



## Information to Help Register Out-of-Hospital Births

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### **Center for Health Statistics and Informatics – Vital Records**

Upon request, this document will be made available in alternate formats. To obtain a copy in an alternate format, please call or write:

California Department of Public Health  
Vital Records - M.S. 5103  
P.O. Box 997410  
Sacramento, CA 95899-7410  
Telephone: (916) 445-2684  
California Relay: 711/1-800-735-2929  
Website address: <https://www.cdph.ca.gov>

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# Information to Help Register Out-of-Hospital Births

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## Information for Physicians and Professionally Licensed Midwives or Certified Nurse-Midwives

Dear Physician or Professionally Licensed Midwife or Certified Nurse-Midwife:

The California Department of Public Health-Vital Records (CDPH-VR) understands you recently attended the birth of a child outside of a hospital or state-licensed alternative birth center. Health and Safety Code Sections (HSC) 102400 and 102415 require that you register the birth of this child with the local registrar within twenty-one (21) days of the birth.

1. Please review this pamphlet and complete the enclosed worksheet documents. Share the worksheet with the parent(s) of the child so they can help gather the required information.
2. Contact the local registrar for information on their registration process. Many registrars require appointments. A list of the local registrars and their contact information is available at the following link:  
[Directory of County Vital Records Offices](https://www.cdph.ca.gov/Programs/CHSI/Pages/County-Registrars-and-Recorders.aspx)  
(<https://www.cdph.ca.gov/Programs/CHSI/Pages/County-Registrars-and-Recorders.aspx>)
3. Bring the worksheet documents to the local registrar's office so they can prepare the birth certificate and generate the birth certification page. You will sign the birth certification page as the attendant. You will be required to present valid government-issued photo identification and your current professional license number to the local registrar for verification. If you are not currently licensed as a physician, certified nurse-midwife, or licensed midwife, you cannot register the birth. Births attended by unlicensed individuals must be registered by the parents.
4. Please advise the parents that they need to visit the local registrar if they will sign the birth certificate as an informant. Parents will be required to present valid government-issued photo identification to the local registrar for verification. Although CDPH-VR suggests that the parents sign the certificate at the time of the appointment, the local registrar can make a separate appointment for the parents.
5. Please advise the child's parents that if they are not married to each other or in a State-Registered Domestic Partnership with each other, the non-birthing parent shall not be listed on the birth certificate unless the parents sign a Voluntary Declaration of Parentage before the birth certificate is registered. Local registrar staff are authorized witnesses for the Voluntary Declaration of Parentage. The birth certificate may be amended to add another parent's name at a later date only if parentage for the child has been established by a judgment of a court or by the filing of a voluntary declaration of parentage (HSC 102425). For information on the Parentage Opportunity Program, call (916) 464-1982, [email askpop@dcss.ca.gov](mailto:askpop@dcss.ca.gov), or [visit their website](https://childsupport.ca.gov/establishing-legal-parentage/) (<https://childsupport.ca.gov/establishing-legal-parentage/>).

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The birth will not be registered until all signatures are in place. By law, the birth certificate must be registered within twenty-one (21) days of the birth (HSC 102400). Thank you for your help in registering the birth of this child.

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## Information for Parents

Dear Parents:

Congratulations on the birth of your new baby!

California Department of Public Health-Vital Records (CDPH-VR) wants you to have information on registering your baby's birth so you can obtain their birth certificate. CDPH-VR is providing this information because you did not give birth in a hospital or licensed birth center, where staff would have prepared the birth record and submitted it to the local registrar.

1. Determine who is responsible for registering your child's birth:
  - a. If a physician or professionally licensed midwife or certified nurse-midwife attended the birth of your child, they are responsible for registering the birth with the local registrar within twenty-one (21) days of birth. Please review this pamphlet and work with your birth attendant to complete the enclosed worksheet documents. Parents need to visit the local registrar if they will sign the birth certificate as an informant. Parents will be required to present valid government-issued photo identification to the local registrar for verification.
  - b. If your child's birth was not attended by a physician or professionally licensed midwife or certified nurse-midwife, you are responsible for registering the birth with the local registrar within twenty-one (21) days of birth. Births attended by unlicensed individuals must be registered by the parents. Please review this pamphlet, complete the enclosed worksheet documents to ensure your child's birth certificate is completed correctly, and contact the local registrar for information on their registration process. Many registrars require appointments. A list of the local registrars and their contact information is available at the following link:

