

## 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, or obtaining a passport or Social Security Number (SSN) 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 (<https://www.cdph.ca.gov/Programs/CHSI/Pages/Vital-Records-Processing-Times.aspx>).

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

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

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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.

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- ✓ 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, or online** (<https://www.cdph.ca.gov/Programs/CHSI/Pages/Correcting-or-Amending-Vital-Records.aspx>).

## What You Need to Know about Data Collected from Your Child's Birth Certificate

Why is birth certificate information collected?

The birth certificate information is collected based on California Health and Safety Code (HSC) sections 102425 and 102426. This law lists all of the information required on the California birth certificate. This law also makes *all medical information confidential*.

Is birth certificate information confidential?

**All medical information, including parents' race, education, occupation, SSNs, and address, is considered confidential and is not released to the public.**

Access to the confidential portion of the birth certificate is limited to the California Department of Public Health, California Department of Health Care Services, California Department of Finance, ScholarShare Investment Board, local health department, persons with a valid scientific interest as determined by the State Registrar, Committee for Protection of Human Subjects, parent who signed the certificate or parent giving birth, the child named on the birth certificate, and the hospital responsible for preparing and submitting the birth record (Reference HSC 102430). This packet identifies the pages that contain confidential data collected from the parents at the top of the pages.

What is 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 births, maternal deaths, other labor and delivery outcomes, and public health programs.

Do I have to provide all information?

All information is required by law with the exception of the parents' race, occupation, education, and SSNs. Although not required, reporting information about your race, occupation, and education helps public health programs to succeed. Without information, we cannot effectively develop public health programs to treat gestational diabetes, assist with teen pregnancies, manage services for Women, Infants & Children (WIC), and so much more.

Who collects birth certificate information?

Birth certificate information is collected by the birth clerk. It is then securely sent to the local health department, then to the California Department of Public Health - Vital Records for registration, and finally sent to the National Center for Health Statistics within the Centers for Disease Control and Prevention. If parents request an SSN for their newborn, then non-medical information as well as parent SSN (if listed) and address of where SSN card should be sent are forwarded to the Social Security Administration. Scholarshare information is collected solely for the purposes and use of the Scholarshare program.

I still have questions...

Please contact the California Department of Public Health - VitalRecords at (916) 445-2684.

## Certificate of Live Birth Worksheet

### FOR HOSPITAL OR ATTENDANT USE ONLY:

Please complete this information to prepare your child's birth certificate.

Room: \_\_\_\_\_ MR: \_\_\_\_\_

Attendant: \_\_\_\_\_

Clerk Initial: \_\_\_\_\_

Date Given to Parent(s): \_\_\_\_\_

Date Completed: \_\_\_\_\_

**Name of Child:** (If a name has not been determined at the time the birth certificate is created, a dash (-) can be entered for the first, middle and last name. The birth certificate can be amended later to add the child's name.)

1A. First Name: \_\_\_\_\_

1B. Middle Name: \_\_\_\_\_

1C. Last Name: \_\_\_\_\_

Suffix (Optional):  I  II  III  IV  V  VI  VII  VIII  IX  X  JR  SR

2. Sex:  Male  Female  Nonbinary  Unknown/Undetermined

3A. Plurality:

- Single  Twin  Triplet  Quadruplet  
 Quintuplet  Sextuplet  Septuplet  Octuplet or More  Unknown

3B. Birth Order:  1<sup>st</sup>  2<sup>nd</sup>  3<sup>rd</sup>  4<sup>th</sup>  5<sup>th</sup>  6<sup>th</sup>  7<sup>th</sup>  8<sup>th</sup> or more  Unknown

4A. Date of Birth: \_\_\_\_\_ 4B. Time of Birth: \_\_\_\_\_

**Planned Place of Birth:**

**Place of birth and planned place of birth refer to categories, and do not refer to specific addresses. Categories include: Hospital, Freestanding Birth Center, Home Delivery, Clinic/doctor's office, Other, and Unknown.**

Did the place of birth category match the planned place of birth category?  Yes  No  Unknown

If place of birth category did not match planned place of birth category, where did you plan for this birth to take place?

