

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, 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:

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

Common mistakes that require amendments or court orders:

- Misspelled first, middle, and last names of child and/or parents
- Incorrect birth place or date of birth of parent(s)
- Reversed order of last names (surnames)
- Adding extra names to parent(s) or child later
- Incorrect gender (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.



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 (H&SC) 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 parent giving birth, and the child named on the birth certificate. Reference H&SC 102430.

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.

CERTIFICATE OF LIVE BIRTH WORKSHEET

PLEASE COMPLETE THIS INFORMATION TO PREPARE
YOUR CHILD'S BIRTH CERTIFICATE

FOR HOSPITAL USE ONLY:

ROOM: _____ MR: _____

DELIVERY DR: _____

CLERK INITIAL: _____

DATE GIVEN TO PARENT(S): _____

DATE COMPLETED: _____

NAME OF CHILD:

FIRST: _____ MIDDLE: _____

LAST: _____

SEX: MALE ___ FEMALE ___ UNK ___ WAS THIS BIRTH: SINGLE ___ TWIN ___ TRIPLET ___ QUAD ___ OTHER ___

IF MULTIPLE, THIS CHILD: 1ST ___ 2ND ___ 3RD ___ 4TH ___ OTHER ___ (CHECK APPROPRIATE ENTRY)

CHILD'S DATE OF BIRTH: _____ TIME OF BIRTH: _____

ARE THE PARENTS MARRIED AND/OR IN A STATE REGISTERED PARTNERSHIP (SRDP)? YES ___ NO ___

IF THE PARENTS ARE NOT MARRIED OR IN A SRDP, THEN THE BIOLOGICAL PARENTS MUST SIGN PATERNITY PAPERS TO ADD THE PARENT'S NAME TO THE CHILD'S BIRTH CERTIFICATE. REFERENCE HEALTH AND SAFETY CODE SECTION 102425(a)(4).

BIRTH NAME OF PARENT NOT GIVING BIRTH (FIELDS 6A, 6B, 6C, ON CHILD'S BIRTH CERTIFICATE):

FIRST: _____ MIDDLE: _____

LAST: _____ SSN: _____

RELATIONSHIP TO CHILD: MOTHER FATHER PARENT NOT SPECIFIED

BIRTHPLACE: _____ DATE OF BIRTH: _____
(U.S. STATE OR FOREIGN COUNTRY)

BIRTH NAME OF PARENT GIVING BIRTH (FIELDS 9A, 9B, 9C, ON CHILD'S BIRTH CERTIFICATE), UNLESS COURT ORDER IS PRESENTED:

FIRST: _____ MIDDLE: _____

LAST: _____ SSN: _____

RELATIONSHIP TO CHILD: MOTHER FATHER PARENT NOT SPECIFIED

BIRTHPLACE: _____ DATE OF BIRTH: _____
(U.S. STATE OR FOREIGN COUNTRY)

GENETIC FATHER INFORMATION (MALE GENETIC CONTRIBUTOR FOR THE CREATION OF THE BABY THROUGH SPERM DONATION OR SEXUAL INTERCOURSE):

IF HISPANIC, SPECIFY ORIGIN: _____

RACE: _____ (ENTER UP TO THREE RACES)

CIRCLE HIGHEST DEGREE/LEVEL OF EDUCATION: ENTER HIGHEST YEAR COMPLETED ___ (0-11TH GRADE); 12TH GRADE (NO DIPLOMA); HS DIPLOMA; GED; SOME COLLEGE (NO DEGREE); ASSOCIATE DEGREE; BACHELORS DEGREE; MASTERS DEGREE; DOCTORATE

DATE LAST WORKED (MONTH AND YEAR): _____

USUAL OCCUPATION: _____
(WORK DONE FOR THE LONGEST PERIOD OF TIME)

KIND OF BUSINESS/INDUSTRY: _____

GENETIC MOTHER INFORMATION (PERSON THAT SUPPLIED EGG RESULTING IN AN EMBRYO):

IF HISPANIC, SPECIFY ORIGIN: _____

RACE: _____ (ENTER UP TO THREE RACES)

CIRCLE HIGHEST DEGREE/LEVEL OF EDUCATION: ENTER HIGHEST YEAR COMPLETED ____ (0-11TH GRADE);
12TH GRADE (NO DIPLOMA); HS DIPLOMA; GED; SOME COLLEGE (NO DEGREE); ASSOCIATE DEGREE; BACHELORS
DEGREE; MASTERS DEGREE; DOCTORATE

DATE LAST WORKED (MONTH AND YEAR): _____

USUAL OCCUPATION: _____
(WORK DONE FOR THE LONGEST PERIOD OF TIME)

KIND OF BUSINESS/INDUSTRY: _____

PARENT GIVING BIRTH RESIDENCE ADDRESS (REQUIRED): _____

(ADDRESS, COUNTY, CITY, STATE, ZIP CODE. P.O. BOXES ARE **NOT** ACCEPTABLE.)

