

2

Vital Statistics from the National Center for Health Statistics

Stephanie J. Ventura



Maryland School of Public Affairs
Welfare Reform Academy

www.welfareacademy.org

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2

Vital Statistics Data from the National Center for Health Statistics

Stephanie J. Ventura¹

Data on births, deaths, marriages, and divorces are reported to the National Center for Health Statistics (NCHS) through the Vital Statistics Cooperative Program (VSCP), which is jointly funded by the states and NCHS. This essay considers several specific topics:

- The nature and sources of vital statistics data.
- How NCHS and the state health departments collaborate in their efforts to produce high-quality data.
- The data items on the birth certificate that can be useful in assessing welfare reform, especially maternal age and marital status.
- The current limitations of vital statistics data in assessing change in such areas as teenage pregnancy and out-of-wedlock childbearing.
- The discontinuation of the collection of detailed marriage and divorce data by NCHS.
- Some of the resource constraints that NCHS and the states face and the impact of those pressures on vital statistics data.

The Vital Statistics System and the U.S. Standard Certificates

Vital statistics data on births are based on 100 percent of the birth certificates from all states and the District of Columbia. Data are also available for Puerto Rico, the Virgin Islands, Guam, American Samoa, and the Commonwealth of the Northern Mariana Islands. The unique and irreplaceable feature of vital statistics data is that information is available for virtually every birth that occurs in the nation. Birth registration is a state function (as is death registration). The information on the birth certificate for every birth is collected and coded by the states and reported electronically on a continuous basis to the NCHS (NCHS 2000).

Information on a wide variety of maternal and infant characteristics is reported on the birth certificate (see figure 1). Examples of demographic information include mother's and father's ages, mother's marital status, race and Hispanic origin of mother and father, the number of previous children for the mother, and mother's and father's educational attainment. The data items on which this information is based are brief and provide limited detail. Nonetheless, the

¹Stephanie J. Ventura is Chief, Reproductive Statistics Branch, Division of Vital Statistics, National Center for Health Statistics.

information can be invaluable in tracking trends in, for example, teenage birth rates and out-of-wedlock births.

NCHS plays an important role in promoting and ensuring, to the extent possible, uniformity and comparability of data across states. The most critical pathway for achieving those goals is through the standard certificates of birth and death, which are developed under the auspices of NCHS in collaboration with state vital statistics officials and representatives of the medical, public health, and research communities. As a result of this collaborative and consensus-seeking approach, the standard birth and death certificates that NCHS ultimately recommends are, in most cases, adopted essentially without change by every state for use in its own area. In addition to promoting uniform standard certificates of birth and death, NCHS also develops and publishes instructional handbooks for completing certificates, provides guidance on definitions, and promotes the development of the model state vital statistics act and regulations that provide guidance and support to state registration officials in implementing the standard certificates for their own states (NCHS 1987, 1995; Kowaleski 1997; Hetzel 1997).

Assessing Welfare Reform with Birth Certificate Data

Many welfare reform goals focus on factors associated with the formation of families, such as the reduction of teenage childbearing and out-of-wedlock births. Several items on the birth certificate are of actual and potential use in assessing the effects of welfare reform; they include ages of the mother and father and the mother's marital status.

Basic demographic information for the mother is reliably completed because it is obtained directly from the mother or is readily obtained from routine medical records. The mother's age is directly reported on the birth certificate in five states (Kentucky, Nevada, North Dakota, Virginia, and Wyoming) and American Samoa. In all other reporting areas, age is computed from the mother's date of birth, an approach that helps ensure the accuracy of that information. Moreover, information on the mother's age is reported for virtually all births. In 1999, only 0.02 percent of the nearly 4 million birth certificates were missing this item (Ventura, Martin, Curtin, Menacker, and Hamilton 2001). Studies in a few states comparing mother's age as reported on the birth certificate with her age as recorded on hospital medical records found a high degree of consistency (Piper, Mitchel, and Snowden 1993; Schoendorf, Parker, Batkhan, and Kiely 1993). Thus, NCHS publications over the past several years that track birth rates for teenagers at the state level are based on highly complete, reliable, and accurate birth certificate data on the mother's age (Ventura, Mathews, and Curtin 1998; Ventura, Curtin, and Mathews 2000).

Mother's marital status is of considerable use for evaluating the effects of welfare reform. As of June 15, 1998, all but two states—Michigan and New York—obtained that information directly from an item on the birth certificate: "Mother married? (At birth, conception, or any time between?) Specify Yes or No" (as figure 1 also shows). A few of the states with the direct question use a slight variation. For example, five states (Indiana, Missouri, Pennsylvania, Tennessee, and Virginia) ask whether the mother is married to the father of the child. North Dakota asks, "Legitimate (Yes or No)," and Minnesota asks, "Child born in wedlock? (Yes or No)." In most states, if the mother is married, the husband's name should be listed as the father,

unless a court order provides otherwise. Thus, in all states except for Michigan and New York, a fair degree of consistency and comparability exists in the basic question on which marital status is based.

How is marital status determined in Michigan and New York? Mother's marital status is inferred in those states. A birth is inferred as nonmarital if either a paternity acknowledgment was received by the state vital statistics registrar or the father's name is missing. Largely as a consequence of welfare reform, which was underway in some states for several years prior to the 1996 Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA), the paternity acknowledgment is now the main indicator of a nonmarital birth in Michigan and New York. PRWORA stipulates that when the parents of a newborn are not married, information about the father can be shown on the birth certificate only if both parents have signed a voluntary acknowledgment of paternity (U.S. Congress 1996). Hence, when a paternity acknowledgment is not present and the parents are not married, the father's name should not be listed; thus, a missing father's name is an indicator that the birth is nonmarital (NCHS 2000; Ventura et al. 2001; Ventura and Bachrach 2000).

Before the enactment of PRWORA, state practices were sometimes more flexible when the parents were not married, permitting a father's name to be listed without his permission; as a result, determining the mother's marital status was almost entirely reliant on a comparison of surnames. Until recently, California, Connecticut, Nevada, and New York City all relied on name comparison. In 1997, however, California and Nevada changed to a direct question as part of the electronic birth registration process, and New York City changed its inferential procedures to match those in effect in New York State, as summarized earlier. Connecticut added a direct question to the state's certificate in mid-1998 (Ventura, Martin, Curtin, and Mathews 1999; Ventura and Bachrach 2000).