- Hospital  
 Freestanding Birth Center  
 Home Delivery  
 Clinic/doctor's office  
 Other \_\_\_\_\_ (Please specify other category, do not put names of specific facilities, business names, other places)  
 Unknown

**Birth name of Parent Giving Birth (fields 9A, 9B, 9C, on child's birth certificate), unless a certified copy of a surrogate court order is presented. If only one parent is listed on the birth certificate, they must be listed in fields 9A, 9B, 9C.**

9A. First Name: \_\_\_\_\_

9B. Middle Name: \_\_\_\_\_

9C. Last Name: \_\_\_\_\_

Suffix:  I  II  III  IV  V  VI  VII  VIII  IX  X  JR  SR

9D. Relationship to Child (Optional):  Mother  Father  Parent

10. Birth State/Foreign Country:

- US State. State Name: \_\_\_\_\_
- US Territory. Territory Name: \_\_\_\_\_
- Canadian Province. Province Name: \_\_\_\_\_
- Mexican State. State Name: \_\_\_\_\_
- Other Country. Country Name: \_\_\_\_\_
- Other Country Unknown
- Unknown

(Specify the Birth State/Foreign Country from the dropdown in EBRS)

11. Birth Date: \_\_\_\_\_

Are the Parents Married and/or in a State Registered Partnership (SRDP), or is there a certified surrogate court order?

- Yes  No  Unknown

Has a Voluntary Declaration of Parentage (VDOP) form been completed and signed?

- Yes  No

If the parents are not married or in an SRDP, then the biological or intended parents may sign the Voluntary Declaration of Parentage (VDOP) form to list the biological parent not giving birth or intended parent in fields 6A, 6B, 6C at the time of birth. If the parents are not married or in an SRDP, do not have a surrogate court order and do not complete the VDOP, the second parent cannot be listed or have additional information collected for the birth certificate. Reference Health and Safety Code Section 102425(a)(4). Additional parents may be added through the amendment process after the certificate is registered.

**Scholarshare Contact Information for Parent Giving Birth.** This information is for Scholarshare use only. This information does not print on the birth certificate and is not included with any data collected on the birth certificate.

E-mail address: \_\_\_\_\_

Mobile Phone Number (Include area code and country code if applicable): \_\_\_\_\_

**Birth Name of Parent Not Giving Birth or Intended Parent (Fields 6A, 6B, 6C, on child's birth certificate):**

6A. First Name: \_\_\_\_\_

6B. Middle Name: \_\_\_\_\_

6C. Last Name: \_\_\_\_\_

Suffix:  I  II  III  IV  V  VI  VII  VIII  IX  X  JR  SR

6D. Relationship to Child (Optional):  Mother  Father  Parent

7. Birth State/Foreign Country:

- US State. State Name: \_\_\_\_\_
- US Territory. Territory Name: \_\_\_\_\_
- Canadian Province. Province Name: \_\_\_\_\_
- Mexican State. State Name: \_\_\_\_\_
- Other Country. Country Name: \_\_\_\_\_
- Other Country Unknown
- Unknown

(Specify the Birth State/Foreign Country from the dropdown in EBRS)

8. Birth Date: \_\_\_\_\_

**Scholarshare Contact Information for Parent Not Giving Birth or Intended Parent (Person listed in 6A-6C).** This contact information is for Scholarshare use only. This information does not print on the birth certificate and is not included with any data collected on the birth certificate. If no parent is listed in fields 6A-6C, do not collect this information.

E-mail address: \_\_\_\_\_

Mobile Phone Number (Include area code and country code if applicable): \_\_\_\_\_

**Names of Parent(s)/Informant(s) Signing the Birth Certificate:**

**12A. Printed Name of Parent/Informant 1 who will sign the Birth Certificate (Required)**

\_\_\_\_\_  
Your name should be printed as you want it to appear in field 12A in lieu of an ink signature.

