PLEAS READ THE FRONT AND BACK BEFORE YOU BEGIN TO COMPLETE THE APPLICATION

Please complete this application as soon as possible and give it to your nurse. The Birth Registrar’s office does not process any birth certificates after 2:00 pm.

Only the mother or father should complete this application. We understand there may be certain circumstances where the grandparents need to help.

Please take only this top sheet home with you and do not take the application. Without it, we cannot process your baby's birth certificate application and you will have to go to the Health Department for the complete process.

Seven days after the submission of the birth certificate application, you can purchase a certified copy of the Birth Certificate from the Chatham Co. Health Dept. at 1395 Eisenhower Drive (912-356-2138). The cost is $25 and additional copies are $5 each at time of purchase. You may also visit any County Vital Records Dept. in Georgia to obtain a copy of the Certificate.

If you have any questions, please call The Birth Registrar at 912.819.6389

THE HOSPITAL DOES NOT ISSUE BIRTH CERTIFICATES
Congratulations on the birth of your child!

The Certificate of Live Birth for your newborn is a very important document, therefore, it is essential that the information and the names shown on the record are all entered accurately and correctly spelled. Be sure that you furnish the correct spelling of the parent’s complete name and the child’s complete name to the hospital birth records clerk. If you don’t speak English well, please request an interpreter. Closely review the information entered and make any corrections before the certificate is submitted.

It is understood that some people of Latin heritage have the custom of giving both the paternal and maternal last names (surnames) to their newborn. This may be done in some instances, but there are Georgia laws that you should know about that govern giving or changing the name of a child. The order of the surname is important as it affects the documents you obtain for Passports and Visas to exit or enter your country of origin.

For a child conceived by, or born to a married couple, Georgia law (Section 31-10-9) allows the full name of the child to be selected by the mother, including hyphenated last names.

For a child born to a mother who was unmarried during the pregnancy or at the time of birth, and no paternity acknowledgment is completed, the mother’s legal last name must be entered on the birth certificate as the child’s last name. Georgia law allows no other alternative in this situation.

For an out-of-wedlock birth, and a paternity acknowledgment is completed, the parents can select any name for the child. (A married couple cannot complete a paternity acknowledgment for their child born in wedlock).

In all cases, once the birth record has been registered by the hospital with Vital Records, hospital staff cannot make changes to the certificate. After registration, changing or amending the child’s last name (surname) or the parents’ given or last name (surname) can ONLY be done by a court order from a Superior or Probate court.

Georgia Department of Human Resources Rule 290-1-3-.27 allows the parents to amend the child’s first and middle name(s) during the first year of life without charge by an affidavit signed by both parents. However, if a paternity acknowledgment was previously completed, no further amendment to the child’s name can be made except by a court order from a Superior or Probate Court.

If you have questions about naming, changing the name of your child, paternity acknowledgment, or amending a birth certificate, please call Vital Records at 404.679.4702.

Georgia Vital Records/DPH/DHR
**STATE OF GEORGIA**

**BIRTH WORKSHEET**

1. **NEWBORN’S NAME**
   - (FIRST NAME) ________ (MIDDLE NAME) ________ (LAST NAME) ________
   - SUFFIX: ________
   - DATE OF BIRTH (mm/dd/yyyy): ________
   - SEX: ________

2. **HOSPITAL FACILITY NAME AND ADDRESS**
   - (if not Hospital, give street and number)
   - 8. CITY, TOWN OR LOCATION OF BIRTH: __________
   - 9. FACILITY ID (NPI): __________

3. **MOTHER’S NAME**
   - (FIRST NAME) ________ (MIDDLE NAME) ________ (LAST NAME) ________
   - DATE OF BIRTH (mm/dd/yyyy): ________
   - 10. BIRTHPLACE (State, Territory or Foreign Country): ________

4. **FATHER’S NAME**
   - (FIRST NAME) ________ (MIDDLE NAME) ________ (LAST NAME) ________
   - DATE OF BIRTH (mm/dd/yyyy): ________

