CERTIFICATE OF LIVE BIRTH FLORIDA

Screen Consent ____Yes ___No

| YesNo Local File No. | | | | | | 109- | | | | |
|--|---|--|---|--|---|--|---|--|-------------------------------|--|
| 1. CHILD'S NAME (First, Middle, La. | ast, Suffix) | | | | | 2. SEX | 3. DATE C | OF BIRTH (Month, | Day, Year) | |
| 4. BIRTH WEIGHT (Enter lbs/ozs O | OR grams) | 5 7 | TIME OF BIR | TH (24 hr |) | 6 COUNT | Y OF BIRTH | | | |
| lbs ozs | grams | | TIME OF BIR | 111 (27111. | ., | 0. 000141 | TOT BILLIT | | | |
| 7. PLACE WHERE BIRTH OCCUR | | | | | | | | | | |
| HospitalFreestanding B | | Home Birt | th (<i>Planned to</i> | o deliver a | at home? | Yes No) | | | | |
| Clinic/Doctor's Office | | mh a #l | | | | 0.0177.1 | OWNORLOO | ATION OF DIDTH | | |
| 8. FACILITY NAME (If not institution | n, give street and nur | nber) | | | | 9. СПҮ, 1 | OWN OR LOC | ATION OF BIRTH | | |
| 10. CERTIFIER'S SIGNATURE AND | D TITLE | | | | | 11. DATE SIGNED (Month, Day, Year) | | | | |
| | | - | | · | N.ML.M. | Hosp. Admi | n. | | | |
| 12. ATTENDANT'S NAME AND TITE | | _ | Other (Spe | ecify) | | | 40 DATE | FILED BY REGISTF | 240 | |
| 12. ATTENDANT S NAME AND THE | LE | _ | M.DD | .OC. | N.ML.M. | | | | (Reg.Initials | |
| | | _ | _Other (Spe | ecify) | | | | | | |
| 14a. MOTHER'S/PARENT'S NAME (| (First, Middle, Last, S | Suffix) | | | 1 | 4b. MOTHER'S/P | ARENT'S NAM | IE PRIOR TO FIRS | T MARRIAGE (If applicable) | |
| 45 10 MOTUED (DADENT 140 MOT | T. (5.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0 | | DIDTH 44 | | | IEDIO (DA DENITIO | DIDTUDU AGE | (0) | | |
| 15. IS MOTHER/PARENT 16. MOT MARRIED? | THER'S/PARENT'S I | DATE OF | BIRTH (Mon | th, Day, Y | 'eal 17. MOTE | IER'S/PARENT'S | BIRTHPLACE | (State, Territory or | Foreign Cou | |
| YesNo | | | | | | | | | | |
| 8a. MOTHER'S/PARENT'S RESIDE | ENCE - STATE | 18b. CC | UNTY | | | 18c. CITY, TC | WN OR LOCA | TION | | |
| Od CTDEFT AND AUTAMPED | | | | | | 104 710 000 | 40~ INDIDE OTTAL | | VIIMITOO | |
| 18d. STREET AND NUMBER | | | | 1 | 8e. APT. NO | 18f. ZIP CODI | = | 18g. INSIDE CIT | | |
| 8h. MOTHER'S/PARENT'S MAILIN | IG ADDRESS | | Chook | nere if ac- | ne as Dooidan | Ce or | | 168 | 110 | |
| Street and Number: | יט עייטער | | Apt. No. | City: | ne as Residen | UC, UI | State: | Zip C | ode: | |
| | | | | | | | | | | |
| 19a. FATHER'S/PARENT'S NAME (| (First, Middle, Last, S | Suffix) | | | 1 | 9b. FATHER'S/PA | RENT'S NAME | E PRIOR TO FIRST | MARRIAGE (If applicable | |
| | DIDT: | | · | | | IDI 4.67 | | | (applicable | |
| 20. FATHER'S/PARENT'S DATE OF | F BIRTH (Month, Day | , Year) | 21. FATHI | ER'S/PAR | RENT'S BIRTH | IPLACE (State, T | erritory or Fore | ign Country) | | |
| certify that the personal information | provided on this cort | ificata in a | porroot to the | hoot of m | v knowlodgo | | | | | |
| r certify that the personal information | provided on this cen | illicate is t | correct to the | best of m | y kilowieuge. | | | | | |
| | | | | | | | | | | |
| 22. SIGNATURE of Parent ▶ | | | | | | | | | | |
| 22. SIGNATURE of Parent ▶ | | PATEI | RNITY A | CKNO | WLEDGE | MENT | | | | |
