

BIRTH CERTIFICATE INFORMATION

BABY'S FULL NAME: _____

MOTHER

MOTHER'S MAIDEN NAME (FIRST, MIDDLE, LAST)		CURRENT SURNAME	
IS MOTHER MARRIED? ___ YES ___ NO	DATE OF BIRTH (MO/DAY/YR)		BIRTH PLACE (STATE)
MOTHER'S RESIDENCE (STATE)	COUNTY	CITY, TOWN, OR LOCATION	
STREET ADDRESS (INCLUDE APT NO)		ZIP CODE	INSIDE CITY LIMITS? ___ YES ___ NO
IS MAILING ADDRESS AND RESIDENT ADDRESS THE SAME? (Y OR N) IF NO, SPECIFY COMPLETE MAILING ADDRESS:			
SOCIAL SECURITY NUMBER	RACE	OF HISPANIC OR HAITIAN ORIGIN? SPECIFY (HAITIAN, CUBAN, MEXICAN, ETC.)	

FATHER

FATHER'S NAME (FIRST, MIDDLE, LAST)		DATE OF BIRTH (MO/DAY/YR)	
SOCIAL SECURITY NUMBER	RACE	OF HISPANIC OR HAITIAN ORIGIN? SPECIFY (HAITIAN, CUBAN, MEXICAN, ETC.)	
BIRTH PLACE (STATE)	FATHER'S ADDRESS (NO P.O. BOXES)		

PREGNANCY HISTORY

DATE OF LAST NORMAL MENESES (MO/DAY/YR)	DATE OF FIRST PRENATAL VISIT (MO/DAY/YR)	PRENATAL VISITS NUMBER _____	MOTHER'S HEIGHT _____/____ FT/IN
MOTHER'S PREPREGNANCY WT: _____ POUNDS	ALCOHOL USE DURING PREGNANCY? _____ YES _____ NO	TOBACCO USE DURING PREGNANCY? _____ YES _____ NO IF YES, CIGS/DAY _____	
PREVIOUS LIVE BIRTH (DO NOT INCLUDE THIS CHILD) NUMBER NOW LIVING ____ DECEASED ____	DATE OF LAST LIVING BIRTH (MONTH, YEAR)	OTHER PREG. OUTCOME (SPONTANEOUS, INDUCED) TOTAL NUMBER _____	DATE OF LAST OUTCOME (MO, YR)
DID MOTHER GET WIC FOOD FOR HERSELF DURING THIS PREGNANCY? _____ YES _____ NO			

EDUCATIONAL HISTORY

MOTHER'S HIGHEST LEVEL OF EDUCATION:	FATHER'S HIGHEST LEVEL OF EDUCATION:
--------------------------------------	--------------------------------------