

**Our Vision: To be the healthiest County in the nation**

## **Requirements for Registering Out-of-Hospital Births Occurring in Ventura County**

The following information is required for registering a child who was born at home or in other non-hospital settings. There is no fee to register your baby's birth if it is done within the first year; in fact, it is required that your baby is registered within the first year.

### **Registrar's Right to Refuse to Register Birth**

If the requirements of the Health and Safety Code and the other bona fide evidence are not presented to the registrar, then the Registrar **MUST** refuse to register birth certificate. In these cases, only the authority of a superior court may register the birth certificate, or the court may render a delayed certificate of birth.

Reference: Health and Safety Code Section 103450

### **Appointments for Certificate Registration (Infants under 12 months of age only)**

You must have an appointment to register your child. If legally married, the father does not have to be the witness that accompanies the mother and child to the appointment. Both the mother and child must be present at the time of the appointment. If you have any questions, please call before coming in for your appointment. Infants must be registered within the first year of birth. To schedule an appointment contact the Ventura County Department of Public Health, Office of Vital Records.

**Ventura County Department of Public Health Vital Records Office**  
**2240 E. Gonzales Road, Suite 150**  
**Oxnard, Ca. 93036**  
**(805) 981-5173**

To begin the registration process, please provide evidence to prove five facts:

1. Identity of the parent(s)
2. Pregnancy of the mother
3. Infant was born alive
4. Birth occurred in Ventura County

## **Our Vision: To be the healthiest County in the nation**

### 5. Identity of the witness

## **Verification of Birth Registration**

The County Registrar may verify the accuracy of all information provided to register an out-of-hospital birth. As the local representative of the State of California, the County Registrar reserves the right to verify the accuracy of all information provided. Should there be any question of the documents provided the Registrar shall refer the case to the California Department of Public Health, Sacramento Office of Vital Records.

The following situations may be referred to the state:

1. No medical proof of birth by pediatrician or licensed doctor (e.g., Hospital Discharge Summary)
2. No proof of residence
3. No proof of mother's pregnancy

## **1. Identity of the Parent(s)**

To prove the identity of a parent, a valid picture identification card issued to a parent(s) by a governmental agency is required. Only the original ID cards of one of the following are acceptable:

- California driver's license or California identification card issued by the Department of Motor Vehicles
- U.S. passport
- U.S. military identification card
- Temporary resident identification card (green card)
- Other valid picture identification card issued by a
- foreign government (If the mother gave birth in Ventura County but is not here legally, she might be able to get identification verification from her consulate.)

If the parents are not married to each other, the father's name will not be listed on the birth certificate unless the father and the mother sign a voluntary "Declaration of Paternity" before the birth certificate is prepared at the time of the registration.

Reference: Health and Safety Code Section 103450

## **Our Vision: To be the healthiest County in the nation**

### **2. Pregnancy of the Mother**

To prove the pregnancy of the mother, you must provide a signed pregnancy verification letter that satisfies all of the following conditions:

- Written on the doctor's, midwife's or clinic's official stationery (not on a prescription pad)
- Signed (electronic or stamped signature will not be accepted) by a California medical doctor, midwife or nurse with a current California-issued professional license
- Letter or affidavit must include the following information:
  - Mother's complete name and address
  - Date the mother was first seen by the doctor or midwife (this date may be after the date of birth)
  - Results of the mother's prenatal or postpartum examinations , pregnancy test (e.g., complications and procedures of pregnancy and concurrent illness, complications and procedures of labor and delivery, abnormal conditions and clinical procedures related to the newborn)
  - Date of the mother's last menstrual period
  - Date the baby was expected to be born or was born

If the mother does not have a signed pregnancy test verification letter nor has medical proof of birth by a pediatrician or licensed doctor (e.g., Hospital Discharge Summary), see the Verification of Birth Registration section.

