



A Tradition of Stewardship
A Commitment to Service

Health and Human Services Agency
Office of Vital Statistics
 2751 Napa Valley Corporate Dr., Bldg B
 Napa, CA 94558
 Main: (707) 253-4506
 Fax: (707) 226-6442

Office Hours: Mon-Fri 8:30-11:30am & 1:00-4:00pm

Birth Worksheet – Midwife Only

| | | | | | |
|--|-----------------------------|---|---|--|---------|
| 1A First Name of Child | | 2B Middle name of child | | 3C Last name of child | |
| 2. Sex | 3A This fetus, single, twin | | 3B. This fetus, 1 st , 2 nd | | 4A. DOB |
| 5A Place of birth | | | 5B Street address-Street, umber or location | | |
| 5C City | | | 5D County | | |
| 6A Father's first name | | 6B Middle | | 6C Last | |
| 7. Birth Place | | 8. DOB | | | |
| 9A Mother's first name | | 9B Middle | | 9C Last (maiden) | |
| 10. Birthplace | | 11. DOB | | | |
| 13D Attendant's name, title and license number | | | | | |
| Not a Legal Document | | | | | |
| 19. Father's race | | 18. Hispanic? | | 20C. Education | |
| 20. Date last worked (father) | | 20A. Usual Occupation | | 20B. Kind of Business | |
| 22. Mother's race | | 21. Hispanic? | | 23C. Education | |
| 23. Date last worked (mother) | | 23A. Usual occupation | | 23C Kind of Business | |
| 24A. Mother's Residence-street and number | | | | 24B. County | |
| 24C. City | | 24D. State | | 23C. Zip Code | |
| 25A. Date of last menses | | 25AA. Date of 1 st prenatal visits | | 25D. Month prenatal care began | |
| 25BA. Date of last prenatal visit | | 25C. Number of prenatal visits | | 25D. Source of prenatal care | |
| 26A Birth weight (grams) | | Previous live births (do not include this one) | | Other terminations (exclude induced abortions) | |
| 26A OB Est. wks of gest @ del. | | A. # now Living | | B. # Now Dead | |
| D. # <20 wks. | | E. # >20wks | | | |
| 26B Hearing Screening | | C. Date of last live birth mo/day/yr | | F. Date of last other term. Mo/yr | |
| 28. Method of Delivery | | A. | | B. | |
| C. | | D. | | E. | |
| 28B. Source of delivery pay | | 29. Complications, procedures, illness of pregnancy | | | |

| | | |
|--|--|---------|
| 30. Complications & procedures of labor & delivery | 31. Abnormal conditions related to newborn | |
| FOB SS# | MOB SS# | Phone # |

Were parents married at time of birth? Yes ___ No ___

Was NBS test done? Yes ___ No ___ Date: _____

Mother's current last name: _____

Name of Child: _____ Date of Birth _____

This information is required by state for birth registration. The following

Information will not be printed on the birth certificates

For statistical use only

Mother's mailing address:

Street Number and Name or P.O. Box: _____

County: _____

City: _____

State: _____

Zip: _____

Did mother receive WIC (Women, Infants & Children) food while pregnant with this child?

Yes ___ No ___ Unknown _____

How many cigarettes or packs of cigarettes did the mother smoke during each of the following time periods?

| | # of cigarettes | or | # of packs |
|-----------------------------------|-----------------|----|------------|
| Three months before pregnancy: | _____ | or | _____ |
| First Three months of pregnancy: | _____ | or | _____ |
| Second three months of pregnancy: | _____ | or | _____ |
| Third trimester of pregnancy: | _____ | or | _____ |

Mother's Pre-pregnancy weight-pounds: _____

Mother's delivery weight-pounds: _____

Mother's height: _____

APGAR score:

At 1 minute: _____ At 5 minutes: _____ At 10 minutes: _____

(00-10: unknown or not taken)

Affidavit of Birth Information for Out-of-Hospital Births

This Affidavit is to be completed at the Local Health Office

I swear or affirm that the information stated is true and correct to the best of my knowledge and belief. I certify that the child named herein was born alive to the stated mother at the place, date, and time shown on this worksheet.

This worksheet was completed with the understanding that the facts so stated herein afford a full, complete, and truthful representation of facts and what my testimony shall be should I be asked or directed to testify to the facts herein in a court of law. I realize that any false statement of facts or information made herein could subject me to the risk of criminal liability, including, but not limited to, prosecution for perjury.

| | | | | |
|---|---|-------------------------------------|---------------------------------|-----------------------------------|
| Parent Verification | Printed Name | | Written Signature | |
| | Relationship to Child <input type="checkbox"/> Mother/Parent <input type="checkbox"/> Father/Parent() | | Phone Number | |
| Witness Verification | Printed Name | | Written Signature | |
| | Address – Street Name and Number | | | County |
| | City | | State | Zip |
| | Relationship to Child | Date Signed | | Phone Number () |
| Attendant Verification (Physician, Certified Nurse-Midwife, or Licensed Midwife) | Printed Name | | Written Signature | |
| | Address – Street Name and Number | | | County |
| | City | | State | Zip |
| | State License Number | Date Signed | | Phone Number () |
| Local Registration District Staff Verification | Printed Name | | Written Signature | |
| | Date Signed | <input type="checkbox"/> Registered | <input type="checkbox"/> Denied | Inventory Control Number _____ |

Privacy Notification

The information entered on the worksheet will be transferred to the Certificate of Live Birth

(VS 10D) and will be collected by the California Department of Public Health Vital Records, 1501 Capitol Avenue, M.S. 5103, P.O. Box 997410, Sacramento, CA 95899-7410, telephone number (916) 445-2684. This information is required by Division 102 of the Health and Safety Code. Every element on the worksheet is mandatory, except the items between the double bold lines on the first page of the worksheet. Failure to comply by every person, except a parent informant, is a misdemeanor. The Certificate of Live Birth is open to public access except where prohibited by statute. The principal purposes of this record are to: 1) Establish a legal record of each vital event, 2) Provide certified copies for personal use, 3) Furnish information for demographic and epidemiological studies, and 4) Supply data to the National Center for Health Statistics for federal reports. The father's and the mother's Social Security numbers are included pursuant to Section 102425 (b) (14) of the Health and Safety Code, and may be used for child support enforcement purposes.