

Completing the Birth Certificate

Personal Information

The personal information section of the birth certificate contains information required for identifying the individual and a description of when and where the birth occurred.

ROVER birth registration results in a Signature Page that must be signed and faxed or mailed to Vital Records. The signature on this Signature Page is the only physical acknowledgment by the parent(s) concerning the information on the birth certificate. It is recommended that your facility keep these pages on file.

Infants of Unknown Parentage ([63 OS 1-312](#))

Whoever assumes custody of a living infant of unknown parentage shall report, on a form and in a manner prescribed by the State Commissioner of Health within seven (7) days to the local registrar of the district in which the child was found, the following information:

- (1) the date and place of finding;
- (2) sex, color or race, and approximate age of child;
- (3) name and address of the persons or institution with whom the child has been placed for care;
- (4) name given to the child by the custodian; and
- (5) and other data required by the Commissioner.

The place where the child was found shall be entered as the place of birth and the date of birth shall be determined by approximation.

A report registered under this section shall constitute the birth certificate for the infant.

If the child is identified and a certificate of birth is found or obtained, any report registered under this section shall be sealed and filed and may be opened only by order of a court of competent jurisdiction.

Item 1. Child's name (First, Middle, Last)

Type or neatly print infant's full name exactly as given by the parent(s). Suffixes following the last name such as Jr. or III are acceptable. However, do not enter nicknames or names shown in parenthesis.

Item 2. Date of Birth (Month, Day, Year)

Enter full name of month rather than numerical representation. Pay particular attention to this entry when the birth occurs at midnight or on December 31st.

Item 3. Time of Birth

Enter the exact time the infant was born according to local time. If you use a 12-hour clock format, be sure to indicate whether the time of birth is A.M. or P.M. Enter 12 noon as 12:00 P.M. and 12 midnight as 12:00 A.M.

24-HOUR CLOCK	12-HOUR CLOCK
0000 (medical facilities) 2400 (military facilities)	12:00 midnight
0100	1:00 am
0200	2:00 am
0300	3:00 am
0400	4:00 am
0500	5:00 am
0600	6:00 am
0700	7:00 am
0800	8:00 am
0900	9:00 am

1000	10:00 am
1100	11:00 am
1200	12:00 noon
1300	1:00 pm
1400	2:00 pm
1500	3:00 pm
1600	4:00 pm
1700	5:00 pm
1800	6:00 pm
1900	7:00 pm
2000	8:00 pm
2100	9:00 pm
2200	10:00 pm
2300	11:00 pm

If you use a 24-hour clock format, please refer to the following:

The exact time of birth should be entered for each infant in a plural birth to determine order.

Item 4. Sex

Enter "Male" or "Female". Do not use symbols or abbreviations. If sex cannot be determined, enter "unknown"

Item 5a. Facility Name: (If not institution, give street and number)

Enter full name of the facility where birth occurred. If born en route to the facility, enter full name of facility followed by "En route".

If the birth occurred at home, enter the street address of the birthplace, not simply "residence" or "home."

If the birth occurred somewhere other than those described above, enter street address of the location.

If the birth occurred in a moving conveyance that was not en route to a facility, enter the street address where the infant was first removed from the conveyance.

Item 5b. Place Where Birth Occurred (Check one)

Check the appropriate response. If it was a home birth, indicate if it was planned to deliver at home.

Item 6. City, Town or Location of Birth

Enter the city, town or location for the response provided in Item 5a.

Item 7. County of Birth

Enter name of county where the birth occurred. If birth occurred in a moving conveyance, enter the county where the infant was first removed from the conveyance.

Item 8a. Attendant's Name, and Title

Please type or print the full name of the attendant on the line provided and check the appropriate box indicating the attendant's title. If "Other" is marked, specify the title of the attendant on the line provided. Lay midwives should be identified as "Other Midwife".

Item 8b. Attendant's Mailing Address

Enter the complete mailing address of the person whose name appears in Item 8a, including ZIP Code.

Items 9 and 10. State Registrar's Signature and Date Filed With State Registrar (Month, Day, Year)

These are entered by the State Registrar's office when the Certificate of Live Birth is accepted for filing.

Item 11a. Certifier's Name and Title

Type or print the full name on the line provided and check the appropriate box indicating the certifier's title. If "Other" is marked, specify the title of the certifier on the line provided (ex.; RN, grandmother, father, EMT, etc.). Lay (non-licensed) midwives should be identified as "Other Midwife".

