

# Congratulations!



*When a birth occurs outside a hospital, the physician or midwife in attendance at the birth, or in the absence of a physician or midwife, the parents must make an appointment to register the birth of the baby.*

*This packet contains IMPORTANT worksheets the physician, midwife or parents must bring to their local health department to register their baby's birth. These worksheets and the affidavit must be brought to your registration appointment to complete the registration process. An appointment should be made within 10 days of birth.*



## **Registering the Birth of your Newborn**

### ***What you will need to register the birth***

This packet will tell you what you need to do to register your child's birth. You will need to complete the "Worksheet and Affidavit for Out-of Hospital Births" as well as the supplemental worksheet and submit these to the Vital Records office within 10 days of the birth of your child. If a certified nurse midwife/licensed midwife or physician attended the birth, he or she should complete these forms.

**Please read the entire packet carefully. Complete the worksheets and gather the required documents providing evidence of birth. When you have all documents available, contact the Ventura County Vital Records Office at 805-981-5173 to schedule an appointment to register your child's birth. Registration is completed by appointment only.**

### ***Why registration is important for your baby***

By law, when a birth occurs outside a hospital, the physician or midwife in attendance at birth, or in the absence of a physician or midwife, the parents must register the birth of the baby within 10 days of birth. Registrations after this date are allowed, however, we encourage you to register as soon as possible. You will complete this registration with the local health department where the birth occurred. Registering the birth is an important responsibility since registration is the only way to create a permanent, legal record of your child's birth. Without registration, you cannot obtain a birth certificate for your child. A birth certificate is used throughout a person's lifetime. It is a source of information for your child's proper name, place of birth, date of birth and parents. It provides proof of age and identity for many events in life such as obtaining a social security card, entering school, getting a driver's license, a passport or marriage license, tracing family history or receiving retirement benefits. There is no fee to register a baby's birth as long as it is registered promptly. Simply fill out the registration worksheets, call for an appointment and bring the required paperwork and documentation with you to your local health department.

### ***What if you don't register your baby's birth promptly?***

Any birth registered on or after the child's first birthday must be processed by the California Department of Public Health Vital Records as a Delayed Registration of Birth. There is a \$23.00 (fee subject to change) registration fee after the first year. If you cannot meet the requirements for a Delayed Registration of Birth, you will have to apply to your local superior court for a Court Order Delayed Registration of Birth. Out-of-hospital births are harder to register the longer you wait after the date of birth.

### ***Why do I need to register my baby's birth?***

You need to register your baby's birth to comply with State law. Registering the birth is the only way to create a permanent legal record of the birth. For children not born in a hospital, California law requires the physician or midwife in attendance at the birth, or in the absence of a physician or midwife, the parents to register the birth of a baby born in California. (Health & Safety Code Section 102415)

You also need to register the birth to obtain an official birth certificate. During your child's life, he or she will need an official birth certificate (certified copy) to:

- Obtain a Social Security Number
- Enroll in school
- Register to participate in sports
- Apply for a driver's license
- Travel or obtain a passport
- Apply for various benefits (Social security, military)

Birth certificates are also valuable to establish:

- Proof of parentage
- Identity
- Inheritance rights
- Citizenship

A certified copy of a birth certificate is a legal record of your child's birth. Certified copies are recognized in any court.

### ***When should I register my baby's birth?***

*By law*, you must register the birth of your baby within 10 days of the birth. There is no fee to register your baby's birth within the first year of life.

Any birth registered on or after the child's first birthday must be processed by the California Department of Public Health Vital Records as a Delayed Registration of Birth. There is a \$23.00 (fee subject to change) registration fee after the first year. If you cannot meet the requirements for a Delayed Registration of Birth, you will have to apply to your local superior court for a Court Order Delayed Registration of Birth. Out-of-hospital births are harder to register the longer you wait after the date of birth.

The State Office of Vital Records is located at P.O. Box 997410, MS 5103, Sacramento, Ca. 95899-7410. You may contact the State Office at (916) 445-8494 for additional information.

