

PROBATE COURT OF DOUGLAS COUNTY

DOUGLAS COUNTY COURTHOUSE

8700 Hospital Drive

DOUGLASVILLE, GEORGIA 30134

770-920-7249

770-920-7381 (Fax)

HAL E. HAMRICK

Judge

CHARLENE SEARCY

Chief Clerk of Court

Home Birth Package

1. Fill out the worksheet.
2. Fill out personal prenatal records; sign in presence of Notary Public
3. Fill out two (2) Affidavits of Attendance at Birth; have signed in presence of Notary Public
4. **READ** the attached law 290-1-3-05 regarding Registration of Home Birth and required documents.
5. You will be asked to provide a local phone number in the event that Douglas County Probate Office needs to reach you after filing Home Birth Petition.

Bring all required documents along with the completed worksheet to Douglas County Probate Office. After looking over the documents and worksheet, the Clerk will type up Birth Certificate form information provided. The Mother's and Father's signature will be required on the typed certification. The Clerk will then mail all the required documents and certificate to the State of Georgia Vital Records office. Parents will be notified by the Douglas County Probate office when Birth Certificate is available, usually takes 2 to 6 weeks to process, (unless there is supplemental information required by the State of Georgia Vital Records office); in that event, Douglas County Probate office will notify you as to what else is needed to process the petition. We cannot control the length of time required by the State of Georgia Vital Records office to complete your child's birth record; this is only an estimation.

*****If parents are not marriage to each other at the time of birth, a Paternity Acknowledgement form must be filled out completely and attached to Home Birth Petition.**

Please Note:

Please Call the Douglas County Probate office before returning the petition, office is limited to Clerks that are able to complete the Home Birth Petition, don't want you to waste a trip.

Out of Institution Births
and
Home Births



Vital Records Service

Congratulations on the Birth of Your Child

The registration of your child's birth certificate is an important responsibility. Most births that occur in Georgia happen in a hospital or birthing facility. Hospital staff are then responsible for completing and registering the child's Certificate of Live Birth. For those births where the parents choose to have the birth occur at home or outside of a hospital, the parents are usually responsible for gathering the information required on a birth certificate and supplying it to the county vital records registrar in the county where the birth occurred.

Specific evidence is required by Georgia law and Department of Human Resources Regulation to successfully register a birth certificate for a child born at home. This packet contains a prenatal history form, two affidavit forms, a copy of the Georgia Code, and a copy of Department of Human Resources Regulations. Please read the evidence requirements as shown in the Regulations as this information must be furnished to register the birth. If the evidence cannot be provided, you may still register the birth certificate, but you must obtain a Superior Court Order. A certified copy of the court order should be given to the county vital records registrar located in the county where the birth occurred. This order will instruct the registrar to register the Certificate of Live Birth.

The out of institution birth registration procedure described in the Regulation can only be used for infants less than one year of age, born in Georgia, who never had a birth certificated registered. If you have a child older than one year of age who was born in Georgia for whom a birth certificate was never registered, you may register that birth by applying to file a Delayed Certificate of Birth. The county vital records registrar can supply information to you about this procedure.

Please contact the county vital records registrar if you have questions or need more information about registering a birth certificate for a home birth.

Sincerely,

Kenneth Bramlett

Director and State Registrar
Georgia Vital Records

290-1-3-.05 Registration of Out of Institution Births.

(1) In any case where a birth occurs outside a hospital, or other recognized medical facility, without medical attendance and the birth certificate is filed by someone other than a health care provider, additional evidence in support of the facts of birth shall be completed and filed in the presence of the local Vital Records registrar in the county where the birth occurred. A birth certificate for a birth which occurs outside a recognized medical institution shall only be filed upon personal presentation of the following evidence by the individual(s) filing the certificate:

(a) Proof of pregnancy:

1. Prenatal records; or
2. Statement from a physician or other licensed health care provider who is qualified to determine pregnancy; or
3. Prenatal blood analysis or positive pregnancy test results from a laboratory.

(b) Proof of the mother's residence on the date of the out of institution birth:

1. A valid driver's license, or a state-issued identification card, which includes the mother's current residence on the face of the license or card; or
2. A rent receipt which includes the mother's name and address, and the name, address, and signature of the mother's landlord.

(c) An identifying document, with photograph, for the individual(s) personally presenting the evidence required to file the certificate.

(d) Affidavits:

1. At least two affidavits signed by persons present or in attendance at the birth, eighteen years or older; or
2. A signed affidavit from a licensed physician describing his or her knowledge of the mother prior to birth, and his or her knowledge of the newborn resulting from his or her first examination of the infant.

