

EXHIBIT B

Mother's Name _____ Mother's Medical Record # _____
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CERTIFICATE OF LIVE BIRTH WORKSHEET

The information you provide below will be used to create your child's birth certificate. The birth certificate is a document that will be used for legal purposes to prove your child's age, citizenship and parentage. This document will be used by your child throughout his/her life. State laws provide protection against the unauthorized release of identifying information from the birth certificates to ensure the confidentiality of the parents and their child.

It is very important that you provide complete and accurate information to all of the questions. In addition to information used for legal purposes, other information from the birth certificate is used by health and medical researchers to study and improve the health of mothers and newborn infants. Items such as parent's education, race, and smoking will be used for studies but will not appear on copies of the birth certificate issued to you or your child.

TYPE OF BIRTH - PICK ONE:

- Born at Facility
 Born En-Route to Facility
 Born at Non Participating Facility
 Born En-Route to Non Participating Facility
 Home Birth
 Foundling

1. Facility name:* _____

(If not institution, give street and number)

2. City, Town or Location of birth: _____

3. County of birth: _____

4. Place of birth:

Hospital
 Freestanding birthing center (freestanding birthing center is one that has no direct physical connection to a hospital)

Home birth
 Planned to deliver at home?
 Yes
 No

Clinic/ Doctor's Office
 Other (specify, e.g., taxi cab, train, plane _____)

*Facilities may wish to have pre-set responses (hard-copy and/or electronic) to questions 1-5 for births which occur at their institutions.

5. Time of birth: _____

- AM
 PM
 NOON
 MIDNIGHT

6. Date of birth: ____/____/____ M M D D Y Y Y Y

7. Plurality (Specify SINGLE, TWIN, TRIPLET, QUADRUPLET, QUINTUPLET, SEXTUPLET, SEPTUPLET, or OCTUPLET for 8 or more. (Include all live births and fetal losses resulting from this pregnancy.): _____

8. If not single birth (Order delivered in the pregnancy, specify 1st, 2nd, 3rd, 4th, 5th, 6th, 7th, etc.) (Include all live births and fetal losses resulting from this pregnancy): _____

9. If not single birth, specify number of infants in this delivery born alive: _____

10. Sex (Male, Female, or Not yet determined): _____

11. What will be your BABY'S legal name (as it should appear on the birth certificate)?

 First Middle Last Suffix (Jr., III, etc.)

12. MOTHER: What is your current legal name?

 First Middle Last Suffix (Jr., III, etc.)

13. MOTHER: Where do you usually live--that is--where is your household/residence located?

Building number: _____ Pre-directional _____
 Name of street _____
 Street Designator, eg Street, Avenue, etc. _____
 Post Directional _____ Apartment Number _____
 State: _____ (or U.S. Territory, Canadian Province)
 If not United States, Country _____
 City, Town, or Location: _____ County: _____ Zip: _____

14. Is this household inside city limits (inside the incorporated limits of the city, town or location where you live)? Yes No Don't know

15. MOTHER: What is your mailing address? Same as residence [Go to next question]

Building number: _____ Pre-directional _____
 Name of street _____
 Street Designator, eg Street, Avenue, etc. _____
 Post Directional _____ Apartment Number _____
 State: _____ (or U.S. Territory, Canadian Province)
 If not United States, Country _____
 City, Town, or Location: _____ County: _____ Zip: _____

16. MOTHER: What is your date of birth? (Example: 03-04-1977)

____/____/____ M M D D Y Y Y Y AGE: _____

17. MOTHER: In what State, U.S. territory, or foreign country were you born? Please specify one of the following:

State _____ County _____ City _____
 OR U.S. territory, i.e., Puerto Rico, U.S. Virgin Islands, Guam, American Samoa or Northern Marianas
 _____ OR Foreign country _____
 UNKNOWN

18. MOTHER: What is your Social Security Number?

____-____-____-____-____-____

19. Do you want a Social Security Number issued for your baby?

Yes (Please sign request below) No (Continue)

I request that the Social Security Administration assign a Social Security number to the child named on this form and authorize the State to provide the Social Security Administration with the information from this form which is needed to assign a number. (Either parent, or the legal guardian, may sign.)