### ***How can I make sure the certificate is completed correctly?***

Please be sure to review the information on your child's birth certificate for accuracy before signing it. Never sign a **blank** birth certificate - the person completing it may make errors. Once the record has been registered, any corrections (such as misspellings or omissions) must be made through the California Department of Public Health Vital Records and a fee may be charged. The processing time for amendments can be located on the state website at <http://www.cdph.ca.gov>.

### ***What if there is an error on the birth certificate?***

After your child's birth certificate has been registered, the original certificate, with the exception of gender error, cannot be changed. Errors may only be corrected by filing an Affidavit to Amend a Record (form VS24), which is available from your local health department or from California Department of Public Health Vital Records.

When accepted, the affidavit will be attached to the original certificate and will become a part of the legal birth record. The birth certificate will become a two-page document; the original birth certificate and the affidavit (amendment). The original certificate is not changed.

***What if part or all of the baby's name was left off of the certificate?***

After your baby's birth certificate has been registered, the original certificate cannot be changed. If part, or all, of the baby's name was left off of the certificate, and you want to add the baby's name, you must complete either a Supplemental Name Report (form VS107) or an Affidavit to Amend a Record (form VS24). These forms are available from your local health department, or from California Department of Public Health Vital Records.

When accepted, the application or affidavit will be attached to the original certificate and will become part of the legal birth record. The birth certificate will become a two-page document. The original certificate is not changed.

Note: If you wish to change your child's name after the birth has been registered, you may need to obtain a court order.

For amendments filed within one year of the child's birth, there is no processing fee. For amendments filed one year or more after the child's birth, there is a \$23 processing fee. This fee is subject to change annually.

***How can I get a certified copy of the birth certificate?***

You will not automatically receive a copy of your baby's birth certificate. Once your baby's birth is registered, you can request a certified copy of your baby's birth certificate from the local Office of Vital Records, the county Recorder's Office or the California Department of Public Health Vital Records. A fee is charged for each certified copy of the record requested.

***How do I get a Social Security number for my child?***

You can get a Social Security number for your child by contacting the nearest Social Security office. You will need a certified copy of your child's birth certificate to apply for a Social Security number. There is **never** a charge for a Social Security number and card from the Social Security Administration. For more information about Social Security, contact your nearest Social Security office or call (800) 772-1213. This phone number will provide you prerecorded information at any time. Attendants are available only from 7 a.m. to 7pm. (PST) on any business day. You can also access Social Security's website at [www.socialsecurity.gov](http://www.socialsecurity.gov).

***Who collects the information on the birth certificate?***

The information you enter on the enclosed worksheet will be transferred to the Certificate of Live Birth (VS10D) and collected by the California Department of Public Health, Vital Records. This information is required by Division 102 of the Health and Safety Code.

***Am I required to complete every part of the worksheet?***

You must complete each field of information on the Worksheet for Out-of-Hospital Births except for the fields between the double, bold lines in the center of the first page. We ask that you provide this optional information as well so that records are complete, but you are not required to do so. The information marked "medical data" will not be transcribed onto the actual hard copy of the birth certificate. This information will also not be disclosed or available to anyone except the California

Department of Public Health and the federal government and will be used for demographic and statistical analysis only without any personal identifying information. (Health and Safety Code Section 102426)

The voluntary fields, which apply to information for both the mother and father, are:

- Race and ethnicity
- Education
- Usual kind of business or industry
- Usual occupation
- Social Security numbers
- Date last worked

For births not attended by a physician or midwife, there are also three voluntary fields (see asterisks on the worksheet) which apply to medical data:

- Complications and procedures of pregnancy and concurrent illness
- Complications of labor and delivery
- Abnormal conditions and clinical procedures related to the newborn

There three fields are required for physician or midwife attended births.

### ***What is the information on the birth certificate used for?***

The California Department of Public Health collects birth information for conducting research relating to the health status of California's population.

## Instructions for registering your child's out-of-hospital birth

---

### Required prior to appointment

***Complete the enclosed "Worksheet for Out-of-hospital births" before your appointment with the local health department.***

The enclosed worksheet will be used to register the baby's birth and prepare the birth certificate. Fill out the worksheet accurately with facts as of the day the baby was born. We prefer all items be completed or accounted for, including the public health data portion of the worksheet.

If the birth was attended by a physician or midwife, he or she should complete the medical portion of this worksheet and the "Affidavit of Birth Information"

Contact our office at 981-5173 if you have any questions regarding registering your baby's birth.

