Information to Help Register Out-of-Hospital Births

Center for Health Statistics and Informatics – Vital Records

Upon request, this document will be made available in alternate formats. To obtain a copy in an alternate format, please call or write:

California Department of Public Health
Vital Records - M.S. 5103
P.O. Box 997410
Sacramento, CA 95899-7410
Telephone: (916) 445-2684
California Relay: 711/1-800-735-2929
Website address: https://www.cdph.ca.gov

June 2020
Information to Help Register Out-of-Hospital Births

Information for Physicians and Professionally Licensed Midwives

Dear Physician or Professionally Licensed Midwife:

The California Department of Public Health-Vital Records (CDPH-VR) understands you recently attended the birth of a child outside of a hospital or state-licensed alternative birth center. Health and Safety Code Section (HSC) 102415 requires that you register the birth of this child with the local registrar within ten days of the birth.

1. Please review this pamphlet and complete the enclosed worksheet documents. Share the worksheet with the parent(s) of the child so they can help gather the required information.

2. Contact the local registrar for information on their registration process. Many registrars require appointments. A list of the local registrars and their contact information is available at the following link:

   Directory of County Vital Records Offices
   (https://www.cdph.ca.gov/Programs/CHSI/Pages/County-Registrars-and-Recorders.aspx)

3. Bring the worksheet documents to the local registrar’s office so they can prepare the birth certificate and generate the birth certification page. You will sign the birth certification page as the attendant. You will be required to present valid government-issued photo identification and your current professional license number to the local registrar for verification. If you are not currently licensed as a physician, certified nurse midwife, or licensed midwife, you cannot register the birth. Births attended by unlicensed individuals must be registered by the parents.

4. Please advise the parents that they need to visit the local registrar if they will sign the birth certificate as an informant. Parents will be required to present valid government-issued photo identification to the local registrar for verification. Although CDPH-VR suggests that the parents sign the certificate at the time of the appointment, the local registrar can make a separate appointment for the parents.

5. Please advise the child’s parents that if they are not married to each other or in a State-Registered Domestic Partnership with each other, the non-birthing parent shall not be listed on the birth certificate unless the parents sign a Voluntary Declaration of Parentage before the birth certificate is registered. Local registrar staff are authorized witnesses for the Voluntary Declaration of Parentage. The birth certificate may be amended to add another parent’s name at a later date only if parentage for the child has been established by a judgment of a court or by the filing of a voluntary declaration of parentage (HSC 102425). For information on the Parentage Opportunity Program, contact (916) 464-1982 or askpop@dcss.ca.gov, or visit https://childsupport.ca.gov/establishing-legal-parentage/.

The birth will not be registered until all signatures are in place. By law, the birth certificate must be registered within ten days of the birth (HSC 102400). Thank you for your help in registering the birth of this child.
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Information for Parents

Dear Parents:

Congratulations on the birth of your new baby!

California Department of Public Health-Vital Records (CDPH-VR) wants you to have information on registering your baby’s birth so you can obtain their birth certificate. CDPH-VR is providing this information because you did not give birth in a hospital or licensed birth center, where staff would have prepared the birth record and submitted it to the local registrar.

1. Determine who is responsible for registering your child’s birth:
   a. If a physician or professionally licensed midwife attended the birth of your child, they are responsible for registering the birth with the local registrar within ten days of birth. Please review this pamphlet and work with your birth attendant to complete the enclosed worksheet documents. Parents need to visit the local registrar if they will sign the birth certificate as an informant. Parents will be required to present valid government-issued photo identification to the local registrar for verification.
   b. If your child’s birth was not attended by a physician or professionally licensed midwife, you are responsible for registering the birth with the local registrar within ten days of birth. Births attended by unlicensed individuals must be registered by the parents. Please review this pamphlet, complete the enclosed worksheet documents to ensure your child’s birth certificate is completed correctly, and contact the local registrar for information on their registration process. Many registrars require appointments. A list of the local registrars and their contact information is available at the following link:

   Directory of County Vital Records Offices
   (https://www.cdph.ca.gov/Programs/CHSI/Pages/County-Registrars-and-Recorders.aspx)

2. If a child’s parents are not married to each other or in a State-Registered Domestic Partnership with each other, the non-birthing parent shall not be listed on the birth certificate unless the parents sign a Voluntary Declaration of Parentage before the birth certificate is registered. Local registrar staff are authorized witnesses for the Voluntary Declaration of Parentage. The birth certificate may be amended to add another parent’s name at a later date only if parentage for the child has been established by a judgment of a court or by the filing of a voluntary declaration of parentage (HSC 102425). For information on the Parentage Opportunity Program, contact (916) 464-1982 or askpop@dcss.ca.gov, or visit https://childsupport.ca.gov/establishing-legal-parentage/.
Preparing for the Registration Appointment