Signature of infant's mother or father _____
 Date: ____/____/____ M M D D Y Y Y Y

20. Will infant be placed for Adoption?

- Yes
- No

21. MOTHER: What is the highest level of schooling that you will have completed at the time of delivery? (Check the box that best describes your education. If you are currently enrolled, check the box that indicates the previous grade or highest degree received).

- 8th grade or less
- High school graduate or GED completed
- Associate degree (e.g. AA, AS)
- Master's degree (e.g. MA, MS, MEng, MEd, MSW, MBA)
- Doctorate (e.g. PhD, EdD) or Professional degree (e.g. MD, DDS, DVM, LLB, JD)
- 9th - 12th grade, no diploma
- Some college credit but no degree
- Bachelor's degree (e.g. BA, AB, BS)

22. MOTHER: What is your usual occupation or industry in which you work? Please fill in below. For example your occupation is Teacher, CPA, Waitress, Clerk, etc., and the industry in which you work is Department Store, Law Firm, Hospital, Factory, etc.

Usual Occupation: _____

Usual Industry: _____

- Unemployed
- Unknown

23. MOTHER: Are you Spanish/Hispanic/Latina? If not Spanish/Hispanic/Latina, check the "No" box. If Spanish/Hispanic/Latina, check the appropriate box.

- No, not Spanish/ Hispanic/ Latina
- Yes, Mexican, Mexican American, Chicana
- Yes, Puerto Rican
- Yes, Cuban
- Yes, other Spanish/ Hispanic/ Latina (e.g. Spaniard, Salvadoran, Dominican, Columbian)
(specify) _____

24. MOTHER: What is your race? (Please check all that apply).

- White
- Black or Af rican American
- American Indian or Alaska Native (name of enrolled or principal tribe(s))

- Asian Indian
- Chinese
- Filipino
- Japanese
- Korean
- Vietnamese
- Other Asian (specify) _____
- Native Hawaiian
- Guamanian or Chamorro
- Samoan
- Other Pacific Islander (specify) _____
- Other (specify) _____

MOTHER: Additional Information To Be Filled In IF A PATERNITY AFFIDAVIT IS TO BE FILED FOR THIS BIRTH If Not Filing Paternity Affidavit skip to question 30.

25. What is Your Phone Number? Required _____

26. What is the name of your Employer (Company name)? Optional

27. What is your Employer's address? Optional

28. What is the name of your Medical Insurance Company? Optional

29. What is your Medical Insurance Policy number? Optional

30. MOTHER: Did you receive WIC (Women, Infants & Children) food for yourself because you were pregnant with this child?

- Yes No Unknown

31. MOTHER: What is your height? _____ feet _____ inches

32. MOTHER: What was your pre-pregnancy weight, that is, your weight immediately before you became pregnant with this child? _____ lbs.

33. Mother's weight at delivery _____ lbs.

34. CIGARETTE SMOKING BEFORE AND DURING PREGNANCY: How many cigarettes OR packs of cigarettes did you smoke on an average day during each of the following time periods?

If you NEVER smoked, enter zero for each time period.

	# of cigarettes	# of packs
Three months before pregnancy	_____	OR _____
First three months of pregnancy	_____	OR _____
Second three months of pregnancy	_____	OR _____
Last three months of pregnancy	_____	OR _____

35. CURRENT MARITAL STATUS

- Never Married
- Widowed
- Divorced
- Currently Married
- Married, but refusing Father's Information
- Unknown

36. Mother's name prior to her first marriage, (Maiden Name)

 First Middle Last Suffix

37. MOTHER'S Marital Status, ARE YOU MARRIED TO THE FATHER OF YOUR CHILD?

- Yes [Please go to question 39]
- No [Please go to question 38]

38. If not married, has a Paternity Affidavit been completed for this child?

- Yes, a paternity affidavit has been completed
 If Yes Date Affidavit was signed: ____/____/____
- No, a paternity affidavit has not been completed
If No please go to question 53

39. FATHER'S CURRENT LEGAL NAME

 First Middle Last Suffix(Jr., III, etc.)

