



State of California—Health and Human Services Agency  
Department of Health Services



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ACL 06-12

TO: LOCAL REGISTRARS OF BIRTH AND DEATH  
CHIEF DEPUTY REGISTRARS OF BIRTH AND DEATH  
COUNTY RECORDERS  
HOSPITAL PERINATAL UNIT NURSE MANAGERS

SUBJECT: CERTIFICATE OF LIVE BIRTH – VS 10D (Rev. 1/07)

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**Introduction**

This All County Letter provides instructions for completing new items which have been added to the Certificate of Live Birth VS 10D (Rev. 1/07) and the electronic birth record for 2007 events.

The following new items are to be collected on the Certificate of Live Birth:

Item 20	—	Date Last Worked (Father)
Item 23	—	Date Last Worked (Mother)
Item 25AA	—	Date First Prenatal Care Visit
Item 25BA	—	Date Last Prenatal Care Visit
Item 26A	—	Obstetric Estimation of Gestation at Delivery (Completed Weeks)
Item 26B	—	Hearing Screening

Additionally, the following new items are only to be collected on the electronic birth record:

- Mother's Mailing Address
- Mother's WIC Status During Pregnancy
- Cigarette Smoking Before and During Pregnancy
- Mother's Prepregnancy and Delivery Weights
- Mother's Height
- APGAR Scores

**VS 10D,  
handbook and  
VS 10B changes**

Changes to the VS 10D are required to conform to NCHS (National Center for Health Statistics) standards and AB1278, Chapter 430, Statutes of 2005. Revisions to the Birth and Death Registration Handbook will incorporate these changes. The VS 10B (Race/Ethnicity and Education Worksheet) will no longer be a separate worksheet and will become the back of the VS 10D.

**Deletion of  
Item 5E**

Planned Place of Birth has been eliminated from the certificate.

**Items 20C and  
23C changes**

Enter the years of education completed (0-12) if the father or mother did not obtain a high school, college, or professional degree. Use the wording that appears on the Race/Ethnicity and Education Worksheet on the back of the certificate to enter the highest degree completed by the father or mother.

**Items 20 and 23**

Enter the most recent date (month and year) that the father and mother worked in his/her usual occupation. The format should be: MM/CCYY; example: 01/2007. Items 20 and 23 can be withheld if the father, mother or informant refuses to provide this information.

If the...	Then enter...
father/mother is currently employed	current month and year.
father/mother has never worked	None.
month is unknown	year only, e.g. --/2007.
year is unknown, or if no information is available	Unknown.
information is refused	Withheld.

**Item 25AA**

Enter the date of the first prenatal care visit in numeric format. Do not leave blank. The format should be: MM/DD/CCYY; example: 05/31/2006.

If...	Then enter...
the day is unknown	month and year only, e.g., 05/--/ 2006.
the month and day are unknown	year only, e.g., --/--/2006.
the year is unknown, or if no information is available	Unknown.
there were no prenatal visits	None.
there was only one prenatal visit	the same information in 25AA and 25 BA.
the exact date is unknown	the best estimate.

**Item 25AA  
(continued)**

NOTE: In determining the date of the first prenatal care visit:

- Do not include visit to confirm pregnancy.
- Do not include emergency room visits for non-pregnancy related problems.
- Do not include visits to a nutritionist, dietitian, health educator, or other health care professional other than a physician, certified nurse midwife, nurse practitioner, or physician’s assistant.

**Item 25BA**

Enter the date of the last prenatal care visit in numeric format. Do not leave blank. The format should be: MM/DD/CCYY; example: 12/02/2006.

If...	Then enter...
the day is unknown	month and year only, e.g., 12/--/2006.
the month and day are unknown	year only, e.g., --/--/2006.
the year is unknown, or if no information is available	Unknown.
there were no prenatal visits	None.
there was only one prenatal visit	the same information in 25AA and 25BA.
the exact date is unknown	the best estimate.

NOTE: In determining the date of the last prenatal care visit:

- Do not include visit to confirm pregnancy.
- Do not include emergency room visits for non-pregnancy related problems.
- Do not include visits to a nutritionist, dietitian, health educator, or other health care professional other than a physician, certified nurse midwife, nurse practitioner, or physician’s assistant.