Each local registrar has their own process and policies for registering out-of-hospital births. The information and evidence requirements below are suggestions provided to local registrars, parents, and attendants to out-of-hospital births. Please contact the local registrar in the jurisdiction of birth for information on their registration process. A list of local registrars and their contact information are available at the following link:

Directory of County Vital Records Offices
(https://www.cdph.ca.gov/Programs/CHSI/Pages/County-Registrars-and-Recorders.aspx)

Complete the worksheet accurately with the facts of birth before the appointment with the local registrar. The information on the worksheet will be used to prepare the baby’s birth certificate. HSC 102425 requires 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 professionally licensed midwife, they must complete form VS 10A, which provides supplemental medical information.

Evidence of Live Birth in California

If a physician or professionally licensed midwife attended the birth, they must register the birth, and the parents only need to provide proof to substantiate the identity of the parent(s). If the birth was not attended by a physician or professionally licensed midwife, the parents need to provide proof to substantiate all five facts.

Please bring to your appointment evidence to substantiate these 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 (if applicable)

Fact 1: Identity of the Parents

A valid picture identification card issued to the parents by a government agency can 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.
- Permanent Resident 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 obtain identification verification from their consulate.)
Fact 2: Pregnancy of the Person Giving Birth
To substantiate the pregnancy of the person giving birth, the parents may provide a pregnancy test verification form or a letter that meets all of the following conditions:

- From a physician, professionally licensed midwife, or clinic.
- Written on the doctor, midwife, or clinic official letterhead (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.
- 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).

Fact 3: Baby was Born Alive
The parent must provide proof that the child was born alive if there was no physician or professionally licensed midwife that attended the birth. Suggested methods of proving live birth include, but are not limited to:

1. Bringing the baby to the interview.
2. Affidavit from a physician, nurse, nurse practitioner, or physician assistant who has provided care to the baby after the birth (license number and signature must be on the hospital or clinic letterhead).
3. A FaceTime video in real time with the child who is at home in the presence of the local registrar staff.
4. A verified video chat (with a valid date – within one year of the date of birth) where the baby is present.
5. A statement from a clergy who baptized the child.

If the evidence provided is suspected to be fraudulent, the local registrar staff can decide on a case by case basis if more information is necessary to make the birth certificate complete before acceptance for registration.

Fact 4: Birth Occurred in California
The local registrar 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
Information to Help Register Out-of-Hospital Births

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)

Fact 5: Identity of the Witness (if applicable)
It is not mandatory for the witness to accompany the parents to the appointment if there was no physician or certified nurse midwife/licensed midwife that attended the birth. However, if the parents are using a witness to prove any of the other facts, then the witness needs to accompany the parents to the appointment to prove their identity. A witness may include any of the following:

- Spouse or other family member
- Friend
- Paramedic or fire department staff

If a paramedic or fire department staff was present at the birth, you can obtain 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 umbilical cord, or was present when the umbilical 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.
- Permanent Resident 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.)
Information to Help Register Out-of-Hospital Births

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

Local Registrar’s Duty to Register
There is no legal authority for the local registrar to refuse to register the birth certificate. However, the local registrar is allowed to request additional information until they are satisfied the record is suitable for registration. HSC 102305 states, “The local registrar of births and deaths shall carefully examine each certificate before acceptance for registration and, if any are not completed in a manner consistent with the policies established by the State Registrar, he or she shall require further information to be furnished as may be necessary to make the record consistent with those policies before acceptance for registration.”
Information to Help Register Out-of-Hospital Births

Frequently Asked Questions

Who is required to register out-of-hospital births?
When a baby is born outside a hospital, the physician or certified nurse midwife/licensed midwife who attended the birth is responsible for registering the birth with the local registrar in the county where the birth occurred (HSC 102415). If the out-of-hospital birth was not attended by a physician or professionally licensed midwife, either one of the parents is responsible for registering the birth.