40. FATHER: What is the father's date of birth? (Example: 03-04-1977)

____/____/____ M M D D Y Y Y Y AGE: _____

41. FATHER: In what State, U.S. territory, or foreign country was he born? Please specify one of the following:

State _____ County _____ City _____
 OR U.S. territory, i.e., Puerto Rico, U.S. Virgin Islands, Guam, American Samoa or Northern Marianas
 _____ OR Foreign country _____
 UNKNOWN

42. What is the father's Social Security Number? If you are not married, or if a paternity acknowledgment has not been completed, leave this item blank.

43. What is the highest level of schooling that the FATHER will have completed at the time of delivery? (Check the box that best describes his education. If he is currently enrolled, check the box that indicates the previous grade or highest degree received).

- 8th grade or less
- High school graduate or GED completed
- Associate degree (e.g. AA, AS)
- Master's degree (e.g. MA, MS, MEng, MEd, MSW, MBA)
- Doctorate (e.g. PhD, EdD) or Professional degree (e.g. MD, DDS, DVM, LLB, JD)
- 9th - 12th grade, no diploma
- Some college credit but no degree
- Bachelor's degree (e.g. BA, AB, BS)

44. What is the father's usual occupation or industry. Please fill in below. For example his occupation is Photographer, Farmer, Nurse, etc., and the industry in which he works is Factory, Skating Rink, Army, etc.

Usual Occupation: _____
 Usual Industry: _____
 Unemployed Unknown

45. Is the father Spanish/Hispanic/Latino? If not Spanish/Hispanic/Latino, check the "No" box. If Spanish/Hispanic/Latino, check all that apply.

- No, not Spanish/ Hispanic/ Latino
- Yes, Mexican, Mexican American, Chicano
- Yes, Puerto Rican
- Yes, Cuban
- Yes, other Spanish/ Hispanic/ Latino (e.g. Spaniard, Salvadoran, Dominican, Columbian)
 (specify) _____

46. What is the father's race? Please check one or more races to indicate what he considers himself to be.

- White
- American Indian or Alaska Native (name of enrolled or principal tribe) _____
- Asian Indian
- Japanese
- Other Asian (specify) _____
- Native Hawaiian
- Other Pacific Islander (specify) _____
- Other (specify) _____
- Black or African American
- Chinese
- Korean
- Filipino
- Vietnamese
- Guamanian or Chamorro
- Samoan

FATHER Additional Information To Be Filled In If A PATERNITY AFFIDAVIT IS TO BE FILED FOR THIS BIRTH If Not Filing Paternity Affidavit skip to question 53

47. What is Your Phone Number? Information is required _____

48. What is Your Current Address Number, Street, City, State and Zip Information is required

49. What is the name of your Employer (Company name)? Information is optional

50. What is your Employer's address? Information is optional

51. What is the name of your Medical Insurance Company? Information is optional

52. FATHER What is your Medical Insurance Policy Number Information is optional

53. DID MOTHER RECEIVE PRENATAL CARE?
 YES NO UNKNOWN

54. Date of first prenatal care visit (prenatal care begins when a Physician or other health professional first examines and/ or counsels the pregnant woman as part of an ongoing program of care for the pregnancy) _____
____ M M D D Y Y Y Y

55. Date of last prenatal care visit (Enter the date of the last visit recorded in the mother's prenatal records)
_____ M M D D Y Y Y Y

56. Source of pre-natal care?
 MD DO Clinic Other, Specify: _____

57. Total number of prenatal care visits for this pregnancy (Count only those visits recorded in the record. If none enter "0"): _____

58. Date last normal menses began: _____ M M D D Y Y Y Y

59. Number of previous live births now living (Do not include this child. For multiple deliveries, do not include the 1st born in the set if completing this worksheet for that child): Enter number or 0 for none.

60. Number of previous live births now dead (Do not include this child. For multiple deliveries, do not include the 1st born in the set if completing this worksheet for that child):
Enter number or 0 for none. _____

61. Date of last live birth _____ / _____ M M Y Y Y Y

62. Total number of other pregnancy outcomes (Include fetal losses of any gestational age-spontaneous losses, induced losses, and/ or ectopic pregnancies. If this was a multiple delivery, include all fetal losses delivered before this infant in the pregnancy) .)
Enter number or 0 for none.: _____

63. Date of last other pregnancy outcome (Date when last pregnancy which did not result in a live birth ended):

____/____ M M Y Y Y Y