Appendix D: Sample forms

## Certificate of Live Birth

<table>
<thead>
<tr>
<th>Field</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child Name</td>
<td>John Smith</td>
</tr>
<tr>
<td>Date of Birth</td>
<td>01/01/2020</td>
</tr>
<tr>
<td>Sex</td>
<td>Male</td>
</tr>
<tr>
<td>Mother's Name</td>
<td>Jane Doe</td>
</tr>
<tr>
<td>Father's Name</td>
<td>John Doe</td>
</tr>
<tr>
<td>Place of Birth</td>
<td>Hospital</td>
</tr>
</tbody>
</table>

## Medical and Health History

- **High Blood Pressure**: Yes
- **Diabetes**: No
- **Obstetric History**: 1 full term pregnancy
- **Previous Pregnancy**: 2 ectopic pregnancies
- **History of Cesarean Section**: Yes

## Birth Weight and Length
- **Weight**: 7.5 pounds
- **Length**: 20 inches

## Other Information
- **Birth Place**: Hospital
- **Birth Time**: 03:15 AM
- **Class of Service**: Medicare

## Medical Care Providers
- **Obstetrician**: Dr. Jane Doe
- **Pediatrician**: Dr. John Smith

## Certification
- **Certifying Authority**: Oregon Health Authority

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Sample text for education and demonstration purposes.