### **3. Infant was Born Alive**

To prove that your baby was born alive, you must bring the following to your appointment:

- Your baby

If unattended by licensed physician or midwife:

- Hospital Discharge Summary or a letter on the pediatrician's letterhead (not on a prescription pad) with the stated information from your baby's pediatrician or licensed

## **Our Vision: To be the healthiest County in the nation**

doctor. This is a medical summary resulting from a visit to a pediatrician or licensed doctor within thirty (30) days after the birth. The summary must state the following:

- Date the child was born
- Baby's health conditions
- Baby's weight at the time of the visit
- The child's complete name and address

Note: The Hospital Discharge Summary and pediatrician's letter must be on a doctor's or hospital letterhead and signed by a doctor only. An electronic or stamped signature of the doctor will not be accepted. If you cannot provide the Hospital Discharge Summary, your case will be referred for additional review by Ventura County Public Health Department of Health Policies and Procedures unit.

### **4. Birth Occurred in Ventura County**

To prove that the birth occurred in Ventura County, you must provide information showing that the mother was in Ventura County on the date that the birth occurred. One of the following is valid proof that will be accepted:

- Electric power, natural gas, water bill, mortgage or etc. for the statement month when the birth occurred.
- Current rent receipt, or other similar document that shows the mother's name and current address for the month the birth occurred.
- Statement from an official of a state or local government agency that requires proof of residence in California that the mother was receiving services on the date of the child's birth.

### **5. Identity of the Witness**

To verify the birth in the case of a non-physician or non-midwife attended birth, the witness who attended the birth should accompany the parent to the appointment (except for paramedic or fire department staff, see below). A witness can be any one of the following persons:

- Husband or other family member
- Friend

## Our Vision: To be the healthiest County in the nation

- Child old enough to write his or her name, must bring current school ID
- Paramedic or fire department staff
  - If present at the birth, you can obtain a copy of the official report stating the treatment or service they provided you. You may be charged for a copy of the report.
  - 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.
  - You will need the full name and license number of the paramedic who delivered the baby, as well as the complete name and address of the paramedic/fire department.

A witness must provide a valid picture ID card issued by a governmental agency. Only the original ID card of one of the following:

- California driver's license or California identification card issued by the Department of Motor Vehicles
- U.S. passport
- U.S. military identification card
- Temporary resident identification card (green card)

## Delayed Registration

Any birth registered on or after the child's first birthday must be processed by the California Department of Public Health (CDPH) Vital Records Office in Sacramento as a Delayed Registration of Birth, or Court order registration of Birth. If your child is registered after the child's first year, there are fees involved.

There are two separate categories for delayed registrations:

- Delayed Registration of Birth: If you can provide all five facts (see below), you may obtain the. "Delayed Registration of Birth" form from the Ventura County Department of Public Health, complete, and send the form, fee and any required supporting documents to the California Department of Public Health Vital Records Office in Sacramento.

## Our Vision: To be the healthiest County in the nation

- Court Order Delayed Registration of Birth: The forms are available from the Ventura County Department of Public Health Office of Vital Records

**California Department of Public Health-Office of Vital Records**  
**(916)-445-2684**

<http://www.cdph.ca.gov/certlic/birthdeathmar/Pages/default.aspx>

## Fees

A fee is required for making a certified copy of a vital record for any public entity. In person, we accept payments in cash, money order, check, and Visa or MasterCard credit cards. Additional charges will be assessed on “returned” checks. Fees are subject to change without prior notice.

Reference: Health and Safety Code Section 103660

Birth Registration Fees		
Under 1 year (0 - 12 months:	Registration Fee	\$0.00
	Birth certificate certified copy	\$25.00
Over 1 year:	California Department of Public Health Vital Records Office in Sacramento*  (Includes Registration fee and 1 birth certificate copy)	\$23.00
Additional birth certificate copies can be issued for a fee:	Ventura County Department of Public Health	\$25.00
	California Department of Public Health Vital Records Office in Sacramento	\$25.00

\*\*Forms are available for pick-up or by mail at 2240 E. Gonzales Road, Suite 150 Oxnard, CA 93036



## Importance of Collecting Complete and Accurate Birth Certificate Information

Why is the birth certificate information collected?

The birth certificate information is collected based on California Health and Safety Code Section 102425. This law lists all the information required to be on the California birth certificate. This law also makes all medical information confidential.

What is the birth certificate information used for?