Information on mother's marital status from the birth certificate is both a legal determination and an indicator of the family and social situation into which the infant is born. State law has governed the ways in which this information is collected and reported for at least the past six decades. Consequently, collaboration between NCHS and the states is critical to developing the approach most likely to result in data that are consistent and comparable across states and groups. Variations in state law may, in some cases, affect the comparability of marital status data among states, but the changes in the past few years have tended to lead to more rather than less comparability. Changes in reporting procedures in recent years in California, Connecticut, Nevada, and New York City resulted in discontinuity in the trends in the mid-1990s, but sufficient information is available from those states to reconstruct methodologically consistent data. For all other states, data have been remarkably consistent over time.

Note that the information on mother's marital status that was derived from the birth certificate was never intended to be used as the basis for awarding performance bonuses; rather, it was intended only to track statistical trends and variations in out-of-wedlock childbearing. Now that birth certificate data are being used as the basis for financial awards, such as the "bonus to reward decrease in illegitimacy," the reporting procedures and data are being more carefully examined (U.S. Department of Health and Human Services [HHS]1999; HHS 2000). A state is

eligible for the bonus, which is administered by the Administration for Children and Families of HHS, if it is among the top five states with respect to its reduction in the percentage of births that are out-of-wedlock, and if its abortion rate for the most recent year is lower than in 1995. The total bonus award is \$100 million per year, to be distributed annually for four years. A state ranking among the top five receives \$20 million; if four or fewer states qualify, the award is \$25 million per state.

NCHS is responsible, as specified in the regulations implementing the bonus, for providing the birth data as well as for reviewing and evaluating the state data on nonmarital births to ensure methodological consistency and comparability over time (HHS 1999). The specific birth data that formed the basis for the bonus awards for FY 1999 and FY 2000 (awarded September 13, 1999 and September 15, 2000, respectively) were the ratios of nonmarital births to total births for the most recent two-year period compared with the ratios for the prior two-year period. For example, the birth data examined for the bonus award for FY 2000 were the ratios for 1997 – 1998 compared with the ratios for 1995 – 1996.

It is anticipated that data on the mother's marital status will be of enhanced use, beginning with the next revision of the U.S. Standard Certificate of Live Birth, which is expected to take effect after 2003. The item has two parts: If the mother is not married, a second question asks whether a paternity acknowledgment has been signed in the hospital (figure 2). This additional information may be of great value in assessing the child's family status around the time of birth.

Limitations of the Vital Statistics System for Births

The birth certificate data on maternal age and marital status are of great value and are quite reliable, and they can be used with confidence in evaluating welfare reform. Information on items for fathers, however, such as age, race, or Hispanic origin, is less well reported, especially when the parents are not married. In 1999, for example, the age of the father was missing for 14 percent of all births but for 40 percent of births to unmarried women (Ventura, Martin, Curtin, Menacker, and Hamilton, 2001). To truly assess progress toward welfare reform goals, more data are needed in conjunction with birth certificate data. The birth certificate does not and cannot provide information on the extent to which children stay with their families or how much their family situation changes. The information on the mother's marital status is captured at a single point in time, but the mother may become widowed, separated, or divorced shortly after a child is born. Conversely, she may marry after the child's birth, and the marriage could last at least through the child's upbringing.

Retrospective studies that use the birth certificate as the sampling frame can provide information on the household and family structure in which children are raised. NCHS has conducted a number of such studies, including the 1980 National Natality Survey and the 1988 National Maternal and Infant Health Survey. Currently, the National Center for Education Statistics, in collaboration with other agencies, including NCHS, is preparing to conduct the Early Childhood Longitudinal Survey in 2001.

Information from the birth certificate can, as mentioned, track trends in out-of-wedlock births

(i.e., births to women who are not married when the child is born). To track trends in out-of-wedlock *pregnancies*, however, data are also needed on the characteristics of unmarried women who have induced abortions or whose pregnancies end in fetal loss (i.e., miscarriage or stillbirth). It is estimated that 41 percent of out-of-wedlock pregnancies in 1997 ended in induced abortion and that 12 percent ended in fetal loss. Similarly, 29 percent of teenage pregnancies ended in abortion, and 15 percent ended in fetal loss (Ventura, Mosher, Curtin, Abma, and Henshaw 2001). To track changes in out-of-wedlock or teenage pregnancies, complete and accurate information on abortions is essential. Data on induced abortion and fetal loss are much less current, complete, and reliable than are data on live births; a separate chapter in this monograph addresses the limitations of data on induced abortions.

Data on fetal losses also are important for compiling pregnancy estimates. Although most states require that fetal losses of 20 weeks or longer gestation be reported, the reporting is actually poor, even for late fetal losses. Moreover, most fetal losses occur early in pregnancy, before reporting requirements are in effect. Because of the severe limitations in data on fetal loss from the vital statistics system, we have used fetal loss estimates developed from women's pregnancy histories compiled by the National Survey of Family Growth (NSFG), which provide useful data for national-level estimates. The NSFG, however, cannot produce state-level estimates of fetal losses.

In addition to data on abortion and fetal loss, accurate monitoring of state-level trends in teenage pregnancy (or even teen birth rates) and state-level trends in out-of-wedlock births or pregnancies requires that reliable population denominators be regularly produced so that birth rates can be computed. NCHS' recent reports on state-level teenage birth rates have used annual Census Bureau estimates of state populations by age, sex, race, and Hispanic origin (Ventura, Mathews, and Curtin 1998; Ventura, Curtin, and Mathews 2000; U.S. Bureau of the Census 1999). As the distance between the latest census and the current year lengthens, the reliability of the postcensus estimates can be a concern. Although we have been able to produce annual state-specific birth rates for teenagers, we have not been able to produce state-specific birth rates for unmarried women, except in census years, because the populations needed to compute annual rates are not of sufficient reliability.

This data gap is important because without data on populations by marital status, the only way left to monitor trends in out-of-wedlock childbearing is to examine trends in the *ratios* or *percentages* of out-of-wedlock births. Ratios or percentages are problematic: Although they measure the proportion of all births that are to unmarried women, that proportion can change even if childbearing by unmarried women remains stable. In fact, in the early to mid-1990s, the ratio continued to increase, despite the stability in the nonmarital birth rate, because the rising number of unmarried women led to more nonmarital births and childbearing by married women declined (table 1).

Another area of interest in assessing welfare reform is the formation and stability of two-parent families. Again, birth certificate data can be only indirectly useful, in the sense that the information on marital status provides an indicator of the extent to which children may start their lives in a two-parent family setting. Birth certificate data, however, cannot tell us how many two-

parent families there are or the extent to which they remain intact. The question that arises is, can those patterns be tracked with marriage and divorce data from the vital statistics system? The answer is not clear. Marriage and divorce records provide no information specifically on children from previous partners or on the number of children currently in two-parent families (figures 3 and 4).

