Parent's Worksheet for Child's Birth Certificate

Now that you have welcomed your baby to the world there is one more thing you must do. It is time for you to provide information, so that your child's birth certificate can be created. Please read and complete the attached "Worksheet for Child's Birth Certificate" to ensure a birth certificate is created for your child.

Parent's Worksheet for Child's Birth Certificate

Please complete the information below and verify that all fields are completed correctly as this information will be used to create the birth certificate for your child. ***Remember***, the birth certificate will be used by your child throughout their life for legal purposes to prove their age, citizenship, and parentage. Therefore, it is very important that the information provided is correct.

Please review the information to avoid any errors on the birth certificate.

Case ID Number (For Office Use Only)

_____

Child's Tab			
First Name:			
Middle Name:			
Last Name:			
Suffix (Jr., III, etc.)**:**			
Date of Birth:	**Time of Birth** ☐ AM ☐ Military ☐ PM ☐ Unknown	**Sex/Gender**	**Request Social Security Number for Child:** ☐ Yes, parent wants a card issued ☐ No, parent does not want a card issued
Mother's Tab			
Mother/Parent Current Name			
First Name:			
Middle Name:			
Last Name:			
Mother/Parent Name Before First Marriage			
First Name:			
Middle Name:			
Last Name:			
Mother/Parent Birthplace			
Date of Birth:	**Social Security Number:**	**Birthplace State:**	
Birthplace Country:		**Mother's Telephone Number:** _____-_____-_____	
Mother/Parent Address			
Residence Address			
Street Number and Name:			**Apartment No.:**
Zip Code:	**City or Town:**	**County:**	
State:	**Inside of City Limits:** ☐ Yes ☐ No ☐ Unknown		
Mailing Address			
Is the mailing address the same as residence address? ☐ Yes ☐ No *If No, complete the mailing address below*			
Street Number and Name:			**Apartment No.:**
Zip Code:	**City or Town:**	**State:**	
County:			

Mother/Parent Attributes

Education

- ☐ 8th grade or less
- ☐ 9th-12th grade, no diploma
- ☐ High School graduae or GED completed
- ☐ Some college credit but no degree
- ☐ Associate degree (e.g. AA, AS)
- ☐ Bachelor's degree (e.g. BA, AB, BS)
- ☐ Master's degree (e.g. MA, MS, etc.)
- ☐ Doctorate or Professional degree (e.g. PhD, EdD, MD, DDS, JD, etc.)
- ☐ Unknown

Hispanic Origin (Select all that apply)

- ☐ Not Spanish/Hispanic/Latino
- ☐ Mexican, Mexican American, Chicano
- ☐ Puerto Rican
- ☐ Cuban
- ☐ Other Spanish/Hispanic/Latino (specify): _____
- ☐ Unknown

Which one or more of the following is your race? (Select all that apply)

- ☐ Black or African American
- ☐ American Indian or Alaska Native (specify)
- ☐ American Indian-Eastern Band of Cherokee Indian
  - ☐ Eastern Band of Cherokee
  - ☐ Coharie
  - ☐ Lumbee
  - ☐ Haiwa-Saponi
  - ☐ Sappony
  - ☐ Meherrin
  - ☐ Occaneechi Band of Saponi Nation Waccamaw-Siouan
  - ☐ Other (specify) _____
- ☐ Asian Indian
- ☐ Chinese
- ☐ Filipino
- ☐ Japanese
- ☐ Korean
- ☐ Native Hawaiian
- ☐ Guamanian or Chamorro
- ☐ White
- ☐ Vietnamese
- ☐ Other Asian (specify) _____
- ☐ Samoan
- ☐ Other Pacific Islander _____
- ☐ Other _____
- ☐ Unknown

Mother/Parent Health Tab

Did Mother get WIC food for herself during this pregnancy?

☐ Yes ☐ No ☐ Unknown

Height (feet/inches)		Mother Pre-pregnancy Weight (pounds)	Mother Weight at Delivery (pounds)
Feet	Inches	Pounds	Pounds

Cigarette smoking per day before and/or during pregnancy

Tobacco use during this pregnancy? ☐ Yes ☐ No ☐ Unknown

Three months before pregnancy	Number	Packs	Cigarettes
First three months of pregnancy	Number	Packs	Cigarettes
Second three months of pregnancy	Number	Packs	Cigarettes
Last trimester of pregnancy	Number	Packs	Cigarettes

Marital Status Tab

Marital Information

Mother ever married?

