

How to Register an Out-of-Hospital Birth

Dear Parents,

Congratulations to you and your newborn baby!

City of Berkeley Office of Vital Statistics wants to help you register your baby's birth and get a birth certificate.

We are offering this help because you did not give birth in a hospital – where hospital staff would have registered the birth. If a physician or certified nurse midwife/ licensed midwife attended the birth, this person may help you complete the enclosed worksheet.



Please read this pamphlet very carefully. It will walk you through the process of registering your baby's birth.

This pamphlet includes a worksheet that must be completed and taken to the local Health Department **within 10 days of the birth.**

Chief Deputy Registrar Vital Records

City of Berkeley Office of Vital Statistics

1947 Center Street - Berkeley, CA 94704

Phone: (510) 981-5320, Fax: (510) 981-5395

Email: vitalrecords@cityofberkeley.info

www.cityofberkeley.info/vitalstatistics

How to Register an Out-of-Hospital Birth

Table of Contents

- Letter to Physician and Professionally Licensed Midwives3
- Requirements and Instructions for Registering Out-of-Hospital Births Occurring in the City of Berkeley.....4
- What You Need to Know About Your Child’s Birth Certificate.....8
- Importance of Collecting Complete and Accurate Birth Certificate Information.....9
- Worksheet Packet for Out-of-Hospital Birth Registration.....10
 - ❑ Certificate of Live Birth Worksheet
 - ❑ Certificate of Live Birth and Fetal Death Medical Data Supplemental Worksheet – 10A (Hospital or Attendant Use Only).....18
 - ❑ Weight Conversion Table.....22
- City of Berkeley Birth Certificate Application Form.....23



Dear Physician or Midwife:

The California Department of Public Health-Vital Records (CDPH-VR) understands you recently attended the birth of a child outside of a hospital. Health and Safety Code Section 102415 requires that you register the birth of this child with the local Health Department within ten days of birth.

This pamphlet provides instructions on how to register the birth. It also contains an important worksheet that **must** be completed to register 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 and bring to their appointment:
 - Parents' valid government-issued photo identification (ID);
 - Letter from the midwife (or birth center) stating pregnancy;
 - Completed Worksheet for Out-of-Hospital Births (2 pages);
 - Affidavit of Birth Information for Out-of-Hospital Births (1 page);
 - PKU Results (Newborn screening test) or the pink slip
2. Please advise the parents that they need to visit the local Health Department office to sign the birth certificate. Although CDPH-VR suggests that the parent sign the certificate at the time of the appointment, a separate appointment can be made to accommodate their schedule.
3. Call the local Health Department to schedule an appointment to register the birth.
City of Berkeley Office of Vital Statistics
1947 Center Street - Berkeley, CA 94704
Phone: (510) 981-5320, Fax: (510) 981-5395
Email: vitalrecords@cityofberkeley.info
www.cityofberkeley.info/vitalstatistics
4. 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, contact (916) 464-1982 or askpop@dcss.ca.gov, or visit <https://childsupport.ca.gov/establishing-legalparentage/>.

REQUIREMENTS and INSTRUCTIONS for REGISTERING OUT-OF-HOSPITAL BIRTHS OCCURRING in the CITY OF BERKELEY

→ **Complete and fax or email the “Worksheet for Out-of-Hospital” available in this packet before your appointment.**

→ **Fax to: 510-981-5395 or email to: vitalrecords@cityofberkeley.info.**

Please contact the office with any questions at 510-981-5320 (let operator know you have an Out-of-Hospital Birth question) or send questions via email.

This 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. The City of Berkeley Office of Vital Statistics prefers that all items be completed or accounted for, including the public health data portion of the worksheet (HSC 102425).

If the birth was attended by a physician or midwife, they should complete form **VS 10A**, which provides supplemental medical information.

Registrar’s Right to Refuse to Register Birth

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

Evidence of Live Birth in California

This section applies only if a physician or midwife was not in attendance at the birth, and the parents are registering the birth.

Please bring to your appointment evidence to prove *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)

Note: If a physician or midwife attended the birth, their signed Affidavit is sufficient evidence to prove 2, 4, and 5 above, but the parents always need to provide evidence for facts 1 and 3.

Additional information about these five items is provided below.

