

**CERTIFICATE OF LIVE BIRTH**  
**STATE OF CALIFORNIA**  
**USE BLACK INK ONLY**

STATE FILE NUMBER				LOCAL REGISTRATION NUMBER			
THIS CHILD	1A. NAME OF CHILD - FIRST Electronic sig		1B. MIDDLE -		1C. LAST Test		
	2. SEX MALE	3A. THIS BIRTH, SINGLE, TWIN, ETC. SINGLE	3B. IF MULTIPLE, THIS CHILD 1ST, 2ND, ETC. -		4A. DATE OF BIRTH - MM/DD/CCYY 09/05/2024	4B. HOUR - 24 HOUR CLOCK TIME 0900	
PLACE OF BIRTH	5A. PLACE OF BIRTH - NAME OF HOSPITAL OR FACILITY UCD MEDICAL CENTER			5B. STREET ADDRESS - STREET AND NUMBER, OR LOCATION 2315 STOCKTON BOULEVARD			
	5C. CITY SACRAMENTO			5D. COUNTY SACRAMENTO			
NAME OF PARENT	6A. NAME OF PARENT - FIRST Golden smith	6B. MIDDLE -	6C. LAST - BIRTH NAME Apple		6D. <input type="checkbox"/> MOTHER <input checked="" type="checkbox"/> FATHER <input type="checkbox"/> PARENT	7. BIRTHPLACE - STATE/COUNTRY CA	
NAME OF PARENT	9A. NAME OF PARENT - FIRST Apple	9B. MIDDLE -	9C. LAST - BIRTH NAME Gala		9D. <input checked="" type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> PARENT	10. BIRTHPLACE - STATE/COUNTRY CA	
INFORMANT AND BIRTH CERTIFICATION	I CERTIFY THAT I HAVE REVIEWED THE STATED INFORMATION AND THAT IT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.		12A. PARENT OR OTHER INFORMANT - SIGNATURE		12B. RELATIONSHIP TO CHILD	8. DATE OF BIRTH 05/08/1980	
	I CERTIFY THAT THE CHILD WAS BORN ALIVE AT THE DATE, HOUR, AND PLACE STATED.		13A. ATTENDANT/CERTIFIER - SIGNATURE AND DEGREE OR TITLE		13B. LICENSE NUMBER A117852	11. DATE OF BIRTH 06/03/1980	
	13D. TYPED NAME, TITLE AND MAILING ADDRESS OF ATTENDANT RORY ADAM SMITH, MD 1400 E CHURCH ST, SANTA MARIA, CA 93454				14. TYPED NAME AND TITLE OF CERTIFIER IF OTHER THAN ATTENDANT		
	15A. DATE OF DEATH - MM/DD/CCYY		15B. STATE FILE NO. - STATE USE ONLY		16. LOCAL REGISTRAR - SIGNATURE		
LOCAL REGISTRAR						17. DATE ACCEPTED FOR REGISTRATION - MM/DD/CCYY	

**CONFIDENTIAL INFORMATION FOR PUBLIC HEALTH USE ONLY**

FATHER OR PARENT	19. HISPANIC, LATINO, OR SPANISH MEXICAN		18. RACE - UP TO THREE RACES/ETHNICITIES MAY BE LISTED. SEE WORKSHEET ON BACK. WHITE			20C. EDUCATION - HIGHEST LEVEL OR DEGREE MASTER'S	
	20. DATE LAST WORKED - MM/CCYY N/A	20A. USUAL OCCUPATION ADMIN		20B. KIND OF BUSINESS OR INDUSTRY ADMIN			
MOTHER	22. HISPANIC, LATINO, OR SPANISH MEXICAN		21. RACE - UP TO THREE RACES/ETHNICITIES MAY BE LISTED. SEE WORKSHEET ON BACK. MEXICAN AMERICAN			23C. EDUCATION - HIGHEST LEVEL OR DEGREE DOCTORATE	
	23. DATE LAST WORKED - MM/CCYY N/A	23A. USUAL OCCUPATION TEST ADMINISTRATOR		23B. KIND OF BUSINESS OR INDUSTRY BUSINESS ADMINISTRATION			
BIRTH PARENT ADDRESS	24A. BIRTH PARENT'S RESIDENCE STREET AND NUMBER, OR LOCATION - DO NOT USE P.O. BOX NUMBERS 3800 BUSINESS DRIVE				24B. COUNTY/PROVINCE SACRAMENTO		
	24C. CITY SACRAMENTO			24D. STATE/FOREIGN COUNTRY CA		24E. ZIP CODE 98250	
MEDICAL AND HEALTH DATA BIRTH PARENT AND NEWBORN	25A. DATE LAST NORMAL MENSES BEGAN UNK	25AA. DATE FIRST PRENATAL CARE VISIT UNK	25B. MONTH PRENATAL CARE BEGAN UNK	25BA. DATE LAST PRENATAL CARE VISIT UNK	25C. NUMBER OF PRENATAL CARE VISITS UNK	25D. PRINCIPAL SOURCE OF PAYMENT FOR PRENATAL CARE 00	
	26. BIRTHWEIGHT - GRAMS 3200		27. PREGNANCY HISTORY - COMPLETE EACH SECTION				
	26A. OBSTETRIC ESTIMATION OF GESTATION AT DELIVERY - COMPLETED WEEKS UNK		A. NUMBER NOW LIVING 0		B. NUMBER NOW DEAD 0		D. NUMBER BEFORE 20 WEEKS 0
	26B. HEARING SCREENING PASS (BOTH EARS)		C. DATE OF LAST LIVE BIRTH - MM/DD/CCYY -		E. NUMBER AFTER 20 WEEKS 0		
	26C. DATE OF LAST LIVE BIRTH - MM/DD/CCYY -		F. DATE OF LAST OTHER PREGNANCY LOSS - MM/CCYY -				
	28A. METHOD OF DELIVERY 99, 1, 90, 59, 69		28B. EXPECTED SOURCE OF PAYMENT FOR DELIVERY 99		29. COMPLICATIONS AND PROCEDURES OF PREGNANCY AND CONCURRENT ILLNESSES 03,32,33		
30. COMPLICATIONS AND PROCEDURES OF LABOR AND DELIVERY 11				31. ABNORMAL COMPLICATIONS AND CLINICAL PROCEDURES RELATED TO THE NEWBORN 00			
A	B	C	D	E	F	32. 6A-C/PARENT SOCIAL SECURITY NUMBER UNK	
0443	034		1		NN	33. 9A-C/PARENT SOCIAL SECURITY NUMBER UNK	

VS 10D (REV. 5/22)

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BY DANAK, VIRA (VDBCLERKSMF)

**Definition of Live Birth**

"Live Birth" means the complete expulsion or extraction from its mother of a product of conception (irrespective of duration of pregnancy) which, after such separation, breathes or shows any other evidence of life such as beating of the heart, pulsation of the umbilical cord, or definite movement of voluntary muscles, whether or not the umbilical cord has been cut or the placenta is attached.