

STATE OF GEORGIA BIRTH WORKSHEET

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

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

3. CHILD'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)

- Hospital Birthing center Enroute/BOA Clinic/Doctor's Office ER
 Other (specify) _____

8. CITY, TOWN OR LOCATION OF BIRTH

9. FACILITY ID (NPI)

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?

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?

- Yes No Unknown
 Yes No Unknown

- Yes No 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? Yes No Unknown

21. COUNTY

22. ZIP CODE

23. MOTHER'S MAILING ADDRESS (Street, City, State, Zip, County) 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 completed
 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. Employed during last year Yes No Unknown

27. Mother's Occupation _____

28. Kind of business or industry _____

29. Employer's name/address: _____

Name

Street

City

State/Country

Zip Code

30. MOTHER'S ETHNICITY No, not Spanish/Hispanic/Latino Refused Unknown

Yes, Cuban

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)

Address same as mother's residence

History of childhood deafness in either family? _____

Do you want a Social Security card for the baby? _____ (it will be automatically mailed to you if yes)

37. FATHER'S EDUCATION LEVEL (Check only one option that represents the highest level of education attained)

- Completed 1st Grade through 12th Grade but did NOT Graduate, High school graduate or GED completed, 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 last year Yes No Unknown

41. Employer's name/address: Name Street City State/Country Zip Code

42. FATHER'S ETHNICITY No, not Spanish/Hispanic/Latino, Refused, Unknown, Yes, Cuban, Yes, Puerto Rican, Yes, Maxican, American, Chicano, Yes, Other Hispanic (Specify)

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

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

44. Mother's Med Record #, 45a. Mother's pre-pregnancy weight, 45b. Mother's weight at delivery

46. Mother's height, 47. Did Mother receive WIC during this pregnancy?

48a. Did mother use alcohol during pregnancy?, 48b. If yes, how many drinks per week?

49. Did Mother smoke cigarettes before OR during this pregnancy?

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. Principal Source of Payment Tricare, Medicaid, Self Pay, Other Government (Federal, State, Local), Indian Health Service, 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? 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

Did you receive prenatal care outside Atlanta Birth Care? If so, approximately when was 1st visit? How many prenatal visits?

- a. Did mother receive prenatal care? 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: