

CERTIFICATE OF LIVE BIRTH
STATE OF CALIFORNIA
USE BLACK INK ONLY

STATE FILE NUMBER				LOCAL REGISTRATION NUMBER			
THIS CHILD	1A. NAME OF CHILD - FIRST Jerri		1B. MIDDLE J		1C. LAST Jones		
	2. SEX FEMALE	3A. THIS BIRTH, SINGLE, TWIN, ETC. TWIN	3B. IF MULTIPLE, THIS CHILD 1ST, 2ND, ETC. 2ND		4A. DATE OF BIRTH - MM/DD/CCYY 05/01/2024	4B. HOUR - 24 HOUR CLOCK TIME 0300	
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 Tom	6B. MIDDLE J	6C. LAST - BIRTH NAME Jonees		6D. <input type="checkbox"/> MOTHER <input checked="" type="checkbox"/> FATHER <input type="checkbox"/> PARENT	7. BIRTHPLACE - STATE/COUNTRY UT	
NAME OF PARENT	9A. NAME OF PARENT - FIRST Jenna	9B. MIDDLE J	9C. LAST - BIRTH NAME Jones		9D. <input checked="" type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> PARENT	10. BIRTHPLACE - STATE/COUNTRY CO	
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 Father Last Mother Last		12B. RELATIONSHIP TO CHILD FATHER MOTHER		
	I CERTIFY THAT THE CHILD WAS BORN ALIVE AT THE DATE, HOUR, AND PLACE STATED.		13A. ATTENDANT/CERTIFIER - SIGNATURE AND DEGREE OR TITLE SEDA BADALYAN, MD		13B. LICENSE NUMBER A100925		
	13D. TYPED NAME, TITLE AND MAILING ADDRESS OF ATTENDANT SEDA BADALYAN, MD 4478 ROSECLIFF PL, SAN DIEGO, CA 92130		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 NO		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 NURSING		20B. KIND OF BUSINESS OR INDUSTRY NURSING			
MOTHER	22. HISPANIC, LATINO, OR SPANISH NO		21. RACE - UP TO THREE RACES/ETHNICITIES MAY BE LISTED. SEE WORKSHEET ON BACK. WHITE			23C. EDUCATION - HIGHEST LEVEL OR DEGREE MASTER'S	
	23. DATE LAST WORKED - MM/CCYY N/A	23A. USUAL OCCUPATION NURSE		23B. KIND OF BUSINESS OR INDUSTRY NURSING			
BIRTH PARENT ADDRESS	24A. BIRTH PARENT'S RESIDENCE STREET AND NUMBER, OR LOCATION - DO NOT USE P.O. BOX NUMBERS 23 MAIN				24B. COUNTY/PROVINCE SACRAMENTO		
	24C. CITY MAIN				24D. STATE/FOREIGN COUNTRY UT	24E. ZIP CODE 99999	
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 07	
	26. BIRTHWEIGHT - GRAMS 2500		27. PREGNANCY HISTORY - COMPLETE EACH SECTION				
	26A. OBSTETRIC ESTIMATION OF GESTATION AT DELIVERY - COMPLETED WEEKS 40		A. NUMBER NOW LIVING 1		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 04/29/2024		F. DATE OF LAST OTHER PREGNANCY LOSS - MM/CCYY -		
	28A. METHOD OF DELIVERY 03,020,58,68		28B. EXPECTED SOURCE OF PAYMENT FOR DELIVERY 07		29. COMPLICATIONS AND PROCEDURES OF PREGNANCY AND CONCURRENT ILLNESSES 34		
	30. COMPLICATIONS AND PROCEDURES OF LABOR AND DELIVERY 00				31. ABNORMAL COMPLICATIONS AND CLINICAL PROCEDURES RELATED TO THE NEWBORN 00		
	A 0443	B 000	C 1	D 1	E YN	32. 6A-C/PARENT SOCIAL SECURITY NUMBER 111111111	
					33. 9A-C/PARENT SOCIAL SECURITY NUMBER 222222222		

VS 10D (REV. 5/22)

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BY DANAK, VIRA (VDBCCLKRSMF)

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.

CHILD AND PLACE OF BIRTH INFORMATION	
NAME OF CHILD – FIRST: Jerri NAME OF CHILD – MIDDLE: J NAME OF CHILD – LAST: Jones SEX: FEMALE PLACE OF BIRTH – NAME OF HOSPITAL/FACILITY: UCD MEDICAL CENTER STREET ADDRESS: 2315 STOCKTON BOULEVARD	THIS BIRTH, SINGLE, TWIN, ETC: TWIN IF MULTIPLE, THIS CHILD 1 ST , 2 ND , ETC: 2ND DATE OF BIRTH – MM/DD/CCYY: 05/01/2024 HOUR – 24 HOUR CLOCK TIME: 0300 CITY: SACRAMENTO COUNTY: SACRAMENTO

PARENT NOT GIVING BIRTH INFORMATION	PARENT GIVING BIRTH INFORMATION
NAME OF PARENT – FIRST: Tom NAME OF PARENT – MIDDLE: J NAME OF PARENT – LAST: Jonees RELATIONSHIP: FATHER BIRTHPLACE – STATE/COUNTRY: UT DATE OF BIRTH: 05/02/2000	NAME OF PARENT – FIRST: Jenna NAME OF PARENT – MIDDLE: J NAME OF PARENT – LAST: Jones RELATIONSHIP: MOTHER BIRTHPLACE – STATE/COUNTRY: CO DATE OF BIRTH: 04/28/2000
ATTENDANT NAME, TITLE & MAILING ADDRESS: SEDA BADALYAN, MD 4478 ROSECLIFF PL, SAN DIEGO, CA 92130 ATTENDANT LICENSE NO: A100925	

CONFIDENTIAL INFORMATION FOR PUBLIC HEALTH USE ONLY	
FATHER OR PARENT	MOTHER
HISPANIC, LATINO OR SPANISH: NO RACE/ETHNICITY: WHITE EDUCATION: MASTER'S DATE LAST WORKED: N/A USUAL OCCUPATION: NURSING BUSINESS/INDUSTRY: NURSING	HISPANIC, LATINO OR SPANISH: NO RACE/ETHNICITY: WHITE EDUCATION: MASTER'S DATE LAST WORKED: N/A USUAL OCCUPATION: NURSE BUSINESS/INDUSTRY: NURSING

BIRTH PARENT ADDRESS	
RESIDENCE STREET & NUMBER: 23 MAIN CITY: MAIN	COUNTY: SACRAMENTO STATE/FOREIGN COUNTRY: UT ZIP CODE: 99999

MEDICAL AND HEALTH DATA – BIRTH PARENT AND NEWBORN	
DATE LAST NORMAL MENSES: UNK DATE FIRST PRENATAL CARE: UNK MONTH PRENATAL CARE BEGAN: UNK DATE LAST PRENATAL CARE BEGAN: UNK NUMBER OF PRENATAL CARE VISITS: UNK PRINCIPAL SOURCE OF PAYMENT: 07	BIRTHWEIGHT – GRAMS: 2500 OBSTETRIC ESTIMATION OF GESTATION AT DELIVERY – COMPLETED WEEKS: 40 HEARING SCREENING: PASS (BOTH EARS) METHOD OF DELIVERY: 03,0,20,58,68, EXPECTED SOURCE OF PAYMENT: 07 COMPLICATIONS & PROCEDURES OF PREGNANCY AND CONCURRENT ILLNESS: COMPLICATIONS & PROCEDURES OF LABOR & DELIVERY: ABNORMAL CONDITIONS & CLINICAL PROCEDURES RELATED TO NEWBORN: PARENT 1 SSN: 111111111 PARENT 2 SSN: 222222222
PREGNANCY HISTORY	
NUMBER NOW LIVING: 0 NUMBER NOW DEAD: 0 DATE OF LAST LIVE BIRTH: 04/29/2024 OTHER TERMINATIONS NUMBER BEFORE 20 WEEKS: 0 OTHER TERMINATIONS NUMBER AFTER 20 WEEKS: 0 DATE OF LAST OTHER TERMINATION: -	