[Directory of County Vital Records Offices](https://www.cdph.ca.gov/Programs/CHSI/Pages/County-Registrars-and-Recorders.aspx)

(<https://www.cdph.ca.gov/Programs/CHSI/Pages/County-Registrars-and-Recorders.aspx>)

2. If a child's parents are not married to each other or in a State-Registered Domestic Partnership with each other, the non-birthing parent shall not be listed on the birth certificate unless the parents sign a Voluntary Declaration of Parentage before the birth certificate is registered. Local registrar staff are authorized witnesses for the Voluntary Declaration of Parentage. The birth certificate may be amended to add another parent's name at a later date only if parentage for the child has been established by a judgment of a court or by the filing of a voluntary declaration of parentage (HSC 102425). For information on the Parentage Opportunity Program, call (916) 464-1982, [email](#)

## Information to Help Register Out-of-Hospital Births

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[askpop@dcss.ca.gov](mailto:askpop@dcss.ca.gov), or [visit their website](https://childsupport.ca.gov/establishing-legal-parentage/)  
(<https://childsupport.ca.gov/establishing-legal-parentage/>).

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## Preparing for the Registration Appointment

Each local registrar has their own process and policies for registering out-of-hospital births. The information and evidence requirements below are suggestions provided to local registrars, parents, and attendants to out-of-hospital births. Please contact the local registrar in the jurisdiction of birth for information on their registration process. A list of local registrars and their contact information are available at the following link:

### [Directory of County Vital Records Offices](https://www.cdph.ca.gov/Programs/CHSI/Pages/County-Registrars-and-Recorders.aspx)

(<https://www.cdph.ca.gov/Programs/CHSI/Pages/County-Registrars-and-Recorders.aspx>)

Complete the worksheet accurately with the facts of birth before the appointment with the local registrar. The information on the worksheet will be used to prepare the baby's birth certificate. HSC 102425 requires that 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 professionally licensed midwife or certified nurse-midwife, they must complete form VS 10A, which provides supplemental medical information.

## Evidence of Live Birth in California

If a physician or professionally licensed midwife or certified nurse-midwife attended the birth, they must register the birth, and the parents only need to provide proof to substantiate the identity of the parent(s). If the birth was not attended by a physician or professionally licensed midwife or certified nurse-midwife, the parents need to provide proof to substantiate all five facts.

Please bring to your appointment evidence to substantiate these five facts:

1. Identity of the parent(s)
2. Pregnancy of the person giving birth
3. Baby was born alive
4. Birth occurred in California
5. Identity of the witness (if applicable)

## Fact 1: Identity of the Parents

A valid picture identification card issued to the parents by a government agency can be provided to prove identity. Following are some recommended documents that can be used (only the original or a certified copy is acceptable):

- A driver's license or identification card issued by a United States (U.S.) Department of Motor Vehicles Office.
- U.S. passport.
- U.S. military identification card.
- Permanent Resident Card (Green Card).
- Other valid picture identification card issued by a foreign government. (If the parents gave birth in California but are not here legally, they may be able to obtain identification verification from their consulate.)

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## **Fact 2: Pregnancy of the Person Giving Birth**

To substantiate the pregnancy of the person giving birth, the parents may provide a pregnancy test verification form or a letter that meets all of the following conditions:

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

The pregnancy test verification form or letter must include all of the following information:

- The name of person giving birth.
- The date when the person giving birth was first seen by the doctor or midwife (this date may be after the date of birth).
- The results of the person giving birth's prenatal or postpartum exams or pregnancy tests.
- The date of the person giving birth's last menstrual period.
- The date the baby was born, or was expected to be born (due date).

## **Fact 3: Baby was Born Alive**

The parent must provide proof that the child was born alive if there was no physician or professionally licensed midwife or certified nurse-midwife that attended the birth.

Suggested methods of proving live birth include, but are not limited to:

1. Bringing the baby to the interview.
2. Affidavit from a physician, nurse, nurse practitioner, or physician assistant who has provided care to the baby after the birth (license number and signature must be on the hospital or clinic letterhead).
3. A FaceTime video in real time with the child who is at home in the presence of the local registrar staff.
4. A verified video chat (with a valid date – within one year of the date of birth) where the baby is present.
5. A statement from a clergy who baptized the child.

