## 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:	ime of Birth	Sex/Gender	Request Social Security Number for Child:			
	☐ AM ☐ Military					
	☐ AM ☐ Military ☐ PM ☐ Unknow	n	Yes, parent wants a card issued No, parent does not want a card issued			
	TWI CHARGW.	Mother's Tab	110, parent dees not want a care issued			
Mother/Parent Current Name						
First Name:						
Middle Name:						
Last Name:						
Mother/Parent Name Before First M	Marriage					
First Name:						
Middle Name:						
Last Name:						
Mother/Parent Birthplace						
Date of Birth:	Social Security Number:		Birthplace State:			
Date of Birth.	Social Security Number.		bit inplace state.			
Birthplace Country:	<b>'</b>		Mother's Telephone Number:			
		Mother/Parent Address				
Residence Address Street Number and Name:				Amouton and No.		
				Apartment No.:		
Zip Code:	City or Town:		County:			
State:	Inside of City Limits:			1		
	□Yes □ No	Unknown				
Mailing Address	☐Yes ☐ No	CHKHOWII				
Is the mailing address the same as r	esidence address?	□ No If No, complete	e the mailing address below			
Street Number and Name:	103		and many man cos seron	Apartment No.:		
				=		
Zip Code:	City or Town:		State:			
County:						

Mother/Parent Attributes									
Education Which one or more of the following is your race? (Select all that apply)									
8th grade or less	Black or African American	Filipino							
☐ 9th-12th grade, no diploma	American Indian or Alaska Native (specify)	Japanese							
☐ High School graduae or GED completed	American Indian-Eastern Band of Cherokee Indian	☐ Korean							
Some college credit but no degree	Eastern Band of Cherokee	☐ Native Hawaiian							
Associate degree (e.g. AA, AS)	☐ Coharie	☐ Guamanian or Chamorro							
☐ Bachelor's degree (e.g. BA, AB, BS)	Lumbee	White							
☐ Master's degree (e.g. MA, MS, etc.)	☐ Haiwa-Saponi	Vietnamese							
Doctorate or Professional degree (e.g. PhD, EdD, MD, DDS, JD, etc.)	☐ Sappony	Other Asian (specify)							
Unknown	☐ Meherrin	Samoan							
	☐ Occaneechi Band of Saponi Nation Waccamaw-Siouan	Other Pacific Islander							
Hispanic Origin (Select all that apply)	Other (specify)	Other							
	—	☐ Unknown							
☐ Not Spanish/Hispanic/Latino	Chinese								
Mexican, Mexican American, Chicano	Clinese								
☐ Puerto Rican									
Cuban									
Other Spanish/Hispanic/Latino (specify)									
Unknown									
	Mother/Parent Health Ta	b							
Did Mother get WIC food for herself during	this pregnancy?								
	nknown								
Height (feet/inches)	Mother Pre-pregnancy Weight (pounds)	Mother Weight at Delivery (pounds)							
Feet Inches	Pounds	Pounds							
Cigarette smoking per day before and/or dur	ing pregnancy								
Tobacco use during this pregnancy?	Yes No Unknown								
Three months before pregnancy	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	nad tar Suttus 1 ab								
Mother ever married?	_	Was mother married at conception, birth or anytime between conception and birth?							
☐ Never married	Currently Married	☐ Yes, spouse is legal parent ☐ No							
☐ Divorced://	☐ Married but refusing husbands information	☐ Yes, but spouse is not legal parent ☐ Unknown							
☐ Preemptive Court Order	☐ Widowed - Date/	☐ Mother refusing father information							
Separated/									