PARENT/INFORMANT 1 SIGNATURE:	PARENT/INFORMANT 2 SIGNATURE:
DATE SIGNED:	DATE SIGNED:
PARENT/INFORMANT 1 RELATIONSHIP TO CHILD: <input checked="" type="checkbox"/> FATHER <input type="checkbox"/> MOTHER <input type="checkbox"/> PARENT <input type="checkbox"/> OTHER: (SELECT YOUR RELATIONSHIP TO THE CHILD AS IT SHOULD APPEAR ON THE BIRTH CERTIFICATE IN FIELD 12B)	PARENT/INFORMANT 2 RELATIONSHIP TO CHILD: <input type="checkbox"/> FATHER <input checked="" type="checkbox"/> MOTHER <input type="checkbox"/> PARENT <input type="checkbox"/> OTHER: (SELECT YOUR RELATIONSHIP TO THE CHILD AS IT SHOULD APPEAR ON THE BIRTH CERTIFICATE IN FIELD 12B)
PARENT/INFORMANT 1 PRINTED NAME: (PRINT YOUR CURRENT NAME AS IT SHOULD APPEAR ON THE BIRTH CERTIFICATE IN FIELD 12A) Father Last	PARENT/INFORMANT 2 PRINTED NAME: (PRINT YOUR CURRENT NAME AS IT SHOULD APPEAR ON THE BIRTH CERTIFICATE IN FIELD 12A) Mother Last

ATTENDANT/CERTIFIER – SIGNATURE:	DATE SIGNED:
ATTENDANT/CERTIFIER – DEGREE OR TITLE: MD	<input checked="" type="checkbox"/> ATTENDANT <input type="checkbox"/> CERTIFIER
NAME AND TITLE OF CERTIFIER IF OTHER THAN ATTENDANT:	

**Privacy Notification:
California Birth Certificate**

The information on the California Certificate of Live Birth and the electronic data collected during the creation of the California Certificate of Live Birth is collected by the California Department of Public Health, Vital Records, MS 5103, P.O. Box 997410, Sacramento, CA 95899-7410. Collection of this information is required and authorized by Sections 102400, 102425, and 102426 of the Health and Safety Code. This record is open to public access except where prohibited by statute. All electronic data and every element on this form is mandatory, except items 18 through 23C, 32, 33, and the sexual orientation and gender identity questions. Failure to comply is a misdemeanor. The principal purposes of this record are to: 1) Establish a legal record of a vital event; 2) Provide certified copies for personal use; 3) Furnish information for demographic and epidemiological studies; and 4) Supply data to the National Center for Health Statistics for federal reports. Items 32 and 33 are included pursuant to Section 102425(b)(15) of the Health and Safety Code, and may be used for child support enforcement purposes. The state file number, local registration number, items 1A-1C, 2, 4A, 5D, 6A-6C, 9A-9C, 18, 19, 20A-C, 21, 22, 23A-C, 24A-24E on the Certificate of Live Birth, calculated age of parent giving birth, the electronically collected place of birth category, whether the parent giving birth received WIC food, the birth parent mailing address and the optional mobile phone numbers and email addresses of persons identified in 6A-6C and 9A-9C will be provided to the ScholarShare Investment Board pursuant to Section 69996.3(b) of the Education Code, and will be used to establish a KIDS Account for the registrant as well as for ScholarShare program administration. Sexual orientation and gender identity information is collected pursuant to Government Code 8310.8 and is collected for use within the California Department of Public Health. Responding to the sexual orientation and gender identity items is voluntary and choosing not to provide this information will not affect your ability to participate in this program. All individuals have the right to access records containing their personal information, which are maintained by the California Department of Public Health. To obtain access to this information please contact the State Registrar at 916-445-2684 or VRmail@cdph.ca.gov.

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