



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 twenty-one (21) 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@BerkeleyCA.gov

<https://berkeleyca.gov/vitalstatistics>

How to Register an Out-of-Hospital Birth

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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 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.

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@BerkeleyCA.gov
www.BerkeleyCA.gov/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](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

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) (<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.

Worksheet for Out-of-Hospital Births

Please Bring This Completed Form to Register This Child's Out-of-Hospital Birth

Child's Information	First Name	Middle	Last (Birth)	
	Sex	This Birth Specify 1=Single, 2=Twin, 3=Triplet, Etc.		
	Date of Birth	Time of Birth <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.		
	Place of Birth	Street Address		
	City	County	Zip Code	
Parent's Information	First Name	Middle	Last (Birth)	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Parent
	State of Birth	Date of Birth		
Parent's Information (Person Giving Birth)	First Name	Middle	Last (Birth)	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Parent
	State of Birth	Date of Birth		

The Following is Confidential Information and Will be Used for Public Health Purposes Only

Genetic Father's Information	Race (list up to 3) See Attached Race/Ethnicity Worksheet		Hispanic: <input type="checkbox"/> Yes <input type="checkbox"/> No Specify: _____	Date Last Worked	
	Usual Occupation	Usual Kind of Business or Industry	Education – Years Completed	Social Security Number	
Genetic Mother's Information	Race (list up to 3) See Attached Race/Ethnicity Worksheet		Hispanic: <input type="checkbox"/> Yes <input type="checkbox"/> No Specify: _____	Date Last Worked	
	Usual Occupation	Usual Kind of Business or Industry	Education – Years Completed	Social Security Number	
Person Giving Birth's Address	Residence – Street Name and Number		County		
	City	State	Zip		
	Mailing Address – If Different From Residence Address Street Name and Number or P.O. Box		County		
	City	State/Foreign County	Zip		

Continued on Back

Worksheet for Out-of-Hospital Births (Continued)

The Following is Confidential Information and Will be Used for Public Health Purposes Only

Medical Data	Did Person Giving Birth Receive WIC (Womens, Infants & Children) Food While Pregnant?			
	Average Number of Cigarettes/Packs Per Day First Three Months Prior to Pregnancy		Average Number of Cigarettes/Packs Per Day First Trimester	
	Average Number of Cigarettes/Packs Per Day Second Trimester		Average Number of Cigarettes/Packs Per Day Third Trimester	
	Prepregnancy Weight in Pounds	Delivery Weight in Pounds	Height Feet	Height Inches
	APGAR Score at 1 Minute (00-10, Unknown, or Not Taken)	APGAR Score at 5 Minutes (00-10, Unknown, or Not Taken)	APGAR Score at 10 Minutes (00-10, Unknown, or Not Taken)	Date Last Normal Menses Began
	Date First Prenatal Care Visit	Month Prenatal Care Began	Date Last Prenatal Care Visit	Number of Prenatal Visits
	Obstetric Estimate of Gestation at Delivery (Completed Weeks)		Hearing Screening: (Pass (Both Ears); Refer (One Ear); Refer (Both Ears); Results Pending; Waived; Not Medically Indicated; Test Not Available)	
	PREGNANCY HISTORY (Complete Each Section)			
Live Births (Do not count this child)		Other Terminations (Exclude induced abortions)		
Now Living	Now Dead	Before 20 Weeks	After 20 Weeks	
Date of Last Live Birth		Date of Last Other Termination		
Enter Appropriate Codes From Worksheets	Principal Source of Payment for Prenatal Care	Birthweight in Grams (See attached birth weight conversion table)	Method of Delivery (See attached VS 10A worksheet)	
	Principal Source of Payment for Delivery	* Complications and Procedures of Pregnancy and Concurrent Illnesses (See attached VS 10A worksheet) Enter 00 for NONE		
	* Complications and Procedures of Labor and Delivery (See attached VS 10A worksheet) Enter 00 for NONE		* Abnormal Conditions and Clinical Procedures Related to the Newborn (See attached VS 10A worksheet) Enter 00 for NONE	
	* The attending physician or midwife shall complete these three fields for physician- or midwife-attended out-of-hospital births. These three fields are optional for non-physician- or non-midwife-attended out-of-hospital births.			

Affidavit of Birth Information for Out-of-Hospital Births

This Affidavit is to be Completed at the Local Health Office

I swear or affirm that the information stated is true and correct to the best of my knowledge and belief. I certify that the child named herein was born alive to the stated parent at the place, date, and time shown on this worksheet.