The information collected is used to record what happened during pregnancy, labor, and delivery, and any issues the newborn experienced. The information will be used to understand and help prevent birth defects, preterm babies, 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 (Women Infants Children), etc.

What birth certificate information is confidential on the birth certificate?

All medical information is considered confidential and not released to the public. This includes the parents' race, education, occupation, social security number(s), and address. The only persons that may access the confidential information are the California Department of Public Health, local county health department, persons with a valid scientific interest as determined by the State Registrar and Committee for Protection of Human Subjects, parent who signed the certificate or mother of the baby, and the child named on the birth certificate.

What if the parent does not want to provide the information?

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 and eliminating negative outcomes and developing needed programs.

Who collects the birth certificate information?

The birth certificate information is collected by the birth clerk and it is sent to the local county health department who forwards it to the California Department of Public Health, Vital Records.

Who should I contact if I still have questions?

Please contact the California Department of Public Health, Vital Records at (916) 445-8494.



# Worksheet for Out-of-Hospital Births

**Please Bring This Completed Form to Register Your Child's Out-of-Hospital Birth**

<b>Child's Information</b>	First Name	Middle	Last
	Sex	This Birth Specify 1=Single, 2=Twin, 3=Triplet, Etc.	
	Date of Birth	Time of Birth <span style="float: right;"><input type="checkbox"/> a.m. <input type="checkbox"/> p.m.</span>	
	Place of Birth	Street Address	
	City	County	Zip
<b>Father/Parent's Information</b>	First Name	Middle	Last (Birth)
	State of Birth	Date of Birth	
<b>Mother/Parent's Information</b>	First Name	Middle	Last (Birth)
	State of Birth	Date of Birth	

**The Following is Confidential Information and Will be Used for Public Health Purposes Only**

<b>Father/Parent's Information</b>	Race (list up to 3)		Hispanic: <input type="checkbox"/> Yes <input type="checkbox"/> No		Date Last Worked
	See Attached Race/Ethnicity Worksheet		Specify: _____		
	Usual Occupation	Usual Kind of Business or Industry	Education – Years Completed		Social Security Number
<b>Mother/Parent's Information</b>	Race (list up to 3)		Hispanic: <input type="checkbox"/> Yes <input type="checkbox"/> No		Date Last Worked
	See Attached Race/Ethnicity Worksheet		Specify: _____		
	Usual Occupation	Usual Kind of Business or Industry	Education – Years Completed		Social Security Number
	Residence – Street Name and Number			County	
	City			State	Zip
	Mailing Address – If Different From Residence Address Street Name and Number or P.O. Box			County	
	City			State/Foreign County	Zip

**Continued on Back**

# Worksheet for Out-of-Hospital Births (Continued)

## The Following is Confidential Information and Will be Used for Public Health Purposes Only

<b>Medical Data</b>	Did Mother Receive WIC (Womens, Infants & Children) Food While Pregnant?			
	Average Number of Cigarettes/Packs Per Day First Three Months Prior to Pregnancy		Average Number of Cigarettes/Packs Per Day First Trimester	
	Average Number of Cigarettes/Packs Per Day Second Trimester		Average Number of Cigarettes/Packs Per Day Third Trimester	
	Prepregnancy Weight in Pounds	Delivery Weight in Pounds	Height Feet	Height Inches
	APGAR Score at 1 Minute (00-10, Unknown, or Not Taken)	APGAR Score at 5 Minutes (00-10, Unknown, or Not Taken)	APGAR Score at 10 Minutes (00-10, Unknown, or Not Taken)	Date Last Normal Menses Began
	Date First Prenatal Care Visit	Month Prenatal Care Began	Date Last Prenatal Care Visit	Number of Prenatal Visits
	Obstetric Estimate of Gestation at Delivery (Completed Weeks)		Hearing Screening: (Pass (Both Ears); Refer (One Ear); Refer (Both Ears); Results Pending; Waived; Not Medically Indicated; Test Not Available)	
<b>PREGNANCY HISTORY (Complete Each Section)</b>				
Live Births (Do not count this child)		Other Terminations (Exclude induced abortions)		
Now Living	Now Dead	Before 20 Weeks	After 20 Weeks	
Date of Last Live Birth		Date of Last Other Termination		
<b>Enter Appropriate Codes From Worksheets</b>	Principal Source of Payment for Prenatal Care	Birthweight in Grams (See attached birth weight conversion table)	Method of Delivery (See attached VS 10A worksheet)	
	Principal Source of Payment for Delivery	* Complications and Procedures of Pregnancy and Concurrent Illnesses (See attached VS 10A worksheet) <b>Enter 00 for NONE</b>		
	* Complications and Procedures of Labor and Delivery (See attached VS 10A worksheet) <b>Enter 00 for NONE</b>		* Abnormal Conditions and Clinical Procedures Related to the Newborn (See attached VS 10A worksheet) <b>Enter 00 for NONE</b>	
	* The attending physician or midwife shall complete these three fields for physician- or midwife-attended out-of-hospital births. These three fields are optional for non-physician- or non-midwife-attended out-of-hospital births.			