**12B. Relationship of Parent/Informant 1:**

- Mother
- Father
- Parent
- Other: \_\_\_\_\_

**12A. Printed Name of Parent/Informant 2 who will sign the Birth Certificate (Optional)**

\_\_\_\_\_  
Your name should be printed as you want it to appear in field 12A in lieu of an ink signature.

**12B. Relationship of Parent/Informant 2:**

- Mother
- Father
- Parent
- Other: \_\_\_\_\_

**Father or Parent Information**

**Field 19 (Father or Parent)**

Is the father or parent Hispanic, Latino, or Spanish?

- Yes If Yes, please specify:  Cuban
- No  Mexican
- Unknown  Puerto Rican
- Withheld  Other \_\_\_\_\_

**Fields 18 and 21**

Up to three races may be entered for each parent on the birth certificate. Unless otherwise specified, the selected race(s) will print on the certificate. If the parent(s) would like a different description to print on the certificate, enter it in the space provided.

**Field 18 (Father or Parent)**

**White**

- White \_\_\_\_\_
- Caucasian \_\_\_\_\_

**Black or African American**

- Black \_\_\_\_\_
- African American \_\_\_\_\_

**Hispanic**

- Mexican \_\_\_\_\_
- Mexican American \_\_\_\_\_
- Other Hispanic, specify \_\_\_\_\_

**American Indian or Alaskan Native**

- Alaska Native \_\_\_\_\_
- Eskimo \_\_\_\_\_
- Aleut \_\_\_\_\_
- Native American \_\_\_\_\_
- American Indian \_\_\_\_\_

**Asian**

- Chinese \_\_\_\_\_
- Japanese \_\_\_\_\_
- Filipino \_\_\_\_\_
- Korean \_\_\_\_\_
- Vietnamese \_\_\_\_\_
- Asian Indian \_\_\_\_\_
- Cambodian \_\_\_\_\_
- Thai \_\_\_\_\_
- Laotian \_\_\_\_\_
- Hmong \_\_\_\_\_
- Other Asian, specify \_\_\_\_\_

**Native Hawaiian or Other Pacific Islander**

- Native Hawaiian \_\_\_\_\_
- Guamanian \_\_\_\_\_
- Samoan \_\_\_\_\_
- Other Pacific Islander, specify \_\_\_\_\_

**Unknown or Other**

- Unknown \_\_\_\_\_
- Other \_\_\_\_\_
- Other \_\_\_\_\_
- Other \_\_\_\_\_

**Withheld**

- Withheld

**Mother Information**

**Field 22 (Mother)**

Is the mother Hispanic, Latina, or Spanish?

- Yes If Yes, please specify:  Cuban
- No  Mexican
- Unknown  Puerto Rican
- Withheld  Other \_\_\_\_\_

**Field 21 (Mother)**

**White**

- White \_\_\_\_\_
- Caucasian \_\_\_\_\_

**Black or African American**

- Black \_\_\_\_\_
- African American \_\_\_\_\_

**Hispanic**

- Mexican \_\_\_\_\_
- Mexican American \_\_\_\_\_
- Other Hispanic, specify \_\_\_\_\_

**American Indian or Alaskan Native**

- Alaska Native \_\_\_\_\_
- Eskimo \_\_\_\_\_
- Aleut \_\_\_\_\_
- Native American \_\_\_\_\_
- American Indian \_\_\_\_\_

**Asian**

- Chinese \_\_\_\_\_
- Japanese \_\_\_\_\_
- Filipino \_\_\_\_\_
- Korean \_\_\_\_\_
- Vietnamese \_\_\_\_\_
- Asian Indian \_\_\_\_\_
- Cambodian \_\_\_\_\_
- Thai \_\_\_\_\_
- Laotian \_\_\_\_\_
- Hmong \_\_\_\_\_
- Other Asian, specify \_\_\_\_\_

**Native Hawaiian or Other Pacific Islander**

- Native Hawaiian \_\_\_\_\_
- Guamanian \_\_\_\_\_
- Samoan \_\_\_\_\_
- Other Pacific Islander, specify \_\_\_\_\_

