

2007 BIRTH CERTIFICATE – NEW INFORMATION ITEMS

Added to paper certificate and electronic record

20. Date Father Last Worked: _____ (MM/CCYY; None; Withheld; Unknown)
23. Date Mother Last Worked: _____ (MM/CCYY; None; Withheld; Unknown)
25AA. Date First Prenatal Care Visit: _____ (MM/DD/CCYY; None; Unknown)
25BA. Date of Last Prenatal Care Visit: _____ (MM/DD/CCYY; None; Unknown)
26A. Obstetric Estimate of Gestation at Delivery (Completed Weeks): _____ (01-52; Unknown)
26B. Hearing Screening: _____
(Pass (Both Ears); Refer (One Ear); Refer (Both Ears); Results Pending; Waived;
Not Medically Indicated; Test Not Available)

Added to electronic record

Mother's Mailing Address, if Different from Mother's Residence Address

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

County: _____

City: _____

State/Foreign
Country: _____

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 Per Day During Each of the
Following Time Periods?

	# of Cigarettes		# of Packs	# of Cigarettes (00-98; Unknown) or # of Packs (0-5; Unknown)
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 – Lbs: _____ (50-998; Unknown)

Mother's Delivery Weight – Lbs: _____ (50-998; Unknown)

Mother's Height

Feet: _____ (1-8; Unknown) Inches: _____ (00-11; Unknown)

APGAR Score

At 1 Minute: _____ (00-10; Unknown or Not Taken); At 5 Minutes: _____ (00-10; Unknown or
Not Taken); At 10 Minutes: _____ (00-10; Unknown or Not Taken)