(2) At the discretion of the State Registrar, the procedures contained in these Regulations may be supplemented with additional requirements which maybe needed to verify the facts of birth. Such additional requirements may include, but are not limited to:

(a) Supplemental information; or

(b) A home visit by a public health nurse or other health professional.

(3) The pregnant woman may appear in person before the local registrar, prior to giving birth to "pre-register" the birth. Completion of the birth certificate after the birth occurs is required before the birth shall be registered.

(4) If the required evidence is not available and the registrar is unable to verify the facts of the birth, the out of institution birth may be registered only by order of a court of competent jurisdiction.

Authority Ga. L. 1982, pp. 723, 755; O.C.G.A. Secs. 31-2-4, 31-10-3, 31-10-9. History. Original Rule entitled "Correction of Records" was filed on January 30, 1974; effective February 19, 1974. Amended: Rule repealed and a new Rule entitled "Registration of Birth" adopted. Filed May 18, 1983; effective June 17, 1983, as specified by he Agency. Repealed: New Rule entitled "Registration of Out of Institution Births" adopted. F. Feb. 23, 1993; eff. Mar. 15, 1993.

2010 Georgia Code
TITLE 31 - HEALTH
CHAPTER 10 - VITAL RECORDS
§ 31-10-9 - Registration of births

O.C.G.A. 31-10-9 (2010)
31-10-9. Registration of births

(a) A certificate of birth for each live birth which occurs in this state shall be filed with the State Office of Vital Records within five days after such birth and filed in accordance with this Code section and regulations of the department.

(b) When a birth occurs in an institution or en route thereto, the person in charge of such institution or that person's designated representative shall obtain the personal data, prepare the birth certificate, certify, either by signature or by an electronic process established or approved by the State Office of Vital Records, that the child was born alive at the place and time and on the date stated and file the certificate with the State Office of Vital Records. The physician or other person in attendance shall provide the medical information required by the certificate within 72 hours after the birth occurs.

(c) Except as provided in subsection (b) of this Code section, when a birth occurs outside an institution, the certificate shall be prepared and filed by one of the following in the indicated order of priority:

(1) The physician or certified nurse midwife in attendance at or immediately after the birth; or in the absence of such person:

(2) Any other person in attendance at or immediately after the birth; or in the absence of such a person:

(3) The father or the mother; or in the absence of the father and inability of the mother:

(4) The person in charge of the premises where the birth occurred.

(d) When a birth occurs on a moving conveyance within the United States and the child is first removed from the conveyance in this state, the birth shall be registered in this state and the place where it is first removed shall be considered the place of birth. When a birth occurs on a moving conveyance while in international waters or airspace or in a foreign country or its airspace and the child is first removed from the conveyance in this state, the birth shall be registered in this state but the certificate shall show the actual place of birth insofar as can be determined.

(e) The name of the natural father or putative father shall be entered on the certificate of live birth as follows:

(1) If the mother was married either at the time of conception or at the time of birth, the name of the husband shall be entered on the certificate as the father of the child unless paternity has been determined otherwise by a court having jurisdiction, in which case the name of the father as determined by the court shall be entered;

(2) If the mother is not married at either the time of conception or at the time of birth, the name of the putative father shall not be entered on the certificate of birth without the written consent of the mother and the person to be named as father;

(3) In any case in which paternity of a child is determined by a court of competent jurisdiction, the name of the father and the surname of the child shall be entered on the certificate of birth in accordance with the finding and order of the court;

(4) If the father is not named on the certificate of birth, no other information about the father shall be entered on

the certificate; or

(5) Except as provided in paragraph (3) of this subsection, in all other cases, the surname of the child shall be the legal surname of the mother at the time of the birth entered on the certificate as designated by the mother. When a paternity acknowledgment is completed, the surname of the child shall be entered as designated by both parents.

(f) The birth certificate of a child born to a married woman as a result of artificial insemination, with consent of her husband, shall be completed in accordance with the provisions of subsection (e) of this Code section.

(g) Either of the parents of the child, or other informant, shall verify the accuracy of the personal data entered on the certificate in time to permit the filing of the certificate within the time period prescribed in subsection (a) of this Code section.

(h) All birth certificates filed and registered must identify the recorded person by name and the name of each legal parent of such person and the name of all other persons required by this Code section or by regulation. No obscenities, numbers, symbols, or other such nonidentifying name information will be accepted. If a legal parent has not decided upon a first or middle name for the child before the time limits established in this Code section, the birth record shall be registered without the child's first or middle name, or both, unless a court order provides otherwise.