**Unknown or Other**

- Unknown \_\_\_\_\_
- Other \_\_\_\_\_
- Other \_\_\_\_\_
- Other \_\_\_\_\_

**Withheld**

- Withheld

**20C. Father or Parent Education: (Enter Highest Level or Degree of School Completed. Does not include trade schools/occupation-specific certificate programs)**

- |   |   |
|---|---|
| <input type="checkbox"/> 0-11 <sup>th</sup> Grade. Highest Grade Completed: _____ | <input type="checkbox"/> 12 <sup>th</sup> Grade with No Diploma       |
| <input type="checkbox"/> High School Diploma                                      | <input type="checkbox"/> General Equivalency Diploma (GED)            |
| <input type="checkbox"/> Some College (No degree)                                 | <input type="checkbox"/> Associate's Degree (e.g., AA, AS, AAS, AAB)  |
| <input type="checkbox"/> Bachelor's Degree (e.g., BA, BSc, BEng)                  | <input type="checkbox"/> Master's Degree (e.g., MA, MSc, MBA, MSW)    |
| <input type="checkbox"/> Doctorate Degree (e.g., PhD, EdD)                        | <input type="checkbox"/> Professional Degree (e.g., MD, JD, DDS, LLB) |

**20A. Father or Parent Usual Occupation:**

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Work done for the longest period of time. Do **not** enter company name.

**20B. Father or Parent Kind of Business/Industry:**

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Do **not** enter company name.

**Sexual Orientation / Gender Identity.** This information is optional and should only be provided by the parent identified in fields 6A-6C. **This information is confidential and does not print on the birth certificate.**

1. *What sex appears on your original birth certificate?*

- Male
- Female
- Unknown
- Decline to respond

2. *How do you describe your gender identity?*

- Male
- Female
- Female-to-Male (FTM)/Transgender Male/Trans Man
- Male-to-Female (MTF)/Transgender Female/Trans Woman
- Nonbinary, Genderqueer, neither exclusively male nor female
- Other gender category, please specify \_\_\_\_\_
- Do not know/Unsure
- Decline to respond

3. *How do you describe your sexual orientation? (if more than one orientation, select orientation with which you identify the most)*

- Lesbian, gay or homosexual
- Straight or heterosexual
- Bisexual
- Pansexual
- Other, please specify \_\_\_\_\_
- Do not know/Unsure
- Decline to respond

**23C. Mother Education: (Enter Highest Level or Degree of School Completed. Does not include trade schools/occupation-specific certificate programs)**

- |   |   |
|---|---|
| <input type="checkbox"/> 0-11 <sup>th</sup> Grade. Highest Grade Completed: _____ | <input type="checkbox"/> 12 <sup>th</sup> Grade with No Diploma       |
| <input type="checkbox"/> High School Diploma                                      | <input type="checkbox"/> General Equivalency Diploma (GED)            |
| <input type="checkbox"/> Some College (No degree)                                 | <input type="checkbox"/> Associate's Degree (e.g., AA, AS, AAS, AAB)  |
| <input type="checkbox"/> Bachelor's Degree (e.g., BA, BSc, BEng)                  | <input type="checkbox"/> Master's Degree (e.g., MA, MSc, MBA, MSW)    |
| <input type="checkbox"/> Doctorate Degree (e.g., PhD, EdD)                        | <input type="checkbox"/> Professional Degree (e.g., MD, JD, DDS, LLB) |

23A. Mother Usual Occupation:

Work done for the longest period of time. Do **not** enter company name.

23B. Mother Kind of Business/Industry:

Do **not** enter company name.