---

### Declaration of Paternity

If the mother and father are not married to each other, the father's name cannot be listed on the birth certificate unless both the mother and father sign a voluntary declaration of paternity (CS909) before the birth certificate is prepared. If both parents are present for the registration appointment, this form may be able to be done at the same time.

Call the Department of Child Support Services at 1-866-249-0773 or your local health department at 805-981-5173 if you have questions.

---

### Evidence required to prove facts

Please bring the following evidence to prove five facts to your appointment:

1. Identity of the parent(s)
2. Pregnancy of the mother
3. Infant was born alive
4. Birth occurred in Ventura County, California
5. Identity of the witness

---

### Identity of the parent(s)

Must have a valid picture identification card issued to the parent(s) by a governmental agency. Only the original or a certified copy of one of the following is acceptable:

### Evidence required

- A driver's license or identification card issued by a United States (US) Department of Motor Vehicles Office.
- U.S. Passport
- U.S. Military Identification card
- Temporary Resident Identification Card (green card)
- Other valid picture identification card issued by a foreign government. If you gave birth in California, but you are not here legally, you may be able to get identification from your consulate.

**Pregnancy of the mother**

To prove the pregnancy of the mother, provide a pregnancy test **verification form or letter which meets all of the following requirements:**

- From a doctor, midwife or clinic
- Written on the doctor's, midwife's or clinic's official stationery (not on a prescription pad)
- Signed (not stamped) by the doctor, midwife or clinic nurse
- Contains the current issued professional license number of the physician or midwife who signed the letter.

The letter must include **all** of the following information:

- The mother's name
- The date the mother was first seen by the doctor or midwife.
- The results of the mother's prenatal or postpartum examinations or pregnancy tests.
- The date of the mother's last menstrual period
- The date the baby was expected to be born or was born

---

**Infant was born alive.**

**BRING THE BABY TO THE APPOINTMENT.**

The appointment will not be conducted if the baby is not present.

In the event that the birth was unattended, additional documentation of live birth in Ventura County will be required. This may include medical records from the physician who examined the baby following birth.

---

**Birth occurred in California in Ventura County**

We need information showing that the mother was in California on the date that the birth occurred. Documentation to confirm the mother's presence in California may include any of the following:

- If the birth occurred at the mother's residence, provide an electric power natural gas or water bill for the period when the birth occurred. The copy of the bill (or statement from the company) must include the name of the utility company, the address of the residence where the birth occurred and the name of the mother or father (if he is listed on the birth certificate).
- A notarized affidavit from a person with the mother at the time of the infant's birth. The affidavit must contain the address of the person who was with the mother and the location of the birth.
- If the birth occurred at a birthing center, provide a current rent receipt, mortgage statement, utility bill or other similar documentation that shows the mother's name and current address.
- A statement from a state or local government agency that requires proof of residency in California that the mother was receiving services on the date of the baby's birth (e.g. WIC or Medi-Cal).

---

**Identity of the witness**

If a physician or midwife did not attend the birth, and a witness did attend the birth, **the witness should accompany you to the appointment.** A witness may include any of the following:

- Spouse or other family member
- Friend
- Paramedic or fire department staff

If the paramedic or fire department staff was present at the birth, you can obtain a copy of the official report stating the treatment or service they provided you. (there may be a fee for the report.) The staff does not have to be present at the appointment, nor do you have to bring a copy of their identification.

If the paramedic arrived after the baby’s birth, bring a copy of the 911 call, along with a copy of the paramedic’s report.

- If the paramedic cut the cord, or was present when the cord was cut the report should so state.
- If the paramedic delivered the placenta, the report should so state.

---

**Valid form of identification for witness**

A valid picture identification card issued to the witness by a government agency must be provided to prove identity. Some recommended documents that may be used (original or **certified copy** only)

- Current driver’s license or identification card issued by a United States Department of Motor Vehicles Office.
- Valid U.S. Passport
- Current U.S. Military Identification card
- Current Temporary Resident Identification Card (green card)
- Other valid picture identification card issued by a foreign government.

---

**Verification**

The County Registrar may verify the accuracy of all information provided to register an out-of-hospital birth.