Verification of Information

As the local representative of this office, the County Registrar reserves the right to verify the accuracy of all information provided. Should there be any question of the documents provided the Registrar shall refer the case to the California Department of Public Health, Sacramento Office of Vital Records.

Declaration of Paternity

If the person giving birth is not married or in a State Registered Domestic Partnership (SRDP), the other parent's name shall not be listed in Items 6A-6C unless both are biological parents and both sign a voluntary Declaration of Paternity (CS 909).

Call the Paternity Opportunity Program at (916) 464-1982 or the local Health Department if you have any questions or need to obtain forms.

1. Identity of the Parents

A valid picture identification card issued to the parents 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.
- Temporary resident identification 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 get identification verification from their consulate.)

2. Pregnancy of the Person Giving Birth

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

- 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 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).

3. Infant was Born Alive

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

If birth was unattended by a licensed physician or midwife, the following is required:

Hospital/Pediatrician's medical summary on letterhead (not a prescription pad) from a visit within the first 30 days. **The original summary with original MD signature** must state the following:

- Date the child was born
- Baby's health conditions
- Baby's weight at the time of the visit
- The Baby's complete name and address
- MD License number

4. Birth Occurred in the City of Berkeley

The City of Berkeley needs information showing that the person giving birth was in the City of Berkeley on the date that the birth occurred. Documentation to confirm the person giving birth's presence in the City of Berkeley 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 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).

5. Birth Occurred in the City of Berkeley

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

- Spouse.
- Friend.
- Paramedic or fire department staff.

5. Birth Occurred in the City of Berkeley (continued)

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. Refer to page 5 under the Identity of the Parent(s) for a list of the recommended documents.

Certified Copies of Birth Certificates

You will not automatically receive a copy of your baby's birth certificate. Once the birth has been registered locally and by the State, you can purchase a certified copy of the birth certificate from the City of Berkeley Office of Vital Statistics.

Delayed Registrations

Any birth registered on or after the child's first birthday must be processed by the California Department of Public Health (CDPH) Vital Records Office in Sacramento as a Delayed Registration of Birth, or Court order registration of Birth. If your child is registered after the child's first year, there are fees involved. Contact CDPH Office of Vital Records 916-445-2684, <https://www.cdph.ca.gov/Programs/CHSI/Pages/Delayed-Registration-of-Birth.aspx>

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 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

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.

- ✓ 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>).



Importance of Collecting Complete and Accurate Birth Certificate Information

Why is the 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 the information required on the California birth certificate. This law also makes all medical information confidential.
What is the 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, 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, Women, Infants & Children (WIC), etc.
What birth certificate information is confidential on the birth certificate?	All medical information is considered confidential and is not released to the public. This includes the parents' race, education, occupation, SSNs, and address. 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.
What if the parent does not want to provide the information?	All information is required by law with the exception of the parents' race, occupation, education, and SSNs. Although not required, race, occupation, and education are very important for understanding negative outcomes and developing needed programs.
Who collects the birth certificate information?	The birth certificate information is collected by the birth clerk and it is sent to the local health department who forwards 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, and the Centers for Disease Control and Prevention.
Who should I contact if I still have questions?	Please contact the California Department of Public Health - Vital Records at (916) 445-2684.

Certificate of Live Birth Worksheet

FOR HOSPITAL OR ATTENDANT USE ONLY:

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

Room: _____ MR: _____

Attendant: _____

Clerk Initial: _____

Date Given to Parent(s): _____

Date Completed: _____

Name of Child: (If a name has not been determined at the time the birth certificate is created, a dash (-) can be entered for the first, middle and last name. The birth certificate can be amended later to add the child's name.)

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

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

Planned Place of Birth:

Place of birth and planned place of birth refer to **categories**, and do not refer to specific addresses. Categories include: **Hospital, Freestanding Birth Center, Home Delivery, Clinic/doctor's office, Other, and Unknown.**

Did the place of birth category match the planned place of birth category? Yes No Unknown

If place of birth category did not match planned place of birth category, where did you plan for this birth to take place?

- Hospital
 Freestanding Birth Center
 Home Delivery
 Clinic/doctor's office
 Other _____ (Please specify other place category)
 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: _____

Are the Parents Married and/or in a State Registered Partnership (SRDP), or is there a certified surrogate court order?