**Sexual Orientation / Gender Identity.** This information is optional and should only be provided by the parent identified in fields 9A-9C. **This information is confidential and does not print on the birth certificate.**

1. *What sex appears on your original birth certificate?*

- Male
- Female
- Unknown
- Decline to respond

2. *How do you describe your gender identity?*

- Male
- Female
- Female-to-Male (FTM)/Transgender Male/Trans Man
- Male-to-Female (MTF)/Transgender Female/Trans Woman
- Nonbinary, Genderqueer, neither exclusively male nor female
- Other gender category, please specify \_\_\_\_\_
- Do not know/Unsure
- Decline to respond

3. *How do you describe your sexual orientation? (if more than one orientation, select orientation with which you identify the **most**)*

- Lesbian, gay or homosexual
- Straight or heterosexual
- Bisexual
- Pansexual
- Other, please specify \_\_\_\_\_
- Do not know/Unsure
- Decline to respond

24A-E. Parent Giving Birth Residence Address (**Required**). **P.O. Boxes Are Not Acceptable.**

Street Number and Name: \_\_\_\_\_ Apt/Suite/Unit: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Zip Code/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

**Medical and Health Data: Birth Parent and Newborn**

Did the person giving birth receive Women, Infants and Children (WIC) food while pregnant?

- Yes                       No                       Unknown

Did the person 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:

- Did not smoke
- Cigarettes. # per day \_\_\_\_\_
- Packs. # per day \_\_\_\_\_
- Unknown



During the first three months of pregnancy:

- Did not smoke
- Cigarettes. # per day \_\_\_\_\_
- Packs. # per day \_\_\_\_\_
- Unknown

During the second three months of pregnancy:

- Did not smoke
- Cigarettes. # per day \_\_\_\_\_
- Packs. # per day \_\_\_\_\_
- Unknown

During the last three months of pregnancy:

- Did not smoke
- Cigarettes. # per day \_\_\_\_\_
- Packs. # per day \_\_\_\_\_
- Unknown

Birth Parent: Prepregnancy Weight: \_\_\_\_\_ Delivery Weight: \_\_\_\_\_ Height: \_\_\_\_\_

APGAR score (5 minute): \_\_\_\_\_ APGAR score (10 minute): \_\_\_\_\_

**25A.** Date Last Normal Menses Began: (if exact date is unknown, enter the month and year) \_\_\_\_\_

**25AA.** Date of First Prenatal Care Visit: (if exact date is unknown, enter the month and year) \_\_\_\_\_

**25B.** Month Prenatal Care Began: \_\_\_\_\_ **25BA.** Date of Last Prenatal Care Visit: \_\_\_\_\_  
(e.g., 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>, Unknown, etc.) (Do not enter delivery date)

**25C.** Number of Prenatal Visits: \_\_\_\_\_

(Count only visits recorded in the most current record available. Do not estimate additional prenatal visits when the prenatal record is not up to date. Do not include non-pregnancy related visits to ER; visit to confirm pregnancy; nutritionist; dietitian; health educator, etc. Normal prenatal visits are approximately 16.)

**25D.** Principal Source of Payment for Prenatal Care:

- No Prenatal Care (00)
- Medi-Cal, without CPSP Support Services (02)
- Other Governmental Programs (Federal, State, Local) (05)
- Private Insurance Company (07)
- Self Pay (09)
- Medi-Cal, with CPSP Support Services (13)
- Other (14)
- Unknown (99)

**26.** Birthweight in Grams: \_\_\_\_\_ **26A.** Obstetric Estimate of Gestation: \_\_\_\_\_ (Completed Weeks)

**26B.** Hearing Screening:

- Pass Both
- Refer One
- Refer Both
- Results Pending
- Waived
- Not Med Indicated
- Test Not Available

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**27A.** Number of Previous Live Births Now Living: \_\_\_\_\_ **27B.** Number of Previous Live Births Now Dead: \_\_\_\_\_

**27C.** Date of Last Live Birth: \_\_\_\_\_ (Do not count this child.)

**27D.** Number of Miscarriages Before 20 Weeks: (Do not count abortions) \_\_\_\_\_ **27E.** After 20 Weeks: \_\_\_\_\_

**27F.** Date of Last Miscarriage: \_\_\_\_\_

**28A. Method of Delivery**

**28AA.** Final Delivery Route: \_\_\_\_\_

**28AB.** Number of Previous Cesarean(s): \_\_\_\_\_

**28AC.** Fetal Presentation: \_\_\_\_\_

**28AD.** Forceps Attempted, But Unsuccessful:

- Yes
- No
- Unknown

**28AE.** Vacuum Attempted, But Unsuccessful:

- Yes
- No
- Unknown

**28B.** Expected Source of Payment for Delivery:

- Medically Unattended Birth (00)
- Medi-Cal (02)
- Other Governmental Programs (Federal, State, Local) (05)
- Private Insurance (07)
- Self Pay (09)
- Other (14)
- Indian Health Service (15)
- CHAMPUS/TRICARE (16)
- Unknown (99)