This worksheet was completed with the understanding that the facts so stated herein afford a full, complete, and truthful representation of facts and what my testimony shall be should I be asked or directed to testify to the facts herein in a court of law. I realize that any false statement of facts or information made herein could subject me to the risk of criminal liability, including, but not limited to, prosecution for perjury.

Parent Verification	Printed Name		Written Signature ▶	
	Relationship to Child <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Parent	Date Signed		Phone Number ()
Witness Verification	Printed Name		Written Signature ▶	
	Address – Street Name and Number			County
	City		State	Zip
	Relationship to Child	Date Signed		Phone Number ()
Attendant Verification (Physician, Certified Nurse-Midwife, or Licensed Midwife)	Printed Name		Written Signature ▶	
	Address – Street Name and Number			County
	City		State	Zip
	State License Number	Date Signed		Phone Number ()
Local Registration District Staff Verification	Printed Name		Written Signature ▶	
	Date Signed	<input type="checkbox"/> Registered	<input type="checkbox"/> Denied	Inventory Control Number _____

Privacy Notification

The information entered on the worksheet will be transferred to the Certificate of Live Birth (VS 10D) and will be collected by California Department of Public Health-Vital Records, M.S. 5103, P.O. Box 997410, Sacramento, CA 95899-7410, telephone number (916) 445-2684. This information is required by Division 102 of the Health and Safety Code. Every element on the worksheet is mandatory, except the items between the double bold lines on the first page of the worksheet. Failure to comply by every person, except a parent informant, is a misdemeanor. The Certificate of Live Birth is open to public access except where prohibited by statute. The principal purposes of this record are to: 1) Establish a legal record of each vital event, 2) Provide certified copies for personal use, 3) Furnish information for demographic and epidemiological studies, and 4) Supply data to the National Center for Health Statistics for federal reports. The parents' Social Security numbers are included pursuant to Section 102425 (b) (15) of the Health and Safety Code, and may be used for child support enforcement purposes.

**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 | B. If mother had a previous Cesarean—How many? _____
(Enter 0 – 9, or U if Unknown) |
| 01 Cesarean—primary | |
| 11 Cesarean—primary, with trial of labor attempted | C. Fetal presentation at birth |
| 21 Cesarean—primary, with vacuum | 20 Cephalic fetal presentation at delivery |
| 31 Cesarean—primary, with vacuum & trial of labor attempted | 30 Breech fetal presentation at delivery |
| 02 Cesarean—repeat | 40 Other fetal presentation at delivery |
| 12 Cesarean—repeat, with trial of labor attempted | 90 Unknown |
| 22 Cesarean—repeat, with vacuum | D. Was vaginal delivery with forceps attempted, but unsuccessful? |
| 32 Cesarean—repeat, with vacuum & trial of labor attempted | 50 Yes 58 No 59 Unknown |
| 03 Vaginal—spontaneous | E. Was vaginal delivery with vacuum attempted, but unsuccessful? |
| 04 Vaginal—spontaneous, after previous Cesarean | 60 Yes 68 No 69 Unknown |
| 05 Vaginal—forceps | F. Hysterotomy/Hysterectomy (Fetal Death Only) |
| 15 Vaginal—forceps, after previous Cesarean | 70 Yes 78 No |
| 06 Vaginal—vacuum | |
| 16 Vaginal—vacuum, after previous Cesarean | |
| 88 Not Delivered (Fetal Death Only) | |

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

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 birth (<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

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

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

*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)

<i>Item 30 (Birth)</i>	COMPLICATIONS AND PROCEDURES OF LABOR AND DELIVERY
<i>Item 34 (Fetal Death)</i>	<i>(Enter up to 9 codes, separated by commas, for the most important complications/procedures.)</i>
ONSET OF LABOR	COMPLICATIONS OF PLACENTA, CORD, AND MEMBRANES
10 Premature rupture of membranes (≥ 12 hours)	38 Rupture of membranes prior to onset of labor
07 Precipitous labor (< 3 hours)	13 Abruptio placenta
08 Prolonged labor (≥ 20 hours)	39 Placental insufficiency
CHARACTERISTICS OF LABOR AND DELIVERY	20 Prolapsed cord
11 Induction of labor	17 Chorioamnionitis
12 Augmentation of labor	MATERNAL MORBIDITY
32 Non-vertex presentation	24 Maternal blood transfusion
33 Steroids (glucocorticoids) for fetal lung maturation received by the mother prior to delivery	40 Third or fourth degree perineal laceration
34 Antibiotics received by the mother during labor	41 Ruptured uterus
35 Clinical chorioamnionitis diagnosed during labor or maternal temperature ≥ 38°C (100.4°F)	42 Unplanned hysterectomy
19 Moderate/heavy meconium staining of the amniotic fluid	43 Admission to ICU
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	44 Unplanned operating room procedure following delivery
37 Epidural or spinal anesthesia during labor	NONE OR OTHER COMPLICATIONS/PROCEDURES NOT LISTED
25 Mother transferred for delivery from another facility for maternal medical or fetal indications	00 None
	31 Other Labor/Delivery Complications/Procedures not Listed