| 23. FATHER'S ADDRESS | | PATEI | | 1 | WLEDGE | MENT | State: | Zin C | Code: | |
| | | PATEI | Apt. No. | CKNO\ | WLEDGE | MENT | State: | Zip C | Code: | |
| 23. FATHER'S ADDRESS | | | Apt. No. | City: | | | | | | |
| 23. FATHER'S ADDRESS Street and Number: | E WERE NOT MARRIED A | T THE TIME | Apt. No. | City: | IRAL PARENTS C | F THE CHILD NAMED | HEREIN AND WE | HAVE READ (OR HAVE | HAD READ TO | |
| 23. FATHER'S ADDRESS Street and Number: WE HEREBY SWEAR OR AFFIRM THAT WE | E WERE NOT MARRIED A | T THE TIME | Apt. No. | City: | IRAL PARENTS C | F THE CHILD NAMED | HEREIN AND WE | HAVE READ (OR HAVE | HAD READ TO | |
| 23. FATHER'S ADDRESS Street and Number: WE HEREBY SWEAR OR AFFIRM THAT WE US) DH FORM 1568 AND UNDERSTAND THE | E WERE NOT MARRIED A | T THE TIME SIBILITIES C | Apt. No. | City: | IRAL PARENTS C | OF THE CHILD NAMED AT IT IS A FELONY T | HEREIN AND WE | HAVE READ (OR HAVE E INFORMATION ON THI | HAD READ TO | |
| 23. FATHER'S ADDRESS Street and Number: WE HEREBY SWEAR OR AFFIRM THAT WE US) DH FORM 1568 AND UNDERSTAND THE | E WERE NOT MARRIED A E RIGHTS AND RESPON: | T THE TIME SIBILITIES C | Apt. No. | City: | IRAL PARENTS C KNOWLEDGE TH | OF THE CHILD NAMED AT IT IS A FELONY T | HEREIN AND WE | HAVE READ (OR HAVE E INFORMATION ON THI | HAD READ TO | |
| 23. FATHER'S ADDRESS Street and Number: WE HEREBY SWEAR OR AFFIRM THAT WE US) DH FORM 1568 AND UNDERSTAND THE | E WERE NOT MARRIED A E RIGHTS AND RESPON: | T THE TIME SIBILITIES C | Apt. No. | City: | RAL PARENTS C KNOWLEDGE TH ner's Signature | F THE CHILD NAMED AT IT IS A FELONY T | HEREIN AND WE D FURNISH FALSE | HAVE READ (OR HAVE E INFORMATION ON THE | HAD READ TO S DOCUMENT. | |
| 23. FATHER'S ADDRESS Street and Number: WE HEREBY SWEAR OR AFFIRM THAT WE US) DH FORM 1568 AND UNDERSTAND THE | WERE NOT MARRIED A E RIGHTS AND RESPON: | T THE TIME SIBILITIES C | Apt. No. | City: | IRAL PARENTS C KNOWLEDGE TH ner's Signature ess 1) | F THE CHILD NAMED AT IT IS A FELONY T | HEREIN AND WE D FURNISH FALSE | HAVE READ (OR HAVE E INFORMATION ON THE | HAD READ TO S DOCUMENT. | |
| 23. FATHER'S ADDRESS Street and Number: WE HEREBY SWEAR OR AFFIRM THAT WE US) DH FORM 1568 AND UNDERSTAND THE Father'S Signature) Witness 1) STATE OF FLORIDA, COUNTY OF | WERE NOT MARRIED A E RIGHTS AND RESPON: | T THE TIME SIBILITIES C | Apt. No. | City: E THE NATU D. WE ACH (Moth | IRAL PARENTS C KNOWLEDGE TH ner's Signature ess 1) | OF THE CHILD NAMED AT IT IS A FELONY T | HEREIN AND WE D FURNISH FALSE | HAVE READ (OR HAVE E INFORMATION ON THE | HAD READ TO S DOCUMENT. | |
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| 23. FATHER'S ADDRESS Street and Number: WE HEREBY SWEAR OR AFFIRM THAT WE US) DH FORM 1568 AND UNDERSTAND THE Father'S Signature) Witness 1) STATE OF FLORIDA, COUNTY OF SWORN TO OR AFFIRMED BY | WERE NOT MARRIED A E RIGHTS AND RESPON: | T THE TIME SIBILITIES C | Apt. No. | City: E THE NATU D. WE ACH (Moth (With STAT | IRAL PARENTS OF KNOWLEDGE THE SIGNATURE SEES 1) TE OF FLORICE FRN TO OR ALL | F THE CHILD NAMED AT IT IS A FELONY TO THE CHILD NAMED AT IT IS A FELONY TO THE CHILD NAMED AT IT IS A FELONY OF THE CHILD NAMED BY | HEREIN AND WE D FURNISH FALSE | HAVE READ (OR HAVE E INFORMATION ON THE | HAD READ TO S DOCUMENT. | |