# 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.

<b>Parent Verification</b>	Printed Name		Written Signature ▶	
	Relationship to Child <input type="checkbox"/> Mother/Parent <input type="checkbox"/> Father/Parent	Date Signed		Phone Number (    )
<b>Witness Verification</b>	Printed Name		Written Signature ▶	
	Address – Street Name and Number			County
	City	State	Zip	
	Relationship to Child	Date Signed	Phone Number (    )	
<b>Attendant Verification</b>  (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 (    )	
<b>Local Registration District Staff Verification</b>	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.

# **CERTIFICATES OF LIVE BIRTH AND FETAL DEATH MEDICAL DATA SUPPLEMENTAL WORKSHEET**

VS 10A (Rev. 1/2006)

**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

05 Other Government Programs (Federal, State, Local)

14 Other

15 Indian Health Service

07 Private Insurance

99 Unknown

16 CHAMPUS/TRICARE

09 Self Pay

00 Medically Unattended Birth

**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 birth (<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

**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

**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 "Certificate of Live Birth or Fetal Death."**

**CERTIFICATES OF LIVE BIRTH AND FETAL DEATH—MEDICAL DATA SUPPLEMENTAL WORKSHEET (Continued)****Item 30 (Birth)****Item 34 (Fetal Death)****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 ( $\geq 12$  hours)
- 07 Precipitous labor ( $< 3$  hours)
- 08 Prolonged labor ( $\geq 20$  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  $\geq 38^{\circ}\text{C}$  ( $100.4^{\circ}\text{F}$ )
- 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)****Item 35 (Fetal Death)****ABNORMAL CONDITIONS AND CLINICAL PROCEDURES RELATING TO THE NEWBORN****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 Meningocele/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
- 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)