The U.S. Standard Certificate of Divorce includes items on the custody arrangements for children of divorcing couples and the number of children in the household at the time the couple stopped living together (see figure 4). It is possible, therefore, to estimate the number of children whose family status changes in a given year as a result of their parents' divorce. However, information is not available on the extent to which the children's living arrangements change because one or both parents remarry. Information is also not available on children whose parents separate but do not legally divorce. To track changes in the family settings in which children live and are raised, a different type of data collection system would be needed, such as a registry or retrospective survey or the Current Population Survey (CPS). The March supplement of the CPS collects information on marital status and living arrangements of men and women (Lugaila 1998).

Funding and Resource Constraints for Collecting Marriage and Divorce Data

Birth certificate data are one of the key components of the National Vital Statistics System, the result of a collaborative, cost-sharing arrangement between the NCHS and the state health departments, known as the Vital Statistics Cooperative Program (VSCP). The VSCP, funded in FY 2001 at about \$14.2 million, was essentially level-funded during the 1990s, receiving its first increase in FY 1999. NCHS worked hard in the 1990s to meet its contractual obligations to the states, which include cost-of-living adjustments that NCHS provides to the states to take account of increases in the costs of data collection and efforts to improve data timeliness. Over the past several years, NCHS was able to maintain the birth and death data systems only by entirely cutting other data systems and by eliminating certain items from the birth and death data sets. Thus, in 1994 NCHS discontinued the collection of abortion data, which were being provided in detail by 14 states. At one time, NCHS had hoped to increase the number of states providing detailed abortion information on the reporting form known as the Induced Termination of Pregnancy Report (see figure 5).

Similarly, NCHS discontinued the collection of individual record data for marriages and divorces after 1995 (Centers for Disease Control and Prevention 1995). Detailed information was available for marriages and divorces through 1995, but reporting was incomplete and of uncertain reliability. A number of states did not have a centralized system for collecting marriage and divorce data, and comparability across states was compromised and uncertain. At the time NCHS discontinued the marriage and divorce data systems, detailed information on marriages was available from 42 states and the District of Columbia, and 31 states and the District of Columbia provided information on divorces. Certain data items were not reported by all states. Moreover, because states were facing their own internal funding and staffing shortages, many had relegated the reporting and collection of marriage and divorce data to a much lower priority than birth and death data, although most states continue to collect, tabulate, and publish selected data items.

Because of resource constraints at the federal and state level, continued concerns about the quality and completeness of the data being received, and the need for additional resources beyond the current investment to address data-quality issues, NCHS was forced to discontinue the detailed marriage and divorce data collection after 1995 (Centers for Disease Control and Prevention 1995). Currently, the only information that NCHS collects is the number of marriages and divorces occurring in each state, with no information on the characteristics of the people marrying or divorcing. To reestablish the marriage and divorce data systems and build them to a level of completeness and quality that did not previously exist, a detailed assessment would be needed that takes into account the complexity and effort required.

In addition to ending the collection of induced abortion, marriage, and divorce data, NCHS curtailed the collection of certain data items on the birth and death certificates in order to meet its contractual obligations to the states. For example, NCHS no longer collects information on the dates of the mother's previous live births or other previous pregnancy terminations. Such information was useful in tracking trends in intervals between successive births or pregnancies, especially for high-risk women. Although parental educational attainment is considered one of the best measures of socioeconomic status (Mathews and Ventura 1997), data is now collected only for the mother, not the father. The panel that has just completed its evaluation of the U.S. Standard Certificate of Live Birth has recommended that these and other items be included in the revision expected to take effect after 2003, thereby signaling the continued importance of the items from a public health perspective (figure 2). Decisions will have to be made as to whether resources are sufficient to collect this information as part of the national vital statistics data system.

Another area that has suffered as a consequence of resource constraints may be less tangible but is nonetheless extremely important when comparing data across states or smaller geographic areas: data quality. NCHS prepares manuals with coding instructions and editing procedures, and it prepares and teaches statistics and registration methods courses to state vital statistics personnel throughout the year. The efforts are all designed to help ensure high-quality data. Over the years, NCHS has worked hard to provide technical and other assistance to the states to maintain and enhance the quality and timeliness of their data. In fact, over the past few years, NCHS has inaugurated a new statistical series based on large samples of births and deaths. The series provides a snapshot of the latest national trends in teen birth rates, receipt of prenatal care, and proportions of nonmarital births, among other important topics, and the data are published within about eight months after the end of a data year (Curtin and Martin 2000).

Because the state health departments have also seen their funding cut, the states' own efforts to monitor data quality, to provide technical assistance to hospital staff, and to query questionable data have been cut back. As electronic birth registration becomes virtually universal—it is currently in use for more than 95 percent of all U.S. births—the need to monitor data for quality, accuracy, and reliability will only increase.

In summary, the birth certificate remains the nation's most reliable and consistent source of data for tracking important aspects of childbearing in the United States at the national, state, and

local level. The collaborative effort between NCHS and the state health departments must be strengthened and enhanced. Birth certificate data are a national treasure that we must nurture and support.

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Table 1. Number, rate and percent of births to unmarried women and birth rate for married women: United States, 1940-99				
Year	Number of births to unmarried women	Percent of all births to unmarried women	Birth rate per 1,000 unmarried women 15-44	Birth rate per 1,000 married women 15-44
1999	1,308,560	33.0	44.4	86.5
1998	1,293,567	32.8	44.3	85.7
1997	1,257,444	32.4	44.0	84.3
1996	1,260,306	32.4	44.8	83.7
1995	1,253,976	32.2	45.1	83.7
1994	1,289,592	32.6	46.9	83.8
1993	1,240,172	31.0	45.3	86.8
1992	1,224,876	30.1	45.2	89.0
1991	1,213,769	29.5	45.2	89.9
1990	1,165,384	28.0	43.8	93.2
1989	1,094,169	27.1	41.6	91.9
1988	1,005,299	25.7	38.5	90.8
1987	933,013	24.5	36.0	90.0
1986	878,477	23.4	34.2	90.7
1985	828,174	22.0	32.8	93.3
1984	770,355	21.0	31.0	93.1
1983	737,893	20.3	30.3	93.6
1982	715,227	19.4	30.0	96.2
1981	686,605	18.9	29.5	96.0
1980	665,747	18.4	29.4	97.0
1979	597,800	17.1	27.2	96.4
1978	543,900	16.3	25.7	93.6
1977	515,700	15.5	25.6	94.9
1976	468,100	14.8	24.3	91.6
1975	447,900	14.3	24.5	92.1
1974	418,100	13.2	23.9	94.2
1973	407,300	13.0	24.3	94.7
1972	403,200	12.4	24.8	100.8
1971	401,400	11.3	25.5	113.2
1970	398,700	10.7	26.4	121.1
1969	360,800	10.0	24.8	118.8
1968	339,200	9.7	24.3	116.6
1967	318,100	9.0	23.7	118.7
1966	302,400	8.4	23.3	123.6
1965	291,200	7.7	23.4	130.2
1964	275,700	6.9	23.0	141.8