<i>Item 31 (Birth)</i>	ABNORMAL CONDITIONS AND CLINICAL PROCEDURES RELATING TO THE NEWBORN
<i>Item 35 (Fetal Death)</i>	ABNORMAL CONDITIONS AND CLINICAL PROCEDURES RELATING TO THE FETUS
	<i>(Enter up to 10 codes, separated by commas, for the most important conditions/procedures.)</i>
CONGENITAL ANOMALIES (NEWBORN OR FETUS)	ABNORMAL CONDITIONS (NEWBORN OR FETUS)
01 Anencephaly	66 Significant birth injury (skeletal fracture(s), peripheral nerve injury, and/or soft tissue/solid organ hemorrhage which requires intervention)
02 Meningocele/Spina bifida	ADDITIONAL ABNORMAL CONDITIONS/PROCEDURES (NEWBORN ONLY)
76 Cyanotic congenital heart disease	71 Assisted ventilation required immediately following delivery
77 Congenital diaphragmatic hernia	85 Assisted ventilation required for more than 6 hours
78 Omphalocele	73 NICU admission
79 Gastroschisis	86 Newborn given surfactant replacement therapy
80 Limb reduction defect (excluding congenital amputation and dwarfing syndromes)	87 Antibiotics received by the newborn for suspected neonatal sepsis
28 Cleft palate alone	70 Seizure or serious neurological dysfunction
29 Cleft lip alone	74 Newborn transferred to another facility within 24 hours of delivery
30 Cleft palate with cleft lip	NONE OR OTHER ABNORMAL CONDITIONS/PROCEDURES NOT LISTED
57 Down's Syndrome—Karyotype confirmed	00 None (Newborn or Fetus)
81 Down's Syndrome—Karyotype pending	75 Other Conditions/Procedures not Listed (Newborn Only)
82 Suspected chromosomal disorder—Karyotype confirmed	67 Other Conditions/Procedures not Listed (Fetal Death Only)
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	

RACE/ETHNICITY AND EDUCATION WORKSHEET (For Reference Only)

