BIRTH F	RECORD
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FATHER'S INFORMATION

	Mother's Name:	
	Mother's Date of Birth:	
Page 1 of 2	Medical Record Number:	

ratner's informati	ion: Piease	Print Clearly		
What is your current lega	al name?			
First Name	Midd	le Name	Last Name	Suffix
What is your mailing add	lress (if differe	nt from the mother)1	? Same as the i	mother's address
Number and Street addres	ss, P.O. Box or I	Rural Route numbers	Apartment	Number
City or Town	State	Zip Code	If not United States, p	olease enter country.
What is your date of birtl	h? MMDDY	////		
Where were you born?	City or Town		State or Foreign Country	
What is your social secu	rity number?		□ I don't have a	Social Security number.

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BIRTH RECORD

Mother's Name:	
Mother's Date of Birth:	
Medical Record Number:	

		Mother's Date of Birth:	
FATHER'S INFORMATION	Page 2 of 2	Medical Record Number:	
What is your highest level of education?	?		
Check the box that best describes your hig	hest level of school	ol completed at the time of your child's birth.	
□ 8th grade or less □ 9th − 12th grade, no diploma □ High school graduate or GED □ Some college credit but no de □ Associate degree (AA, AS) □ Bachelor's degree (BA, AB, BS) □ Master's degree (MA, MS, ME) □ Doctorate degree (PhD, EdD,	completed gree S) ing, Med, MSW, MB	A)	
ARE YOU SPANISH/HISPANIC/LATINO?	. ,	Spanish/Hispanic/Latina, check the "NO"	
oox. If you are, check the box that is most a No, not Spanish/Hispanic/Latino Yes, Spanish/Hispanic/Latino Mexican, Mexican Amo Puerto Rican Cuban Other Spanish/Hispani	erican, Chicano ic/Latino PLEASE S		
FATHER'S RACE: Check all that apply t Caucasian (white)	o indicate what you	Consider yourseif.	
Black or African American Somali Ethiopian Liberian Ghanian Kenyan Sudanese Nigerian Other African PLEASE SPECIFY:		☐ Asian Indian ☐ Chinese ☐ Filipino ☐ Japanese ☐ Korean ☐ Vietnamese ☐ Hmong ☐ Cambodian ☐ Laotian ☐ Other Asian PLEASE SPECIFY:	
American Indian or Alaska Native Name of Enrolled or Principal Trib PLEASE SPECIFY:	oe	Other Race PLEASE SPECIFY:	
☐ Pacific Islander ☐ Native Hawaiian ☐ Guamanian or Chamorro ☐ Samoan			

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 $\ \square$ Other Pacific Islander PLEASE SPECIFY:

1	F	F٦	ГΔ	ח	F	Δ.	ΤН	I R	F	P	<u></u>	R	Т

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Mother's Name:	
Mother's Date of Birth:	
Medical Record Number:	

FATHER'S INFORMATION	V	Page 1 of 2	Wedica	necora Number.	
Father's Information:	Please Print Cl	early			
What is your current lega	ıl name?				
First Name	Middle Na	ıme	— i	_ast Name	Suffix
What is your mailing add	ress (if different fro	om the mother)?		
Number and Street address	s, P.O. Box or Rural	Route numbers	3	Apartment Nu	mber
City or Town	State	Zip Code			
If not United States, please	e enter country.				
What is your date of birth	n? MMDDYYYY				
Where were you born?	City or Town		State	or Foreign Country	
What is your social secu	rity number?			☐ I don't have a Soo	cial Security number.

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FETAL DEATH REPORT

Mother's Name:	
Mother's Date of Birth:	
Medical Record Number:	

FATHER'S INFORMATION Page 2 of 2 What is your highest level of education? Check the box that best describes your highest level of school completed at the time of your child's birth. ☐ 8th grade or less ☐ 9th – 12th grade, no diploma ☐ High school graduate or GED completed ☐ Some college credit but no degree ☐ Associate degree (AA, AS) ☐ Bachelor's degree (BA, AB, BS) ☐ Master's degree (MA, MS, MEng, Med, MSW, MBA) Doctorate degree (PhD, EdD, MD, DDS, DVM, LLB, JD) ARE YOU SPANISH/HISPANIC/LATINO? If you are not Spanish/Hispanic/Latina, check the "NO" box. If you are, check the box that is most appropriate for you. ☐ No, not Spanish/Hispanic/Latino ☐ Yes, Spanish/Hispanic/Latino ☐ Mexican, Mexican American, Chicano ☐ Puerto Rican ☐ Cuban ☐ Other Spanish/Hispanic/Latino PLEASE SPECIFY: **FATHER'S RACE:** Check all that apply to indicate what you consider yourself. ☐ Asian ☐ Caucasian (white) ☐ Black or African American ☐ Asian Indian ☐ Somali ☐ Chinese ☐ Ethiopian ☐ Filipino ☐ Liberian □ Japanese ☐ Ghanian ☐ Korean ☐ Kenyan ☐ Vietnamese ☐ Sudanese ☐ Hmong ☐ Nigerian ☐ Cambodian ☐ Other African ☐ Laotian PLEASE SPECIFY: ☐ Other Asian PLEASE SPECIFY: ☐ Other Race ☐ American Indian or Alaska Native Name of Enrolled or Principal Tribe PLEASE SPECIFY: PLEASE SPECIFY: ☐ Pacific Islander

☐ Native Hawaiian ☐ Guamanian or Chamorro ☐ Samoan ☐ Other Pacific Islander

PLEASE SPECIFY:

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