2: Vital Statistics Data

Year	Number of births to unmarried women	Percent of all births to unmarried women	Birth rate per 1,000 unmarried women 15-44	Birth rate per 1,000 married women 15-44
1963	259,400	6.3	22.5	145.9
1962	245,100	5.9	21.9	150.8
1961	240,200	5.6	22.7	155.8
1960	224,300	5.3	21.6	156.6
1959	220,600	5.2	21.9	---
1958	208,700	5.0	21.2	---
1957	201,700	4.7	21.0	---
1956	193,500	4.7	20.4	---
1955	183,300	4.5	19.3	153.7
1954	176,600	4.4	18.7	---
1953	160,800	4.1	16.9	---
1952	150,300	3.9	15.8	---
1951	146,500	3.9	15.1	---
1950	141,600	4.0	14.1	141.0
1949	133,200	3.7	13.3	---
1948	129,700	3.7	12.5	---
1947	131,900	3.6	12.1	---
1946	125,200	3.8	10.9	---
1945	117,400	4.3	10.1	---
1944	105,200	3.8	9.0	---
1943	98,100	3.3	8.3	---
1942	95,500	3.4	8.0	---
1941	95,700	3.8	7.8	---
1940	89,500	3.8	7.1	---

--- Data not available.

Source: National Vital Statistics System, National Center for Health Statistics, CDC, HHS.

Figure 1: U.S. Standard Certificate of Live Birth

**U.S. STANDARD
CERTIFICATE OF LIVE BIRTH**

LOCAL FILE NUMBER BIRTH NUMBER

1 CHILD'S NAME (First, Middle, Last)	2 DATE OF BIRTH (Month, Day, Year)	3 TIME OF BIRTH M
4 SEX	5 CITY, TOWN, OR LOCATION OF BIRTH	6 COUNTY OF BIRTH
7 PLACE OF BIRTH: <input type="checkbox"/> Hospital; <input type="checkbox"/> Freestanding Birthing Center <input type="checkbox"/> Clinic/Doctor's Office; <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify): _____		8 FACILITY NAME (If not institution, give street and number)
9 I certify that this child was born alive at the place and time and on the date stated. Signature: _____		10 DATE SIGNED (Month, Day, Year)
11 ATTENDANT'S NAME AND TITLE (If other than certifier) (Type Print) Name: _____ <input type="checkbox"/> M.D. <input type="checkbox"/> D.O. <input type="checkbox"/> C.N.M. <input type="checkbox"/> Other Midwife <input type="checkbox"/> Other (Specify): _____		
12 CERTIFIER'S NAME AND TITLE (Type Print) Name: _____ <input type="checkbox"/> M.D. <input type="checkbox"/> D.O. <input type="checkbox"/> Hospital Admin. <input type="checkbox"/> C.N.M. <input type="checkbox"/> Other Midwife <input type="checkbox"/> Other (Specify): _____		13 ATTENDANT'S MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
14 REGISTRAR'S SIGNATURE: _____		15 DATE FILED BY REGISTRAR (Month, Day, Year)
16a MOTHER'S NAME (First, Middle, Last)		16b MAIDEN SURNAME
17 DATE OF BIRTH (Month, Day, Year)		
18 BIRTHPLACE (State or Foreign Country)	19a RESIDENCE—STATE	19b COUNTY
19c CITY, TOWN, OR LOCATION	19d STREET AND NUMBER	
19e INSIDE CITY LIMITS? (Yes or no)		20 MOTHER'S MAILING ADDRESS (If same as residence, enter Zip Code only)
21 FATHER'S NAME (First, Middle, Last)		22 DATE OF BIRTH (Month, Day, Year)
23 BIRTHPLACE (State or Foreign Country)		
24 I certify that the personal information provided on this certificate is correct to the best of my knowledge and belief. Signature of Parent or Other Informant: _____		
INFORMATION FOR MEDICAL AND HEALTH USE ONLY		
25 OF HISPANIC ORIGIN? (Specify No or Yes—if yes, specify Cuban, Mexican, Puerto Rican, etc.)	26 RACE—American Indian, Black, White, etc. (Specify below)	27 EDUCATION (Specify only highest grade completed) Elementary, Secondary (1-12) College (1-4 or 5-)
25a <input type="checkbox"/> No <input type="checkbox"/> Yes Specify: _____	26a	27a
25b <input type="checkbox"/> No <input type="checkbox"/> Yes Specify: _____	26b	27b
28 PREGNANCY HISTORY (Complete each section)		29 MOTHER MARRIED? (At birth, conception, or any time between) (Yes or no)
29 DATE LAST NORMAL MENSES BEGAN (Month, Day, Year)		30 PRENATAL VISITS—Total Number (If none, so state)
31 MONTH OF PREGNANCY PRENATAL CARE BEGAN—First, Second, Third, etc. (Specify)		32 CLINICAL ESTIMATE OF GESTATION (Weeks)
33 BIRTH WEIGHT (Specify unit)		34 PLURALITY—Single, Twin, Triplet, etc. (Specify)
35 IF NOT SINGLE BIRTH—Born First, Second, Third, etc. (Specify)		
36 APGAR SCORE		37a MOTHER TRANSFERRED PRIOR TO DELIVERY? <input type="checkbox"/> No <input type="checkbox"/> Yes. If Yes, enter name of facility transferred from:
36a 1 Minute	36b 5 Minutes	37b INFANT TRANSFERRED? <input type="checkbox"/> No <input type="checkbox"/> Yes. If Yes, enter name of facility transferred to:

Figure 1 Continued: U.S. Standard Certificate of Live Birth

DEPARTMENT OF HEALTH AND HUMAN SERVICES - PUBLIC HEALTH SERVICE - CENTERS FOR DISEASE CONTROL AND PREVENTION - NATIONAL CENTER FOR HEALTH STATISTICS - HIS-PRNS-030