If the evidence provided is suspected to be fraudulent, the local registrar staff can decide on a case by case basis if more information is necessary to make the birth certificate complete before acceptance for registration.

## **Fact 4: Birth Occurred in California**

The local registrar needs information showing that the person giving birth was in California on the date that the birth occurred. Documentation to confirm the person giving birth's presence in California on the date the birth occurred may include any of the following:

- If the birth occurred at the person giving birth's residence, provide an electric power, natural gas, or water bill for the period when the birth occurred. The copy



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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 either parent who is listed on the birth certificate.

- An affidavit from someone who was with the person giving birth at the time of the baby's birth. The affidavit must contain the address of the person with the person giving birth, and the location of the birth.
- A current rent receipt or other similar document that shows the name of either parent and current address.
- A statement from a state or local government agency that requires proof of residency in California that the person giving birth was receiving services on the date of the baby's birth (e.g., WIC or Medi-Cal)

## **Fact 5: Identity of the Witness (if applicable)**

It is not mandatory for the witness to accompany the parents to the appointment if there was no physician or certified nurse-midwife/licensed midwife that attended the birth. However, if the parents are using a witness to prove any of the other facts, then the witness needs to accompany the parents to the appointment to prove their identity. A witness may include any of the following:

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

If a 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 (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 or an official report of the contents of the 911 call, along with a copy of the paramedic's report.

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

**Valid ID for Witness:** A valid picture identification card issued to the witness by a government agency must be provided to prove identity. Following are some recommended documents that can be used (only the original or a certified copy is acceptable):

- A driver's license or identification card issued by a United States (U.S.) Department of Motor Vehicles Office.
- U.S. passport.
- U.S. military identification card.
- Permanent Resident Card (Green Card).
- Other valid picture identification card issued by a foreign government. (If the witness is not in California legally, they may be able to get identification verification from their consulate.)

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## **Verification**

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

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## **Local Registrar's Duty to Register**

There is no legal authority for the local registrar to refuse to register the birth certificate. However, the local registrar is allowed to request additional information until they are satisfied the record is suitable for registration. HSC 102305 states, "The local registrar of births and deaths shall carefully examine each certificate before acceptance for registration and, if any are not completed in a manner consistent with the policies established by the State Registrar, he or she shall require further information to be furnished as may be necessary to make the record consistent with those policies before acceptance for registration."

# Information to Help Register Out-of-Hospital Births

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## Frequently Asked Questions

### Who is required to register out-of-hospital births?

When a baby is born outside a hospital, the physician or certified nurse-midwife/licensed midwife who attended the birth is responsible for registering the birth with the local registrar in the county where the birth occurred (HSC 102415). If the out-of-hospital birth was not attended by a physician or professionally licensed midwife or certified nurse-midwife, either one of the parents is responsible for registering the birth.

### When must out-of-hospital births be registered?

By law, births must be registered with the local registrar within twenty-one (21) days of the birth and accepted up to one year from date of event (HSC 102400 California Code of Regulations 17 CCR § 908). There is no fee to register the birth with the local registrar within the first year.

Any birth registered on or after the child's first birthday must be processed by CDPH-VR as a Delayed Registration of Birth. If the requirements cannot be met for a Delayed Registration of Birth, another option is to apply to the local Superior Court for a Court Order Delayed Registration of Birth. More information on these processes is available at the following link:

#### [Correcting or Amending Vital Records](https://www.cdph.ca.gov/Programs/CHSI/Pages/Correcting-or-Amending-Vital-Records.aspx)

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

### Why do births need to be registered?

All births need to be registered to comply with state law. The birth must be registered before a certified copy of the birth certificate can be obtained. During a child's life, they will need a certified copy of their birth certificate to:

- Obtain a Social Security Number
- Apply for a Driver's License
- Enroll in School
- Travel or Obtain a Passport
- Register to Participate in Sports
- Apply for Various Benefits (Social Security, Military)

Birth certificates are also valuable to establish:

- Proof of Parentage
- Inheritance Rights
- Identity
- Citizenship

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

Ensure that the worksheet documents are completed fully with accurate information, as this information is used to create the birth certificate. The local registrar will print a working copy of the birth certificate for you to review. Please review the entire working copy of the baby's birth certificate for accuracy before signing the Birth Certification

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Page. If there are any errors, inform the local registrar immediately. Once the record has been registered, any corrections, such as misspellings or omissions, must be made through CDPH-VR, the amendment may be a second page of the birth certificate, and a fee may be charged. The [processing time](#) for amendments can be located on the CDPH-VR website (<https://www.cdph.ca.gov/Programs/CHSI/Pages/Vital-Records-Processing-Times.aspx>).