**Item 26A**

Enter the obstetric estimate of gestation at delivery in completed weeks, based on the birth attendant’s final estimate of gestation that should be determined by all perinatal factors and assessments such as ultrasound, but not the neonatal exam.

Acceptable entries include “Unknown”.

**Item 26B**

Enter the results of the newborn hearing screening test.

Acceptable entries are: Pass (both ears); Refer (one ear); Refer (both ears); Results pending; Waived; Not medically indicated; Test not available.

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**Electronic only  
Birth  
Information** The following items are collected in the electronic record, but will not appear on the birth certificate.

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**Electronic only  
Mother's  
mailing address:  
Street or Post  
Office Box** Enter the full street address or post office box at the location where the mother receives mail.

NOTE: A Social Security Number for the newborn child can only be issued through the birth registration process if the mother's mailing address is in the United States, American Samoa, Guam, Puerto Rico, or the U.S. Virgin Islands.

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**Electronic only  
Mother's  
mailing  
address:  
County/  
Province** Enter the county in which the mother's mailing address is located if the mailing address is in the United States, or the province if the mailing address is in Canada.

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**Electronic only  
Mother's  
mailing  
address: City** Enter the name of the city, town or location where the mother receives mail.

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**Electronic only  
Mother's  
mailing  
address:  
State/Foreign  
Country** Enter the U.S. state, U.S. territory, or foreign country where the mother receives mail.

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**Electronic only  
Mother's  
mailing  
address: ZIP  
Code** Enter the ZIP code if the mother's mailing address is in the United States or a U. S. territory.

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**Electronic only  
Mother's WIC  
status during  
pregnancy**

Did the mother receive WIC (Women, Infants, and Children) food while pregnant with this child?

Acceptable entries are:

- Yes
  - No
  - Unknown
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**Electronic only  
Cigarette  
Smoking before  
and during  
pregnancy**

Enter the average number of cigarettes that the mother smoked per day:

1. During the three months prior to becoming pregnant with this child
2. During the first three months of pregnancy
3. During the second three months of pregnancy
4. During the third trimester of pregnancy

If...	Then...
the mother did not smoke	enter "0" for each time period.
the mother reports packs of cigarettes smoked	convert packs smoked to cigarettes smoked, at the rate of 20 cigarettes per pack.
no information is provided for one or more of the four time periods	enter "Unknown" for the time period.

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**Electronic only  
Mother's pre-  
pregnancy and  
delivery  
weights**

Enter the mother's weight (in pounds) when she became pregnant with this child. If no information is available, enter "Unknown".

Enter the mother's weight (in pounds) at the time of delivery. If no information is available, enter "Unknown".

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**Electronic only  
Mother's height**

Enter the mother's height in feet ( ' ) and inches ( " ). If no information is available, enter "Unknown".

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**Electronic only  
APGAR scores** Enter the APGAR score for this child at:

1. One minute after birth
2. Five minutes after birth
3. Ten minutes after birth

If...	Then enter...
the APGAR score was not taken for one or more of the three time periods	“Unknown” for that time period.
the APGAR score is unknown for one of the three time periods	“Unknown” for that time period.

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**Certificate distribution** A 2007 birth certificate is enclosed. An additional supply will be mailed to local registration districts for distribution to the hospitals. The 2007 birth certificate is to be used for events occurring on or after January 1, 2007.

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**Revised Birth & Death Handbook Pages** Current subscribers to the Birth and Death Registration Handbook will be sent updated pages reflecting the above revisions.

You may use the enclosed order form to request additional copies of the Birth and Death Registration Handbook.

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**Additional Enclosures** A copy of the Certificates of Live Birth and Fetal Death Medical Data Supplemental Worksheet VS 10A (Rev. 1/2006), and a one page summary of the 2007 Birth Certificate — New Information Items, are enclosed.

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**Questions** If you have any questions regarding this matter, please contact your Policy/County Analyst.

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Original signed by:

Teresita Trinidad, M.S.  
State Registrar

Enclosures