5. **BIRTHPLACE**
   - (State, Territory or Foreign Country): ________

6. **SEX**
   - ________

7. **DATE OF BIRTH**
   - (mm/dd/yyyy): ________

8. **TIME OF BIRTH (24 hr)**
   - ________

9. **NAME PRIOR TO FIRST MARRIAGE**
   - (FIRST NAME) ________ (MIDDLE NAME) ________ (LAST NAME) ________

10. **COUNTY, STATE AND ZIP CODE OF BIRTH**
    - County: ________
    - State: ________
    - Zip Code: ________

11. **EMPLOYER’S NAME/ADDRESS**
    - Employer’s name/address: ________
    - Kind of business or industry: ________
    - Primary Language spoken at Home: ________

12. **MOTHER’S EDUCATION LEVEL**
    - (Choose only one option that represents the highest level of education attained)
    - Completed 1st Grade
    - Completed 2nd Grade
    - Completed 3rd Grade
    - Completed 4th Grade
    - Completed 5th Grade
    - Completed 6th Grade
    - Completed 7th Grade
    - Completed 8th Grade
    - Completed 9th Grade
    - Completed 10th Grade
    - Completed 11th Grade
    - Completed 12th Grade but did NOT Graduate
    - High school graduate or GED
    - Some college credit leading to an Associate degree but did NOT Graduate
    - Associate degree (e.g. AA, AS)
    - Bachelor’s degree (e.g. BA, BS)
    - Some college credit leading to a Bachelor’s degree but did NOT Graduate
    - Master’s degree (e.g. MA, MS)
    - Doctorate (e.g. PhD, EdD, MD)
    - None
    - Unknown

13. **FATHER’S EDUCATION LEVEL**
    - (Choose only one option that represents the highest level of education attained)
    - Completed 1st Grade
    - Completed 2nd Grade
    - Completed 3rd Grade
    - Completed 4th Grade
    - Completed 5th Grade
    - Completed 6th Grade
    - Completed 7th Grade
    - Completed 8th Grade
    - Completed 9th Grade
    - Completed 10th Grade
    - Completed 11th Grade
    - Completed 12th Grade but did NOT Graduate
    - High school graduate or GED
    - Some college credit leading to an Associate degree but did NOT Graduate
    - Associate degree (e.g. AA, AS)
    - Bachelor’s degree (e.g. BA, BS)
    - Some college credit leading to a Bachelor’s degree but did NOT Graduate
    - Master’s degree (e.g. MA, MS)
    - Doctorate (e.g. PhD, EdD, MD)
    - None
    - Unknown

14. **MOTHER’S MARITAL STATUS**
    - Married at the time of conception or time of birth: ________
    - If not married, has an order of paternity or legitimation been issued by a court: ________
    - Have both mother and father consented in writing to have father’s name on the certification or have they both signed a paternity acknowledgment? ________

15. **MOTHER’S RESIDENCE ADDRESS**
    - (STREET, CITY, STATE, ZIP, COUNTY)

16. **FATHER’S ADDRESS**
    - (STREET, CITY, STATE, ZIP, COUNTY)

17. **NUMBER AND STREET OF RESIDENCE**
    - Phone Number: ________
    - Residing at current residence for: ________ Years, ________ Months
    - Inside city limits? Yes ________ No ________ Unknown ________

18. **DATE PATERNITY ACKNOWLEDGMENT**
    - Married at the time of conception or time of birth? ________
    - If not married, has an order of paternity or legitimation been issued by a court? ________
    - Have both mother and father consented in writing to have father’s name on the certification or have they both signed a paternity acknowledgment? ________

19. **COUNTY OF RESIDENCE**
    - County: ________
    - State: ________
    - Zip Code: ________

20. **ZIP CODE**
    - Zip Code: ________

21. **MOTHER’S MAILING ADDRESS**
    - (Street, City, State, Zip, County)
    - Mailing address same as above ________

