# Appendix D: Sample Forms

## Certificate of Live Birth

### OREGON DEPARTMENT OF HUMAN RESOURCES
**HEALTH DIVISION**
**Vital Records Unit**

### Certificate of Live Birth

**CHILD**
- **NAME:**
- **SEX:**
- **DATE OF BIRTH (Month, Day, Year):**

**CERTIFIER**
- **NAME AND TITLE OF ATTENDANT AT BIRTH IF OTHER THAN CERTIFIER (Type or print):**
- **CERTIFIER SIGNATURE:**
- **CERTIFIER ADDRESS:**
- **DATE OF BIRTH (Month, Day, Year):**

**MOTHER**
- **NAME:**
- **DATE OF BIRTH (Month, Day, Year):**
- **ADDRESS:**
- **ZIP CODE:**

**FATHER**
- **NAME:**
- **DATE OF BIRTH (Month, Day, Year):**

**INFORMANT**
- **NAME:**
- **DATE OF BIRTH (Month, Day, Year):**

### INFORMATION FOR MEDICAL AND HEALTH USE ONLY

- **DATE OF DEATH:**
- **AGE:**
- **SEX:**
- **DATE OF DEATH (Month, Day, Year):**
- **DATE OF DEATH (Month, Day, Year):**

### PREGNANCY HISTORY

- **DATE LAST NORMAL MENSTRUAL PERIOD (Day, Month, Year):**
- **PLURALITY (Single, Twin, Other):**
- **Gestation (Weeks, Days, Weeks):**

### PLACE OF BIRTH

- **PLACE OF BIRTH:**
- **AMOUNT OF LIVING:**
- **NUMBER OF DAYS:**

### MEDICINE FACTORS FOR THIS PREGNANCY

- **Alcohol:**
- **Tobacco:**
- **Heredity:**

### COMPLICATIONS OF LABOR AND DELIVERY

- **Medical complications:**
- **Obstetric complications:**
- **Other complications:**

### CONGENITAL ANOMALIES OF NEWBORN

- **Spinal anomalies:**
- **Heart anomalies:**
- **Other malformations:**

### CONDITIONS OF THE NEWBORN

- **Birth defects:**
- **Other anomalies:**

### METHOD OF DELIVERY

- **Type of delivery:**
- **Induction of labor:**
- **Other complications:**

This is a sample form for a Certificate of Live Birth. The actual form may vary in design and content, but it typically includes personal information, medical history, and details about the birth and delivery.