



Please fax completed form to 530-271-0829 within two days of child’s birth to allow our office to ensure the records are registered within ten days of birth, as required by [Health and Safety Code Section 102400](#). “Each live birth shall be registered with the local registrar of births and deaths for the district in which the birth occurred within 10 days following the date of the event.”

THIS CHILD	1A. NAME OF CHILD – FIRST		1B. MIDDLE	1C. LAST		
	2. SEX	3A. THIS BIRTH SINGLE TWIN TRIPLET		3B. IF MULTIPLE, THIS CHILD 1 ST 2 ND 3 RD		
PLACE OF BIRTH	5A. PLACE OF BIRTH RESIDENCE BIRTHING CENTER OTHER		5B. STREET ADDRESS		BIRTH PARENT MARRIED AT TIME OF BIRTH? YES _____ NO _____	
			5C. CITY	5D. ZIP CODE		
BIRTH ATTENDANT	13A. ATTENDANT’S NAME			13B. LICENSE #	13C. PRIMARY PHONE NUMBER	
	13D. MAILING ADDRESS – STREET, CITY, STATE, ZIP				13E. EMAIL ADDRESS	
OTHER PARENT	6A. FIRST NAME		6B. MIDDLE		6C. LAST – BIRTH NAME	
	7. BIRTHPLACE		8. DOB		32. SOCIAL SECURITY NUMBER	
	19. HISPANIC, LATINO, OR SPANISH			18. RACE – UP TO THREE		
	20A. USUAL OCCUPATION		20B. INDUSTRY		20C. EDUCATION – HIGHEST LEVEL / DEGREE	
	24A. PHYSICAL ADDRESS – STREET AND NUMBER, OR LOCATION – DO NOT USE PO BOX					
	24B. COUNTY		24C. ZIP CODE		24F. PHONE NUMBER	
BIRTH PARENT	9A. FIRST NAME		9B. MIDDLE		9C. LAST – BIRTH NAME	
	10. BIRTHPLACE		11. DOB		33. SOCIAL SECURITY NUMBER	
	21. HISPANIC, LATINA, OR SPANISH			22. RACE – UP TO THREE		
	23A. USUAL OCCUPATION		23B. INDUSTRY		23C. EDUCATION – HIGHEST LEVEL / DEGREE	
	24A. PHYSICAL ADDRESS – STREET AND NUMBER, OR LOCATION – DO NOT USE PO BOX					
	24B. COUNTY		24C. CITY			
	24D. STATE		24E. ZIP CODE		24F. PHONE NUMBER	
MAILING ADDRESS IF DIFFERENT FROM 24A.						

CONFIDENTIAL INFORMATION FOR PUBLIC HEALTH USE ONLY

MEDICAL AND HEALTH DATA BIRTH PARENT AND NEWBORN	DID BIRTH PARENT RECEIVE WIC (WOMEN INFANT CHILDREN) WHILE PREGNANT WITH THIS CHILD? YES NO UNKNOWN					
	HOW MANY CIGARETTES DID THE MOTHER SMOKE DURING PREGNANCY?					
	THREE MONTHS PRIOR TO PREGNANCY: _____ OR _____ PACKS FIRST TRIMESTER OF PREGNANCY: _____ OR _____ PACKS SECOND TRIMESTER OF PREGNANCY: _____ OR _____ PACKS THIRD TRIMESTER OF PREGNANCY: _____ OR _____ PACKS					
	BIRTH PARENT PRE-PREGNANCY WEIGHT:		BIRTH PARENT DELIVERY WEIGHT:		BIRTH PARENT HEIGHT:	
	APGAR SCORE 00-10		AT 1 MINUTE:	AT 5 MINUTES:		AT 10 MINUTES:
	25A. DATE LAST NORMAL MENSES BEGAN		25B. MONTH PRENATAL CARE BEGAN		25AA. DATE FIRST PRENATAL CARE VISIT	
	25BA. DATE OF LAST PRENATAL CARE VISIT		25C. NUMBER OF PRENATAL VISITS		25D. SOURCE OF PAYMENT FOR PRENATAL CARE	
	26. BIRTH WEIGHT (GRAMS)		PREVIOUS LIVE BIRTHS DO NOT INCLUDE THIS CHILD		MISCARRIAGES EXCLUDE INDUCED ABORTIONS	
	26A. WEEKS PREGNANT AT DELIVERY		27A. # NOW LIVING	27B. # DECEASED	27D. # < 20 WEEKS	27E. # > 20 WEEKS
	26B. HEARING SCREENING		27C. DATE OF LAST LIVE BIRTH		27F. DATE OF LAST TERMINATION (MO/YR)	
	28A. METHOD OF DELIVERY	A. DELIVERY ROUTE	B. PREVIOUS CESAREAN	C. FETAL PRESENTATION	D. FORCEPS?	E. VACUUM?
	28B. SOURCE OF PAYMENT FOR DELIVERY		29. COMPLICATIONS AND PROCEFURES OF PREGNANCY AND CONCURRENT ILLNESSES			
	30. COMPLICATIONS AND PROCEDURES OF LABOR AND DELIVERY			31. ABNORMAL CONDITIONS AND PROCEDURES RELATED TO THE NEWBORN		