22. **MOTHER’S OCCUPATION**
    - ________

23. **DURING THE LAST YEAR**
    - Yes ________ No ________ Unknown ________

24. **MOTHER’S ETHNICITY**
    - Yes, Cuban ________ No, not Spanish/Hispanic/Latino ________ Refused ________ Unknown ________
    - Yes, Puerto Rican ________ Yes, Mexican, American, Chicano ________ Yes, Other Hispanic (Specify) ________

25. **MOTHER’S RACE**
    - White ________ Black or African American ________ Asian Indian ________ Other Pacific Islander (Specify) ________
    - American Indian or Alaska Native; *Specify enrolled or principal tribe ________
    - Other (Specify) ________
    - Korean ________ Vietnamese ________ Native Hawaiian ________ Other (Specify) ________
    - Guamanian or Chamorro ________ Samoan ________ Other Asian (Specify) ________
    - Refused ________ Unknown ________

26. **FATHER’S OCCUPATION**
    - ________

27. **EMPLOYED DURING THE LAST YEAR**
    - Yes ________ No ________ Unknown ________

28. **NAME/ADDRESS**
    - Employer’s name/address: ________
    - Kind of business or industry: ________
    - Primary Language spoken at Home: ________

29. **FATHER’S NAME**
    - (FIRST NAME) ________ (MIDDLE NAME) ________ (LAST NAME) ________
    - SUFFIX: ________
    - DATE OF BIRTH (mm/dd/yyyy): ________
    - BIRTHPLACE (State, Territory or Foreign Country): ________

30. **DATE OF BIRTH**
    - (mm/dd/yyyy): ________

31. **FATHER’S RESIDENCE ADDRESS**
    - (Street, City, State, Zip, County) ________
    - Address same as mother’s residence address ________

32. **FATHER’S EDUCATION LEVEL**
    - (Choose only one option that represents the highest level of education attained)
    - Completed 1st Grade
    - Completed 2nd Grade
    - Completed 3rd Grade
    - Completed 4th Grade
    - Completed 5th Grade
    - Completed 6th Grade
    - Completed 7th Grade
    - Completed 8th Grade
    - Completed 9th Grade
    - Completed 10th Grade
    - Completed 11th Grade
    - Completed 12th Grade but did NOT Graduate
    - High school graduate or GED
    - Some college credit leading to an Associate degree but did NOT Graduate
    - Associate degree (e.g. AA, AS)
    - Bachelor’s degree (e.g. BA, BS)
    - Some college credit leading to a Bachelor’s degree but did NOT Graduate
    - Master’s degree (e.g. MA, MS)
    - Doctorate (e.g. PhD, EdD, MD)
    - None
    - Unknown

33. **RESIDENCE STATE**
    - State: ________

34. **COUNTY OF RESIDENCE**
    - County: ________

35. **FATHER’S SSN**
    - ________

36. **COUNTY OF RESIDENCE**
    - County: ________

Birth Worksheet v.2.0
### MOTHER PRENATAL CARE

<table>
<thead>
<tr>
<th>Question</th>
<th>Response Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Did mother receive prenatal care?</td>
<td>Yes, No, Unknown</td>
</tr>
<tr>
<td>b. Date of first prenatal care visit</td>
<td>mm/dd/yyyy</td>
</tr>
<tr>
<td>c. Enter month prenatal care began (1st, 2nd, 3rd month of pregnancy)</td>
<td></td>
</tr>
<tr>
<td>d. Date of last prenatal care visit</td>
<td>mm/dd/yyyy</td>
</tr>
<tr>
<td>e. Total number of prenatal care visits (If none, enter '0')</td>
<td></td>
</tr>
<tr>
<td>f. Date last normal menses began</td>
<td>mm/dd/yyyy</td>
</tr>
</tbody>
</table>

