## DATE FILED BY STATE REGISTRAR:

## State of Idaho

**CERTIFICATE OF LIVE BIRTH** ONLY A COPY OF THIS DOCLMENT, CERTIFIED BY THE STATE REGISTRAR WITH THE DEPARTMENT (
RAMED SEAL SHALL BE LISED AS PRIMA FACE EMBENCE OF THIS BIRTH UNDER \$39-241(4) AND MEALTH AND WELFA 1. CHILD'S NAME (First, Middle Last Suffix) 2. TIME OF B ATE OF BIRTH (Mo/Day/Yr) 3. SEX 5. FACILITY NAME (If not facility, give street and number) 6. CITY, TOWN, OR LOCATION OF BIRT 8a. MOTHER'S CURRENT LEGAL NAME (First, Middle, Last, Suffix) MOTHER. 8b. DATE OF BIRTH (Mo/Day/Yr) TYPE/PRINT Bc. MOTHER'S FULL MAIDEN NAME (First, Middle, Last, Suffix) 8d. BIRTHPLACE (State, Territory, or Foreign IN PERMANENT **BLACK INK** 9a. RESIDENCE OF MOTHER - STATE 9b. COUNTY 9c. CITY, TOWN, OR LOCATION FOR INSTRUCTIONS SEE HANDBOOK 9d. STREET AND NUMBER 9e. APT. 6 F. ZIP CODE 9g. INSIDE CITY LIMITS? ☐ Yes ☐ No FATHER 10s. FATHER'S CURRENT LEGAL NAME (First, Middle, Last, Suffix) 10b. DATE OF B /Day/Yr) 10g RTHPLACE (State, Territory, or Foreign 11. INFORMANT'S SIGNATURE: I certify that the personal information provided on this certifical MEGRMANT porrect to the best of my kin Name of Parent or Guardian) 12a. CERTIFIER'S SIGNATURE: 1 certify that stated information concerning this child is true to 12b. Cl R'S MAILING ADDRESS State, ZIP Code Certifier's Signature ▶ lame (Type or print) 12c. CERTIFIER'S LICENSE NUMBER 12d. DATE SIGNED 120. TIFIER'S TIT ☐ CNM/CM ☐ LM MM INFORMAT EDICAL AND LY - COMPLETE EACH EH. MINISTRATIVE 13. MOTHER'S MAILING ADDRESS: 

Same as residence City, Town, or Location ONLY ZIP Code Street and Number ment Number 6. MOTHER'S SOCIAL SECURITY 17. FATHER'S SOCIAL SECURITY 14. MOTHER MARRIED? (at birth, conception or any time between) CURITY NU ☐ No NUMBER MBER IF "NO", HAS PATERNITY ACKN LEEN SIGNED? ☐ No 18. MOTHER'S EDUCATION MOTH 20. MOTHER'S RACE EDICAL AND (Check the box that be degree or level of sol delivery) cribes the highes . cribe Check one or more races to indicate what the mother considers herself to be) BEALTH SECTION No' box if mo d at the time of Ic/Latina m 🔲 White 10 Other Asian (Specify) 2 Black or African American 1 3th grade or la os American Indian or Alaska Native (Name of the enrolled or principal tribe) o 🗌 Ne ish/Hispanic/Latina 11 🔲 Native Hawaiian 2 🔲 9th - 12th grade, **DEATH UNDER** Yes, cican American. 3 High school gradual ED com ME YEAR OF AGE Enter State File Number of death certificate for 12 T Guamanian or Chamorro e college credit, i or 🔲 Asian Indian 13 🔲 Samoan Associate degree (eg. A as Chinese 14 Other Pacific Islander (Specify) this child Bachelor's degree (eg. A8) os 🔲 Filipino Spanish/Hispanic/Latina 4 T Y Master's degree (eg, MA, ME MEng, MS, MSW) 07 Japanese 15 Other (Specify) (Specify) os 🔲 Korean LLB, M ce 🔲 Vietnamese MULTIPLE BIRTHS 21. FATHER'S EDUCATION 22. FATHER OF HISPANIC ORIGIN? 23. FATHER'S RACE Enter State File mber(s) of mate(s) (Check one or more boxes to best describe whether the father is Spanish/Hispanic/Latino. Check the "No" box if father is not (Check the box that best describe Check one or more races to indicate what the father considers himself to be) legree or level of school comp time of LIVE BIRTH(S) os White 10 Other Asian (Specify) Spanish/Hispanic/Latino) 2 Black or African American 8th grade or less (incl.) α American Indian or Alaska Native (Name of the enrolled or principal tribe) 11 Native Hawaiian No, not Spanish/Hispanic/Latino 9th - 12th grade, y Yes, Mexican, Mexican American, Chicano 3 High school graduate or GED completed 12 Guamanian or Chamorro Some college credit, but no degree o+ 🔲 Asian Indian 13 🔲 Samoan 2 Puerto Rican STILLBIRTH(S) 5 Associate degree (eg, AA, AS) as 🗆 Chinese 14 Other Pacific Islander (Specify) 3 🗌 Yes, Cuban e 🔲 Bachelor's degree (eg, AB, BA, BS) as 🔲 Filipina 4 🔲 Yes, other Spanish/Hispanic/Latino Master's degree (eg, MA, MBA, MEd, MEng, MS, MSW) or 🔲 Japanese 15 Other (Specify) (Specify) os 🔲 Korean Octorate or Professional degree (eg, ODS, DO, DVM, EdD, JD, LLB, MD, PhD) os 🔲 Vietnamese 24. PLACE WHERE DELIVERY OCCURRED (Check one) 25 ATTENDANT'S NAME AND TITLE WAS MOTHER TRANSFERRED FOR MATERNAL MEDICAL OR FETAL INDICATIONS FOR DELIVERY? Yes No Hospital NAME Freestanding birthing center IF "YES", NAME OF FACILITY MOTHER TRANSFERRED FROM: ☐ Home delivery
Planned to deliver at home? ☐ Yes ☐ No TITLE | MD | DO | CNM/CM | LM ☐ Other Midwife IDAHORC ☐ Clinic/Doctor's office Other (Specify) (7-18)Other (Specify)