## **Am I required to complete all information on the worksheet?**

All information is required by law, except for the following fields, which apply to both parents. Although not required, this information is very important for understanding pregnancy outcomes and developing needed programs.

- Race and Ethnicity
- Education
- Usual Occupation
- Usual Kind of Business or Industry
- Social Security Numbers
- Email addresses and mobile telephone numbers

There are three fields on the worksheet marked, “Hospital or Attendant Use Only”:

- Complications and Procedures of Pregnancy and Concurrent Illnesses
- Complications and Procedures of Labor and Delivery
- Abnormal Conditions and Clinical Procedures Related to the Newborn

These three fields are required for births attended by a physician or professionally licensed midwife or certified nurse-midwife. This information is not required if the parents are registering the birth.

The information regarding Women, Infants & Children (WIC), average number of cigarettes/packs per day, birth parent prepregnancy and delivery weight, birth parent height, and APGAR score marked under “Medical and Health Data: Birth Parent and Newborn” will not be transcribed onto the actual birth certificate.

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

The birth certificate information is collected by the local health department who prepares the birth record and transmits it to the California Department of Public Health - Vital Records. State registered birth certificate information is then sent to the National Center for Health Statistics, Centers for Disease Control and Prevention.

## **How is the information on the birth certificate used?**

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, and other labor, delivery and birth outcomes. Information collected also assists local and state public health leaders in making decisions that address programs needed in the community such as diabetes care, teen pregnancy, WIC, etc.

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

You will not automatically receive a copy of your baby's birth certificate. Once the birth is registered, you can purchase a certified copy of the birth certificate from the local registrar or County Recorder in the county where your child was born, or from CDPH-VR. The fees and processing times may vary between these offices.

## **How can I obtain a Social Security number for my child?**

The Social Security Administration guidance limits the Enumeration at Birth program to hospital births. You can request a Social Security number for your child by contacting the nearest Social Security office. 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 (toll-free). You can also visit [Social Security's website](https://www.socialsecurity.gov/) (<https://www.socialsecurity.gov/>).

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## Resources and Links

[Directory of County Vital Records Offices](https://www.cdph.ca.gov/Programs/CHSI/Pages/County-Registrars-and-Recorders.aspx) including local registrars  
(<https://www.cdph.ca.gov/Programs/CHSI/Pages/County-Registrars-and-Recorders.aspx>)

[Parentage Opportunity Program](https://childsupport.ca.gov/establishing-legal-parentage/)  
(<https://childsupport.ca.gov/establishing-legal-parentage/>)

[Social Security Administration \(SSA\)](https://www.socialsecurity.gov/)  
(<https://www.socialsecurity.gov/>)

[California Department of Public Health Home Page](https://www.cdph.ca.gov/)  
(<https://www.cdph.ca.gov/>)

[Obtaining Certified Copies of Birth Records](https://www.cdph.ca.gov/Programs/CHSI/Pages/Vital-Records-Obtaining-Certified-Copies-of-Birth-Records.aspx)  
(<https://www.cdph.ca.gov/Programs/CHSI/Pages/Vital-Records-Obtaining-Certified-Copies-of-Birth-Records.aspx>)

[Amendments](https://www.cdph.ca.gov/Programs/CHSI/Pages/Correcting-or-Amending-Vital-Records.aspx)  
(<https://www.cdph.ca.gov/Programs/CHSI/Pages/Correcting-or-Amending-Vital-Records.aspx>)

[Processing Times](https://www.cdph.ca.gov/Programs/CHSI/Pages/Vital-Records-Processing-Times.asp) (<https://www.cdph.ca.gov/Programs/CHSI/Pages/Vital-Records-Processing-Times.asp>)

## 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](https://www.cdph.ca.gov/Programs/CHSI/Pages/Vital-Records-Processing-Times.aspx) 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)** (<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

Parent Name \_\_\_\_\_

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

Parent Signature \_\_\_\_\_

Phone: \_\_\_\_\_

## Name of Child:

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: \_\_\_\_\_

5A. Place of Birth: \_\_\_\_\_

5B. Street Address: \_\_\_\_\_

5C. City: \_\_\_\_\_ 5D. County: \_\_\_\_\_ Zip Code: \_\_\_\_\_

 Did the **actual** place of birth match the **planned** place of birth? ☐ Yes ☐ No ☐ Unknown

If not, where did you plan for this birth to take place?