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

RACE/ETHNICITY (FATHER/PARENT)	RACE/ETHNICITY (MOTHER/PARENT)
<p><b>HISPANIC, LATINO, SPANISH (check 1 box).</b> Enter specific origin on the certificate.</p> <p>Is the <b>FATHER/PARENT</b> Hispanic/Latino/Spanish?</p> <p> <input type="checkbox"/> No, not Hispanic/Latino/Spanish  <input type="checkbox"/> <b>Yes, Mexican, Mexican American, Chicano</b>  <input type="checkbox"/> Yes, Central American  <input type="checkbox"/> Yes, South American  <input type="checkbox"/> Yes, Cuban  <input type="checkbox"/> Yes, Puerto Rican  <input type="checkbox"/> Yes, Other Hispanic/Latino/Spanish (Specify): _____                 </p>	<p><b>HISPANIC, LATINA, SPANISH (check 1 box).</b> Enter specific origin on the certificate.</p> <p>Is the <b>MOTHER/PARENT</b> Hispanic/Latina/Spanish?</p> <p> <input type="checkbox"/> No, not Hispanic/Latina/Spanish  <input type="checkbox"/> <b>Yes, Mexican, Mexican American, Chicana</b>  <input type="checkbox"/> Yes, Central American  <input type="checkbox"/> Yes, South American  <input type="checkbox"/> Yes, Cuban  <input type="checkbox"/> Yes, Puerto Rican  <input type="checkbox"/> Yes, Other Hispanic/Latina/Spanish (Specify): _____                 </p>
<p><b>RACE (check 1, 2 or 3 boxes).</b> Enter up to 3 races on the certificate.</p> <p>The <b>FATHER/PARENT</b> is:</p> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> White  <input type="checkbox"/> Black or African American  <input type="checkbox"/> American Indian or Alaska Native (includes North, South, or Central <b>American Indian, Aleut or Alaska Native</b>)                      Specify Tribe(s): _____  <input type="checkbox"/> Native Hawaiian  <input type="checkbox"/> Guamanian  <input type="checkbox"/> Samoan  <input type="checkbox"/> Other Pacific Islander (Specify): _____                 </div> <div style="width: 50%;"> <input type="checkbox"/> Asian Indian  <input type="checkbox"/> Cambodian  <input type="checkbox"/> Chinese  <input type="checkbox"/> Filipino  <input type="checkbox"/> Hmong  <input type="checkbox"/> Japanese  <input type="checkbox"/> Korean  <input type="checkbox"/> Laotian  <input type="checkbox"/> Thai  <input type="checkbox"/> Vietnamese  <input type="checkbox"/> Other Asian (Specify): _____                 </div> </div> <p> <input type="checkbox"/> Other (Specify): _____  <input type="checkbox"/> Other (Specify): _____  <input type="checkbox"/> Other (Specify): _____                 </p>	<p><b>RACE (check 1, 2 or 3 boxes).</b> Enter up to 3 races on the certificate.</p> <p>The <b>MOTHER/PARENT</b> is:</p> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> White  <input type="checkbox"/> Black or African American  <input type="checkbox"/> American Indian or Alaska Native (includes North, South, or Central American Indian, Aleut or Alaska Native)                      Specify Tribe(s): _____  <input type="checkbox"/> Native Hawaiian  <input type="checkbox"/> Guamanian  <input type="checkbox"/> Samoan  <input type="checkbox"/> Other Pacific Islander (Specify): _____                 </div> <div style="width: 50%;"> <input type="checkbox"/> Asian Indian  <input type="checkbox"/> Cambodian  <input type="checkbox"/> Chinese  <input type="checkbox"/> Filipino  <input type="checkbox"/> Hmong  <input type="checkbox"/> Japanese  <input type="checkbox"/> Korean  <input type="checkbox"/> Laotian  <input type="checkbox"/> Thai  <input type="checkbox"/> Vietnamese  <input type="checkbox"/> Other Asian (Specify): _____                 </div> </div> <p> <input type="checkbox"/> Other (Specify): _____  <input type="checkbox"/> Other (Specify): _____  <input type="checkbox"/> Other (Specify): _____                 </p>
EDUCATION (FATHER/PARENT)	EDUCATION (MOTHER/PARENT)
<p><b>Check 1 box</b> that best describes the highest degree or level of school completed by the <b>FATHER/PARENT</b> at the time of the delivery. Enter education degree or level on the certificate.</p> <p> <input type="checkbox"/> 0-11<sup>th</sup> grade. Enter highest year completed: _____  <input type="checkbox"/> 12<sup>th</sup> grade; no diploma. Enter <b>12 ND</b>  <input type="checkbox"/> High school graduate or GED completed. Enter <b>HS GRADUATE</b> or <b>GED</b>  <input type="checkbox"/> Some college credit, but no degree. Enter <b>SOME COLLEGE</b>  <input type="checkbox"/> Associate degree (e.g., AA, AS). Enter <b>ASSOCIATE</b>  <input type="checkbox"/> Bachelor's degree (e.g., BA, AB, BS). Enter <b>BACHELOR'S</b>  <input type="checkbox"/> Master's degree (e.g., MA, MS, MEd, MSW, MBA). Enter <b>MASTER'S</b>  <input type="checkbox"/> Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DO, DDS, DVM, LLB, JD).                      Enter <b>DOCTORATE</b> or <b>PROFESSIONAL</b>: _____                 </p>	<p><b>Check 1 box</b> that best describes the highest degree or level of school completed by the <b>MOTHER/PARENT</b> at the time of the delivery. Enter education degree or level on the certificate.</p> <p> <input type="checkbox"/> 0-11<sup>th</sup> grade. Enter highest year completed: _____  <input type="checkbox"/> 12<sup>th</sup> grade; no diploma. Enter <b>12 ND</b>  <input type="checkbox"/> High school graduate or GED completed. Enter <b>HS GRADUATE</b> or <b>GED</b>  <input type="checkbox"/> Some college credit, but no degree. Enter <b>SOME COLLEGE</b>  <input type="checkbox"/> Associate degree (e.g., AA, AS). Enter <b>ASSOCIATE</b>  <input type="checkbox"/> Bachelor's degree (e.g., BA, AB, BS). Enter <b>BACHELOR'S</b>  <input type="checkbox"/> Master's degree (e.g., MA, MS, MEd, MSW, MBA). Enter <b>MASTER'S</b>  <input type="checkbox"/> Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DO, DDS, DVM, LLB, JD).                      Enter <b>DOCTORATE</b> or <b>PROFESSIONAL</b>: _____                 </p>