<p>38a. MEDICAL RISK FACTORS FOR THIS PREGNANCY <i>(Check all that apply)</i></p> <p>Anemia (Hct < 30/fHgb < 10) 01 <input type="checkbox"/></p> <p>Cardiac disease 02 <input type="checkbox"/></p> <p>Acute or chronic lung disease 03 <input type="checkbox"/></p> <p>Diabetes 04 <input type="checkbox"/></p> <p>Genital herpes 05 <input type="checkbox"/></p> <p>Hydramnios/Oligohydramnios 06 <input type="checkbox"/></p> <p>Hemoglobinopathy 07 <input type="checkbox"/></p> <p>Hypertension, chronic 08 <input type="checkbox"/></p> <p>Hypertension, pregnancy associated 09 <input type="checkbox"/></p> <p>Eclampsia 10 <input type="checkbox"/></p> <p>Incompetent cervix 11 <input type="checkbox"/></p> <p>Previous infant 4000+ grams 12 <input type="checkbox"/></p> <p>Previous preterm or small for gestational age infant 13 <input type="checkbox"/></p> <p>Renal disease 14 <input type="checkbox"/></p> <p>Rh sensitization 15 <input type="checkbox"/></p> <p>Uterine bleeding 16 <input type="checkbox"/></p> <p>None 00 <input type="checkbox"/></p> <p>Other _____ 17 <input type="checkbox"/></p> <p><i>(Specify)</i></p>	<p>40. COMPLICATIONS OF LABOR AND/OR DELIVERY <i>(Check all that apply)</i></p> <p>Febrie (> 100°F or 38°C.) 01 <input type="checkbox"/></p> <p>Meconium, moderate/heavy 02 <input type="checkbox"/></p> <p>Premature rupture of membrane (> 12 hours) 03 <input type="checkbox"/></p> <p>Abruptio placenta 04 <input type="checkbox"/></p> <p>Placenta previa 05 <input type="checkbox"/></p> <p>Other excessive bleeding 06 <input type="checkbox"/></p> <p>Seizures during labor 07 <input type="checkbox"/></p> <p>Precipitous labor (< 3 hours) 08 <input type="checkbox"/></p> <p>Prolonged labor (> 20 hours) 09 <input type="checkbox"/></p> <p>Dysfunctional labor 10 <input type="checkbox"/></p> <p>Breech/Malpresentation 11 <input type="checkbox"/></p> <p>Cephalopelvic disproportion 12 <input type="checkbox"/></p> <p>Cord prolapse 13 <input type="checkbox"/></p> <p>Anesthetic complications 14 <input type="checkbox"/></p> <p>Fatal distress 15 <input type="checkbox"/></p> <p>None 00 <input type="checkbox"/></p> <p>Other _____ 16 <input type="checkbox"/></p> <p><i>(Specify)</i></p>	<p>43. CONGENITAL ANOMALIES OF CHILD <i>(Check all that apply)</i></p> <p>Anencephalus 01 <input type="checkbox"/></p> <p>Spina bifida/Meningocele 02 <input type="checkbox"/></p> <p>Hydrocephalus 03 <input type="checkbox"/></p> <p>Microcephalus 04 <input type="checkbox"/></p> <p>Other central nervous system anomalies <i>(Specify)</i> _____ 05 <input type="checkbox"/></p> <p>Heart malformations 06 <input type="checkbox"/></p> <p>Other circulatory/respiratory anomalies <i>(Specify)</i> _____ 07 <input type="checkbox"/></p> <p>Rectal atresia/stenosis 08 <input type="checkbox"/></p> <p>Tracheo-esophageal fistula/Esophageal atresia 09 <input type="checkbox"/></p> <p>Omphalocele/Gastroschisis 10 <input type="checkbox"/></p> <p>Other gastrointestinal anomalies <i>(Specify)</i> _____ 11 <input type="checkbox"/></p> <p>Malformed genitalia 12 <input type="checkbox"/></p> <p>Renal agenesis 13 <input type="checkbox"/></p> <p>Other urogenital anomalies <i>(Specify)</i> _____ 14 <input type="checkbox"/></p> <p>Cleft lip/palate 15 <input type="checkbox"/></p> <p>Polydactylus/Syndactylus/Adactylus 16 <input type="checkbox"/></p> <p>Club foot 17 <input type="checkbox"/></p> <p>Diaphragmatic hernia 18 <input type="checkbox"/></p> <p>Other musculoskeletal/integumental anomalies <i>(Specify)</i> _____ 19 <input type="checkbox"/></p> <p>Down's syndrome 20 <input type="checkbox"/></p> <p>Other chromosomal anomalies <i>(Specify)</i> _____ 21 <input type="checkbox"/></p> <p>None 00 <input type="checkbox"/></p> <p>Other _____ 22 <input type="checkbox"/></p> <p><i>(Specify)</i></p>
<p>38b. OTHER RISK FACTORS FOR THIS PREGNANCY <i>(Complete all items)</i></p> <p>Tobacco use during pregnancy Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Average number cig. rettes per day _____</p> <p>Alcohol use during pregnancy Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Average number drinks per week _____</p> <p>Weight gained during pregnancy _____ lbs</p>	<p>41. METHOD OF DELIVERY <i>(Check all that apply)</i></p> <p>Vaginal 01 <input type="checkbox"/></p> <p>Vaginal birth after previous C section 02 <input type="checkbox"/></p> <p>Primary C section 03 <input type="checkbox"/></p> <p>Repeat C section 04 <input type="checkbox"/></p> <p>Forceps 05 <input type="checkbox"/></p> <p>Vacuum 06 <input type="checkbox"/></p>	
<p>39. OBSTETRIC PROCEDURES <i>(Check all that apply)</i></p> <p>Amniocentesis 01 <input type="checkbox"/></p> <p>Electronic fetal monitoring 02 <input type="checkbox"/></p> <p>Induction of labor 03 <input type="checkbox"/></p> <p>Stimulation of labor 04 <input type="checkbox"/></p> <p>Tocolysis 05 <input type="checkbox"/></p> <p>Ultrasound 06 <input type="checkbox"/></p> <p>None 00 <input type="checkbox"/></p> <p>Other _____ 07 <input type="checkbox"/></p> <p><i>(Specify)</i></p>	<p>42. ABNORMAL CONDITIONS OF THE NEWBORN <i>(Check all that apply)</i></p> <p>Anemia (Hct < 39/fHgb < 13) 01 <input type="checkbox"/></p> <p>Birth injury 02 <input type="checkbox"/></p> <p>Fetal alcohol syndrome 03 <input type="checkbox"/></p> <p>Hyaline membrane disease/RDS 04 <input type="checkbox"/></p> <p>Meconium aspiration syndrome 05 <input type="checkbox"/></p> <p>Assisted ventilation < 30 min 06 <input type="checkbox"/></p> <p>Assisted ventilation ≥ 30 min 07 <input type="checkbox"/></p> <p>Seizures 08 <input type="checkbox"/></p> <p>None 00 <input type="checkbox"/></p> <p>Other _____ 09 <input type="checkbox"/></p> <p><i>(Specify)</i></p>	