MAILING ADDRESS (IF DIFFERENT): _____

(ADDRESS, COUNTY, CITY, STATE, ZIP CODE. P.O. BOXES ARE ACCEPTABLE.)

DID PARENT GIVING BIRTH RECEIVE WOMEN, INFANTS AND CHILDREN (WIC) PROGRAM FOOD DURING PREGNANCY?

YES NO UNKNOWN

DID THE PARENT 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: _____
DURING THE FIRST THREE MONTHS OF PREGNANCY: _____
DURING THE SECOND THREE MONTHS OF PREGNANCY: _____
DURING THE LAST THREE MONTHS OF PREGNANCY: _____

PARENT GIVING BIRTH: PRE PREGNANCY WEIGHT: _____ **WEIGHT AT DELIVERY:** _____ **HEIGHT:** _____

APGAR (1): _____ **APGAR (5):** _____ **APGAR (10):** _____

DATE OF LAST NORMAL MENSES: _____ **ESTIMATED CONFINEMENT DATE:** _____
(ESTIMATED DUE DATE AS PROVIDED BY DR)

DATE OF FIRST PRENATAL CARE VISIT: _____

PREGNANCY MONTH PRENATAL CARE BEGAN: _____ **DATE OF LAST PRENATAL CARE VISIT:** _____
(e.g., 1ST, 2ND, 3RD, etc.) (DO NOT ENTER DELIVERY DATE)

NUMBER OF PRENATAL VISITS: _____ (IF UNSURE, ESTIMATE. DO NOT INCLUDE NON-PREGNANCY RELATED VISITS TO ER; VISIT TO CONFIRM PREGNANCY; NUTRITIONIST; DIETITIAN; HEALTH EDUCATOR, ETC. NORMAL PRENATAL VISITS ARE APPROXIMATELY 16.)

SOURCE OF PAYMENT FOR PRENATAL CARE: _____ **EXPECTED SOURCE OF PAYMENT FOR DELIVERY:** _____

BIRTHWEIGHT IN GRAMS: _____ **OBSTETRIC ESTIMATE OF GESTATION:** _____ (COMPLETED WEEKS)

HEARING RESULTS:
PASS BOTH: _____ REFER ONE: _____ REFER BOTH: _____ RESULTS PENDING: _____

NUMBER OF PREVIOUS LIVE BIRTHS: _____ **NUMBER OF LIVE BIRTHS NOW DEAD:** _____

DATE OF LAST LIVE BIRTH: _____ (DO NOT COUNT THIS CHILD)

NUMBER OF MISCARRIAGES BEFORE 20 WEEKS: _____ **AFTER 20 WEEKS:** _____ (DO NOT COUNT ABORTIONS)

DATE OF LAST MISCARRIAGE: _____ **METHOD OF DELIVERY:** _____

REQUESTING THE CHILD'S SOCIAL SECURITY NUMBER THROUGH THE BIRTH CERTIFICATE PROCESS

NOTICE TO PARENTS: Completion of this form in the hospital will enable you to receive a valuable service from the federal government. Federal law requires that a Social Security Number be provided for all dependents listed on federal tax forms. A Social Security Number is also necessary when applying for welfare or other public assistance benefits for your child. By completing this form and requesting a Social Security Number for your new baby, the California Department of Public Health will transmit your request to the Social Security Administration, and a card will be mailed to you usually within six weeks, eliminating the need for you to personally visit a Social Security office with evidence of your child's identity, birth date, and citizenship.

For certified copies of your child's birth certificate, contact the health department or the recorder's office of the county where the birth occurred. You may also obtain an application for a certified copy through the California Department of Public Health by calling (916) 445-2684 or by visiting the web site at www.cdph.ca.gov.

NEWBORN AUTOMATIC NUMBER ASSIGNMENT (NANA)

Baby's Name as Reported on Birth Certificate:

(A SOCIAL SECURITY NUMBER CANNOT BE ISSUED FOR A CHILD THAT HAS NOT BEEN NAMED.)

1. Do you want a Social Security Number (SSN) for your new baby?
 Yes No
2. May the Social Security Administration (SSA) share information on when the card is issued with the California Department of Public Health (CDPH)? If you state yes, then SSA will share the date the SSN is issued. In the event you do not receive your child's SSN, CDPH will be able to provide information on the date issued. If you do not allow SSA to share the date information with CDPH, then you will have to work directly with SSA.
 Yes No

I acknowledge that I am responsible for reviewing my child's birth certificate for accuracy and that the birth certificate worksheet is only retained for a limited time period. Beyond that, it will not be the responsibility of the hospital to amend the birth certificate for anything other than an incorrect date of birth, time of birth, or sex of infant. All other amendments to the birth certificate are the responsibility of the parent.

Parent's Signature

Date

Parent's Printed Name

This form should be completed and signed by the child's parent(s).

HOSPITAL USE ONLY

**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 (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

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 "Certificates 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 (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)
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)