# Birthweight Conversion Table

Converting Pounds and Ounces to Grams																
P O U N D S	OUNCES															
	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
	0	--	28	57	85	113	142	170	198	227	255	284	312	340	369	425
	1	454	482	510	539	567	595	624	652	680	709	737	765	794	822	879
	2	907	936	964	992	1021	1049	1077	1106	1134	1162	1191	1219	1247	1276	1332
	3	1361	1389	1418	1446	1474	1503	1531	1559	1588	1616	1644	1673	1701	1729	1786
	4	1814	1843	1871	1899	1928	1956	1985	2013	2041	2070	2098	2126	2155	2183	2240
	5	2268	2296	2325	2353	2381	2410	2438	2466	2495	2523	2552	2580	2608	2637	2693
	6	2722	2750	2778	2807	2835	2863	2892	2920	2948	2977	3005	3033	3062	3090	3147
	7	3175	3204	3232	3260	3289	3317	3345	3374	3402	3430	3459	3487	3515	3544	3600
	8	3629	3657	3686	3714	3742	3771	3799	3827	3856	3884	3912	3941	3969	3997	4054
	9	4082	4111	4139	4167	4196	4224	4253	4281	4309	4338	4366	4394	4423	4451	4508
	10	4536	4564	4593	4621	4649	4678	4706	4734	4763	4791	4820	4848	4876	4905	4961
	11	4990	5018	5046	5075	5103	5131	5160	5188	5216	5245	5273	5301	5330	5358	5415
	12	5443	5472	5500	5528	5557	5585	5613	5642	5670	5698	5727	5755	5783	5812	5868
	13	5897	5925	5954	5982	6010	6039	6067	6095	6124	6152	6180	6209	6237	6265	6322
	14	6350	6379	6407	6435	6464	6492	6521	6549	6577	6606	6634	6662	6691	6719	6776
	15	6804	6832	6861	6889	6917	6946	6974	7002	7031	7059	7088	7116	7144	7173	7229
1 Ounce = 28.35 Grams      1 Pound = 453.60 Grams      EXAMPLE: 8 Pounds, 2 Ounces = 3,686 Grams																

(Out-of-Hospital Birth Registration)

# WHAT YOU NEED TO KNOW ABOUT YOUR CHILD'S BIRTH CERTIFICATE

## *Birth Certificates Last Forever*

### **Please be Certain the Information on the Certificate is Accurate and Complete Before You Sign It**

- A 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, obtaining a passport or social security number for their child if the birth certificate is not true and correct.
- It can take several months to apply an amendment. The processing time for amendments can be located on our website at:

<http://www.cdph.ca.gov/certlic/birthdeathmar/Pages/ProcessingTimes.aspx>

### **Common mistakes that require amendments and/or court orders:**

- Misspelled first, last and middle names of child and/or parents
- Incorrect state, country, and/or birth date of parent(s)
- Reversed order of last (family) names
- Adding extra names to parent(s) or child later
- Incorrect gender (sex) of child
- Incorrect birth date

Any errors on birth certificates  
cannot be corrected on the original certificate.

The **original** birth certificate **does not** change, but, in most cases,  
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 the facts are correct.

Amendment forms can be obtained at local health departments or county recorder's offices.