

# How to Register an Out-of-Hospital Birth (home birth)



Please call the office of vital statistics at 707-253-4506  
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 21 days of the birth. This worksheet and affidavit will be used to register the baby's birth.

# Table of Contents

	<u>Page</u>
Congratulations to Parents	1
Letter to Physician or Midwife	2
Questions Frequently Asked by Parents	4
Instructions for Registering the Birth	8
Attachments	
Worksheet for Out-of-Hospital Births	
Affidavit of Birth Information for Out-of-Hospital Births	
Certificate of Live Birth – Medical Data Supplemental Worksheet (VS 10A)	
Race Identification Worksheet	
Weight Conversion Table	
What You Need to Know About Your Child’s Birth Certificate	
Importance of Collecting Complete and Accurate Birth Certificate Information	

Dear Parents:

Congratulations to you and your newborn baby!

Napa County Public Health-Vital Statistics wants to help you register your baby's birth and get a birth certificate. Public Health 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 Public 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 (707-253-4506).
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 21 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"> <li>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.</li> <li>2. Refer the parents to the instructions in this pamphlet.</li> <li>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"> <li>a. Identity of parent(s)</li> <li>b. Pregnancy of the person giving birth</li> <li>c. Baby was born alive</li> <li>d. Birth occurred in the county where the birth certificate is to be registered</li> <li>e. Identity of the witness</li> </ol> <p><b>Note:</b> 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> </li> <li>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."</li> </ol>
<p>You want your signature and typed name and title on the birth certificate</p>	<ol style="list-style-type: none"> <li>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.</li> <li>2. Call the local Health Department to schedule an appointment to come in and complete your portion of the certificate.</li> <li>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.</li> </ol> <p><b>Note:</b> 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"> <li>1. Refer the parents to the instructions in this pamphlet.</li> <li>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.</li> </ol>

## 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 21 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 \$26 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 \$26 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](http://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.

## Certificate of Live Birth Worksheet

### FOR HOSPITAL OR ATTENDANT USE ONLY:

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

Room: \_\_\_\_\_ MR: \_\_\_\_\_

Attendant: \_\_\_\_\_

Clerk Initial: \_\_\_\_\_

Date Given to Parent(s): \_\_\_\_\_

Date Completed: \_\_\_\_\_

**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.)

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:  1<sup>st</sup>  2<sup>nd</sup>  3<sup>rd</sup>  4<sup>th</sup>  5<sup>th</sup>  6<sup>th</sup>  7<sup>th</sup>  8<sup>th</sup> 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: \_\_\_\_\_

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 \_\_\_\_\_

**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 <sup>th</sup> Grade. Highest Grade Completed: _____ | <input type="checkbox"/> 12 <sup>th</sup> 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 <sup>th</sup> Grade. Highest Grade Completed: _____ | <input type="checkbox"/> 12 <sup>th</sup> 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: \_\_\_\_\_ 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., 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>, 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

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: \_\_\_\_\_

**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 29D. (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 32B. (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 33. (Fetal Death)**      *(Enter up to 16 codes, separated by commas, for the most important complications/procedures.)*

**DIABETES**

- 09 Prepregnancy (Diagnosis prior to this pregnancy)
- 31 Gestational (Diagnosis in this pregnancy)

**HYPERTENSION**

- 03 Prepregnancy (Chronic)
- 01 Gestational (PIH, Preeclampsia)
- 02 Eclampsia

**OTHER COMPLICATIONS/PREGNANCIES**

- 32 Large fibroids
- 33 Asthma
- 34 Multiple pregnancy (more than 1 fetus this pregnancy)
- 35 Intrauterine growth restricted birth this pregnancy
- 23 Previous preterm 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.**

**Item 30 (Birth)**

**COMPLICATIONS AND PROCEDURES OF LABOR AND DELIVERY**

**Item 34 (Fetal Death)**

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

**ONSET OF LABOR**

- 10 Premature rupture of membranes (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

**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 35 (Fetal Death)**

**ABNORMAL CONDITIONS AND CLINICAL PROCEDURES RELATING TO THE FETUS**

*(Enter up to 10 codes, separated by commas, for the most important conditions/procedures.)*

**CONGENITAL ANOMALIES (NEWBORN OR FETUS)**

- 01 Anencephaly
- 02 Meningomyelocele/Spina bifida
- 76 Cyanotic congenital heart disease
- 77 Congenital diaphragmatic hernia
- 78 Omphalocele
- 79 Gastroschisis
- 80 Limb reduction defect (excluding congenital amputation and dwarfing syndromes)
- 28 Cleft palate alone
- 29 Cleft lip alone
- 30 Cleft palate with cleft lip
- 57 Down's Syndrome—Karyotype confirmed
- 81 Down's Syndrome—Karyotype pending
- 82 Suspected chromosomal disorder—Karyotype confirmed
- 83 Suspected chromosomal disorder—Karyotype pending
- 35 Hypospadias
- 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