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Figure 2

U.S. STANDARD CERTIFICATE OF LIVE BIRTH

LOCAL FILE NO.	BIRTH NUMBER:				
C H I L D	1. CHILD'S NAME (First, Middle, Last, Suffix)		2. TIME OF BIRTH	3. SEX	4. DATE OF BIRTH (Mo/Day/Yr)
	5. FACILITY NAME (If not institution, give street and number)		6. CITY, TOWN, OR LOCATION OF BIRTH		7. COUNTY OF BIRTH
M O T H E R	8a. MOTHER'S CURRENT LEGAL NAME (First, Middle, Last, Suffix)			8b. DATE OF BIRTH (Mo/Day/Yr)	
	8c. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last, Suffix)			8d. BIRTHPLACE (State, Territory, or Foreign Country)	
	9a. RESIDENCE OF MOTHER-STATE		9b. COUNTY		9c. CITY, TOWN, OR LOCATION
	9d. STREET AND NUMBER		9e. APT. NO.	9f. ZIP CODE	9g. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input type="checkbox"/> No
F A T H E R	10a. FATHER'S CURRENT LEGAL NAME (First, Middle, Last, Suffix)		10b. DATE OF BIRTH (Mo/Day/Yr)	10c. BIRTHPLACE (State, Territory, or Foreign Country)	
	11. CERTIFIER'S NAME: _____ TITLE: <input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> HOSPITAL ADMIN. <input type="checkbox"/> CNM/CM <input type="checkbox"/> OTHER MIDWIFE <input type="checkbox"/> OTHER (Specify) _____		12. DATE CERTIFIED ____/____/____	13. DATE FILED BY REGISTRAR ____/____/____	
INFORMATION FOR ADMINISTRATIVE USE					
M O T H E R	14. MOTHER'S MAILING ADDRESS: <input type="checkbox"/> Same as residence, or: State: _____ City, Town, or Location: _____ Street & Number: _____ Apartment No.: _____ Zip Code: _____				
	15. MOTHER MARRIED? (At birth, conception, or any time between) <input type="checkbox"/> Yes <input type="checkbox"/> No IF NO, HAS PATERNITY ACKNOWLEDGEMENT BEEN SIGNED IN THE HOSPITAL? <input type="checkbox"/> Yes <input type="checkbox"/> No			16. SOCIAL SECURITY NUMBER REQUESTED FOR CHILD? <input type="checkbox"/> Yes <input type="checkbox"/> No	17. FACILITY ID. (NPI)
18. MOTHER'S SOCIAL SECURITY NUMBER:			19. FATHER'S SOCIAL SECURITY NUMBER:		
INFORMATION FOR MEDICAL AND HEALTH PURPOSES ONLY					
M O T H E R	20. MOTHER'S EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of delivery)		21. MOTHER OF HISPANIC ORIGIN? (Check the box that best describes whether the mother is Spanish/Hispanic/Latina. Check the "No" box if mother is not Spanish/Hispanic/Latina)		22. MOTHER'S RACE (Check one or more races to indicate what the mother considers herself to be)
	<input type="checkbox"/> 8th grade or less <input type="checkbox"/> 9th - 12th grade, no diploma <input type="checkbox"/> High school graduate or GED completed <input type="checkbox"/> Some college credit but no degree <input type="checkbox"/> Associate degree (e.g., AA, AS) <input type="checkbox"/> Bachelor's degree (e.g., BA, AB, BS) <input type="checkbox"/> Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA) <input type="checkbox"/> Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD)		<input type="checkbox"/> No, not Spanish/Hispanic/Latina <input type="checkbox"/> Yes, Mexican, Mexican American, Chicana <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, other Spanish/Hispanic/Latina (Specify) _____		<input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native (Name of the enrolled or principal tribe) _____ <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian (Specify) _____ <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander (Specify) _____ <input type="checkbox"/> Other (Specify) _____

DRAFT 07/10/2001

FATHER Mother's Name _____ Mother's Medical Record No. _____	23. FATHER'S EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of delivery) <input type="checkbox"/> 8th grade or less <input type="checkbox"/> 9th - 12th grade, no diploma <input type="checkbox"/> High school graduate or GED completed <input type="checkbox"/> Some college credit but no degree <input type="checkbox"/> Associate degree (e.g., AA, AS) <input type="checkbox"/> Bachelor's degree (e.g., BA, AB, BS) <input type="checkbox"/> Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA) <input type="checkbox"/> Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD)	24. FATHER OF HISPANIC ORIGIN? (Check the box that best describes whether the father is Spanish/Hispanic/Latino. Check the "No" box if mother is not Spanish/Hispanic/Latino) <input type="checkbox"/> No, not Spanish/Hispanic/Latino <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, other Spanish/Hispanic/Latino (Specify) _____	25. FATHER'S RACE (Check one or more races to indicate what the father considers himself to be) <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native (Name of the enrolled or principal tribe) _____ <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian (Specify) _____ <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander (Specify) _____ (Specify) _____
	26. PLACE WHERE BIRTH OCCURRED (Check one) <input type="checkbox"/> Hospital <input type="checkbox"/> Freestanding birthing center <input type="checkbox"/> Home Birth: Planned to deliver at home? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Clinic/Doctor's office <input type="checkbox"/> Other (Specify) _____	27. ATTENDANT'S NAME, TITLE, AND NPI NAME: _____ NPI: _____ TITLE: <input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> CNM/CM <input type="checkbox"/> OTHER MIDWIFE <input type="checkbox"/> OTHER (Specify) _____	28. MOTHER TRANSFERRED FOR MATERNAL MEDICAL OR FETAL INDICATIONS FOR DELIVERY? <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, ENTER NAME OF FACILITY MOTHER TRANSFERRED FROM: _____