---

**Registrar’s right to refuse to register birth**

If the requirements of Health and Safety Code 102415 and of the enclosed registration packet or other bona fide evidence are not presented to the registrar, the registrar must refuse to register the birth certificate. In these cases, the birth may be registered only by authority of a superior court. (Health and Safety Code Section 103450)



# Worksheet for Out-of-Hospital Births

**Please Bring This Completed Form to Register Your Child's Out-of-Hospital Birth**

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

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

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

**Continued on Back**

# Worksheet for Out-of-Hospital Births (Continued)

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

<b>Medical Data</b>	Did Mother 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)	
	<b>PREGNANCY HISTORY (Complete Each Section)</b>			
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		
<b>Enter Appropriate Codes From Worksheets</b>	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) <b>Enter 00 for NONE</b>		
	* Complications and Procedures of Labor and Delivery (See attached VS 10A worksheet) <b>Enter 00 for NONE</b>		* Abnormal Conditions and Clinical Procedures Related to the Newborn (See attached VS 10A worksheet) <b>Enter 00 for NONE</b>	
	* 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

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.

<b>Parent Verification</b>	Printed Name		Written Signature ▶	
	Relationship to Child <input type="checkbox"/> Mother/Parent <input type="checkbox"/> Father/Parent	Date Signed	Phone Number (    )	
<b>Witness Verification</b>	Printed Name		Written Signature ▶	
	Address – Street Name and Number		County	
	City	State	Zip	
	Relationship to Child	Date Signed	Phone Number (    )	
<b>Attendant Verification</b>  <b>(Physician, Certified Nurse-Midwife, or Licensed Midwife)</b>	Printed Name		Written Signature ▶	
	Address – Street Name and Number		County	
	City	State	Zip	
	State License Number	Date Signed	Phone Number (    )	
<b>Local Registration District Staff Verification</b>	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, 1501 Capitol Avenue, 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 father's and the mother's Social Security numbers are included pursuant to Section 102425 (b) (14) of the Health and Safety Code, and may be used for child support enforcement purposes.

**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 (<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)****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 ( $\geq 12$  hours)
- 07 Precipitous labor (< 3 hours)
- 08 Prolonged labor ( $\geq 20$  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  $\geq 38^{\circ}\text{C}$  ( $100.4^{\circ}\text{F}$ )
- 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)****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 Meningomyelocele/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)