### MOTHER'S EDUCATION LEVEL

- Completed 1st Grade
- Completed 2nd Grade
- Completed 3rd Grade
- Completed 4th Grade
- Completed 5th Grade
- Completed 6th Grade
- Completed 7th Grade
- Completed 8th Grade
- Completed 9th Grade
- Completed 10th Grade
- Completed 11th Grade
- Completed 12th Grade
- High school graduate or GED
- Some college credit leading to an Associate degree but did NOT Graduate
- Some college credit leading to a Bachelor's degree but did NOT Graduate
- Associate degree (e.g. AA, AS)
- Bachelor's degree (e.g. BA, BS)
- Master's degree (e.g. MA, MS)
- Doctorate (e.g. PhD, EdD, MD)
- Unknown

### FATHER'S ETHNICITY

- White
- Black or African American
- Asian Indian
- American Indian or Alaska Native
- Other (Specify)

### FATHER'S RACE (Check all that apply)

- White
- Black or African American
- Asian Indian
- Other Pacific Islander (Specify)

### FATHER'S OCCUPATION

Name: __________________________ Street & Number: __________ City: __________ State/Country: __________ Zip Code: __________

### FATHER'S INDUSTRY

Name: __________________________ Street & Number: __________ City: __________ State/Country: __________ Zip Code: __________

### FATHER'S ETHNICITY

- Yes, Cuban
- Yes, Puerto Rican
- Yes, Mexican, American, Chicano
- Yes, Other Hispanic (Specify)
- Unknown

### FATHER'S RACE (Check all that apply)

- White
- Black or African American
- Asian Indian
- Other Pacific Islander (Specify)
- American Indian or Alaska Native

### MOTHER'S MEDICAL

- Date of first prenatal care visit: mm/dd/yyyy
- Date of last prenatal care visit: mm/dd/yyyy
- Total number of prenatal care visits: _______
- Date of last live birth: mm/dd/yyyy
- Date of last other pregnancy outcome: mm/dd/yyyy

### MOTHER PREGNANCY HISTORY

- Is this the mother's first pregnancy? Yes, No, Unknown
- Number of previous live births now alive: _______ (Do not include this child)
- Number of previous live births now dead: _______
- Date of last live birth: mm/dd/yyyy
- Number of fetal deaths less than 20 weeks (including ectopic loss, induced terminations or miscarriages): _______
- Number of fetal deaths 20 weeks or greater (including induced terminations, miscarriages or stillbirths): _______
- If yes, from what location: __________________________

### MOTHER'S WEIGHT

- Weight at delivery: ______ lbs
- Pre-pregnancy weight: ______ lbs
- Weight gain during pregnancy: ______ lbs

### MOTHER'S VACCINATIONS

- Flu: Trimester ______
- Tdap: Trimester ______

### MOTHER'S EDUCATION LEVEL

- Completed 1st Grade
- Completed 2nd Grade
- Completed 3rd Grade
- Completed 4th Grade
- Completed 5th Grade
- Completed 6th Grade
- Completed 7th Grade
- Completed 8th Grade
- Completed 9th Grade
- Completed 10th Grade
- Completed 11th Grade
- Completed 12th Grade
- High school graduate or GED
- Some college credit leading to an Associate degree but did NOT Graduate
- Some college credit leading to a Bachelor's degree but did NOT Graduate
- Associate degree (e.g. AA, AS)
- Bachelor's degree (e.g. BA, BS)
- Master's degree (e.g. MA, MS)
- Doctorate (e.g. PhD, EdD, MD)
- Unknown
55. METHOD OF DELIVERY
   a. Was delivery with forceps attempted but unsuccessful?  □ Yes □ No □ Unknown
   b. Was delivery with vacuum extraction attempted but unsuccessful?  □ Yes □ No □ Unknown
   c. Fetal presentation at birth? □ Cephalic □ Breech □ Other □ Unknown
   d. Final route and method of delivery? □ Vaginal/spontaneous □ Vaginal/forceps □ Vaginal/vacuum □ Cesarean □ Unknown
   e. If cesarean, was a trial labor attempted?  □ Yes □ No □ Unknown