ADDITIONAL INFORMATION FOR NEWBORN SCREENING FORM

NEWBORN PRIMARY CARE PROVIDER INFORMATION (NOT MIDWIFE)		
LAST NAME	FIRST NAME	NPI/LICENSE #
ADDRESS – STREET, CITY, STATE, ZIP	PHONE NUMBER	FAX NUMBER
NEWBORN SCREENING TEST PERFORMED	DATE OF TEST	WHERE WAS TEST DONE
YES NO		



CONFIDENTIAL INFORMATION FOR PUBLIC HEALTH STATISTICAL USE ONLY

<p>SHOULD ONLY BE PROVIDED BY BIRTH PARENT IDENTIFIED IN QUESTIONS 9A-9C THIS INFORMATION IS CONFIDENTIAL AND DOES NOT PRINT ON THE BIRTH CERTIFICATE</p>				
ARE YOU THE GENETIC MOTHER?	YES	NO	UNKNOWN	
WHAT SEX APPEARS ON YOUR ORIGINAL BIRTH CERTIFICATE?	MALE	FEMALE	UNKNOWN	DECLINE TO RESPOND
HOW DO YOU IDENTIFY YOUR GENDER IDENTITY?				
HOW DO YOU IDENTIFY YOUR SEXUAL ORIENTATION?				

<p>SHOULD ONLY BE PROVIDED BY THE PARENT IDENTIFIED IN QUESTIONS 6A-6C THIS INFORMATION IS CONFIDENTIAL AND DOES NOT PRINT ON THE BIRTH CERTIFICATE</p>				
WHAT SEX APPEARS ON YOUR ORIGINAL BIRTH CERTIFICATE?	MALE	FEMALE	UNKNOWN	
DECLINE TO RESPOND				
HOW DO YOU IDENTIFY YOUR GENDER IDENTITY?				
HOW DO YOU IDENTIFY YOUR SEXUAL ORIENTATION?				

REQUEST INFORMATION ON COMMUNITY RESOURCES

- | | |
|--|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> Healthy Babies Program <input type="checkbox"/> P.A.R.T.N.E.R.S Family Resource Center <input type="checkbox"/> Food Bank of Nevada County <input type="checkbox"/> Mother Child and Adolescent Health <input type="checkbox"/> WIC <input type="checkbox"/> Child Immunization <input type="checkbox"/> Adult Immunization <input type="checkbox"/> Children’s Mental Health Services | <ul style="list-style-type: none"> <input type="checkbox"/> Adult Mental Health Services <input type="checkbox"/> Drug and Alcohol Services <input type="checkbox"/> Housing Assistance <input type="checkbox"/> Medi-Cal Insurance <input type="checkbox"/> CalFresh (Food Stamps) <input type="checkbox"/> Cash Assistance for Families <input type="checkbox"/> Employment Services <input type="checkbox"/> Child Support Services |
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INFORMANT AND BIRTH CERTIFICATION INFORMATION

PARENT OR INFORMANT INFORMATION	
12A. LEGAL NAME	12B. RELATIONSHIP TO CHILD
12A. LEGAL NAME	12B. RELATIONSHIP TO CHILD
13A. ATTENDANT/CERTIFIER NAME	13B. LICENSE NUMBER
WILL ATTENDANT/CERTIFIER BE AVAILABLE FOR SIGNING WITHIN 10 DAYS OF BIRTH?	
YES NO UNSURE	