When must out-of-hospital births be registered?
By law, births must be registered with the local registrar within ten days of the birth (HSC 102400). There is no fee to register the birth with the local registrar 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. If the requirements cannot be met for a Delayed Registration of Birth, another option is to apply to the local Superior Court for a Court Order Delayed Registration of Birth. More information on these processes is available at the following link:

Correcting or Amending Vital Records (https://www.cdph.ca.gov/Programs/CHSI/Pages/Correcting-or-Amending-Vital-Records.aspx)

Why do births need to be registered?
All births need to be registered to comply with state law. The birth must be registered before a certified copy of the birth certificate can be obtained. During a child’s life, they will need a certified copy of their birth certificate to:

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

Birth certificates are also valuable to establish:

- Proof of Parentage
- Inheritance Rights
- Identity
- Citizenship

How can I make sure the birth certificate is completed correctly?
Ensure that the worksheet documents are completed fully with accurate information, as this information is used to create the birth certificate. The local registrar will print a working copy of the birth certificate for you to review. Please review the entire working copy of the baby’s birth certificate for accuracy before signing the Birth Certification.
Information to Help Register Out-of-Hospital Births

Page. If there are any errors, inform the local registrar immediately. Once the record has been registered, any corrections, such as mispellings or omissions, must be made through CDPH-VR, the amendment may be a second page of the birth certificate, and a fee may be charged. The processing time for amendments can be located on the CDPH-VR website: (https://www.cdph.ca.gov/Programs/CHSI/Pages/Vital-Records-Processing-Times.aspx).

Am I required to complete all information on the worksheet?
All information is required by law, except for the following fields, which apply to both parents. Although not required, this information is very important for understanding pregnancy outcomes and developing needed programs.
- Race and Ethnicity
- Education
- Usual Occupation
- Usual Kind of Business or Industry
- Social Security Numbers

There are three fields on the worksheet marked, “Hospital or Attendant Use Only”:
- Complications and Procedures of Pregnancy and Concurrent Illnesses
- Complications and Procedures of Labor and Delivery
- Abnormal Conditions and Clinical Procedures Related to the Newborn

These three fields are required for births attended by a physician or professionally licensed midwife attended births. This information is not required if the parents are registering the birth.

The information regarding Women, Infants & Children (WIC), average number of cigarettes/packs per day, birth parent prepregnancy and delivery weight, birth parent height, and APGAR score marked under “Medical and Health Data: Birth Parent and Newborn” will not be transcribed onto the actual birth certificate.

Who collects the information on the birth certificate?
The birth certificate information is collected by the local health department who prepares the birth record and transmits it to the California Department of Public Health - Vital Records. State registered birth certificate information is then sent to the National Center for Health Statistics, Centers for Disease Control and Prevention.

How is the information on the birth certificate used?
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, and other labor, delivery and birth outcomes. Information collected also assists local and state public health leaders in making decisions that address programs needed in the community such as diabetes care, teen pregnancy, WIC, etc.
How can I obtain 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 purchase a certified copy of the birth certificate from the local registrar or County Recorder in the county where your child was born, or from CDPH-VR. The fees and processing times may vary between these offices.

How can I obtain a Social Security number for my child?
The Social Security Administration guidance limits the Enumeration at Birth program to hospital births. You can request 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). You can also visit Social Security’s website (https://www.socialsecurity.gov/).
Resources and Links

Directory of County Vital Records Offices including local registrars (https://www.cdph.ca.gov/Programs/CHSI/Pages/County-Registrars-and-Recorders.aspx)

Parentage Opportunity Program (https://childsupport.ca.gov/establishing-legal-parentage/)

Social Security Administration (SSA) (https://www.socialsecurity.gov/)

California Department of Public Health Home Page (https://www.cdph.ca.gov/)


Amendments (https://www.cdph.ca.gov/Programs/CHSI/Pages/Correcting-or-Amending-Vital-Records.aspx)