56. EXPOSURE/INFECTIONS PRESENT/ TREATED DURING PREGNANCY (Check all that apply)
   □ Bacterial Meningitis
   □ Carrier/suspected carrier of viral hepatitis
   □ Chemotherapy
   □ Chlamydia
   □ Congenital cytomegalovirus infection (CMV)
   □ Congenital Rubella
   □ Congenital Toxoplasmosis
   □ Gonorrhea
   □ Group B streptococcus
   □ Hepatitis B
   □ Hepatitis C
   □ Herpes (active at the time of delivery)
   □ HIV
   □ Listeria
   □ Parvovirus
   □ Syphilis
   □ None of the above
   □ Other (specify) _____________________________

57. RISK FACTORS IN THIS PREGNANCY (Check all that apply)
   a. DIABETES (Select one of the following)
      □ Pre-pregnancy (diagnosis prior to this pregnancy)
      □ Gestational (diagnosis in this pregnancy)
   b. HYPERTENSION (Select one of the following)
      □ Pre-pregnancy (chronic)
      □ Gestational (PIH, preeclampsia)
      □ Eclampsia
   c. □ Previous preterm birth
   d. Pregnancy resulted from infertility treatment (Check all that apply):
      □ Fertility enhancing drugs
      □ Artificial insemination
      □ Intrauterine insemination
      □ In vitro fertilization (IVF)
      □ Gamete intrafallopian transfer (GIFT)
      □ Other (specify) _____________________________
   e. Other poor pregnancy outcome □ Perinatal death □ Small for gestational age □ Intrauterine growth restriction □ Other (specify) _____________________________
   f. □ Mother had a previous cesarean delivery? If selected, how many? ________
   g. □ None of the above
   h. □ Unknown

58. OBSTETRIC PROCEDURES (Check all that apply)
   □ Cervical cerclage
   □ Tocolysis
   □ External cephalic version; □ Successful □ Failed
   □ None of the above
   □ Unknown

59. ONSET OF LABOR (Check all that apply)
   □ Premature rupture of the membranes (prolonged > 18 hours)
   □ Precipitous labor (less than 3 hours)
   □ Prolonged labor (greater than 20 hours)
   □ None of the above
   □ Unknown

60. CHARACTERISTICS OF LABOR AND DELIVERY (Check all that apply)
   □ Induction of labor
   □ Augmentation of labor
   □ Non-vertex presentation
   □ Steroids (glucocorticoids) for fetal lung maturation received by the mother prior to delivery □ Partial □ Complete
   □ Antibiotics received by mother during labor
   □ Clinical chorioamnionitis diagnosed during labor or maternal temperature is >38 C (100.4 F)
   □ 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

61. MATERNAL MORBIDITY (Check all that apply)
   □ Maternal transfusion
      □ Number of units □ 1 □ 2 □ 3 or more
   □ 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

62. Infant's Medical Record # __________
63. OB Estimated Gestation (completed weeks) _____ □ Unknown
64a. Apgar score (at 5 min) _____ □ Unknown
64b. Apgar score (at 10 min) _____ □ Unknown
65. Was infant transferred within 24 hours of delivery? □ Yes □ No □ Unknown
   If yes, where? __________________________________________
66. Is infant living at time of report? □ Yes □ No □ Unknown
67. Is infant being breast fed, even partially? □ Yes □ No □ Unknown
68a. Weight Unit □ Grams □ Pounds □ Unknown
68b. Weight Grams _____ Pounds ___ Ounces ___ □ Unknown
### 69. 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
- Culture Positive Postnatal (Blood, CSF or other sources)
- Antibiotics received by 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 requiring intervention)
- None of the above
- Unknown

### 70. CONGENITAL ANOMALIES OF THE NEWBORN (Check all that apply)
- Anencephaly
- Microcephaly
- Meningomyelocele/Spina bifida
- Cleft lip with cleft palate
- Cleft lip alone
- Cleft palate alone
- Craniofacial anomalies
- Cyanotic congenital heart disease
- Congenital diaphragmatic hernia
- Omphalocele
- Gastrochisis
- Limb reduction defect (not congenital amputation/dwarving syndromes)
- Down Syndrome (Karyotype Confirmed Pending)
- Syndromes associated with hearing loss (neurofibromatosis, osteopetrosis, Usher, Waardenburg, Alport, Pendred, and Jervell and Lange-Nielsen)
- Suspected chromosomal disorder (Karyotype Confirmed Pending)
- Hypospadias
- Micrognathia
- Other (specify)