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| 23. FATHER'S ADDRESS Street and Number: WE HEREBY SWEAR OR AFFIRM THAT WE US) DH FORM 1568 AND UNDERSTAND THE (Father'S Signature) (Witness 1) STATE OF FLORIDA, COUNTY OF SWORN TO OR AFFIRMED BY (Print Father'S Name) IDENTIFIED BY: (form and number this day of | E WERE NOT MARRIED A E RIGHTS AND RESPON: (Witness 2) ET of ID) EQUESTED FOR CHIL MENT FOR THIS DE nceSelf-pay | FOR ADP 25a | ADMINIS ADMINIS MOTHER'S/I | (Moth (With STAT SWO (Print IDENT this Notar my co | ess 1) TE OF FLORID RN TO OR AI Mother's Nam TIFIED BY: Ty Public - State Dommission exp | DA, COUNTY OF TRIMED BY The day of d | (Witness Tof ID) Tof ID) Tof ID) | HAVE READ (OR HAVE INFORMATION ON THE INFORMATION O | ate) URITY NUMBE | |
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| | INFORMATION FO | OR MEDICAL ANI | D HEALTH U | SE ONLY | | | | |
|-------------|--|---|---|------------------------------|---------------------|-------------------------|--|-------------|
| MOTHER / | 30. OF HISPANIC OR HAITIAN ORIGIN? (Specify if mother/parent is of Hispanic Marie Chief Ch | = : | | | | | | |
| PARENT | Not of Hispanic/Haitian OriginUnknown if Hispani Yes, of Hispanic/Haitian Origin (Select one): Mexican Puerl | to Rican Cuban | Other Hispanic (| (Specify) | | | | Haitian |
| | 31. RACE (Specify the race/races to indicate what mother/parent considers the | | | | | | <u> </u> | |
| | WhiteBlack or African AmericanAmerican Inc | dian or Alaskan Native (S | Specify tribe) | | | | | |
| | Asian IndianChineseFilipinoJapanese | | _ | ner Asian (Specify) | | | | |
| | Native HawaiianGuamanian or ChamorroSamoan | Other Pacific Isl. (Sp | | | Other (Specify | () | | |
| | EDUCATION (Specify highest degree or level of school completed at time 8th or less | = : | | llege degree pecify): Ass | sociate Bad | chelor's | Maetar's | Doctorate |
| FATHER / | 33. OF HISPANIC OR HAITIAN ORIGIN? (Specify if father/parent is of Hispan | <u> </u> | at no degree (o) | no. | | | iviasiers _ | |
| PARENT | Not of Hispanic/Haitian Origin | = : | | | | | | |
| | Yes, of Hispanic/Haitian Origin (Select one):MexicanPuerl | to RicanCuban | Other Hispanic (| Specify) | | | ! | Haitian |
| | 34. RACE (Specify the race/races to indicate what father/parent considers the | emself to be. More than o | ne race may be spe | cified.) | | | | |
| | | dian or Alaskan Native (S | | | | | | |
| | Asian IndianChineseFilipinoJapanese | | _ | her Asian (Specify) | | | | |
| | Native HawaiianGuamanian or ChamorroSamoan 35. EDUCATION (Specify highest degree or level of school completed at time | Other Pacific Isl. (Sp | | llana danna | Other (Specify | /) | | |
| | 8th or less High school but no diploma High school diplom | • • | | llege degree pecify): Ass | sociate Bad | chelor's | Master's | Doctorate |