Processing Times (https://www.cdph.ca.gov/Programs/CHSI/Pages/Vital-Records-Processing-Times.aspx)
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 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 at https://www.cdph.ca.gov/Programs/CHSI/Pages/Vital-Records.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 at https://www.cdph.ca.gov/Programs/CHSI/Pages/Vital-Records.aspx.
<table>
<thead>
<tr>
<th>Importance of Collecting Complete and Accurate Birth Certificate Information</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Why is the birth certificate information collected?</strong></td>
</tr>
<tr>
<td>The birth certificate information is collected based on California Health and Safety Code (HSC) sections 102425 and 102426. This law lists all the information required on the California birth certificate. This law also makes all medical information confidential.</td>
</tr>
<tr>
<td><strong>What is the birth certificate information used for?</strong></td>
</tr>
<tr>
<td>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, and other labor, delivery and birth outcomes. Information collected also assists local and state public health leaders in making decisions that address programs needed in the community such as diabetes care, teen pregnancy, Women, Infants &amp; Children (WIC), etc.</td>
</tr>
<tr>
<td><strong>What birth certificate information is confidential on the birth certificate?</strong></td>
</tr>
<tr>
<td>All medical information is considered confidential and is not released to the public. This includes the parents’ race, education, occupation, Social Security number(s), and address. 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.</td>
</tr>
<tr>
<td><strong>What if the parent does not want to provide the information?</strong></td>
</tr>
<tr>
<td>All information is required by law with the exception of the parents’ race, occupation, education, and Social Security number(s). Although not required, race, occupation, and education are very important for understanding negative outcomes and developing needed programs.</td>
</tr>
<tr>
<td><strong>Who collects the birth certificate information?</strong></td>
</tr>
<tr>
<td>The birth certificate information is collected by the birth clerk and it is sent to the local health department who forwards it to the California Department of Public Health - Vital Records. State registered birth certificate information is then sent to the National Center for Health Statistics, Centers for Disease Control and Prevention.</td>
</tr>
<tr>
<td><strong>Who should I contact if I still have questions?</strong></td>
</tr>
<tr>
<td>Please contact the California Department of Public Health - Vital Records at (916) 445-2684.</td>
</tr>
</tbody>
</table>
Certificate of Live Birth Worksheet

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

Name of Child:

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  □ Nonbinary  □ 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:  _____________

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: ______________________________________

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

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: _______________________________
□ 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 (VDO) 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 (VDO) form to list the biological parent not giving birth or intended parent in fields 6A, 6B, 6C at the time of birth. Reference Health and Safety Code Section 102425(a)(4). Additional parents may be added through the amendment process after the certificate is registered.

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: ________________________________

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
- ☐ Unknown
- ☐ Withheld

### Field 22 (Mother)
Is the mother Hispanic, Latina, or Spanish?
- ☐ Yes  If Yes, please specify: ☐ Cuban
- ☐ No
- ☐ Unknown
- ☐ Withheld

### 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
  - ☐ Other Asian, specify
- Native Hawaiian or Other Pacific Islander
  - ☐ Native Hawaiian
  - ☐ Guamanian
  - ☐ Samoan
  - ☐ Other Pacific Islander, specify
- Unknown or Other
  - ☐ Unknown
  - ☐ Other
  - ☐ Other
  - ☐ Other
- Withheld
  - ☐ Withheld

### 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
  - ☐ Other Asian, specify
- Native Hawaiian or Other Pacific Islander
  - ☐ Native Hawaiian
  - ☐ Guamanian
  - ☐ Samoan
  - ☐ Other Pacific Islander, specify
- Unknown or Other
  - ☐ Unknown
  - ☐ Other
  - ☐ Other
  - ☐ Other
- Withheld
  - ☐ Withheld
20C. Father or Parent Education: (Enter Highest Level or Degree of School Completed)

☐ 0-11th Grade. Highest Grade Completed: _____  ☐ 12th Grade with No Diploma
☐ High School Diploma  ☐ General Equivalency Diploma (GED)
☐ Some College (No degree)  ☐ Associate’s Degree
☐ Bachelor’s Degree  ☐ Master’s Degree
☐ Doctorate Degree  ☐ Professional Degree

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.

23C. Mother Education: (Enter Highest Level or Degree of School Completed)

☐ 0-11th Grade. Highest Grade Completed: _____  ☐ 12th Grade with No Diploma
☐ High School Diploma  ☐ General Equivalency Diploma (GED)
☐ Some College (No degree)  ☐ Associate’s Degree
☐ Bachelor’s Degree  ☐ Master’s Degree
☐ Doctorate Degree  ☐ Professional Degree

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.

24D. 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: ___________________ 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)


26B. Hearing Screening:
☐ Pass Both
☐ Refer One
☐ Refer Both
☐ Results Pending
☐ Waived
☐ Not Med Indicated
☐ Test Not Available

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

Mailing Address for Child’s Social Security Card. 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: ____________________________
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 PREGNATAL CARE

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>02</td>
<td>Medi-Cal, without CPSP Support Services</td>
<td>07</td>
<td>Private Insurance Company</td>
</tr>
<tr>
<td>13</td>
<td>Medi-Cal, with CPSP Support Services</td>
<td>09</td>
<td>Self Pay</td>
</tr>
<tr>
<td>05</td>
<td>Other Government Programs (Federal, State, Local)</td>
<td>14</td>
<td>Other</td>
</tr>
</tbody>
</table>