natural father and accepts legal responsibil	ents are not married, do you and the baby's father interity for the child? Both parents must be in agreement a	nd present to complete the AOP form. If you a	re not married, and an			
affidavit of parentage is not completed, information certificate).	ormation about the father cannot be included on the b	irth certificate (the father will not be listed on	the child's birth			
	ete an Affidavit of Parentage (AOP) form.  uplete an Affidavit of Parentage form and understand to	the father will not appear on the birth certifical	te.			
	Father/Parent Tab	11				
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:					
Father/Parent Mailing Address	Yes No Unknown					
Father/Parent Mailing Address  Mailing Street Address:						
Mailing Zip Code:	Mailing City or Town:	Mailing State:				
Mailing County:						
rraning county.						
	_					
	Father/Parent Attributes					
Education	Which one or more of the following is your race? (S	elect all that apply)				
☐ 8th grade or less	Black or African American	Asian Indian				
9th-12th grade, no diploma	American Indian or Alaska Native (specify)	Chinese				
High School graduae or GED completed	American Indian-Eastern Band of Cherokee Indian	☐ Filipino				
Some college credit but no degree	Eastern Band of Cherokee	☐ Japanese				
Associate degree (e.g. AA, AS)	☐ Coharie	Korean				
☐ Bachelor's degree (e.g. BA, AB, BS)	Lumbee	☐ Native Hawaiian				
☐ Master's degree (e.g. MA, MS, etc.)	☐ Haiwa-Saponi	Guamanian or Chamorro				
Doctorate or Professional degree (e.g. PhD, EdD, MD, DDS, JD, etc.)	☐ Sappony	☐ White				
Unknown	☐ Meherrin	☐ Vietnamese				
	☐ Occaneechi Band of Saponi Nation Waccamaw-Siouan	Other Asian (specify)				
Hispanic Origin (Select all that apply)	Other (specify)	Samoan				
		Other Pacific Islander				
Not Spanish/Hispanic/Latino		☐ Other				
Mexican, Mexican American, Chicano	Puerto Rican Cuban	☐ Unknown				
Other Spanish/Hispanic/Latino (specify):						

		Informant's Tab					
Relationship of informant (individual providing the informa	tion on the application) to baby?						
Mother Father Other (specify)							
Informant Name							
First							
Middle							
Last							
24.5							
Place of Birth	Fac	cility Information Tab					
Type of Birth		Facility Name					
Home - Planned Home Delivery	Unknown if Planned	Residence/Home Other (specify):					
Home - Unplanned Unknown							
Street Number and Name:				Apartment No.:			
Street Number and Name.				ripartment 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		Total Number	er of Previous Live Births:			
Date of Last Weises.	Date of First Visit://		Live birth	s now living:			
	Date of Last Visit://		Now dead	l:			
	Total Number of Prenatal Visits:		Date of las	st live birth:/			
Total number of other pregnancy outcomes (spontaneous		_					
Number of Other Pregnancy Outcomes:							
Date of Last Other Pregnancy Outcome://_							
Pregnancy Factors							
Risk factors for this pregnancy (Check all that apply)		Intrauterine Growth Restricted Birth	1)				
Diabetes - Gestational (Diagnosis in this pregnancy)			reatment - fertil	ity enhancing drugs, artificial insemination or intrauterine			
Diabetes - Prepregnancy (Diagnosis prior to this pregna	ancy)	insemination					
Hypertension - Prepregnancy (Chronic)		gamete intrafallopian transfer (GIFT		isted reproductive technology (e.g. in vitro fertilization (IVF),			
Hypertension - Gestational (PIH, preeclampsia)  Hypertension - Eclampsia		Mother had a previous cesarean deli	ivery: How man	ny:			
Previous preterm birth		None of the above					
Other Previous Poor Prenancy Outcome (Includes: Per	inatal Death Small For Gestational Age/	Unknown					
Infections Tested	The second secon	Infections present and/or treated during	g this pregnan	ev (Check all that apply)			
Was mother tested for HBsAG? Yes No				3.4			
		Gonorrhea	Hepatiti	s B			
If yes, results: Positive Negative Pendin	g	Syphilis	Hepatitis	s C			
If yes, test date:/		Chlamydia	None of	f the above			
Obstetric procedures (Check all that apply)							
Cervical cerclage External cephalic version - s	successful None of the above						
Tocolysis External cephalic version - f	failed						

