

CERTIFICATE OF LIVE BIRTH
STATE OF CALIFORNIA
USE BLACK INK ONLY

STATE FILE NUMBER										LOCAL REGISTRATION NUMBER									
THIS CHILD	1A. NAME OF CHILD - FIRST						1B. MIDDLE				1C. LAST								
	2. SEX		3A. THIS BIRTH, SINGLE, TWIN, ETC.				3B. IF MULTIPLE, THIS CHILD 1ST, 2ND, ETC.				4A. DATE OF BIRTH - MM/DD/CCYY				4B. HOUR - 24 HOUR CLOCK TIME				
PLACE OF BIRTH	5A. PLACE OF BIRTH - NAME OF HOSPITAL OR FACILITY						5B. STREET ADDRESS - STREET AND NUMBER, OR LOCATION												
	5C. CITY						5D. COUNTY												
FATHER/ PARENT	6A. NAME OF FATHER/PARENT - FIRST				6B. MIDDLE		6C. LAST				7. BIRTHPLACE - STATE/ COUNTRY		8. DATE OF BIRTH - MM/DD/CCYY						
MOTHER/ PARENT	9A. NAME OF MOTHER/PARENT - FIRST				9B. MIDDLE		9C. LAST - BIRTH NAME				10. BIRTHPLACE - STATE/ COUNTRY		11. DATE OF BIRTH - MM/DD/CCYY						
INFORMANT AND BIRTH CERTIFICATION	I CERTIFY THAT I HAVE REVIEWED THE STATED INFORMATION AND THAT IT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.				12A. PARENT OR OTHER INFORMANT - SIGNATURE						12B. RELATIONSHIP TO CHILD				12C. DATE SIGNED - MM/DD/CCYY				
	I CERTIFY THAT THE CHILD WAS BORN ALIVE AT THE DATE, HOUR, AND PLACE STATED.				13A. ATTENDANT/CERTIFIER - SIGNATURE AND DEGREE OR TITLE						13B. LICENSE NUMBER				13C. DATE SIGNED - MM/DD/CCYY				
	13D. TYPED NAME, TITLE AND MAILING ADDRESS OF ATTENDANT						14. TYPED NAME AND TITLE OF CERTIFIER IF OTHER THAN ATTENDANT												
LOCAL REGISTRAR	15A. DATE OF DEATH - MM/DD/CCYY				15B. STATE FILE NO. - STATE USE ONLY		16. LOCAL REGISTRAR - SIGNATURE						17. DATE ACCEPTED FOR REGISTRATION - MM/DD/CCYY						

CONFIDENTIAL INFORMATION FOR PUBLIC HEALTH USE ONLY

GENETIC FATHER	19. FATHER HISPANIC, LATINO, OR SPANISH?				18. RACE - UP TO THREE RACES/ETHNICITIES MAY BE LISTED. SEE WORKSHEET ON BACK.						20C. EDUCATION - HIGHEST LEVEL OR DEGREE				
	20. DATE LAST WORKED - MM/CCYY		20A. USUAL OCCUPATION				20B. KIND OF BUSINESS OR INDUSTRY								
GENETIC MOTHER	22. MOTHER HISPANIC, LATINA, OR SPANISH?				21. RACE - UP TO THREE RACES/ETHNICITIES MAY BE LISTED. SEE WORKSHEET ON BACK.						23C. EDUCATION - HIGHEST LEVEL OR DEGREE				
	23. DATE LAST WORKED - MM/CCYY		23A. USUAL OCCUPATION				23B. KIND OF BUSINESS OR INDUSTRY								
BIRTH MOTHER ADDRESS	24A. MOTHER'S RESIDENCE STREET AND NUMBER, OR LOCATON - DO NOT USE P.O. BOX NUMBERS								24B. COUNTY/PROVINCE						
	24C. CITY						24D. STATE/FOREIGN COUNTRY				24E. ZIP CODE				
MEDICAL AND HEALTH DATA BIRTH MOTHER AND NEWBORN	25A. DATE LAST NORMAL MENSES BEGAN		25AA. DATE FIRST PRENATAL CARE VISIT		25B. MONTH PRENATAL CARE BEGAN		25BA. DATE LAST PRENATAL CARE VISIT		25C. NUMBER OF PRENATAL CARE VISITS		25D. PRINCIPAL SOURCE OF PAYMENT FOR PRENATAL CARE				
	26. BIRTHWEIGHT - GRAMS				27. PREGNANCY HISTORY - COMPLETE EACH SECTION										
					PREVIOUS LIVE BIRTHS - DO NOT INCLUDE THIS CHILD				OTHER TERMINATIONS - EXCLUDE INDUCED ABORTIONS						
	26A. OBSTETRIC ESTIMATION OF GESTATION AT DELIVERY - COMPLETED WEEKS				A. NUMBER NOW LIVING		B. NUMBER NOW DEAD		D. NUMBER BEFORE 20 WEEKS		E. NUMBER AFTER 20 WEEKS				
	26B. HEARING SCREENING				C. DATE OF LAST LIVE BIRTH - MM/DD/CCYY				F. DATE OF LAST OTHER TERMINATION - MM/CCYY						
	28A. METHOD OF DELIVERY				28B. EXPECTED SOURCE OF PAYMENT FOR DELIVERY		29. COMPLICATIONS AND PROCEDURES OF PREGNANCY AND CONCURRENT ILLNESSES								
30. COMPLICATIONS AND PROCEDURES OF LABOR AND DELIVERY						31. ABNORMAL CONDITIONS AND CLINICAL PROCEDURES RELATED TO THE NEWBORN									
A	B	C	D	E	F	CENSUS TRACT		32. FATHER/PARENT SOCIAL SECURITY NUMBER				33. MOTHER/PARENT SOCIAL SECURITY NUMBER			

VS 10D (REV. 1/07)

PRIVACY NOTIFICATION

This information is collected by the State of California, Department of Health Services, Office of Vital Records, MS 5103, PO Box 997410, Sacramento, CA 95899-7410. The information is required by Division 102 of the Health and Safety Code. This record is open to public access except where prohibited by statute. Every element on this form, except items 18 through 23C, 32, and 33, is mandatory. Failure to comply is a misdemeanor. 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. Items 32 and 33 are included pursuant to Section 102425(b)(14) of the Health and Safety Code, and may be used for child support enforcement purposes.

Definition of Live Birth

"Live Birth" means the complete expulsion or extraction from its mother of a product of conception (irrespective of duration of pregnancy) which, after such separation, breathes or shows any other evidence of life such as beating of the heart, pulsation of the umbilical cord, or definite movement of voluntary muscles, whether or not the umbilical cord has been cut or the placenta is attached.