Records, 825 N. Capitol St., NE, 1st, Floor, Washington, D.C. 20002. SINGLE MOTHER When the parents of the newborn are not married, a notarized Acknowledgment of Paternity must be completed before the name of the father can be recorded on the birth certificate. Notary services are available at Hospital. Child's Name \_\_\_\_\_\_First Middle Child's Date of Birth\_\_\_\_\_\_Time of Birth\_\_\_\_\_ Sex: Weight of Baby Plurality Single, Twin, Triplet, etc. Would you like to request a Social Security Number for the Baby? Yes \_\_\_\_\_\_No\_\_\_\_ Mother's Name 5. First Middle Last Is Mother Married? Yes \_\_\_\_ No \_\_\_\_ Maiden Name Mother's SSN Mother's Address City \_\_\_\_\_ State \_\_\_\_ Zip Mother's Date of Birth Place of Birth Mother's Education Father's Name First Middle Last Father's SSN Father's Education Father's Date of Birth Father's Place of Birth Mother's Race \_\_\_\_\_\_Father's Race Does Either Parent Have Hispanic Origin? If yes, please specify below: Mother: Yes \_\_\_\_ No \_\_\_ Origin \_\_\_\_\_ Father: Yes \_\_\_\_ No \_\_\_ Origin \_\_\_\_ Number of Previous Live Births \_\_\_\_\_ (Do not include still births) Date of Last Live Birth \_\_\_\_\_ (Do not include this birth) Number of Terminations Date of Last Termination Date of Last Menstrual Period -19Week Prenatal Care began 21. Number of Prenatal visits \_\_\_\_\_ Estimate Gestation APGAR 23. Medical Risk Factors for this Pregnancy: Use of Tobacco or Alcohol Y/N pounds 26. Weight gain Obstetric Procedures: Methods of Delivery: 28. Complications of Labor and or Delivery: Abnormal Conditions of New Born: 30. Congenital Abnormalities of Child: Method of Feeding, Bottle, Breast or Both

PARENTS MARRIED In cases where the parents of the newborn are married, the newborn must take the surname of the husband. If the parents wish to use a

different surname than that of the husband, they must obtain a court order. Applications for this court order can only be made at the State Health Center, Division of Vital

PLEASE DO NOT TAKE THE FORM HOME, LEAVE IT AT THE NURSING STATION OR WITH THE BIRTH REGISTRAR

Patient Label

## **BIRTH INFORMATION FORM**

WHITE - MEDICAL RECORDS

Informant Signature:

YELLOW - PATIENT