| PREGNANCY | 36a. PRENATAL CARE RECEIVED? 36b. DATE OF FIRST PRENATA | | | | | | NATAL VIS | |
| HISTORY | | , , , , | | | , , , , | Numbe | | |
| | YesNo (If No, skip to # 37) 37. DATE LAST NORMAL MENSES BEGAN (Month, Day, Year) | 38. MOTHER'S/PAREN | JT'S HEIGHT | 39a-h MOTHE | R'S/PARENT'S W | Numbe | | |
| | or. Date East Norwal MENGES BESAN (Month, Day, Tear) | | | Joan D. MOTTIE | | ` ' | , | |
| | 40. OLOADETTE OMOVINO DEFODE AND DUDINO DEFONANCIO | | feet/inches | | prepregnancy | / | at | delivery |
| | 40. CIGARETTE SMOKING BEFORE AND DURING PREGNANCY? For each time period, enter either the number of cigarettes or | 41. ALCOHOL USE DU | JRING PREGNANCY | r? | | | | |
| | the number of packs of cigarettes smoked. If NONE, enter "0". | Yes | No | | | | | |
| | Average number of cigarettes or packs of cigarettes smoked per day. # of cigarettes # of packs | 42a-b. PREVIOUS LIV | E BIRTHS (Do not ii | nclude this child) | 42c. DATE OF L | AST LIVE B | IRTH (Mon | th, Year) |
| | Three Months before Pregnancy OR | Number Now Living | Number Nov | w Dead | | | | |
| | First Three Months of Pregnancy OROR | 42d. OTHER PREGNA | | | 42e. DATE OF L | AST OTHER | OUTCOM | E (Month, Y |
| | Second Three Months of Pregnancy OR OR Third Trimester of Pregnancy OR | Total Number | induced losses, or e | ctopic pregnancies |) | | | |
| MEDICAL | 43. RISK FACTORS IN THIS PREGNANCY (Check all that apply) | | | | | | | |
| AND | Diabetes - Prepregnancy (Diagnosis prior to this pregnancy) | Diabetes - Gestation | nal (Diagnosis in this | pregnancy) | | | | |
| HEALTH | Hypertension - Prepregnancy (Chronic) Hyperten | nsion - Gestational (PIH, p | reeclampsia) | Hypert | ension - Eclamps | ia | | |
| INFORMATION | Previous preterm birth Other previous poor pr | regnancy outcome (Includ | es perinatal death, s | small-for-gestationa | l age/intrauterine | growth restr | icted birth) | |
| | Mother/Parent had a previous cesarean delivery (If yes, how many |) | | | | | | |
| | Pregnancy resulted from infertility treatment (If yes, check all below the | * | | | | | | |
| | Fertility-enhancing drugs, Artificial insemination or Intrauterine inse | | | | | | | |
| | Assisted reproductive technology (e.g., in vitro fertilization (IVF), g | gamete intrafallopian trans | fer (GIFT)) | | | | None | |
| | Other (Specify) 44. INFECTIONS PRESENT AND/OR TREATED DURING THIS PREGNANCE | CV (Chock all that apply) | | | | - | None | |
| | Gonorrhea Syphilis Chlamydia | Hepatitis E | 3 | Hepatitis C | | | | |
| | Other (Specify) | | | | | | None | |
| | 45. OBSTETRIC PROCEDURES (Check all that apply) | | | | | - | | |
| | Cervical cerclageExternal cephalic version (Success | sful)Extern | al cephalic version (| Failed) | | | | |
| - | Other (Specify) | | | | | - | None | |
| | 46. ONSET OF LABOR (Check all that apply) | | | | | | | |
| | Premature Rupture of the Membranes (prolonged, \geq 12 hrs.) | recipitous Labor (< 3 hrs | c.) Prolonged | d Labor (≥ 20 hrs | :.) | | | |
| | Other (Specify) | | | | | .= | None | |