MOTHER	29a. DATE OF FIRST PRENATAL CARE VISIT MM / DD / YYYY <input type="checkbox"/> No Prenatal Care		29b. DATE OF LAST PRENATAL CARE VISIT MM / DD / YYYY		30. TOTAL NUMBER OF PRENATAL VISITS FOR THIS PREGNANCY _____ (If none, enter "0".)	
	31. MOTHER'S HEIGHT _____ (inches)	32. MOTHER'S PREPREGNANCY WEIGHT _____ (pounds)	33. MOTHER'S WEIGHT AT DELIVERY _____ (pounds)		34. DID MOTHER GET WIC FOOD FOR HERSELF DURING THIS PREGNANCY? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	35. NUMBER OF PREVIOUS LIVE BIRTHS (Do not include this child)	36. NUMBER OF OTHER PREGNANCY OUTCOMES (spontaneous or induced losses or ectopic pregnancies)		37. CIGARETTE SMOKING BEFORE AND DURING PREGNANCY For each time period, enter either the number of cigarettes or the number of packs of cigarettes smoked. IF NONE, ENTER "0". Average number of cigarettes or packs of cigarettes smoked per day. # of cigarettes OR # of packs Three Months Before Pregnancy _____ OR _____ First Three Months of Pregnancy _____ OR _____ Second Three Months of Pregnancy _____ OR _____ Last Three Months of Pregnancy _____ OR _____		38. PRINCIPAL SOURCE OF PAYMENT FOR THIS DELIVERY <input type="checkbox"/> Private Insurance <input type="checkbox"/> Medicaid <input type="checkbox"/> Self-pay <input type="checkbox"/> Other (Specify) _____
	35a. Now Living Number _____ <input type="checkbox"/> None	35b. Now Dead Number _____ <input type="checkbox"/> None	36a. Other Outcomes Number _____ <input type="checkbox"/> None	39. DATE LAST NORMAL MENSES BEGAN MM / DD / YYYY		40. MOTHER'S MEDICAL RECORD NUMBER

MEDICAL AND HEALTH INFORMATION	<p>41. RISK FACTORS IN THIS PREGNANCY (Check all that apply)</p> <p>Diabetes</p> <ul style="list-style-type: none"> <input type="checkbox"/> Prepregnancy (Diagnosis prior to this pregnancy) <input type="checkbox"/> Gestational (Diagnosis in this pregnancy) <p>Hypertension</p> <ul style="list-style-type: none"> <input type="checkbox"/> Prepregnancy (Chronic) <input type="checkbox"/> Gestational (PIH, preeclampsia, eclampsia) <ul style="list-style-type: none"> <input type="checkbox"/> Previous preterm birth <input type="checkbox"/> Other previous poor pregnancy outcome (Includes, perinatal death, small-for-gestational age/intrauterine growth restricted birth) <input type="checkbox"/> Vaginal bleeding during this pregnancy prior to the onset of labor <input type="checkbox"/> Pregnancy resulted from infertility treatment <input type="checkbox"/> Mother had a previous cesarean delivery If yes, how many _____ <input type="checkbox"/> None of the above 	<p>44. ONSET OF LABOR (Check all that apply)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Premature Rupture of the Membranes (prolonged, ≥ 12 hrs.) <input type="checkbox"/> Precipitous Labor (<3 hrs.) <input type="checkbox"/> Prolonged Labor (≥ 20 hrs.) 	<p>46. METHOD OF DELIVERY</p> <p>A. Was delivery with forceps attempted but unsuccessful?</p> <p style="padding-left: 20px;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>B. Was delivery with vacuum extraction attempted but unsuccessful?</p> <p style="padding-left: 20px;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>C. Fetal presentation at birth</p> <ul style="list-style-type: none"> <input type="checkbox"/> Cephalic <input type="checkbox"/> Breech <input type="checkbox"/> Other <p>D. Final route and method of delivery (Check one)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Vaginal/Spontaneous <input type="checkbox"/> Vaginal/Forceps <input type="checkbox"/> Vaginal/Vacuum <input type="checkbox"/> Cesarean If cesarean, was a trial of labor attempted? <input type="checkbox"/> Yes <input type="checkbox"/> No
	<p>42. INFECTIONS PRESENT AND/OR TREATED DURING THIS PREGNANCY (Check all that apply)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Gonorrhea <input type="checkbox"/> Syphilis <input type="checkbox"/> Herpes Simplex Virus (HSV) <input type="checkbox"/> Chlamydia <input type="checkbox"/> Hepatitis B <input type="checkbox"/> Hepatitis C <input type="checkbox"/> None of the above 	<p>45. CHARACTERISTICS OF LABOR AND DELIVERY</p> <ul style="list-style-type: none"> <input type="checkbox"/> Induction of labor <input type="checkbox"/> Augmentation of labor <input type="checkbox"/> Non-vertex presentation <input type="checkbox"/> Steroids (glucocorticoids) for fetal lung maturation received by the mother prior to delivery <input type="checkbox"/> Antibiotics received by the mother during labor <input type="checkbox"/> Clinical chorioamnionitis diagnosed during labor or maternal temperature ≥38°C (100.4°F) <input type="checkbox"/> Moderate/heavy meconium staining of the amniotic fluid <input type="checkbox"/> Fetal intolerance of labor such that one or more of the following actions was taken: in-utero resuscitative measures, further fetal assessment, or operative delivery <input type="checkbox"/> Epidural or spinal anesthesia during labor <input type="checkbox"/> None of the above 	
	<p>43. OBSTETRIC PROCEDURES (Check all that apply)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Cervical cerclage <input type="checkbox"/> Tocolysis <p>External cephalic version:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Successful <input type="checkbox"/> Failed <input type="checkbox"/> None of the above 	<p>47. MATERNAL MORBIDITY (Check all that apply) (Complications associated with labor and delivery)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Maternal transfusion <input type="checkbox"/> Third or fourth degree perineal laceration <input type="checkbox"/> Ruptured uterus <input type="checkbox"/> Unplanned hysterectomy <input type="checkbox"/> Admission to intensive care unit <input type="checkbox"/> Unplanned operating room procedure following delivery <input type="checkbox"/> None of the above 	

