PLEASE PRINT CLEARLY – NO CURSIVE **Contact Phone Number: _____**

Name of Child:

1A. First Name: _____ **Suffix (Optional): □ I □ II □ III □ IV □ V □ VI □ VII □ VIII □ VII □ VIII □ IX □ X □ JR □ SR**

1B. Middle Name: _____

Sex: □ Male □ Female □ Nonbinary □ Unknown/Undetermined

1C. Last Name: _____

3A. Plurality:
□ Single □ Twin □ Triplet □ Quadruplet □ Quintuplet □ Sextuplet □ Septuplet □ Octuplet or More □ Unknown

3B: Birth Order: □ 1st □ 2nd □ 3rd □ 4th □ 5th □ 6th □ 7th □ 8th or more □ Unknown

4A. Date of Birth: _____ 4B. Time of Birth: _____

5A. Place of Birth - Name of Hospital or Facility: _____

Street Number & Name: _____ Apt/Suite/Unit: _____

City: _____ County: _____ Zip Code/Postal Code: _____

Birth name of *Parent Giving Birth* (fields 9A, 98, 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, 98, 9C.

9A. First Name:_____

9B. Middle Name:_____

9C. Last Name (Maiden):_____

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

9D. Relationship to Child: □ 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

11. Birth Date: _____

Birth Name of Parent Not Giving Birth or Intended Parent (Fields 6A, 68, SC, on child's birth certificate):

6A. First Name:_____

6B. Middle Name:_____

6C. Last Name:_____

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

6D. Relationship to Child: □ 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

8. 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

Father or Parent Information

Field 19 (Father or Parent)

Is the father or parent Hispanic, Latino, or Spanish

□ Yes If Yes, please specify: □ Cuban □ Mexican □ Puerto Rican □ Other _____

□ No □ Unknown □ Withheld

Mother Information

Field 22 (Mother)

Is the Mother Hispanic, Latino, or Spanish

□ Yes If Yes, please specify: □ Cuban □ Mexican □ Puerto Rican □ Other _____

□ No □ Unknown □ Withheld

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

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)

□ 0-11th Grade; Highest Grade Completed: _____
□ 12th Grade w/ no Diploma
□ High School Diploma
□ General Equivalency Diploma (GED)
□ Some College (No degree)
□ Associate's Degree
□ Bachelor's Degree
□ Master's Degree
□ Doctorate Degree
□ Professional Degree

20A. Father or Parent Usual Occupation:

_____

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

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

_____

Do ***not*** enter company name.

Sex on Original Birth Certificate:

□ Male □ Female □ Unknown □ Declined to respond

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
□ Do not know/Unsure
□ Declined to respond

Sexual Orientation:

□ Lesbian, gay or homosexual □ Straight or heterosexual □ Bisexual
□ Pansexual □ Other: Please Specify:_____
□ Do not know/Unsure □ Declined to respond

I confirm the responses to the SOGI questions were self-reported by the parent identified in field (6A-6C):

□ Yes □ No

23C. Mother Education: (Enter Highest Level or Degree of School Completed)

□ 0-11th Grade; Highest Grade Completed: _____
□ 12th Grade w/ no Diploma
□ High School Diploma
□ General Equivalency Diploma (GED)
□ Some College (No degree)
□ Associate's Degree
□ Bachelor's Degree
□ Master's Degree
□ Doctorate Degree
□ Professional Degree

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.

Sex on Original Birth Certificate:

□ Male □ Female □ Unknown □ Declined to respond

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
□ Do not know/Unsure
□ Declined to respond

Sexual Orientation:

□ Lesbian, gay or homosexual □ Straight or heterosexual □ Bisexual
□ Pansexual □ Other: Please Specify:_____
□ Do not know/Unsure □ Declined to respond

24D. Parent Giving Birth <u>Residence</u> Address (Required: P.O. Boxes Are Not Acceptable)

Street Number & Name: _____ **Apt/Suite/Unit:** _____

City: _____ **State/Province:** _____

Zip Code/Postal Code: _____ **County:** _____

<u>Medical and Health Data: Birth Parent and Newborn</u>

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 _____
□ Unknow

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 of Last 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., 1st, 2nd, 3rd, 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 <u>Prenatal Care</u>:

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

27A. Number of Previous Live Births Now Living: _____

27B. Number of Previous Live Births Now Dead: _____

27C. Date of Last Live Birth (provide day, month, and year if possible): _____ (Do not count this child)

27D. Number of Miscarriages before 20 Weeks: _____ **27E. After 20 Weeks:** _____

27F. Date of Last Miscarriage: _____

28A. Method of Delivery

28AA. Final Delivery Route:

□ Vaginal – spontaneous (03)
□ Vaginal- forceps (05)
□ Vaginal- vacuum (06)
□ Vaginal- spontaneous, after previous Cesarean (04)
□ Vaginal- forceps, after previous Cesarean (15)
□ Vaginal- vacuum, after previous Cesarean (16)

28AB. Number of Previous Cesarean(s): _____

28AC. Fetal Presentation

□ Cephalic fetal presentation at delivery (20)
□ Breech fetal presentation at delivery (30)
□ Other fetal presentation at deliver (40)
□ Unknown (90)

28AD. Forceps Attempted, But Unsuccessful:

□ Yes □ No □ Unknown

28AE. Vacuum Attempted, But Unsuccessful:

□ Yes □ No □ Unknown

28B. Expected Source of Payment for <u>Delivery</u>:

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

29. Complications and procedures of Pregnancy and Concurrent Illnesses:

Codes to Enter? □ Yes □ No □ Unknown

If YES, Please list codes here: _____

30. Complications and procedures of Labor and Delivery:

Codes to Enter? □ Yes □ No □ Unknown

If YES, Please list codes here: _____

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

Codes to Enter? □ Yes □ No □ Unknown

If YES, Please list codes here: _____

32. 6A-6C/Parent Social Security Number: _____

□ Withheld □ None □ Unknown

32. 9A-9C/Parent Social Security Number: _____

□ Withheld □ None □ Unknown

Newborn Screening Test Information:

Newborn Screening Test performed?

□ Yes □ No □ Unknown If **<u>YES</u>**, date test performed: _____

If **<u>NO</u>**, date test declined: _____

Where was test performed? (Please select one of the following):

□ Hospital/Lab □ Home □ Birthing Center/Clinic □ Medical Office

Butte County
PUBLIC HEALTH

Birth Worksheet – Midwife Only

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.

Parent Verification	Printed Name	Written Signature ▶	
	Relationship to Child ☐ Mother/Parent ☐ Father/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 ☐ Registered	☐ Denied	Inventory Control Number _____