### Item 28A. (Birth) METHOD OF DELIVERY

#### A. Final delivery route

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>Cesarean—primary</td>
</tr>
<tr>
<td>11</td>
<td>Cesarean—primary, with trial of labor attempted</td>
</tr>
<tr>
<td>21</td>
<td>Cesarean—primary, with vacuum</td>
</tr>
<tr>
<td>31</td>
<td>Cesarean—primary, with vacuum &amp; trial of labor attempted</td>
</tr>
<tr>
<td>02</td>
<td>Cesarean—repeat</td>
</tr>
<tr>
<td>12</td>
<td>Cesarean—repeat, with trial of labor attempted</td>
</tr>
<tr>
<td>22</td>
<td>Cesarean—repeat, with vacuum</td>
</tr>
<tr>
<td>32</td>
<td>Cesarean—repeat, with vacuum &amp; trial of labor attempted</td>
</tr>
<tr>
<td>03</td>
<td>Vaginal—spontaneous</td>
</tr>
<tr>
<td>04</td>
<td>Vaginal—spontaneous, after previous Cesarean</td>
</tr>
<tr>
<td>05</td>
<td>Vaginal—forceps</td>
</tr>
<tr>
<td>15</td>
<td>Vaginal—forceps, after previous Cesarean</td>
</tr>
<tr>
<td>06</td>
<td>Vaginal—vacuum</td>
</tr>
<tr>
<td>16</td>
<td>Vaginal—vacuum, after previous Cesarean</td>
</tr>
<tr>
<td>88</td>
<td>Not Delivered (Fetal Death Only)</td>
</tr>
</tbody>
</table>

#### B. If mother had a previous Cesarean—How many? ________ (Enter 0 – 9, or U if Unknown)

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>50</td>
<td>Yes</td>
</tr>
<tr>
<td>58</td>
<td>No</td>
</tr>
<tr>
<td>69</td>
<td>Unknown</td>
</tr>
</tbody>
</table>

#### C. Fetal presentation at birth

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>20</td>
<td>Cephalic fetal presentation at delivery</td>
</tr>
<tr>
<td>30</td>
<td>Breech fetal presentation at delivery</td>
</tr>
<tr>
<td>40</td>
<td>Other fetal presentation at delivery</td>
</tr>
<tr>
<td>90</td>
<td>Unknown</td>
</tr>
</tbody>
</table>

#### D. Was vaginal delivery with forceps attempted, but unsuccessful? ________

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>50</td>
<td>Yes</td>
</tr>
<tr>
<td>58</td>
<td>No</td>
</tr>
<tr>
<td>59</td>
<td>Unknown</td>
</tr>
</tbody>
</table>

#### E. Was vaginal delivery with vacuum attempted, but unsuccessful? ________

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>60</td>
<td>Yes</td>
</tr>
<tr>
<td>68</td>
<td>No</td>
</tr>
<tr>
<td>69</td>
<td>Unknown</td>
</tr>
</tbody>
</table>

#### F. Hysterotomy/Hysterectomy (Fetal Death Only)

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>70</td>
<td>Yes</td>
</tr>
<tr>
<td>78</td>
<td>No</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>02</td>
<td>Medi-Cal</td>
<td>05</td>
<td>Other Government Programs (Federal, State, Local)</td>
</tr>
<tr>
<td>15</td>
<td>Indian Health Service</td>
<td>07</td>
<td>Private Insurance Company</td>
</tr>
<tr>
<td>16</td>
<td>CHAMPUS/TRICARE</td>
<td>09</td>
<td>Self Pay</td>
</tr>
<tr>
<td></td>
<td></td>
<td>00</td>
<td>Medically Unattended Birth</td>
</tr>
</tbody>
</table>

### Item 33. (Fetal Death) COMPLICATIONS AND PROCEDURES OF PREGNANCY AND CONCURRENT ILLNESSES

#### DIABETES

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>09</td>
<td>Prepregnancy (Diagnosis prior to this pregnancy)</td>
</tr>
<tr>
<td>31</td>
<td>Gestational (Diagnosis in this pregnancy)</td>
</tr>
</tbody>
</table>

#### HYPERTENSION

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>03</td>
<td>Prepregnancy (Chronic)</td>
</tr>
<tr>
<td>01</td>
<td>Gestational (PIH, Preeclampsia)</td>
</tr>
<tr>
<td>02</td>
<td>Eclampsia</td>
</tr>
</tbody>
</table>