### 71. OTHER EXPOSURES/CONDITIONS PRESENT IN UTERO OR POSTNATAL (Check all that apply)
- Caregiver concern related to hearing loss
- Congenital Hypothyroidism
- Drug Withdrawal Syndrome in Newborn
- Drug Use/Abuse/Withdrawal Syndrome in Mother
- Encephalitis
- Exposure to ototoxic medications or loop diuretics
- Extracorporeal Membrane Oxygenation (ECMO) or Assisted Mechanical Ventilation >48 hours
- Fetal Growth Restriction (IUGR)
- Head Trauma
- History of Positive Drug Screen (newborn)
- HIV Present in Infant
- Hydrocephaly
- Hyperbilirubinemia requiring exchange transfusion
- Intrahepatic Hemorrhage (IVH), Grade III or IV
- Neoplastic diseases
- Neonatal intensive care of >5 days
- Neurodegenerative disorders
- Neurosurgical disorders
- Neonatal jaundice d/t hepatocellular damage
- Stage III necrotizing enterocolitis in newborn
- None of the above
- Other (specify)

### 72. HEPATITIS VACCINATION
- a. Did the infant receive Hepatitis B vaccine?  
  - Yes
  - No
  - Unknown
  - Refused
- b. If infant received Hepatitis B vaccine, number of hours after birth
- c. If infant received Hepatitis B immune globulin (HIG)?  
  - Yes
  - No
  - Unknown
- d. If infant received HIG, number of hours after birth
- e. Hepatitis B vaccine Date
- f. Hepatitis B vaccine Lot Number
- g. HBG Lot Number

### 73. NEWBORN SCREENING
- a. Was a metabolic screening performed for this infant?  
  - Yes
  - No – Missed (transferred)
  - No – Parent refusal
  - No – Other
  - Unknown
- b. Newborn Metabolic screening number
- c. Was Hearing Screening performed for this infant?  
  - Yes
  - Unable to screen in NICU
  - No - Missed (transfer)
  - No - Missed (equipment down)
  - No - parent refusal
  - No - Missed (Other reason)
- d. Final Hearing Screening Completed Date
- e. Final Hearing Screening Right Ear Result
- f. Final Hearing Screening Left Ear Result
- g. Family History of Permanent childhood hearing loss?  
  - Yes
  - No
  - Unknown
- h. Final Newborn Hearing Test Type (select one)
  - AABR
  - AOAE
  - AABR and AOAE

### 74. INFORMANT’S NAME (FIRST MIDDLE LAST)

### 75. RELATION TO CHILD

### 76. PARENTS AUTHORIZE RELEASE OF INFORMATION TO SOCIAL SECURITY ADMINISTRATION TO ISSUE THIS CHILD A SOCIAL SECURITY NUMBER.
- Yes
- No

### 77. I CERTIFY THAT THE ABOVE NAMED CHILD WAS BORN ALIVE AT THE PLACE AND TIME AND ON THE DATE STATED ABOVE (Signature)

### 78. DATE CERTIFIED (mm/dd/yyyy)

### 79. ATTENDANT AT BIRTH (OTHER THAN CERTIFIER (Name and Title))
- MD
- DO
- Hospital Staff
- CMN/CM
- Other Midwife

### 80. CERTIFIER (Name and Title)
- Certifier same as Attendant

### 81. PHYSICIAN’S MEDICAL LICENSE NO.

### 82. CERTIFIER’S MAILING ADDRESS (street, city, state, zip)

### 83. REGISTRAR (Signature)

### 84. DATE RECEIVED BY STATE REGISTRAR (mm/dd/yyyy)