

STATE OF GEORGIA BIRTH WORKSHEET

1. THIS BIRTH (Single, Twin, Triplet, etc)

2. IF NOT SINGLE, SPECIFY (1st, 2nd, 3rd, 4th, etc.)

3. NEWBORN'S NAME (FIRST	MIDDLE	LAST	SUFFIX)	4. DATE OF BIRTH (mm/dd/yyyy)	5. TIME OF BIRTH (24 hr)	6. SEX
--------------------------	--------	------	---------	-------------------------------	--------------------------	--------

7. HOSPITAL FACILITY NAME AND ADDRESS (if not Hospital, give street and number)	8. CITY, TOWN OR LOCATION OF BIRTH	9. FACILITY ID (NPI)
<input type="checkbox"/> Hospital <input type="checkbox"/> Birthing Center <input type="checkbox"/> Enroute/BOA <input type="checkbox"/> Clinic/Doctor's Office <input type="checkbox"/> ER <input type="checkbox"/> Other (specify) _____		

10. SPECIFY BIRTHPLACE	11. COUNTY, STATE AND ZIP CODE OF BIRTH
------------------------	---

12. MOTHER'S NAME (FIRST	MIDDLE	LAST)	13. NAME PRIOR TO FIRST MARRIAGE (FIRST	MIDDLE	LAST)
--------------------------	--------	-------	---	--------	--------

14. DATE OF BIRTH (mm/dd/yyyy)	15. BIRTHPLACE (State, Territory or Foreign Country)	16. MOTHER'S SSN
--------------------------------	--	------------------

17a. MOTHER'S MARITAL STATUS Married at the time of conception or time of birth? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If not married, has an order of paternity or legitimation been issued by a court? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Have both mother and father consented in writing to have father's name on the certification or have they both signed a paternity acknowledgment? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	17b. DATE PATERNITY ACKNOWLEDGMENT OR LEGITIMATION SIGNED (mm/dd/yyyy)
---	--

18. NUMBER AND STREET OF RESIDENCE	19. CITY, TOWN OR LOCATION	20. RESIDENCE STATE
Phone Number: _____ Residing at current residence for: _____ Years _____ Months	Inside city limits? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	

21. COUNTY OF RESIDENCE	22. ZIP CODE	23. MOTHER'S MAILING ADDRESS (Street, City, State, Zip, County) <input type="checkbox"/> Mailing address same as above
-------------------------	--------------	--

24. 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

25. Primary Language spoken at Home _____	26. Mother's Occupation _____			
27. Kind of business or industry _____	28. Employed during last year <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
29. Employer's name/address: _____				
Name	Street	City	State/Country	Zip Code

30. MOTHER'S ETHNICITY

Yes, Cuban No, not Spanish/Hispanic/Latino Refused Unknown
 Yes, Puerto Rican Yes, Mexican, American, Chicano Yes, Other Hispanic (Specify) _____

31. MOTHER'S RACE (Check all that apply)

White Chinese Korean Guamanian or Chamorro
 Black or African American Filipino Vietnamese Samoan
 Asian Indian Japanese Native Hawaiian Other (Specify) _____
 Other Pacific Islander (Specify) _____ Other Asian (Specify) _____
 American Indian or Alaska Native; *Specify enrolled or principal tribe _____ Refused Unknown

32. FATHER'S NAME (FIRST	MIDDLE	LAST	SUFFIX)	33. DATE OF BIRTH (mm/dd/yyyy)	34. BIRTHPLACE (State, Territory or Foreign Country)
--------------------------	--------	------	---------	--------------------------------	--

35. FATHER'S SSN	36. FATHER'S RESIDENCE ADDRESS (STREET	CITY	STATE	ZIP	COUNTY)
	<input type="checkbox"/> Address same as mother's residence address				

37. FATHER'S EDUCATION LEVEL (Check 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
 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

38. Father's Occupation _____ 39. Father's Industry _____ 40. Employed during the last year? Yes No Unknown

41. Employer's Name and Address _____
 Name Street & Number City State/Country Zip Code

42. FATHER'S ETHNICITY

- Yes, Cuban
 No, not Spanish/Hispanic/Latino
 Refused
 Unknown
 Yes, Puerto Rican
 Yes, Mexican, American, Chicano
 Yes, Other Hispanic (Specify) _____

43. FATHER'S RACE (Check all that apply)

- White
 Chinese
 Korean
 Guamanian or Chamorro
 Black or African American
 Filipino
 Vietnamese
 Samoan
 Asian Indian
 Japanese
 Native Hawaiian
 Other (Specify) _____
 Other Pacific Islander (Specify) _____
 Other Asian (Specify) _____
 American Indian or Alaska Native; *Specify enrolled or principal tribe _____
 Refused
 Unknown

44. Mother's Med Record #: _____ 45a. Mother's pre-pregnancy weight: _____ lbs Unknown 45b. Mother's weight at delivery _____ lbs Unknown

46. Mother's height: _____ feet _____ inches Unknown 47. Did Mother receive WIC during this pregnancy? Yes No Unknown

48a. Did mother use alcohol during pregnancy? Yes No Unknown 48b. How many drinks per week? _____

49. Did Mother smoke cigarettes before OR during this pregnancy Yes No Unknown
 # of cigarettes _____ or # of packs _____ three months before pregnancy # of cigarettes _____ or # of packs _____ first trimester
 # of cigarettes _____ or # of packs _____ second trimester # of cigarettes _____ or # of packs _____ third trimester

50. Principle Source of Payment Tricare Medicaid Self Pay Other Government (Federal, State, Local) Indian Health Services
 Private Insurance Other _____ Unknown

51. Vaccinations during pregnancy (Note trimester) TDAP Trimester _____ Flu Trimester _____ Other Trimester _____ None

52. MOTHER PREGNANCY HISTORY

- a. Is this the mother's first pregnancy? Yes No Unknown
 b. Number of previous live births now living _____ (Do not include this child)
 c. Number of previous live births now dead _____
 d. Date of last live birth ____/____/____ (mm/dd/yyyy)
 e. Number of fetal deaths less than 20 weeks (including ectopic loss, induced terminations or miscarriages) _____
 f. Number of previous fetal deaths 20 weeks or greater (including induced terminations, miscarriages or stillbirths) _____
 g. Date of last other pregnancy outcome ____/____/____ (mm/dd/yyyy)

53. MOTHER PRENATAL CARE

- a. Did mother receive prenatal care? Yes No Unknown
 d. Date of last prenatal care visit ____/____/____ (mm/dd/yyyy)
 b. Date of first prenatal care visit ____/____/____ (mm/dd/yyyy)
 e. Total number of prenatal care visits _____ (if none, enter '0')
 c. Enter month prenatal care began _____ (1st, 2nd, 3rd month of pregnancy)
 f. Date last normal menses began ____/____/____ (mm/dd/yyyy)

54. Mother transferred for delivery? Yes No If yes, from what location: _____