#### OTHER COMPLICATIONS/PREGNANCIES

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>32</td>
<td>Large fibroids</td>
</tr>
<tr>
<td>33</td>
<td>Asthma</td>
</tr>
<tr>
<td>34</td>
<td>Multiple pregnancy (more than 1 fetus this pregnancy)</td>
</tr>
<tr>
<td>35</td>
<td>Intrauterine growth restricted birth this pregnancy</td>
</tr>
<tr>
<td>23</td>
<td>Previous preterm birth (less than 37 weeks gestation)</td>
</tr>
<tr>
<td>36</td>
<td>Other previous poor pregnancy outcomes (Includes perinatal death, small-for-gestational age/intrauterine growth restricted birth, large for gestational age, etc.)</td>
</tr>
</tbody>
</table>

#### OBSTETRIC PROCEDURES

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>24</td>
<td>Cervical cerlage</td>
</tr>
<tr>
<td>28</td>
<td>Tocolysis</td>
</tr>
<tr>
<td>37</td>
<td>External cephalic version—Successful</td>
</tr>
<tr>
<td>38</td>
<td>External cephalic version—Failed</td>
</tr>
<tr>
<td>39</td>
<td>Consultation with specialist for high risk obstetric services</td>
</tr>
</tbody>
</table>

#### PREGNANCY RESULTED FROM INFERTILITY TREATMENT

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>40</td>
<td>Fertility-enhancing drugs, artificial insemination or intrauterine insemination</td>
</tr>
<tr>
<td>41</td>
<td>Assisted reproductive technology (e.g., in vitro fertilization (IVF), gamete intrafallopian transfer (GIFT)</td>
</tr>
</tbody>
</table>

#### INFECTIONS PRESENT AND/OR TREATED DURING THIS PREGNANCY

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>42</td>
<td>Chlamydia</td>
</tr>
<tr>
<td>43</td>
<td>Gonorrhea</td>
</tr>
<tr>
<td>44</td>
<td>Group B streptococcus</td>
</tr>
<tr>
<td>18</td>
<td>Hepatitis B (acute infection or carrier)</td>
</tr>
<tr>
<td>45</td>
<td>Hepatitis C</td>
</tr>
<tr>
<td>16</td>
<td>Herpes simplex virus (HSV)</td>
</tr>
<tr>
<td>46</td>
<td>Syphilis</td>
</tr>
<tr>
<td>47</td>
<td>Cytomegalovirus (Fetal Death Only)</td>
</tr>
<tr>
<td>48</td>
<td>Listeria (Fetal Death Only)</td>
</tr>
<tr>
<td>49</td>
<td>Parvovirus (Fetal Death Only)</td>
</tr>
<tr>
<td>50</td>
<td>Toxoplasmosis (Fetal Death Only)</td>
</tr>
</tbody>
</table>

#### PRENATAL SCREENING DONE FOR INFECTIOUS DISEASES

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>51</td>
<td>Chlamydia</td>
</tr>
<tr>
<td>52</td>
<td>Gonorrhea</td>
</tr>
<tr>
<td>53</td>
<td>Group B streptococcal infection</td>
</tr>
<tr>
<td>54</td>
<td>Hepatitis B</td>
</tr>
<tr>
<td>55</td>
<td>Human immunodeficiency virus (offered)</td>
</tr>
<tr>
<td>56</td>
<td>Syphilis</td>
</tr>
</tbody>
</table>

#### none or other complications/procedures not listed

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>00</td>
<td>None</td>
</tr>
<tr>
<td>30</td>
<td>Other Pregnancy Complications/Procedures not Listed</td>
</tr>
</tbody>
</table>

#### epidemics and/or disasters

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>91</td>
<td>COVID-19 Confirmed</td>
</tr>
<tr>
<td>92</td>
<td>COVID-19 Presumed</td>
</tr>
</tbody>
</table>

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

Do not enter any identification by patient name or number on this worksheet. Discard after use.

Do not retain the worksheet in the medical records or submit with the “Certificates of Live Birth or Fetal Death.”
### Item 30 (Birth)
**COMPLICATIONS AND PROCEDURES OF LABOR AND DELIVERY**
(Enter up to 9 codes, separated by commas, for the most important complications/procedures.)

#### ONSET OF LABOR
10 Premature rupture of membranes (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 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**
(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 Gastrochisis
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)

#### EPIDEMICS AND/OR DISASTERS
91 COVID-19 Confirmed
92 COVID-19 Presumed