**RACE/ETHNICITY AND EDUCATION WORKSHEET (For Reference Only)**

RACE/ETHNICITY (FATHER/PARENT)	RACE/ETHNICITY (MOTHER/PARENT)																																												
<p><b>HISPANIC, LATINO, SPANISH (check 1 box).</b> Enter specific origin on the certificate.</p> <p>Is the <b>FATHER/PARENT</b> Hispanic/Latino/Spanish?</p> <p><input type="checkbox"/> No, not Hispanic/Latino/Spanish</p> <p><input type="checkbox"/> Yes, Mexican, Mexican American, Chicano</p> <p><input type="checkbox"/> Yes, Central American</p> <p><input type="checkbox"/> Yes, South American</p> <p><input type="checkbox"/> Yes, Cuban</p> <p><input type="checkbox"/> Yes, Puerto Rican</p> <p><input type="checkbox"/> Yes, Other Hispanic/Latino/Spanish (Specify): _____</p>	<p><b>HISPANIC, LATINA, SPANISH (check 1 box).</b> Enter specific origin on the certificate.</p> <p>Is the <b>MOTHER/PARENT</b> Hispanic/Latina/Spanish?</p> <p><input type="checkbox"/> No, not Hispanic/Latina/Spanish</p> <p><input type="checkbox"/> Yes, Mexican, Mexican American, Chicana</p> <p><input type="checkbox"/> Yes, Central American</p> <p><input type="checkbox"/> Yes, South American</p> <p><input type="checkbox"/> Yes, Cuban</p> <p><input type="checkbox"/> Yes, Puerto Rican</p> <p><input type="checkbox"/> Yes, Other Hispanic/Latina/Spanish (Specify): _____</p>																																												
<p><b>RACE (check 1, 2 or 3 boxes).</b> Enter up to 3 races on the certificate.</p> <p>The <b>FATHER/PARENT</b> is:</p> <table style="width:100%; border:none;"> <tr> <td><input type="checkbox"/> White</td> <td><input type="checkbox"/> Asian Indian</td> </tr> <tr> <td><input type="checkbox"/> Black or African American</td> <td><input type="checkbox"/> Cambodian</td> </tr> <tr> <td><input type="checkbox"/> American Indian or Alaska Native (includes North, South, or Central American Indian, Aleut or Alaska Native) Specify Tribe(s): _____</td> <td><input type="checkbox"/> Chinese</td> </tr> <tr> <td><input type="checkbox"/> Native Hawaiian</td> <td><input type="checkbox"/> Filipino</td> </tr> <tr> <td><input type="checkbox"/> Guamanian</td> <td><input type="checkbox"/> Hmong</td> </tr> <tr> <td><input type="checkbox"/> Samoan</td> <td><input type="checkbox"/> Japanese</td> </tr> <tr> <td><input type="checkbox"/> Other Pacific Islander (Specify): _____</td> <td><input type="checkbox"/> Korean</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Laotian</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Thai</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Vietnamese</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Other Asian (Specify): _____</td> </tr> </table> <p><input type="checkbox"/> Other (Specify): _____</p> <p><input type="checkbox"/> Other (Specify): _____</p> <p><input type="checkbox"/> Other (Specify): _____</p>	<input type="checkbox"/> White	<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Black or African American	<input type="checkbox"/> Cambodian	<input type="checkbox"/> American Indian or Alaska Native (includes North, South, or Central American Indian, Aleut or Alaska Native) Specify Tribe(s): _____	<input type="checkbox"/> Chinese	<input type="checkbox"/> Native Hawaiian	<input type="checkbox"/> Filipino	<input type="checkbox"/> Guamanian	<input type="checkbox"/> Hmong	<input type="checkbox"/> Samoan	<input type="checkbox"/> Japanese	<input type="checkbox"/> Other Pacific Islander (Specify): _____	<input type="checkbox"/> Korean		<input type="checkbox"/> Laotian		<input type="checkbox"/> Thai		<input type="checkbox"/> Vietnamese		<input type="checkbox"/> Other Asian (Specify): _____	<p><b>RACE (check 1, 2 or 3 boxes).</b> Enter up to 3 races on the certificate.</p> <p>The <b>MOTHER/PARENT</b> is:</p> <table style="width:100%; border:none;"> <tr> <td><input type="checkbox"/> White</td> <td><input type="checkbox"/> Asian Indian</td> </tr> <tr> <td><input type="checkbox"/> Black or African American</td> <td><input type="checkbox"/> Cambodian</td> </tr> <tr> <td><input type="checkbox"/> American Indian or Alaska Native (includes North, South, or Central American Indian, Aleut or Alaska Native) Specify Tribe(s): _____</td> <td><input type="checkbox"/> Chinese</td> </tr> <tr> <td><input type="checkbox"/> Native Hawaiian</td> <td><input type="checkbox"/> Filipino</td> </tr> <tr> <td><input type="checkbox"/> Guamanian</td> <td><input type="checkbox"/> Hmong</td> </tr> <tr> <td><input type="checkbox"/> Samoan</td> <td><input type="checkbox"/> Japanese</td> </tr> <tr> <td><input type="checkbox"/> Other Pacific Islander (Specify): _____</td> <td><input type="checkbox"/> Korean</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Laotian</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Thai</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Vietnamese</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Other Asian (Specify): _____</td> </tr> </table> <p><input type="checkbox"/> Other (Specify): _____</p> <p><input type="checkbox"/> Other (Specify): _____</p> <p><input type="checkbox"/> Other (Specify): _____</p>	<input type="checkbox"/> White	<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Black or African American	<input type="checkbox"/> Cambodian	<input type="checkbox"/> American Indian or Alaska Native (includes North, South, or Central American Indian, Aleut or Alaska Native) Specify Tribe(s): _____	<input type="checkbox"/> Chinese	<input type="checkbox"/> Native Hawaiian	<input type="checkbox"/> Filipino	<input type="checkbox"/> Guamanian	<input type="checkbox"/> Hmong	<input type="checkbox"/> Samoan	<input type="checkbox"/> Japanese	<input type="checkbox"/> Other Pacific Islander (Specify): _____	<input type="checkbox"/> Korean		<input type="checkbox"/> Laotian		<input type="checkbox"/> Thai		<input type="checkbox"/> Vietnamese		<input type="checkbox"/> Other Asian (Specify): _____