Yes No Unknown

Has a Voluntary Declaration of Parentage (VDOP) form been completed and signed?

Yes No

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.

Scholarshare Contact Information for Parent Giving Birth. This 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.

E-mail address: _____

Mobile Phone Number (Include area code and country code if applicable): _____

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: _____

Scholarshare Contact Information for Parent Not Giving Birth or Intended Parent (Person listed in 6A-6C). 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. If no parent is listed in fields 6A-6C, do not collect this information.

E-mail address: _____

Mobile Phone Number (Include area code and country code if applicable): _____

Names of Parent(s)/Informant(s) Signing the Birth Certificate:

12A. Printed Name of Parent/Informant 1 who will sign the Birth Certificate (Required)

Your name should be printed as you want it to appear in field 12A in lieu of an ink signature.

12B. Relationship of Parent/Informant 1:

- Mother
- Father
- Parent
- Other: _____

12A. Printed Name of Parent/Informant 2 who will sign the Birth Certificate (Optional)

Your name should be printed as you want it to appear in field 12A in lieu of an ink signature.

12B. Relationship of Parent/Informant 2:

- Mother
- Father
- Parent
- Other: _____

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)

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

20A. Father or Parent Usual Occupation:

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

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

Do **not** enter company name.

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

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

23A. Mother Usual Occupation:

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

23B. Mother Kind of Business/Industry:

Do **not** enter company name.

24A-E. 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., 1st, 2nd, 3rd, Unknown, etc.) (Do not enter delivery date)

25C. Number of Prenatal Visits: _____

(Count only visits recorded in the most current record available. Do not estimate additional prenatal visits when the prenatal record is not up to date. Do not include non-pregnancy related visits to ER; visit to confirm pregnancy; nutritionist; dietitian; health educator, etc. Normal prenatal visits are approximately 16.)

25D. Principal Source of Payment for 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)

32. 6A-6C/Parent Social Security Number: _____
 Withheld None Unknown

33. 9A-9C/Parent Social Security Number: _____
 Withheld None Unknown

F. Social Security Number Requested for Child: Yes No

Birth Parent Mailing Address. This is the address where the Child's Social Security Card will be mailed. This mailing address will also be shared with the Scholarshare Investment Board. P.O. Boxes are allowed. The Social Security Administration guidance limits the Enumeration at Birth program to hospital births.

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

City: _____ State/Province: _____

Zip Code/Postal Code: _____ Country: _____

HOSPITAL OR ATTENDANT USE ONLY

**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 | | 99 Unknown |
| 16 CHAMPUS/TRICARE | 07 Private Insurance | 00 Medically Unattended Birth |
| | 09 Self Pay | |

**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."**

<p>Item 29. (Birth)</p> <p>Item 33. (Fetal Death)</p>	<p>COMPLICATIONS AND PROCEDURES OF PREGNANCY AND CONCURRENT ILLNESSES (Enter up to 16 codes, separated by commas, for the most important complications/procedures.)</p>
<p>DIABETES</p> <p>09 Prepregnancy (Diagnosis prior to this pregnancy)</p> <p>31 Gestational (Diagnosis in this pregnancy)</p> <p>HYPERTENSION</p> <p>03 Prepregnancy (Chronic)</p> <p>01 Gestational (PIH, Preeclampsia)</p> <p>02 Eclampsia</p> <p>OTHER COMPLICATIONS/PREGNANCIES</p> <p>32 Large fibroids</p> <p>33 Asthma</p> <p>34 Multiple pregnancy (more than 1 fetus this pregnancy)</p> <p>35 Intrauterine growth restricted birth this pregnancy</p> <p>23 Previous preterm birth (less than 37 weeks gestation)</p> <p>36 Other previous poor pregnancy outcomes (Includes perinatal death, small-for-gestational age/ intrauterine growth restricted birth, large for gestational age, etc.)</p> <p>OBSTETRIC PROCEDURES</p> <p>24 Cervical cerclage</p> <p>28 Tocolysis</p> <p>37 External cephalic version—Successful</p> <p>38 External cephalic version—Failed</p> <p>39 Consultation with specialist for high-risk obstetric services</p> <p>PREGNANCY RESULTED FROM INFERTILITY TREATMENT</p> <p>40 Fertility-enhancing drugs, artificial insemination or intrauterine insemination</p> <p>41 Assisted reproductive technology (e.g., in vitro fertilization (IVF), gamete intrafallopian transfer (GIFT))</p>	<p>INFECTIONS PRESENT AND/OR TREATED DURING THIS PREGNANCY</p> <p>42 Chlamydia</p> <p>43 Gonorrhea</p> <p>44 Group B streptococcus</p> <p>18 Hepatitis B (acute infection or carrier)</p> <p>45 Hepatitis C</p> <p>16 Herpes simplex virus (HSV)</p> <p>46 Syphilis</p> <p>47 Cytomegalovirus (Fetal Death Only)</p> <p>48 Listeria (Fetal Death Only)</p> <p>49 Parvovirus (Fetal Death Only)</p> <p>50 Toxoplasmosis (Fetal Death Only)</p> <p>PRENATAL SCREENING DONE FOR INFECTIOUS DISEASES</p> <p>51 Chlamydia</p> <p>52 Gonorrhea</p> <p>53 Group B streptococcal infection</p> <p>54 Hepatitis B</p> <p>55 Human immunodeficiency virus (offered)</p> <p>56 Syphilis</p> <p>NONE OR OTHER COMPLICATIONS/PROCEDURES NOT LISTED</p> <p>00 None</p> <p>30 Other Pregnancy Complications/Procedures not Listed</p> <p>EPIDEMICS AND/OR DISASTERS</p> <p>91 COVID-19 Confirmed</p>