- ☐ Never married
- ☐ Currently Married
- ☐ Divorced: ____/_____/_____
- ☐ Married but refusing husbands information
- ☐ Preemptive Court Order
- ☐ Widowed - Date ____/_____/_____
- ☐ Separated ____/_____/_____

Was mother married at conception, birth or anytime between conception and birth?

- ☐ Yes, spouse is legal parent
- ☐ No
- ☐ Yes, but spouse is not legal parent
- ☐ Unknown
- ☐ Mother refusing father information

Affidavit of Parentage (AOP): If the parents are not married, do you and the baby's father intend to complete an AOP in which he acknowledges that he is the natural father and accepts legal responsibility for the child? Both parents must be in agreement and present to complete the AOP form. If you are not married, and an affidavit of parentage is not completed, information about the father cannot be included on the birth certificate (the father will not be listed on the child's birth certificate).

☐ Yes, I would like to complete an Affidavit of Parentage (AOP) form.
☐ No, I do not choose to complete an Affidavit of Parentage form and understand the father will not appear on the birth certificate.

Father/Parent Tab

Father/Parent Name

First

Middle

Last

Suffix (Jr., III, etc.):	**Date of Birth:**	**Social Security Number:**
Birthplace State	**Birthplace Country:**	

Residence Address

Same as mother's residence address? ☐ Yes ☐ No

Street Number and Name:	**Apartment No.:**

Zip Code:	**City or Town:**	**County:**
State:	**Inside of City Limits:** ☐ Yes ☐ No ☐ Unknown	

Father/Parent Mailing Address

Mailing Street Address:	**Apartment No.:**

Mailing Zip Code:	**Mailing City or Town:**	**Mailing State:**
Mailing County:		

Father/Parent Attributes

Education

- ☐ 8th grade or less
- ☐ 9th-12th grade, no diploma
- ☐ High School graduae or GED completed
- ☐ Some college credit but no degree
- ☐ Associate degree (e.g. AA, AS)
- ☐ Bachelor's degree (e.g. BA, AB, BS)
- ☐ Master's degree (e.g. MA, MS, etc.)
- ☐ Doctorate or Professional degree (e.g. PhD, EdD, MD, DDS, JD, etc.)
- ☐ Unknown

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- ☐ Mexican, Mexican American, Chicano
- ☐ Puerto Rican ☐ Cuban
- ☐ Other Spanish/Hispanic/Latino (specify): _____

Which one or more of the following is your race? (Select all that apply)

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- ☐ American Indian or Alaska Native (specify)
- ☐ American Indian-Eastern Band of Cherokee Indian
  - ☐ Eastern Band of Cherokee
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  - ☐ Sappony
  - ☐ Meherrin
  - ☐ Occaneechi Band of Saponi Nation Waccamaw-Siouan
  - ☐ Other (specify) _____
- ☐ Asian Indian
- ☐ Chinese
- ☐ Filipino
- ☐ Japanese
- ☐ Korean
- ☐ Native Hawaiian
- ☐ Guamanian or Chamorro
- ☐ White
- ☐ Vietnamese
- ☐ Other Asian (specify) _____
- ☐ Samoan
- ☐ Other Pacific Islander _____
- ☐ Other _____
- ☐ Unknown

Informant's Tab

Relationship of informant (individual providing the information on the application) to baby?

☐ Mother ☐ Father ☐ Other (specify) _____

Informant Name

First

Middle

Last

Facility Information Tab

Place of Birth

Type of Birth

☐ Home - Planned ☐ Home Delivery Unknown if Planned

☐ Home - Unplanned ☐ Unknown

Facility Name

☐ Residence/Home ☐ Other (specify): _____

Street Number and Name:

Apartment No.:

Zip Code:

City or Town:

State:

County:

Prenatal

Principal source of payment for this delivery:

☐ Private Insurance (Blue Cross/Blue Shield, Aetna, etc.) ☐ Other: _____

☐ Medicaid ☐ Unknown

☐ Self-Pay

Date of Last Menses: _____/_____/_____

Prenatal Care: ☐ Yes ☐ No

Date of First Visit: _____/_____/_____

Date of Last Visit: _____/_____/_____

Total Number of Prenatal Visits: _____

Total Number of Previous Live Births:

