

Out of Hospital Birth - Required Evidence

INSTRUCTIONS

Only for use by South Dakota licensed certified professional midwives (CPM) and certified nurse midwives (CNM) by agreement with the South Dakota Board of Certified Professional Midwives and South Dakota Board of Nursing and the South Dakota Department of Health, Office of Vital Records. All data fields are required to be completed and this form will not be accepted if not completed properly. All licenses will be electronically verified.

EVIDENCE NECESSARY TO ESTABLISH THE FACTS OF BIRTH PURSUANT TO SDCL 34-25-9.1 (2)

Mothers Full Maiden Name (First, Middle, Last)

Child's Full Name (First, Middle, Last)

County of Birth

Date of Birth

Certified Professional/Nurse Midwife Name

EVIDENCE OF PREGNANCY

Pursuant to South Dakota Administrative Rule 44:09:02:13 (1)(b), I certify the pregnancy of the above-named client was documented in medical records on ____/____/____ (MM/DD/YYYY).

EVIDENCE OF INFANT BORN ALIVE

Pursuant to South Dakota Administrative Rule 44:09:02:13 (2)(a), I certify that the above-named infant was born alive in my presence on ____/____/____ (MM/DD/YYYY).

EVIDENCE OF MOTHER'S PRESENCE IN THIS STATE

Pursuant to South Dakota Administrative Rule 44:09:02:13 (3)(iv), I certify that the above-named infant was born at the following address _____ in _____ County in the city of _____, SOUTH DAKOTA.

AFFIRMATION

I declare and affirm that to the best of my knowledge and belief, all information provided on this form is complete, true, and correct.

Signature of licensed CPM or CNM

SD License Number

____/____/____
Date

FOR OFFICE OF VITAL RECORDS USE ONLY

License Verified Date: ____/____/____

By: _____
(Name and Title)

(Signature)

South Dakota Administrative Rules 44:09:02:13
Source: 24 SDR 60, effective November 13, 1997
General Authority: SDCL 34-25-9.1
Law Implemented: SDCL 34-25-9.01