BIRTH RECOR	D
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FATHER'S INFORMATION

	Mother's Name:	
	Mother's Date of Birth:	
Page 1 of 2	Medical Record Number:	

ratner's informati	ion: Piease	Print Clearly		
What is your current lega	al name?			
First Name	Midd	le Name	Last Name	Suffix
What is your mailing add	lress (if differe	nt from the mother)1	? Same as the i	mother's address
Number and Street addres	ss, P.O. Box or I	Rural Route numbers	Apartment	Number
City or Town	State	Zip Code	If not United States, p	olease enter country.
What is your date of birtl	h? MMDDY	////		
Where were you born?	City or Town		State or Foreign Country	
What is your social secu	rity number?		□ I don't have a	Social Security number.

01/01/2010 Form # B 104

BIRTH RECORD

Mother's Name:	
Mother's Date of Birth:	
Medical Record Number:	

		Mother's Date of Birth:	
FATHER'S INFORMATION	Page 2 of 2	Medical Record Number:	
What is your highest level of education?	?		
Check the box that best describes your hig	hest level of school	ol completed at the time of your child's birth.	
□ 8th grade or less □ 9th − 12th grade, no diploma □ High school graduate or GED □ Some college credit but no de □ Associate degree (AA, AS) □ Bachelor's degree (BA, AB, BS) □ Master's degree (MA, MS, ME) □ Doctorate degree (PhD, EdD,	completed gree S) ing, Med, MSW, MB	A)	
ARE YOU SPANISH/HISPANIC/LATINO?	. ,	Spanish/Hispanic/Latina, check the "NO"	
oox. If you are, check the box that is most a No, not Spanish/Hispanic/Latino Yes, Spanish/Hispanic/Latino Mexican, Mexican Amo Puerto Rican Cuban Other Spanish/Hispani	erican, Chicano ic/Latino PLEASE S		
FATHER'S RACE: Check all that apply t Caucasian (white)	o indicate what you	Consider yourseif.	
Black or African American Somali Ethiopian Liberian Ghanian Kenyan Sudanese Nigerian Other African PLEASE SPECIFY:		☐ Asian Indian ☐ Chinese ☐ Filipino ☐ Japanese ☐ Korean ☐ Vietnamese ☐ Hmong ☐ Cambodian ☐ Laotian ☐ Other Asian PLEASE SPECIFY:	
American Indian or Alaska Native Name of Enrolled or Principal Trib PLEASE SPECIFY:	oe	Other Race PLEASE SPECIFY:	
☐ Pacific Islander ☐ Native Hawaiian ☐ Guamanian or Chamorro ☐ Samoan			

01/01/2010 Form # B 104

 $\ \square$ Other Pacific Islander PLEASE SPECIFY:

1	F	F٦	ГΔ	ח	F	Δ.	ΤН	I R	F	P	<u></u>	R	Т

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Mother's Name:	
Mother's Date of Birth:	
Medical Record Number:	

FATHER'S INFORMATION	N	Page 1 of 2	Wedic	ai necora Number.		
Father's Information: Please Print Clearly						
What is your current lega	ıl name?					
First Name	Middle Na	ıme		Last Name	Suffix	
What is your mailing add	ress (if different fro	om the mother)?			
Number and Street address	s, P.O. Box or Rural	Route numbers	<u> </u>	Apartment Nur	mber	
City or Town	State	Zip Code				
If not United States, please	e enter country.					
What is your date of birth	n? MMDDYYYY					
Where were you born?	City or Town		State	or Foreign Country		
What is your social secu	rity number?			☐ I don't have a Soc	ial Security number.	

01/01/2010 Form # FD 104

FETAL DEATH REPORT

Mother's Name:	
Mother's Date of Birth:	
Medical Record Number:	

FATHER'S INFORMATION Page 2 of 2 What is your highest level of education? Check the box that best describes your highest level of school completed at the time of your child's birth. ☐ 8th grade or less ☐ 9th – 12th grade, no diploma ☐ High school graduate or GED completed ☐ Some college credit but no degree ☐ Associate degree (AA, AS) ☐ Bachelor's degree (BA, AB, BS) ☐ Master's degree (MA, MS, MEng, Med, MSW, MBA) Doctorate degree (PhD, EdD, MD, DDS, DVM, LLB, JD) ARE YOU SPANISH/HISPANIC/LATINO? If you are not Spanish/Hispanic/Latina, check the "NO" box. If you are, check the box that is most appropriate for you. ☐ No, not Spanish/Hispanic/Latino ☐ Yes, Spanish/Hispanic/Latino ☐ Mexican, Mexican American, Chicano ☐ Puerto Rican ☐ Cuban ☐ Other Spanish/Hispanic/Latino PLEASE SPECIFY: **FATHER'S RACE:** Check all that apply to indicate what you consider yourself. ☐ Asian ☐ Caucasian (white) ☐ Black or African American ☐ Asian Indian ☐ Somali ☐ Chinese ☐ Ethiopian ☐ Filipino ☐ Liberian □ Japanese ☐ Ghanian ☐ Korean ☐ Kenyan ☐ Vietnamese ☐ Sudanese ☐ Hmong ☐ Nigerian ☐ Cambodian ☐ Other African ☐ Laotian PLEASE SPECIFY: ☐ Other Asian PLEASE SPECIFY: ☐ Other Race ☐ American Indian or Alaska Native Name of Enrolled or Principal Tribe PLEASE SPECIFY: PLEASE SPECIFY: ☐ Pacific Islander

☐ Native Hawaiian ☐ Guamanian or Chamorro ☐ Samoan ☐ Other Pacific Islander

PLEASE SPECIFY:

01/01/2010 Form # FD 104