



If you answered "NO" to questions 18a and 18b parents may add the father's information to this child's birth certificate by completing an "Acknowledgement of Paternity" form. Please ask the Medical Records Clerk for the form.

Parents have completed the "Acknowledgement of Paternity" form?  YES  NO

FATHER'S INFORMATION: Complete Father Information (questions 17 - 23) only if you answered "YES" to questions 18a or 18b or if both parents have completed the "Acknowledgement of Paternity" form.

19. FATHER'S NAME: \_\_\_\_\_  
First Name Middle Name Last Name

20. FATHER'S DATE OF BIRTH: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

21. FATHER'S PLACE OF BIRTH: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
City/Town State Country

22. FATHER'S SOCIAL SECURITY NUMBER: (Optional) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Please answer BOTH questions 23 and 24.

23. IS FATHER HISPANIC?  YES  NO  
 Spanish  
 Mexican  
 Puerto Rican  
 Cuban  
 Other (specify) \_\_\_\_\_

24. FATHER'S RACE: Check one below.  
 White  
 Black or African American  
 Asian, Pacific Islander  
 Native American or Alaska Native  
Specify Tribe: \_\_\_\_\_  
 Other (specify): \_\_\_\_\_

25. Father's Education: Circle highest grade completed  
1 2 3 4 5 6 7 8 9 10 11 12 GED 13 14 15 16 17+

MOTHER'S PREGNANCY HISTORY:

26. Provider's NAME: \_\_\_\_\_  
First Name Middle Name Last Name

27. Not including this baby, have you every given birth before?  Yes  No  
Date of last live birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

Not including this baby, how many infants or children are alive? Number: \_\_\_\_\_  
Not including this baby, how many infants or children have died? Number: \_\_\_\_\_

Have you ever had a miscarriage, stillbirth, or abortion?

If "YES," date of most recent event: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

28. Date your last period began: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

29. During what month of this pregnancy did you first go to your provider? (Circle one.)  
1st month 2nd month 3rd month 4th month 5th month 6th month 7th month 8th month 9th month Never Unknown

30. How many times did you visit a provider for this pregnancy? Number: \_\_\_\_\_ Visits

31. During this pregnancy, how much weight have you gained?  
Weight before you got Pregnant: \_\_\_\_\_ lb's Mother's Weight at Delivery: \_\_\_\_\_ lbs

32. Tobacco use: Did you smoke in the 3 months before you got pregnant?  Yes  No  
In the first 3 month of the pregnancy?  Y  N In the second 3 mo?  Y  N In the last trimester?  Y  N

33. Alcohol use: Did you use alcohol in the 3 months before you got pregnant?  Yes  No  
In the first 3 month of the pregnancy?  Y  N In the second 3 mo?  Y  N In the last trimester?  Y  N

34. How tall are you \_\_\_\_\_ ft \_\_\_\_\_ in

35. Is this baby being breast fed on discharge from the hospital? Yes No

MOTHER'S SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_