Item 11b. Date Certified (Month, Day, Year)

Enter the exact month, day, and year the certifier signed the Certificate of Live Birth.

Item 12a. Mother's Current Legal Name (First, Middle, Last, Suffix)

Enter full, legal name of mother at the time of her infant's birth. Avoid nicknames, aliases, and initials (unless initials are all she has). Her legal name would include her legal last name as it currently is, even if she prefers to use a different name.

Item 12b. Mother's Last Name Prior to First Marriage

The surname of the mother at her birth or after she was adopted should be entered here. Married names should not be entered in this section.

Item 12c. Mother's Date of Birth (Month, Day, Year)

Mother's date of birth should be entered here. Enter full name of the month rather than the numerical representation for the month.

Item 12d. Mother's Birthplace (State, Territory, or Foreign Country)

Enter mother's place of birth. If she was born in the United States, enter the name of the state in which she was born. If she was born in a foreign country, enter the name of the country. Do not enter city of birth.

Item 13. Mother's Residence Address

Enter whether or not mother's residence is inside the city's limits.

Enter the county the mother lives in.

Enter the mother's street address. If she does not have a street address enter the 9-1-1 address or a description of the residence that will aid in identifying the precise location (i.e. Northeast Corner of Hwy 281 and Wichita Road, second yellow house on east side north 12th and Broadway). Do not enter a Rural Route number or PO Box in this section.

Enter the city, town or location the mother lives in. This may or may not be the same as her mailing address.

Enter the state the mother actually lives in. If she is not a resident of the United States, enter the name of the country and the nearest equivalent of a state in that country.

Enter the ZIP Code.

Item 14. Mother's Mailing Address

If the mother's mailing address is the same as her residence, check the "Same as Residence" box. If the mother's mailing address is not the same as her residence, enter the mailing address here. A post office box can be entered in this Item.

Item 15a. Father's Current Legal Name (First, Middle, Last, Suffix)

Enter full name of father. Do not use nicknames, aliases, or initials (unless an initial constitutes the name). If mother is, or has been married, within 300 days of the birth of the child, the husband must be entered whether or not he is the father, unless the proper paperwork has been completed.

Item 15b. Father's Date of Birth (Month, Day, Year)

Father's date of birth should be entered here. Enter full name of the month rather than the numerical representation for the month.

Item 15c. Father's Birthplace

Enter the father's place of birth. If he was born in the United States, enter the name of the state in which he was born. If he was born in a foreign country, enter the name of the country. Do not enter the city of birth.

Item 16a. Permission given to provide Social Security Administration with necessary birth information to issue a Social Security Number?

Have the parent mark either "Yes" or "No" and then initial in the provided space to verify the decision. If the certificate is not signed by a parent, not initialed, or is in any other way incomplete, then this Item should be marked "No." Once the birth certificate is processed, it cannot be resubmitted.

Item 16b. Permission given to provide Oklahoma State Department of Health registries (such as Newborn Screening and Immunization) with information necessary to protect and promote the health of Oklahoma citizens?

Have the parent mark either "Yes" or "No" and then initial in the provided space to verify the decision. If the certificate is not signed by a parent, not initialed, or is in any other way incomplete, then this Item should be marked "No." Once the birth certificate is processed, it cannot be resubmitted.

Signature of Parent

Have parent review the Certificate of Live Birth for accuracy, read the statement contained in this section and sign this section certifying the accuracy of the certificate. We suggest that you ask only the mother to sign the birth certificate. **Never have a parent sign a blank or incomplete certificate.**

Certification Statement and Signature

Obtain the signature of the attendant present at the birth or another authorized person. If facility procedure is for the attendant to complete the certification, but the attendant is unable to do so within 5 days of birth, the person in charge of the facility or his/her designated representative

(Birth Clerk) is authorized to complete the certification. Facilities may choose to have a designated representatives serve as the authorized personnel for completing the certification. Rubber stamps or other facsimile signatures are not acceptable.

Medical Information

The following information is used for medical and health studies only and is excluded from certified copies of the birth certificate.

Item 17a. Father's Education (Check the box that best describes the highest degree or level of school complete at the time of delivery)

Follow the instructions and check the appropriate box.

Item 17b. Father's Race (Check one or more races to indicate what the father considers himself to be)

For American Indian, enter tribal affiliation such as Cherokee, Choctaw, Osage, etc.