**HOSPITAL OR ATTENDANT USE ONLY**

**29.** Complications and Procedures of Pregnancy and Concurrent Illnesses:

Codes to Enter?  Yes  No  Unknown

**(If Yes, Hospital Staff or Attendant Circle the Appropriate Codes on VS 10A)**

**30.** Complications and Procedures of Labor and Delivery:

Codes to Enter?  Yes  No  Unknown

**(If Yes, Hospital Staff or Attendant Circle the Appropriate Codes on VS 10A)**

**31.** Abnormal Conditions and Clinical Procedures Relating to the Newborn:

Codes to Enter?  Yes  No  Unknown

**(If Yes, Hospital Staff or Attendant Circle the Appropriate Codes on VS 10A)**

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**32. 6A-6C/Parent Social Security Number:** \_\_\_\_\_

Withheld  None  Unknown

**33. 9A-9C/Parent Social Security Number:** \_\_\_\_\_

Withheld  None  Unknown

**F. Social Security Number Requested for Child:**  Yes  No

Birth Parent Mailing Address. This is the address where the Child's Social Security Card will be mailed. This mailing address will also be shared with the Scholarshare Investment Board. P.O. Boxes are allowed. The Social Security Administration guidance limits the Enumeration at Birth program to hospital births.

Street Number and Name: \_\_\_\_\_ Apt/Suite/Unit: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Zip Code/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

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

NOTICE TO PARENTS: The Social Security Administration guidance limits the Enumeration at Birth program to hospital births. 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](https://www.cdph.ca.gov/Programs/CHSI/Pages/Vital-Records.aspx) (<https://www.cdph.ca.gov/Programs/CHSI/Pages/Vital-Records.aspx>).

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### NEWBORN AUTOMATIC NUMBER ASSIGNMENT (NANA)

Baby's Name as Reported on Birth Certificate:

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(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

**Please contact the Social Security Administration at 1-800-772-1213 or [online](http://www.ssa.gov) at [www.ssa.gov](http://www.ssa.gov) for questions or concerns regarding the issuance of your child's Social Security number or Social Security card.**

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, sex of infant, or hospital error. All other amendments to the birth certificate are the responsibility of the parent.

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Parent's Signature

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Date

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Parent's Printed Name

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

**HOSPITAL OR ATTENDANT 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 |  | 99 Unknown                    |
| 16 CHAMPUS/TRICARE       | 07 Private Insurance                                 | 00 Medically Unattended Birth |
|                          | 09 Self Pay  |                               |

**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 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

**EPIDEMICS AND/OR DISASTERS**

- 91 COVID-19 Confirmed

**See reverse side for codes to Birth Items 30 and 31 and Fetal Death Items 34 and 35.**

**CERTIFICATES OF LIVE BIRTH AND FETAL DEATH—MEDICAL DATA SUPPLEMENTAL WORKSHEET (Continued)**

**Item 30 (Birth)**

**COMPLICATIONS AND PROCEDURES OF LABOR AND DELIVERY**

**Item 34 (Fetal Death)**

*(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

**CERTIFICATES OF LIVE BIRTH AND FETAL DEATH—MEDICAL DATA SUPPLEMENTAL WORKSHEET (Continued)**

**Item 31 (Birth)**

**ABNORMAL CONDITIONS AND CLINICAL PROCEDURES RELATING TO THE NEWBORN**

**Item 35 (Fetal Death)**

**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)

**EPIDEMICS AND/OR DISASTERS**

- 91 COVID-19 Confirmed