- ☐ Hospital  
☐ Freestanding Birth Center  
☐ Home Delivery  
☐ Clinic/Doctor's office  
☐ Other (specify other place) \_\_\_\_\_  
☐ 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: \_\_\_\_\_

Would you (parent giving birth [9A-9C]) like to complete the confidential sexual orientation/gender identity questionnaire?

Yes

No

**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: \_\_\_\_\_

**Would you (parent not giving birth [6A-6C]) like to complete the confidential sexual orientation/gender identity questionnaire?**      **Yes**      **No**

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

☐ Withheld ☐ None ☐ Unknown

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

☐ Withheld ☐ None ☐ Unknown

**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. Reference Health and Safety Code Section 102425(a)(4). Additional parents may be added through the amendment process after the certificate is registered.**

Are parents married or in a State Registered Partnership (SRDP), or is there a certified surrogate court order?

☐ Yes ☐ No ☐ Unknown

If the parents are not married, do the parents want to sign a VDOP to add the father to the birth certificate?

☐ Yes ☐ No

**Scholarshare Contact Information** 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.

**Parent Giving Birth (9A-9C)**

Email address: \_\_\_\_\_

Mobile Phone Number (include area code): \_\_\_\_\_

**Parent Not Giving Birth/Intended Parent (6A-6C).** If no parent is listed in fields 6A-6C, do not collect this information.

Email address: \_\_\_\_\_

Mobile Phone Number (include area code): \_\_\_\_\_

**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)**

- |   |   |
|---|---|
| <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                     |
| <input type="checkbox"/> Bachelor's Degree  | <input type="checkbox"/> Master's Degree                        |
| <input type="checkbox"/> Doctorate Degree   | <input type="checkbox"/> 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.

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

- |   |   |
|---|---|
| <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                     |
| <input type="checkbox"/> Bachelor's Degree  | <input type="checkbox"/> Master's Degree                        |
| <input type="checkbox"/> Doctorate Degree   | <input type="checkbox"/> 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.

**24D. 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

**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)

**ATTENDANT CERTIFICATION**

I hereby certify and affirm that all the information shown on this worksheet is true and correct to the best of my knowledge.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

State License Number: \_\_\_\_\_ Date Signed: \_\_\_\_\_ Phone: \_\_\_\_\_

**WITNESS INFORMATION - If applicable**

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Date: \_\_\_\_\_ Phone: \_\_\_\_\_

**HOSPITAL OR ATTENDANT USE ONLY**

**CERTIFICATES OF LIVE BIRTH AND FETAL DEATH  
MEDICAL DATA SUPPLEMENTAL WORKSHEET  
VS 10A (Rev. 10/2022)**

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**

**B. If mother had a previous Cesarean—How many? \_\_\_\_\_**

(Enter 0 – 9, or U if Unknown)

**C. Fetal presentation at birth**

- 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)

- 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  | 07 Private Insurance – Employer Sponsored | 14 Other   |
| 05 Other Government Programs (Federal, State, Local) | 17 Private Insurance – Covered California | 99 Unknown |
| 09 Self Pay  | 18 Private Insurance – Individual Plan    |            |

**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 live 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
- 57 Progesterone use in second half of pregnancy

**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.***



**Item 30 (Birth)**

**Item 34 (Fetal Death)**

**COMPLICATIONS AND PROCEDURES OF LABOR AND DELIVERY**

*(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)**

<b>Item 31 (Birth)</b>	<b>ABNORMAL CONDITIONS AND CLINICAL PROCEDURES RELATING TO THE NEWBORN</b>
<b>Item 35 (Fetal Death)</b>	<b>ABNORMAL CONDITIONS AND CLINICAL PROCEDURES RELATING TO THE FETUS</b>
	<i>(Enter up to 10 codes, separated by commas, for the most important conditions/procedures.)</i>

**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
- 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