National origin should not be used for any other race (i.e., German Mexican). If the person does not consider him/herself to be Black, American Indian, or Asian, then he/she is White or can claim multiple races of these four choices.

Item 17c. Father of Hispanic Origin? (Check the box that best describes whether the father is Spanish/Hispanic/Latino. Check the 'No' box if father is not Spanish/Hispanic/Latino)

Follow the instructions and check the appropriate box. "Hispanic" is not acceptable when specifying.

Item 17d. Father's Social Security Number

Furnishing Social Security Number is required by Federal Law, 42 USC 405(c) (section 205 (c) of the Social Security Act). The number will be made available to the Oklahoma State Department of Human Services to assist with child support enforcement activities and to the Internal Revenue Service for the purpose of determining Earned Income Tax Credit compliance.

If the mother is not married, and if a paternity acknowledgment has not been completed, leave this item blank.

Item 18a. Mother's Education (Check the box that best describes the highest degree or level of school completed at the time of delivery)

Follow the instructions and check the appropriate box.

Item 18b. Mother's Race (Check one or more races to indicate what the mother considers herself to be)

For American Indian, enter tribal affiliation such as Cherokee, Choctaw, Osage, etc.

National origin should not be used for any other race (i.e., German Mexican). If the person does not consider him/herself to be Black, American Indian, or Asian, then he/she is White or can claim multiple races of these four choices.

Item 18c. Mother of Hispanic Origin? (Check the box that best describes whether the mother is Spanish/Hispanic/Latino. Check the 'No' box if mother is not Spanish/Hispanic/Latino)

Follow the instructions and check the appropriate box. "Hispanic" is not acceptable when specifying.

Item 18d. Mother's Social Security Number

Furnishing Social Security Number is required by Federal Law, 42 USC 405(c) (section 205 (c) of the Social Security Act). The number will be made available to the Oklahoma State Department of Human Services to assist with child support enforcement activities and to the Internal Revenue Service for the purpose of determining Earned Income Tax Credit compliance.

Item 19. Mother Married? (At birth, conception, or any time between?)

If mother is currently married or married at the time of conception or any time between conception and birth, check "Yes."

If mother is not currently married or was not married at the time of conception or any time between conception and birth, check "No" and proceed to second part of question.

If No, Has Paternity Acknowledgment Been Signed In The Hospital?

Check the appropriate box.

Item 20. Mother's Height

Enter the mother's height in feet and inches.

Item 21. Mother's Prepregnancy Weight

Enter the mother's pre-pregnancy weight in pounds.

Item 22. Did Mother Get WIC Food For Herself During This Pregnancy?

Check the appropriate box.

Item 23. Mother's Medical Record Number

Enter the facility's medical record number for the mother.

Item 24. Pregnancy History (Do not include this child)

Number of Previous Live Births

Enter the total number of previous live-born infants now living. For multiple deliveries, include all live-born infants before this infant in the pregnancy. (If this infant was the first born, do not include this infant. If this infant was the second born, include the first-born, etc.) If there are no previous live-born infants, enter "none" or "0".

Enter the total number of previous live-born infants now dead. For multiple deliveries, include all live-born infants before this infant in the pregnancy that are now dead. (If this infant was the first born and died, do not include this infant. If this infant was the second born and the first-born died, include the first-born, etc.) If there are no previous live-born infants now dead, enter "none" or "0".

Enter the date of birth of the last live-born infant.

Number of Other Pregnancy Outcomes

Enter the number of induced abortions.

Enter the number of spontaneous abortions.

Enter the number of other outcomes.

Enter the date of the last pregnancy outcome.

Item 25. Cigarette Smoking (For each time period, enter either the number of cigarettes or number of packs of cigarettes smoked – IF NONE, ENTER 0)

For each time period enter either the number of cigarettes or the number of packs of cigarettes smoked. If none enter "0".

Item 26. Date Last Normal Menses Began (Month, Day, Year)

Enter all parts of the date that the mother's last normal menses began. If no parts of the date are known, enter "unknown."

Item 27. Obstetrical Procedures (Check all that apply)

Check all boxes that apply. The mother may have more than one procedure. If the mother has had none of the procedures, check "none of the above."

Item 28. Date of First Prenatal Care Visit (Month, Day, Year)

Enter month, day, and year of the first prenatal care visit. Complete all parts of the date that are available. Leave the rest blank. If "no prenatal care," check the appropriate box.

