

Worksheet for Out-of-Hospital Births

Please Bring This Completed Form To Register This Child's Out-Of-Hospital Birth

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

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

Genetic Father's Information	Race (list up to 3) See Attached Race/Ethnicity Worksheet		Hispanic: <input type="checkbox"/> Yes <input type="checkbox"/> No Specify: _____	Date Last Worked	
	Usual Occupation	Usual Kind of Business or Industry	Education – Years Completed	Social Security Number	
Genetic Mother's Information	Race (list up to 3) See Attached Race/Ethnicity Worksheet		Hispanic: <input type="checkbox"/> Yes <input type="checkbox"/> No Specify: _____	Date Last Worked	
	Usual Occupation	Usual Kind of Business or Industry	Education – Years Completed	Social Security Number	
Person Giving Birth's Address	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	

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Worksheet for Out-of-Hospital Births (Continued)

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

Medical Data	Did Person giving birth 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)	
PREGNANCY HISTORY (Complete Each Section)				
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		
Enter Appropriate Codes From Worksheets	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) Enter 00 for NONE		
	* Complications and Procedures of Labor and Delivery (See attached VS 10A worksheet) Enter 00 for NONE		* Abnormal Conditions and Clinical Procedures Related to the Newborn (See attached VS 10A worksheet) Enter 00 for NONE	
	* 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 parent 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 <input type="checkbox"/> Father <input type="checkbox"/> Parent	Date Signed	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, 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 parents' Social Security numbers are included pursuant to Section 102425 (b) (15) of the Health and Safety Code, and may be used for child support enforcement purposes.