Disclaimer: These codes may not be the most recent version. Georgia may have more current or accurate information. We make no warranties or guarantees about the accuracy, completeness, or adequacy of the information contained on this site or the information linked to on the state site. Please check official sources.

Worksheet for Newborn's Birth Certificate

CHILD	Child's Name (first, middle, last) – Jr. etc.		Sex	Time of Birth	Date of Birth
	Street Address of Birth (home, birth center)		City, Town or Location		County
MOTHER	Mother's legal name (first, middle, last)			Date of Birth	
	Mother's maiden name			Birth Place (state, territory, country)	
	Residence of mother – State		County		City, Town or Location
	Street and Number		Apt.	Zip Code	Inside City Limits <input type="checkbox"/> Yes <input type="checkbox"/> No
FATHER	Father's Name (first, middle, last)		Date of Birth	Birth Place (state, territory, country)	
CERTIFIER	Certifier's or Attendant's Name				
MOTHER	Mother's Mailing Address Same as Residence? <input type="checkbox"/> Yes <input type="checkbox"/> No				
	Mailing Address if different from residence		City	State	Zip
	Mother Married (at birth, conception or any time between) <input type="checkbox"/> Yes <input type="checkbox"/> No			Social Security # for Child?	
	If no, has paternity acknowledgement been signed? <input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Mother's Social Security Number			Father's Social Security Number		
FATHER	Race (white, American Indian, Black, etc.)	Origin or Descent (Mexican, Puerto Rican, German, etc.)		Education Primary (0-12) College (1-5) +	
MOTHER	Race (white, American Indian, Black, etc.)	Origin or Descent (Mexican, Puerto Rican, German, etc.)		Education Primary (0-12) College (1-5) +	
Date of last normal menstrual period _____			Total prenatal visits _____		
Month of pregnancy prenatal care began _____			Mother's primary occupation _____		
THIS BIRTH	First Pregnancy? <input type="checkbox"/> Yes <input type="checkbox"/> No	Birth Weight	Apgar Scores 1 min. 5 min.		Gestational Age
	History of Childhood Deafness in family? <input type="checkbox"/> Yes <input type="checkbox"/> No				
PREVIOUS PREG.	LIVE BIRTHS		TERMINATIONS		Mother Transferred prior to delivery? <input type="checkbox"/> Yes <input type="checkbox"/> No
	# Living _____ <input type="checkbox"/> None	Now Dead # _____ <input type="checkbox"/> None	Spontaneous # _____		If yes, where _____
	Date of last live birth _____		Induced # _____		Infant transferred <input type="checkbox"/> Yes <input type="checkbox"/> No
		Date of last termination _____		If yes, where _____	