Item 29. Date of Last Prenatal Care Visit (Month, Day, Year)

Enter month, day, and year of the last prenatal care visit recorded in the records. Do not estimate the date of the last visit. Complete all parts of the date that are available. Leave the rest blank.

Item 30. Total Number of Prenatal Care Visits for This Pregnancy

Count only those visits recorded in the record. Do not estimate additional visits when the prenatal record is not current. If none, enter "0."

Item 31. Risk Factors in This Pregnancy (Check all that apply)

Check all boxes that apply. The mother may have more than one risk factor. If the mother has none of the risk factors, check "none of the above."

Item 32. Infections Present and/or Treated During This Pregnancy (Check all that apply)

Check all boxes that apply. The mother may have more than one infection. If the mother has none of the infections, check "none listed."

Item 33. Method of Delivery

Complete every section: A, B, C, and D. Check the appropriate box in each section.

Item 34. Maternal Morbidity (Complications associated with labor and delivery)

Check all boxes that apply. If the mother has none of the complications, check “none of the above.”

Item 35. Characteristics of Labor and Delivery (Check all that apply)

Check all characteristics that apply. If none of the characteristics of labor and delivery apply, check “none of the above.”

Item 36. Was Mother Transferred for Maternal, Medical, or Fetal Indications for Delivery?

If not, check “No.” If yes, enter name of the facility mother was transferred from.

Item 37. Mother’s Weight at Delivery

Enter the mother’s weight at the time of delivery. Use pounds only. If the mother’s delivery weight is unknown, enter “unknown.”

Item 38. Principal Source of Payment for this Delivery

Check appropriate box. If “Other,” specify principal source.

Item 39. Onset of Labor (Check all that apply)

Check all that apply (prolonged labor and precipitous labor should not both be checked). If none apply, check “none of the above.”

Item 40. Newborn Medical Record Number

Enter the facility’s medical record number for the newborn infant.

Item 41. Newborn Hearing and Screening Number

Enter the newborn hearing and screening number.

Item 42. Birthweight (grams preferred, specify unit)

Enter the weight of the infant at birth.

Item 43. Obstetric Estimate of Gestation

Enter the best obstetric estimate of the infant’s gestation in completed weeks. If it is not known, enter “unknown” in the space. Do not complete this item based solely on the infant’s date of birth and the mother’s date of last menstrual period.

Item 44. Apgar Score

Enter the infant’s Apgare score at 5 minutes. If the score at 5 minutes is less that 6, enter the infant’s Apgar score at 10 minutes.

Method of APGAR Scoring

0				
SIGN	POINTS	1 POINT	2 POINTS	
A	Activity (Muscle tone)	limp	limbs flexed	active movement
P	Pulse (heart rate)	absent	<100/min	≥100 /min
G	Grimace (response to smell or foot slap)	absent	grimace	cough or sneeze (nose) cry and withdrawal of foot (foot slap)
A	Appearance (color)	blue	body pink extremities blue	pink all over
R	Respiration (breathing)	absent	irregular weak crying	good strong cry

The total APGAR score is the sum of the scores for the five signs.

Item 45. Plurality – Single, Twin, Triplet, etc.

Enter the number of fetuses delivered in this pregnancy.

Item 46. If Not Single Birth – Born First, Second, Third, etc.

If this is a single birth, leave this item blank. Include all live births and fetal deaths from this pregnancy.

Item 47. Was Infant Transferred Within 24 Hours of Delivery?

Check “yes” if the infant was transferred from this facility to another within 24 hours of delivery. Enter the name of the facility to which the infant was transferred. If the name of the facility is not known, enter “unknown.” If the infant was transferred more than once, enter the name of the first facility to which the infant was transferred.

Item 48. Is Infant Living at Time of Report?

Check “yes” if the infant is living and/or has already been discharged to home care. Check “no” if it is known that the infant had died. If the infant was transferred and the status is known, indicate the known status. Otherwise, check “infant transferred, status unknown.”

Item 49. Is Infant Being Breastfed at Discharge?

Check the appropriate box.

Item 50. Abnormal Conditions of the Newborn (Check all that apply)

Check all boxes that apply. If none of the conditions apply, check “none of the above.”

Item 51. Congenital Anomalies of the Newborn (Check all that apply)

Check all boxes that apply. If none of the anomalies apply, check “none of the anomalies listed above.”