See reverse side for codes to Birth Items 30 and 31 and Fetal Death Items 34 and 35.

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 (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

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)

ABNORMAL CONDITIONS (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

- 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

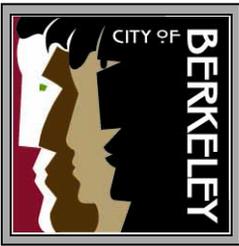
- 91 COVID-19 Confirmed

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	
P O U N D S	0	--	28	57	85	113	142	170	198	227	255	284	312	340	369	397	425
	1	454	482	510	539	567	595	624	652	680	709	737	765	794	822	851	879
	2	907	936	964	992	1021	1049	1077	1106	1134	1162	1191	1219	1247	1276	1304	1332
	3	1361	1389	1418	1446	1474	1503	1531	1559	1588	1616	1644	1673	1701	1729	1758	1786
	4	1814	1843	1871	1899	1928	1956	1985	2013	2041	2070	2098	2126	2155	2183	2211	2240
	5	2268	2296	2325	2353	2381	2410	2438	2466	2495	2523	2552	2580	2608	2637	2665	2693
	6	2722	2750	2778	2807	2835	2863	2892	2920	2948	2977	3005	3033	3062	3090	3119	3147
	7	3175	3204	3232	3260	3289	3317	3345	3374	3402	3430	3459	3487	3515	3544	3572	3600
	8	3629	3657	3686	3714	3742	3771	3799	3827	3856	3884	3912	3941	3969	3997	4026	4054
	9	4082	4111	4139	4167	4196	4224	4253	4281	4309	4338	4366	4394	4423	4451	4479	4508
	10	4536	4564	4593	4621	4649	4678	4706	4734	4763	4791	4820	4848	4876	4905	4933	4961
	11	4990	5018	5046	5075	5103	5131	5160	5188	5216	5245	5273	5301	5330	5358	5387	5415
	12	5443	5472	5500	5528	5557	5585	5613	5642	5670	5698	5727	5755	5783	5812	5840	5868
	13	5897	5925	5954	5982	6010	6039	6067	6095	6124	6152	6180	6209	6237	6265	6294	6322
	14	6350	6379	6407	6435	6464	6492	6521	6549	6577	6606	6634	6662	6691	6719	6747	6776
	15	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)



BIRTH CERTIFICATE APPLICATION FORM

Only records 2 years from the date of event (must have occurred in the City of Berkeley) will be issued

FEE PER COPY* IS \$27.00

***Certified Copy (Authorized persons only)**

A certified copy can be used to establish the identity of the person named on the copy.