<input type="checkbox"/> White	<input type="checkbox"/> Asian Indian																																												
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Cambodian																																												
<input type="checkbox"/> American Indian or Alaska Native (includes North, South, or Central American Indian, Aleut or Alaska Native) Specify Tribe(s): _____	<input type="checkbox"/> Chinese																																												
<input type="checkbox"/> Native Hawaiian	<input type="checkbox"/> Filipino																																												
<input type="checkbox"/> Guamanian	<input type="checkbox"/> Hmong																																												
<input type="checkbox"/> Samoan	<input type="checkbox"/> Japanese																																												
<input type="checkbox"/> Other Pacific Islander (Specify): _____	<input type="checkbox"/> Korean																																												
	<input type="checkbox"/> Laotian																																												
	<input type="checkbox"/> Thai																																												
	<input type="checkbox"/> Vietnamese																																												
	<input type="checkbox"/> Other Asian (Specify): _____																																												
<input type="checkbox"/> White	<input type="checkbox"/> Asian Indian																																												
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Cambodian																																												
<input type="checkbox"/> American Indian or Alaska Native (includes North, South, or Central American Indian, Aleut or Alaska Native) Specify Tribe(s): _____	<input type="checkbox"/> Chinese																																												
<input type="checkbox"/> Native Hawaiian	<input type="checkbox"/> Filipino																																												
<input type="checkbox"/> Guamanian	<input type="checkbox"/> Hmong																																												
<input type="checkbox"/> Samoan	<input type="checkbox"/> Japanese																																												
<input type="checkbox"/> Other Pacific Islander (Specify): _____	<input type="checkbox"/> Korean																																												
	<input type="checkbox"/> Laotian																																												
	<input type="checkbox"/> Thai																																												
	<input type="checkbox"/> Vietnamese																																												
	<input type="checkbox"/> Other Asian (Specify): _____																																												
<p align="center"><b>EDUCATION (FATHER/PARENT)</b></p> <p><b>Check 1 box</b> that best describes the highest degree or level of school completed by the <b>FATHER/PARENT</b> at the time of the delivery. Enter education degree or level on the certificate.</p> <p><input type="checkbox"/> 0-11<sup>th</sup> grade. Enter highest year completed: _____</p> <p><input type="checkbox"/> 12<sup>th</sup> grade; no diploma. Enter <b>12 ND</b></p> <p><input type="checkbox"/> High school graduate or GED completed. Enter <b>HS GRADUATE</b> or <b>GED</b></p> <p><input type="checkbox"/> Some college credit, but no degree. Enter <b>SOME COLLEGE</b></p> <p><input type="checkbox"/> Associate degree (e.g., AA, AS). Enter <b>ASSOCIATE</b></p> <p><input type="checkbox"/> Bachelor's degree (e.g., BA, AB, BS). Enter <b>BACHELOR'S</b></p> <p><input type="checkbox"/> Master's degree (e.g., MA, MS, MEd, MSW, MBA). Enter <b>MASTER'S</b></p> <p><input type="checkbox"/> Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DO, DDS, DVM, LLB, JD). Enter <b>DOCTORATE</b> or <b>PROFESSIONAL</b>: _____</p>	<p align="center"><b>EDUCATION (MOTHER/PARENT)</b></p> <p><b>Check 1 box</b> that best describes the highest degree or level of school completed by the <b>MOTHER/PARENT</b> at the time of the delivery. Enter education degree or level on the certificate.</p> <p><input type="checkbox"/> 0-11<sup>th</sup> grade. Enter highest year completed: _____</p> <p><input type="checkbox"/> 12<sup>th</sup> grade; no diploma. Enter <b>12 ND</b></p> <p><input type="checkbox"/> High school graduate or GED completed. Enter <b>HS GRADUATE</b> or <b>GED</b></p> <p><input type="checkbox"/> Some college credit, but no degree. Enter <b>SOME COLLEGE</b></p> <p><input type="checkbox"/> Associate degree (e.g., AA, AS). Enter <b>ASSOCIATE</b></p> <p><input type="checkbox"/> Bachelor's degree (e.g., BA, AB, BS). Enter <b>BACHELOR'S</b></p> <p><input type="checkbox"/> Master's degree (e.g., MA, MS, MEd, MSW, MBA). Enter <b>MASTER'S</b></p> <p><input type="checkbox"/> Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DO, DDS, DVM, LLB, JD). Enter <b>DOCTORATE</b> or <b>PROFESSIONAL</b>: _____</p>																																												