Live births now living: _____

Now dead: _____

Date of last live birth: _____/_____/_____

Total number of other pregnancy outcomes (spontaneous or induced terminations)

Number of Other Pregnancy Outcomes: _____

Date of Last Other Pregnancy Outcome: _____/_____/_____

Pregnancy Factors

Risk factors for this pregnancy (Check all that apply)

☐ Diabetes - Gestational (Diagnosis in this pregnancy)

☐ Diabetes - Prepregnancy (Diagnosis prior to this pregnancy)

☐ Hypertension - Prepregnancy (Chronic)

☐ Hypertension - Gestational (PIH, preeclampsia)

☐ Hypertension - Eclampsia

☐ Previous preterm birth

☐ Other Previous Poor Prenancy Outcome (Includes: Perinatal Death, Small For Gestational Age/ Intrauterine Growth Restricted Birth)

☐ Pregnancy resulted from infertility treatment - fertility enhancing drugs, artificial insemination or intrauterine insemination

☐ Pregnancy resulted from infertility treatement - assisted reproductive technology (e.g. in vitro fertilization (IVF), gamete intrafallopian transfer (GIFT)

☐ Mother had a previous cesarean delivery: *How many*: _____

☐ None of the above

☐ Unknown

Infections Tested

Was mother tested for HBsAG? ☐ Yes ☐ No

If yes, results: ☐ Positive ☐ Negative ☐ Pending

If yes, test date: _____/_____/_____

Infections present and/or treated during this pregnancy (Check all that apply)

☐ Gonorrhea ☐ Hepatitis B

☐ Syphilis ☐ Hepatitis C

☐ Chlamydia ☐ None of the above

Obstetric procedures (Check all that apply)

☐ Cervical cerclage ☐ External cephalic version - successful ☐ None of the above

☐ Tocolysis ☐ External cephalic version - failed

Labor Tab

Onset of Labor (Check all the apply)

- ☐ Premature rupture of the membranes (Prolonged, >= 12 hours)
- ☐ Precipitous labor (<3 hours)
- ☐ Prolonged labor (>=20 hours)
- ☐ None of the above
- ☐ Unknown

Characteristics of Labor and Delivery (Check all that apply)

- ☐ Induction of labor
- ☐ Augmentation of labor
- ☐ Non-vertex presentation
- ☐ Steroids (glucosteroids) for fetal lung maturation received by the mother prior to delivery
- ☐ Antibiotics received by the mother during labor
- ☐ Clinical chorioamnionities diagnosed during labor or maternal temperature >=38C (100.4F)
- ☐ Moderate/heavy meconium staining of the amniotic fluid
- ☐ 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
- ☐ Epidural or spinal anesthesia during labor
- ☐ None of the above
- ☐ Unknown

Delivery Tab

Method of Delivery

Was delivery with forceps attempted but unsuccessfully?

- ☐ Yes
- ☐ No
- ☐ Unknown

Was delivery with vacuum extraction attempted but unsuccessful?

- ☐ Yes
- ☐ No
- ☐ Unknown

Fetal presentation a birth

- ☐ Cephalic
- ☐ Breech
- ☐ Other

Final route and method of delivery

- ☐ Vaginal/Spontaneous
- ☐ Vaginal/Forceps
- ☐ Vaginal/Vaccum
- ☐ Cesarean

If Cesarean, was a trial of labor attempted?

- ☐ Yes
- ☐ No
- ☐ Not Applicable
- ☐ Unknown

Maternal Morbidity (Check all that apply)

- ☐ Maternal transfusion
- ☐ Third or fourth degree perineal laceration
- ☐ Ruptured uterus
- ☐ Unplanned hysterectomy
- ☐ Admission to intensive care unit
- ☐ Unplanned operating room procedure following delivery
- ☐ None of the above
- ☐ Unknown

Mother transferred for maternal medical or fetal indication prior to delivery

☐ Yes ☐ No ☐ Unknown

Transfer Facility

Infant transferred within 24 hours of delivery ☐ Yes ☐ No

Transfer Facility

Newborn Tab

Infant birth weight: Pounds ____ ounces ____ Grams ____

APGAR Score 5 mins: ____ APGAR Score 10 mins: ____

Obstetric estimate of gestation (completed weeks): ____

Plurality

- ☐ Single ☐ Quadruplet ☐ Octuplet
- ☐ Twins ☐ Quintuplet ☐ Sextuplet
- ☐ Triplet ☐ Septuplet ☐ Unknown

Was infant receive Hepatitis B vaccine?