Select one option if requesting in person: Pickup
* Fees collected are NON-REFUNDABLE Mail it to applicant

1 BIRTH CERTIFICATE INFORMATION (REGISTRANT) BN#: LRN:

First Name	Middle Name	Last Name	Date of Birth
City of Birth Berkeley Only No refund if record not found	Gender	Person who gave birth's Premarried Name	Record Amended? <input type="checkbox"/> YES <input type="checkbox"/> NO
No. of Copies			

2 APPLICANT INFORMATION (REQUESTOR) (PRINT CLEARLY)

First Name	Middle Name	Last Name	YOUR Relationship to the registrant?
Mailing Address (Number, Street)		Apt#/Unit	Telephone Number ()
City	State	Zip Code	Country (If outside of USA)

3 SWORN STATEMENT

I, _____, swear under penalty of perjury under the laws of the State of California, that I am an authorized person, as defined in California Health and Safety Code Section 103526 (c), and am eligible to receive a certified copy of the record of the individual named above.

Sworn on (date): ____/____/____,
MM DD YYYY

At the city of _____, _____.

(Signature) (Please wait to sign in front of a clerk)

4 CERTIFICATE OF ACKNOWLEDGMENT (REQUIRED FOR INTERNET OR MAIL REQUESTS ONLY)

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document, to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of _____ County of _____

On ____/____/____ before me, _____ (Officer's name), personally appeared _____, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

NOTARY SIGNATURE

PLEASE USE INK SEAL

5

WHO MAY APPLY?

- The registrant
- Parent or court assigned legal guardian of the registrant
- Grandparent, grandchild, sibling, spouse, or domestic partner of the registrant.
- A party entitled to receive the record as a result of court order or an attorney or licensed adoption agency seeking the birth record in order to comply with requirements of Section 3140 or 7603 of the Family Code. (Please include a copy of the court order.)
- A member of a law enforcement agency
- Governmental agency conducting official business
- An attorney representing the registrant/the registrant's estate.
- Any person or agency empowered by statute or appointed by a court to act on behalf of the registrant/the registrant's estate.

6

INSTRUCTIONS**In person:**

- Complete Items 1 through 3 (**wait to sign in the presence of a clerk**).
- Have your payment and ID ready when you get to the counter. **No refunds will be issued for events occurring outside of Berkeley.**

By Mail:

- Complete Items 1 through 4. **PLEASE NOTE: Item 3 must be signed in the presence of a Notary Public.**
- Notarize the application.
- Enclose the fee amount (do not mail cash). (You must send the fee for each certified copy requested).
- Mail the request to: **City of Berkeley – HHCS - PH Division - Office of Vital Stats, 1947 Center St - Berkeley, CA 94704**

By Internet:

- Visit www.vitalchek.com to place your order for **records two years from date of event occurring in the City of Berkeley.**
- Look for a confirmation email (Authorization Form attached) sent to you by VitalChek.com.
- Print/Complete the Authorization Form and have it notarized. (Ink seal only)
- Fax the Authorization Form to the number listed on the upper left corner of it.
- After that, just wait to receive your order by the carrier you picked.
- Just as a reminder: VitalChek charges a fee for their services. Please check their website for the current fee.

7

ADDITIONAL INFORMATION

Note: The City of Berkeley only maintains records for 2 years from the date of event. All other records need to be obtained from the Alameda County Clerk-Recorder's office.

- If no record is found, a search fee will be retained as required by statute and a "**Certificate of No Record**" will be issued.
- Processing time is **2-3 weeks** from the receiving date of your request.
- Use a separate application form for each individual.
- Only one notarized sworn statement is required when requesting multiple certificates at the same time. Simply list all the names on your sworn statement.
- If the registrant has been adopted, please fill out the request with the **adopted name**.
- Forms of payment accepted by mail:
 - Personal check (pre-printed by the bank with name and address)
 - Postal or bank money order (International Money Order only for out-of-country requests)
- Make checks and money orders payable to: **City of Berkeley**

8

NOTICE

If you applied by mail and did not receive the requested certificate(s), you must file a claim with our office within 3 months of your original request. After 3 months, our office will not accept any claims of lost mail and you will have to submit another notarized request with the required fee.

PLEASE LEAVE THIS SPACE BLANK

9

CONTACT INFORMATION

Office of Vital Statistics
www.cityofberkeley.info/vitalstatistics
 vitalrecords@cityofberkeley.info
 Telephone: (510) 981-5320 - Fax: (510) 981-5395

FOR VITAL STATISTICS USE ONLY