# Birthweight Conversion Table

Converting Pounds and Ounces to Grams																
OUNCES																
	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
<b>P</b>	--	28	57	85	113	142	170	198	227	255	284	312	340	369	397	425
<b>O</b>	454	482	510	539	567	595	624	652	680	709	737	765	794	822	851	879
<b>U</b>	1361	1389	1418	1446	1474	1503	1531	1559	1588	1616	1644	1673	1701	1729	1758	1786
<b>N</b>	1814	1843	1871	1899	1928	1956	1985	2013	2041	2070	2098	2126	2155	2183	2211	2240
<b>D</b>	2268	2296	2325	2353	2381	2410	2438	2466	2495	2523	2552	2580	2608	2637	2665	2693
<b>S</b>	2722	2750	2778	2807	2835	2863	2892	2920	2948	2977	3005	3033	3062	3090	3119	3147
	3175	3204	3232	3260	3289	3317	3345	3374	3402	3430	3459	3487	3515	3544	3572	3600
	3629	3657	3686	3714	3742	3771	3799	3827	3856	3884	3912	3941	3969	3997	4026	4054
	4082	4111	4139	4167	4196	4224	4253	4281	4309	4338	4366	4394	4423	4451	4479	4508
	4536	4564	4593	4621	4649	4678	4706	4734	4763	4791	4820	4848	4876	4905	4933	4961
	4990	5018	5046	5075	5103	5131	5160	5188	5216	5245	5273	5301	5330	5358	5387	5415
	5443	5472	5500	5528	5557	5585	5613	5642	5670	5698	5727	5755	5783	5812	5840	5868
	5897	5925	5954	5982	6010	6039	6067	6095	6124	6152	6180	6209	6237	6265	6294	6322
	6350	6379	6407	6435	6464	6492	6521	6549	6577	6606	6634	6662	6691	6719	6747	6776
	6804	6832	6861	6889	6917	6946	6974	7002	7031	7059	7088	7116	7144	7173	7201	7229
	1 Ounce = 28.35 Grams															
	1 Pound = 453.60 Grams															
	EXAMPLE: 8 Pounds, 2 Ounces = 3,686 Grams															

(Out-of-Hospital Birth Registration)

# WHAT YOU NEED TO KNOW ABOUT YOUR CHILD'S BIRTH CERTIFICATE

## *Birth Certificates last forever*

**Please be certain the information on the certificate is accurate and complete *before you sign it.***

- A 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 up to one year to apply an amendment.

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

- Misspelled first, last and middle names of child and/or parents
- Incorrect state, country and/or birth date of parent(s)
- Reversed order of last (family) names
- Adding extra names to parent(s) or child later
- Incorrect gender (sex) of child
- Incorrect birth date

Any errors on birth certificates  
cannot be corrected on the original certificate.

The **original** birth certificate **does not** change, but, in most cases, 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 local health departments or county recorder's offices.



**Ventura County Public Health  
Office of Vital Records  
2240 E. Gonzales Road, Suite 150  
Oxnard, Ca. 93036  
(805) 981-5172**

**Directions heading North on 101**

**Exit at Rice Avenue/Santa Clara exit**

**At first light, Rice Avenue, turn left over the bridge**

**At second light, Gonzales Road, turn right**

**Continue on Gonzales to Lombard Street and make a U-turn**

**2240 is the second entrance on the right**

**Directions heading South on 101**

**Exit at Rose Avenue and turn right over the bridge**

**At the third light, Gonzales Road, turn left**

**Continue on Gonzales Road past Lombard Street**

**2240 is the second entrance on the right after you pass Lombard**