☐ Yes ☐ No ☐ Unknown ☐ Refused

Hepititis B vaccine date administered?

_____/_____/_____

Was infant immunized with Nirsevimab (RSV)?

☐ Yes ☐ No ☐ Unknown ☐ Refused

Nirsevimab (RSV) dosage amount

☐ 50mg ☐ 100mg ☐ Unknown ☐ Not Applicable

Nirsevimab (RSV) date administered

_____/_____/_____

Birth Order

- ☐ First ☐ Sixth
- ☐ Second ☐ Seventh
- ☐ Third ☐ Eighth or more
- ☐ Fourth ☐ Unknown
- ☐ Fifth ☐ Not Applicable

If not single birth, number of infants in this delivery born alive: _____

Is infant living at time of report?

☐ Yes ☐ No ☐ Infant transferred, status unknown

Is infant being breastfed at discharge?

☐ Yes ☐ No ☐ Unknown

Newborn Factors Tab

Abnormal conditions of the newborn (Check all that apply)

- ☐ Assisted ventilation required immediately following delivery
- ☐ Assisted ventilation required for more than six hours
- ☐ NICU Admission
- ☐ Newborn given surfactant replacement therapy
- ☐ Antibiotics received by the newborn for suspected neonatal sepsis
- ☐ Seizure or serious neurologic dysfunction
- ☐ Significant birth injury (skeletal fracture(s), peripheral nerve injury, and/or soft tissue/solid organ hemorrhage which requires intervention)
- ☐ None of the above
- ☐ Unknown

Congenital Anomalies (Check all that apply)

- ☐ Anencephalus
- ☐ Meningomyelocele/Spina Bifida
- ☐ Cyanotic congenital heart disease
- ☐ Congenital diaphragmatic hernia
- ☐ Omphalocele
- ☐ Gastroschisis
- ☐ Limb reduction defect (excluding congenital amputation and dwarfing syndromes)
- ☐ Cleft lip with or without cleft palate
- ☐ Cleft palate alone
- ☐ Down Syndrome Karyotype confirmed
- ☐ Down Syndrome Karyotype pending
- ☐ Suspected other chromosomal disorder Karyotope confirmed
- ☐ Suspected other chromosomal disorder Karyotope pending
- ☐ Hypospadias
- ☐ None of the anomalities listed above
- ☐ Unknown

Attendant/Certifier Tab

Attendant at Birth

First Name:

Middle Name:

Last Name:

Suffix (Jr., III, etc.)**:**

Attendant's Title

- ☐ MD
- ☐ DO
- ☐ Certified Nursing Midwife/ Certified Midwife
- ☐ Other Midwife
- ☐ Other Specify:_____

Attendant NPI

Address

Street Number and Name:

Zip Code:

City or Town:

County:

Certifier

Same as attendant? ☐ Yes ☐ No

First Name:

Middle Name:

Last Name:

Suffix (Jr., III, etc.)**:**

Certifier's Title

- ☐ Birth Certifier
- ☐ MD
- ☐ DO
- ☐ Certified Nursing Midwife Certified Midwife
- ☐ Other Midwife
- ☐ Hospital Administrator
- ☐ Other (specify)_____

NPI

Address Street Number and Name:

Zip Code:

City or Town:

County:

Date Certified : _____/_____/_____

I acknowledge that I have reviewed all the information provided on this birth application and attest that the information is correct. I understand that I will be given another opportunity to review this information on the Mother's Worksheet. I understand that it is my responsibility to identify any errors and report them to the birth registrar before the birth is registrated. I also understand that if an error is found after the birth certificate has been registered, I will be responsible for completing an amendment with the North Carolina State Vital Records Office and any fees associated with the birth certificate being corrected.

_____ _____

Mother/Parent Signature: **Date**

_____ _____

Father/Parent Signature (if applicable) **Date**