<p>MEDICAL RISK FACTORS FOR THIS PREGNANCY</p> <ul style="list-style-type: none"> <input type="checkbox"/> Anemia (Hct. < 30 / Hgb. < 10) <input type="checkbox"/> Cardiac disease <input type="checkbox"/> Acute or chronic lung disease <input type="checkbox"/> Diabetes <input type="checkbox"/> Genital herpes <input type="checkbox"/> Hydramnios/Ogliohydramnios <input type="checkbox"/> Hemoglobinopathy <input type="checkbox"/> Hypertension, chronic <input type="checkbox"/> Hypertension, pregnancy related <input type="checkbox"/> Eclampsia <input type="checkbox"/> Incompetent cervix <input type="checkbox"/> No prenatal visits <input type="checkbox"/> Previous infant 4000 + grams <input type="checkbox"/> Previous preterm, SGA or < 2500 g <input type="checkbox"/> Renal disease <input type="checkbox"/> Rh sensitization <input type="checkbox"/> Uterine bleeding <input type="checkbox"/> Syphilis <input type="checkbox"/> Rubella <input type="checkbox"/> None <input type="checkbox"/> Other _____ <p>OTHER RISK FACTORS FOR THIS PREGNANCY</p> <ul style="list-style-type: none"> <input type="checkbox"/> Tobacco use? <input type="checkbox"/> Avg. # of cigarettes/day _____ <input type="checkbox"/> Alcohol use? <input type="checkbox"/> Avg. # drinks/week _____ <input type="checkbox"/> Weight gained _____ <p>OBSTETRIC PROCEDURES</p> <ul style="list-style-type: none"> <input type="checkbox"/> Amniocentesis <input type="checkbox"/> Electronic fetal monitoring <input type="checkbox"/> Induction of labor <input type="checkbox"/> Stimulation of labor <input type="checkbox"/> Tocolysis <input type="checkbox"/> Ultrasound <input type="checkbox"/> None <input type="checkbox"/> Other 	<p>COMPLICATIONS OF LABOR or DELIVERY</p> <ul style="list-style-type: none"> <input type="checkbox"/> Febrile (> 100°F or 38°C) <input type="checkbox"/> Meconium, moderate/heavy <input type="checkbox"/> Premature rupture of membranes <input type="checkbox"/> Abruptio placenta <input type="checkbox"/> Placenta previa <input type="checkbox"/> Other excessive bleeding <input type="checkbox"/> Seizures during labor <input type="checkbox"/> Precipitous labor (< 3 hours) <input type="checkbox"/> Prolonged labor (> 20 hours) <input type="checkbox"/> Dysfunctional labor <input type="checkbox"/> Breech / Malpresentation <input type="checkbox"/> Cephalopelvic disproportion <input type="checkbox"/> Cord prolapse <input type="checkbox"/> Anesthetic complications <input type="checkbox"/> Fetal distress <input type="checkbox"/> None <input type="checkbox"/> Other <p>METHOD OF DELIVERY</p> <ul style="list-style-type: none"> <input type="checkbox"/> Vaginal <input type="checkbox"/> VBAC <input type="checkbox"/> Primary C-Section <input type="checkbox"/> Repeat C-Section <input type="checkbox"/> Forceps <input type="checkbox"/> Vacuum <input type="checkbox"/> Version and Extraction <p>ABNORMAL CONDITIONS OF THIS NEWBORN</p> <ul style="list-style-type: none"> <input type="checkbox"/> Anemia (hct. < 39 / Hgb. < 13) <input type="checkbox"/> Injury occurring during birth <input type="checkbox"/> Fetal alcohol syndrome <input type="checkbox"/> Hyaline membrane distress / RDS <input type="checkbox"/> Meconium aspiration syndrome <input type="checkbox"/> Assisted ventilation < 30 mins. <input type="checkbox"/> Assisted ventilation > 30 mins. <input type="checkbox"/> Seizures <input type="checkbox"/> None <input type="checkbox"/> Other 	<p>CONGENITAL ANAMOLIES of CHILD</p> <ul style="list-style-type: none"> <input type="checkbox"/> Anencephalus <input type="checkbox"/> Spina bifida / Meningocele <input type="checkbox"/> Hydrocephalus <input type="checkbox"/> Microcephalus <input type="checkbox"/> Other CNS anomalies <hr/> <ul style="list-style-type: none"> <input type="checkbox"/> Heart malformations <input type="checkbox"/> Other circulatory / resp. anomalies <hr/> <ul style="list-style-type: none"> <input type="checkbox"/> Rectal atresia / stenosis <input type="checkbox"/> Tracheo-esophageal fistula / atresia <input type="checkbox"/> Omphalocele / Gastroschisis <input type="checkbox"/> Other gastrointestinal anomalies <hr/> <ul style="list-style-type: none"> <input type="checkbox"/> Malformed genitals <input type="checkbox"/> Renal agenesis <input type="checkbox"/> Other urogenital anomalies <hr/> <ul style="list-style-type: none"> <input type="checkbox"/> Cleft lip / palate <input type="checkbox"/> Polydactyly / Syndactyly / Adactyly <input type="checkbox"/> Club Foot <input type="checkbox"/> Diaphragmatic hernia <input type="checkbox"/> Other musculoskeletal/integumental anomalies _____ <hr/> <ul style="list-style-type: none"> <input type="checkbox"/> Down's syndrome <input type="checkbox"/> Other chromosomal anomalies <hr/> <ul style="list-style-type: none"> <input type="checkbox"/> None <input type="checkbox"/> Other
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Affidavit of Attendance
At Out of Institution Births
As stipulated in Section 290-1-3-05 (d) 1

State of Georgia

County of _____

I, _____ being duly sworn, depose and say, that

_____ was pregnant and did deliver a live
(name of mother)

born (male/female) infant on _____ at
(circle one) (date of birth)

_____ in _____,
(address of birth) (City and County)

Georgia; that I was present at said birth; that I am eighteen years old or older.

(signature of affiant)

SWORN TO ME THIS _____ DAY OF _____, 20_____

My commission expires _____

SEAL