarriage: _____

28A. Method of Delivery

28AA. Final Delivery Route: _____

28AB. Number of Previous Cesarean(s): _____

28AC. Fetal Presentation: _____

28AD. Forceps Attempted, But Unsuccessful:

- Yes
- No
- Unknown

28AE. Vacuum Attempted, But Unsuccessful:

- Yes
- No
- Unknown

28B. Expected Source of Payment for Delivery:

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

HOSPITAL OR ATTENDANT USE ONLY

29. Complications and Procedures of Pregnancy and Concurrent Illnesses:

Codes to Enter? Yes No Unknown
(If Yes, Hospital Staff or Attendant Circle the Appropriate Codes on VS 10A)

30. Complications and Procedures of Labor and Delivery:

Codes to Enter? Yes No Unknown
(If Yes, Hospital Staff or Attendant Circle the Appropriate Codes on VS 10A)

31. Abnormal Conditions and Clinical Procedures Relating to the Newborn:

Codes to Enter? Yes No Unknown
(If Yes, Hospital Staff or Attendant Circle the Appropriate Codes on VS 10A)

32. 6A-6C/Parent Social Security Number: _____

Withheld None Unknown

33. 9A-9C/Parent Social Security Number: _____

Withheld None Unknown

F. Social Security Number Requested for Child: Yes No

Birth Parent Mailing Address. This is the address where the Child's Social Security Card will be mailed. This mailing address will also be shared with the Scholarshare Investment Board. P.O. Boxes are allowed. The Social Security Administration guidance limits the Enumeration at Birth program to hospital births.

Street Number and Name: _____ Apt/Suite/Unit: _____

City: _____ State/Province: _____

Zip Code/Postal Code: _____ Country: _____

REQUESTING THE CHILD'S SOCIAL SECURITY NUMBER THROUGH THE BIRTH CERTIFICATE PROCESS

NOTICE TO PARENTS: The Social Security Administration guidance limits the Enumeration at Birth program to hospital births. 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.

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 (<https://www.cdph.ca.gov/Programs/CHSI/Pages/Vital-Records.aspx>).

**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 (SSN) for your new baby?
 Yes No

Please contact the Social Security Administration at 1-800-772-1213 or online at www.ssa.gov for questions or concerns regarding the issuance of your child's Social Security number or Social Security card.

I acknowledge that I am responsible for reviewing my child's birth certificate for accuracy and that the birth certificate worksheet is only retained for a limited time period. Beyond that, it will not be the responsibility of the hospital to amend the birth certificate for anything other than an incorrect date of birth, time of birth, sex of infant, or hospital error. All other amendments to the birth certificate are the responsibility of the parent.

Parent's Signature

Date

Parent's Printed Name

This form should be completed and signed by the child's parent(s).

HOSPITAL OR ATTENDANT USE ONLY

**CERTIFICATES OF LIVE BIRTH AND FETAL DEATH
MEDICAL DATA SUPPLEMENTAL WORKSHEET
VS 10A (Rev. 10/2022)**

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 29E. (Fetal Death) (Enter only 1 code)

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

Item 28A. (Birth) METHOD OF DELIVERY

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

A. Final delivery route

- 01 Cesarean—primary
- 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 30 (Fetal Death) (Enter only 1 code)

- | | | |
|--|---|------------|
| 02 Medi-Cal | 07 Private Insurance – Employer Sponsored | 14 Other |
| 05 Other Government Programs (Federal, State, Local) | 17 Private Insurance – Covered California | 99 Unknown |
| 09 Self Pay | 18 Private Insurance – Individual Plan | |

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 29. (Birth) **COMPLICATIONS AND PROCEDURES OF PREGNANCY AND CONCURRENT ILLNESSES**
Item 34. (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 live birth (less than 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
- 57 Progesterone use in second half of pregnancy

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

EPIDEMICS AND/OR DISASTERS

- 91 COVID-19 Confirmed

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

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

Item 30 (Birth)

COMPLICATIONS AND PROCEDURES OF LABOR AND DELIVERY

Item 35 (Fetal Death)

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

ONSET OF LABOR

- 10 Premature rupture of membranes (greater than or equal to 12 hours)
- 07 Precipitous labor (less than 3 hours)
- 08 Prolonged labor (greater than or equal to 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 greater than or equal to 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 prior to 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

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

Item 31 (Birth) **ABNORMAL CONDITIONS AND CLINICAL PROCEDURES RELATING TO THE NEWBORN**
Item 36 (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
- 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)

EPIDEMICS AND/OR DISASTERS

- 91 COVID-19 Confirmed