RACE/ETHNICITY (GENETIC FATHER/PARENT)	RACE/ETHNICITY (GENETIC MOTHER/PARENT)				
<p>HISPANIC, LATINO, SPANISH (check 1 box). Enter specific origin on the certificate.</p> <p>Is the GENETIC FATHER/PARENT Hispanic/Latino/Spanish?</p> <p><input type="checkbox"/> No, not Hispanic/Latino/Spanish</p> <p><input type="checkbox"/> Yes, Mexican, Mexican American, Chicano</p> <p><input type="checkbox"/> Yes, Central American</p> <p><input type="checkbox"/> Yes, South American</p> <p><input type="checkbox"/> Yes, Cuban</p> <p><input type="checkbox"/> Yes, Puerto Rican</p> <p><input type="checkbox"/> Yes, Other Hispanic/Latino/Spanish (Specify): _____</p>	<p>HISPANIC, LATINA, SPANISH (check 1 box). Enter specific origin on the certificate.</p> <p>Is the GENETIC MOTHER/PARENT Hispanic/Latina/Spanish?</p> <p><input type="checkbox"/> No, not Hispanic/Latina/Spanish</p> <p><input type="checkbox"/> Yes, Mexican, Mexican American, Chicana</p> <p><input type="checkbox"/> Yes, Central American</p> <p><input type="checkbox"/> Yes, South American</p> <p><input type="checkbox"/> Yes, Cuban</p> <p><input type="checkbox"/> Yes, Puerto Rican</p> <p><input type="checkbox"/> Yes, Other Hispanic/Latina/Spanish (Specify): _____</p>				
<p>RACE (check 1, 2 or 3 boxes). Enter up to 3 races on the certificate.</p> <p>The GENETIC FATHER/PARENT is:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native (includes North, South, or Central American Indian, Aleut or Alaska Native) Specify Tribe(s): _____ _____ <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander (Specify): _____ _____ </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Asian Indian <input type="checkbox"/> Cambodian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Hmong <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Laotian <input type="checkbox"/> Thai <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian (Specify): _____ _____ </td> </tr> </table> <p><input type="checkbox"/> Other (Specify): _____</p> <p><input type="checkbox"/> Other (Specify): _____</p> <p><input type="checkbox"/> Other (Specify): _____</p>	<input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native (includes North, South, or Central American Indian, Aleut or Alaska Native) Specify Tribe(s): _____ _____ <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander (Specify): _____ _____	<input type="checkbox"/> Asian Indian <input type="checkbox"/> Cambodian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Hmong <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Laotian <input type="checkbox"/> Thai <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian (Specify): _____ _____	<p>RACE (check 1, 2 or 3 boxes). Enter up to 3 races on the certificate.</p> <p>The GENETIC MOTHER/PARENT is:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native (includes North, South, or Central American Indian, Aleut or Alaska Native) Specify Tribe(s): _____ _____ <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander (Specify): _____ _____ </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Asian Indian <input type="checkbox"/> Cambodian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Hmong <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Laotian <input type="checkbox"/> Thai <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian (Specify): _____ _____ </td> </tr> </table> <p><input type="checkbox"/> Other (Specify): _____</p> <p><input type="checkbox"/> Other (Specify): _____</p> <p><input type="checkbox"/> Other (Specify): _____</p>	<input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native (includes North, South, or Central American Indian, Aleut or Alaska Native) Specify Tribe(s): _____ _____ <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander (Specify): _____ _____	<input type="checkbox"/> Asian Indian <input type="checkbox"/> Cambodian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Hmong <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Laotian <input type="checkbox"/> Thai <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian (Specify): _____ _____
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EDUCATION (GENETIC FATHER/PARENT)	EDUCATION (GENETIC MOTHER/PARENT)				
<p>Check 1 box that best describes the highest degree or level of school completed by the GENETIC FATHER/PARENT at the time of the delivery. Enter education degree or level on the certificate.</p> <p><input type="checkbox"/> 0-11th grade. Enter highest year completed: _____</p> <p><input type="checkbox"/> 12th grade; no diploma. Enter 12 ND</p> <p><input type="checkbox"/> High school graduate or GED completed. Enter HS GRADUATE or GED</p> <p><input type="checkbox"/> Some college credit, but no degree. Enter SOME COLLEGE</p> <p><input type="checkbox"/> Associate degree (e.g., AA, AS). Enter ASSOCIATE</p> <p><input type="checkbox"/> Bachelor's degree (e.g., BA, AB, BS). Enter BACHELOR'S</p> <p><input type="checkbox"/> Master's degree (e.g., MA, MS, MEd, MSW, MBA). Enter MASTER'S</p> <p><input type="checkbox"/> Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DO, DDS, DVM, LLB, JD). Enter DOCTORATE or PROFESSIONAL: _____</p>	<p>Check 1 box that best describes the highest degree or level of school completed by the GENETIC MOTHER/PARENT at the time of the delivery. Enter education degree or level on the certificate.</p> <p><input type="checkbox"/> 0-11th grade. Enter highest year completed: _____</p> <p><input type="checkbox"/> 12th grade; no diploma. Enter 12 ND</p> <p><input type="checkbox"/> High school graduate or GED completed. Enter HS GRADUATE or GED</p> <p><input type="checkbox"/> Some college credit, but no degree. Enter SOME COLLEGE</p> <p><input type="checkbox"/> Associate degree (e.g., AA, AS). Enter ASSOCIATE</p> <p><input type="checkbox"/> Bachelor's degree (e.g., BA, AB, BS). Enter BACHELOR'S</p> <p><input type="checkbox"/> Master's degree (e.g., MA, MS, MEd, MSW, MBA). Enter MASTER'S</p> <p><input type="checkbox"/> Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DO, DDS, DVM, LLB, JD). Enter DOCTORATE or PROFESSIONAL: _____</p>				

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 \$31.00

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

***Certified Copy (Authorized persons only)**
 A certified copy can be used to establish the identity of the person named on the copy.

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

NOTARY USE ONLY

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 – Office of Vital Statistics, 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.

9

CONTACT INFORMATION

City of Berkeley - Office of Vital Statistics
1947 Center Street Berkeley, CA 94704

www.cityofberkeley.info/vitalstatistics, vitalrecords@cityofberkeley.info

Telephone: (510) 981-5320 - Fax: (510) 981-5395