| | 47. CHARACTERISTICS OF LABOR AND DELIVERY (Check all that apply) | Storoido (alugado | articoido) for fotal lur | a maturation rocal | and by the methor | lacrent prior | to dolivor | , |
| | Induction of laborAugmentation of labor Antibiotics received by the mother/parent during labor | | orticoids) for fetal lun nnionitis diagnosed d | | | | | |
| | Fetal intolerance of labor such that one or more of the following action | | | | | | .41) | |
| | Epidural or spinal anesthesia during labor | no mae tanem m atere ree | aconanyo moacanco, | | omong or operan | | | |
| | Other (Specify) | | | | | | None | |
| | 48. METHOD OF DELIVERY | | | | | | | |
| | A. Fetal presentation at birth:CephalicBreech | Other (Specif | y) | | | | | |
| | B. Final route and method of delivery (Check one):Vaginal/S | Spontaneous | Vaginal/Forceps | Vagina | al/Vacuum | | | |
| # | Cesareal | n (Was a trial of labor atte | empted? Yes | No) | | | | |
| шi | | | | | | | | |
| Ø | 49. MATERNAL MORBIDITY (Complications associated with labor and deliver | | | | | | | |
| | Maternal transfusionThird or fourth degree perineal lace | | rusUnplai | nned hysterectomy | Adr | mission to int | | a unit |
| | Unplanned operating room procedure following deliveryO 50. OBSTETRIC ESTIMATE OF GESTATION | Other (Specify) | Y (Single, Twin, etc. |) [54 | b. IF NOT SINGL | F RIPTH /P/ | None | econd etc.) |
| NEWBORN | | JIA. PLURALII | i (Gingle, i Will, etc. | , 31 | U. II INUI OINUL | ר דיייט די | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | Jona, 816.) |
| | completed weeks 52. WAS INFANT BEING BREASTFED DURING THE PERIOD BETWEEN B | SIRTH 53 APGAP SO | ORE | | | | | |
| | AND DISCHARGE FROM THE HOSPITAL? Yes N. | | | min. (If 5 min. scor | re < 6) | Not | done | |
| | 54. ABNORMAL CONDITIONS (Check all that apply) | | 10 | 1 0 | · · -/ | 1401 | | |
| | | Assisted ventilation requ | uired (<u>></u> 30 min.) | Assiste | ed ventilation requ | iired (<u>></u> 6 h | rs.) | |
| State of | NICLI Admission Newborn given surfactant ren | | | . | | | | |

Antibiotics received by the newborn for suspected neonatal sepsis

Significant birth initial (alceleration) __Seizure or serious neurologic dysfunction ____ Significant birth injury (skeletal fracture(s), peripheral nerve injury, and/or soft tissue/solid organ hemorrhage which requires intervention) Other (Specify)

 CONGENITAL ANOMALIES (Check all that apply)

Anencephaly

Maniferror

Anomalies (Check all that apply) Department Meningomyelocele/Spina bifida ___Cyanotic congenital heart disease ___Congenital diaphrag
__Gastroschisis ___Limb reduction defect (excluding congenital amputation and dwarfing syndromes) ___Cyanotic congenital heart disease ____Congenital diaphragmatic hernia _Cleft Lip with or without Cleft Palate ___ Cleft Palate alone __confirmed _____ pending) ___ Suspected chromosomal disorder (Karotype: ____confirmed ___ _Hypospadias _Other (Specify) 56. MOTHER'S/PARENT'S MEDICAL RECORD NUMBER 57. NEWBORN MEDICAL RECORD NUMBER reporting and registration of birth and death records as provided in section 382.0135, Florida Statutes.

Florida

of Health

Vital Statistics