	Labor Tab					
Onset of Labor (Check all the apply)	Characteristics of Labor and Delivery (Check all that apply)					
Premature rupture of the membranes (Prolonged, >= 12 hours)	Induction of labor					
Precipitous labor (<3 hours)	Augmentation of labor					
Prolonged labor (>=20 hours)	Non-vertex presentation					
None of the above	Steroids (glucosteroids) for fetal lung maturation received by the					
Unknown	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					
Method of Delivery	Delivery Tab					
Was delivery with forceps attempted Was delivery with vacuum extraction but unsuccessfully? attempted but unsuccessful?	Fetal presentation a birth					
Yes Yes	Cephalic					
_						
□ No □ No	Breech					
Unknown Unknown	Other					
Final route and method of delivery If Cesarean, was a trial of labor attempted?						
Vaginal/Spontaneous Yes						
Vaginal/Forceps No						
Vaginal/Vaccum Not Applicable						
Cesarean Unknown						
Maternal Morbidity (Check all that apply)	Mother transferred for maternal medical or fetal indication prior to delivery					
Maternal transfusion	Yes No Unknown					
Third or fourth degree perineal	Transfer Facility					
laceration						
Ruptured uterus	Infant transferred within 24 hours of delivery Yes No					
Unplanned hysterectomy	Transfer Facility					
Admission to intensive care unit						
Unplanned operating room procedure						
following delivery						
None of the above						
Unknown						
	Newborn Tab					
Infant birth weight						
Pounds ounces Grams						
APGAR Score 5 mins: APGAR Score 10 mins:						
Obstetric estimate of gestation (completed weeks):						
Plurality	Birth Order If not single birth, number of infants in this delivery					
☐ Single ☐ Quadruplet ☐ Octuplet	born alive:					
☐Twins ☐ Quintuplet ☐ Sextuplet	Is infant living at time of report?					
	Yes No Infant transferred, status unknown					
☐Triplet ☐Septuplet ☐Unknown	Third Eighth or more					
Was infant receive Hepatitis B vaccine? Was infant immunized with Nirsevimab (RSV)?	Fourth Unknown Is infant being breastfed at discharge?					
Yes No Unknown Refused Yes No Unknown Refused	Fifth Not Applicable Yes No Unknown					
Hepititis B vaccine date administered? Nirsevimab (RSV) dosage amount						
/						
Nirsevimab (RSV) date administered						

	No	ewborn Factors Tab					
Abnormal conditions of the newbor	n (Check all that apply)	Congenital Anomalies (Check all that apply)					
Assisted ventilation required imme	ediately following delivery	Anencephalus					
Assisted ventilation required for m	nore than six hours	Meningomyelocele/Spina Bifida					
NICU Admission		Cyanotic congenital heart disease					
Newborn given surfactant replace	ment therapy	Congenital diaphragmatic hernia					
Antibiotics received by the newbo	rn for suspected neonatal sepsis	Omphalocele					
Seizure or serious neurologic dysf		Gastroschisis					
			1				
hemorrhage which requires interve	acture(s), peripheral nerve injury, and/or soft tissue/solid organ ention)	Limb reduction defect (excluding congenita dwarfing syndromes)	n amputation and				
None of the above		Cleft lip with or without cleft palate					
Unknown		Cleft palate alone					
		Down Syndrome Karyotype confirmed					
		Down Syndrome Karyotype pending					
		Suspected other chromosomal disorder Karyotope confirmed  Suspected other chromosomal disorder Karyotope pending					
			yotope pending				
		Hypospadias					
		None of the anomalities listed above					
		Unknown					
A Hamilton Co. D. C.	Att	endant/Certifier Tab					
Attendant at Birth First Name:							
Middle Name:							
Last Name:							
Suffix (Jr., III, etc.):							
Attendant's Title							
□ MD	Other Midwife						
DO	Other Specify:						
Certified Nursing Midwife/							
Certified Midwife							
Attendant NPI							
Address Street Number and Name:							
Street value and value							
Zip Code:		City or Town:	County:				
C. 18							
Certifier Same as attendant? Yes	No						
First Name:							
ACTUL No.							
Middle Name:							
Last Name:							
Suffix (Jr., III, etc.):							
Certifier's Title		NPI					
Birth Certifier	Other Midwife	Address Street Number and Name:					
□MD	Hospital Administrator	Tanker and Pane.					
	Other (specify)	Zip Code:	City or Town:				
DO	<del></del>	-	•				
Certified Nursing Midwife Certified Midwife		County:					

Date Certified :		'	/									
I acknowledge that I Worksheet. I underst. registered, I will be re	and that it is n	ny responsibil	lity to identify a	ny errors and re	port them to the	birth registrar b	efore the birth i	registrated. I also	understand that	if an error is for		
Mother/Parent Signa	ature:								Date			
Father/Parent Signa	ture (if applic	able)							Date			