DRAFT 07/10/2001

NEWBORN	NEWBORN INFORMATION		
	<p>48. NEWBORN MEDICAL RECORD NUMBER: _____</p>	<p>54. ABNORMAL CONDITIONS OF THE NEWBORN (Check all that apply)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Assisted ventilation required immediately following delivery <input type="checkbox"/> Assisted ventilation required for more than six hours <input type="checkbox"/> NICU admission <input type="checkbox"/> Newborn given surfactant replacement therapy <input type="checkbox"/> Antibiotics received by the newborn for suspected neonatal sepsis <input type="checkbox"/> Seizure or serious neurologic dysfunction <input type="checkbox"/> Significant birth injury (skeletal fracture(s), peripheral nerve injury, and/or soft tissue/solid organ hemorrhage which requires intervention) <input type="checkbox"/> None of the above 	<p>55. CONGENITAL ANOMALIES OF THE NEWBORN (Check all that apply)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Anencephaly <input type="checkbox"/> Meningocele/Spina bifida <input type="checkbox"/> Cyanotic congenital heart disease <input type="checkbox"/> Congenital diaphragmatic hernia <input type="checkbox"/> Omphalocele <input type="checkbox"/> Gastroschisis <input type="checkbox"/> Limb reduction defect (excluding congenital amputation and dwarfing syndromes) <input type="checkbox"/> Cleft Lip with or without Cleft Palate <input type="checkbox"/> Cleft Palate alone <input type="checkbox"/> Down Syndrome <ul style="list-style-type: none"> <input type="checkbox"/> Karyotype confirmed <input type="checkbox"/> Karyotype pending <input type="checkbox"/> Suspected chromosomal disorder <ul style="list-style-type: none"> <input type="checkbox"/> Karyotype confirmed <input type="checkbox"/> Karyotype pending <input type="checkbox"/> Hypospadias <input type="checkbox"/> None of the anomalies listed above
	<p>49. BIRTHWEIGHT (grams preferred, specify unit)</p> <p style="padding-left: 20px;">_____</p> <p style="padding-left: 40px;"><input type="checkbox"/> grams <input type="checkbox"/> lb/oz</p>		
	<p>50. OBSTETRIC ESTIMATE OF GESTATION:</p> <p style="padding-left: 20px;">_____ (completed weeks)</p>		
	<p>51. APGAR SCORE:</p> <p>Score at 5 minutes: _____</p> <p>If 5 minute score is less than 6,</p> <p>Score at 10 minutes: _____</p>		
	<p>52. PLURALITY - Single, Twin, Triplet, etc. (Specify) _____</p>		
<p>53. IF NOT SINGLE BIRTH - Born First, Second, Third, etc. (Specify) _____</p>			
<p>56. WAS INFANT TRANSFERRED WITHIN 24 HOURS OF DELIVERY? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>IF YES, NAME OF FACILITY INFANT TRANSFERRED TO: _____</p>	<p>57. IS INFANT LIVING AT TIME OF REPORT? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Infant transferred, status unknown</p>	<p>58. IS INFANT BEING BREASTFED? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	

Mother's Name _____
Mother's Medical Record No. _____

Figure 3: U.S. Standard Licence and Certificate of Marriage

**U.S. STANDARD
LICENSE AND CERTIFICATE OF MARRIAGE**

LICENSE NUMBER STATE FILE NUMBER

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

	1. GROOM'S NAME (First, Middle, Last)		2. AGE LAST BIRTHDAY		
GROOM	3a. RESIDENCE—CITY, TOWN, OR LOCATION		3b. COUNTY		
	3c. STATE	4. BIRTHPLACE (State or Foreign Country)	5. DATE OF BIRTH (Month, Day, Year)		
	6a. FATHER'S NAME (First, Middle, Last)	6b. BIRTHPLACE (State or Foreign Country)	7a. MOTHER'S NAME (First, Middle, Maiden Surname)	7b. BIRTHPLACE (State or Foreign Country)	
BRIDE	8a. BRIDE'S NAME (First, Middle, Last)		8b. MAIDEN SURNAME (if different)		
	9. AGE LAST BIRTHDAY		10. RESIDENCE—CITY, TOWN, OR LOCATION		
	10a. COUNTY		10c. STATE		
	11. BIRTHPLACE (State or Foreign Country)	12. DATE OF BIRTH (Month, Day, Year)			
	13a. FATHER'S NAME (First, Middle, Last)	13b. BIRTHPLACE (State or Foreign Country)	14a. MOTHER'S NAME (First, Middle, Maiden Surname)	14b. BIRTHPLACE (State or Foreign Country)	
SIGNATURES	WE HEREBY CERTIFY THAT THE INFORMATION PROVIDED IS CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF AND THAT WE ARE FREE TO MARRY UNDER THE LAWS OF THIS STATE.				
	15. GROOM'S SIGNATURE		16. BRIDE'S SIGNATURE		
LICENSE TO MARRY	This License Authorizes the Marriage in This State of the Parties Named Above By Any Person Duly Authorized to Perform a Marriage Ceremony Under the Laws of the State of _____			17. EXPIRATION DATE (Month, Day, Year)	
	18. SUBSCRIBED TO AND SWORN TO BEFORE ME ON: (Month, Day, Year)	19. SIGNATURE OF ISSUING OFFICIAL		20. TITLE OF ISSUING OFFICIAL	
CEREMONY	21. I CERTIFY THAT THE ABOVE NAMED PERSONS WERE MARRIED ON: (Month, Day, Year)		22a. WHERE MARRIED—CITY, TOWN, OR LOCATION		
	22b. COUNTY		23a. SIGNATURE OF PERSON PERFORMING CEREMONY		
	23b. NAME (Typed/Print)		23c. TITLE		
	23d. ADDRESS OF PERSON PERFORMING CEREMONY (Street and Number or Rural Route Number, City or Town, State, Zip Code)				
	24a. SIGNATURE OF WITNESS TO CEREMONY		24b. SIGNATURE OF WITNESS TO CEREMONY		
LOCAL OFFICIAL	25. SIGNATURE OF LOCAL OFFICIAL MAKING RETURN TO STATE HEALTH DEPARTMENT			26. DATE FILED BY LOCAL OFFICIAL (Month, Day, Year)	
	CONFIDENTIAL INFORMATION. THE INFORMATION BELOW WILL NOT APPEAR ON CERTIFIED COPIES OF THE RECORD.				
GROOM	27. NUMBER OF THIS MARRIAGE—First, Second, etc. (Specify below)	28. IF PREVIOUSLY MARRIED, LAST MARRIAGE ENDED:		29. RACE—American Indian, Black, White, etc. (Specify below)	
		By Death, Divorce, Dissolution, or Annulment (Specify below)	Date (Month, Day, Year)	30. EDUCATION (Specify only highest grade completed)	
		29a.	29b.	30a.	30b.
BRIDE	27b.	28c.		28d.	
		29a.	29b.	30a.	30b.

DEPARTMENT OF HEALTH AND HUMAN SERVICES — PUBLIC HEALTH SERVICE — NATIONAL CENTER FOR HEALTH STATISTICS — 1989 REVISION

PHS T-004
REV. 1/89

Figure 4: U.S. Standard Certificate of Divorce, Dissolution of Marriage, or Annulment

DEPARTMENT OF HEALTH AND HUMAN SERVICES PUBLIC HEALTH SERVICE NATIONAL CENTER FOR HEALTH STATISTICS 1988 REVISION

U.S. STANDARD
**CERTIFICATE OF DIVORCE, DISSOLUTION
 OF MARRIAGE, OR ANNULMENT**

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

	COURT FILE NUMBER	STATE FILE NUMBER				
HUSBAND	1. HUSBAND'S NAME (First, Middle, Last)					
	2a. RESIDENCE—CITY, TOWN, OR LOCATION	2b. COUNTY				
	2c. STATE	3. BIRTHPLACE (State or Foreign Country)				
	4. DATE OF BIRTH (Month, Day, Year)					
WIFE	5a. WIFE'S NAME (First, Middle, Last)					
	5b. MAIDEN SURNAME					
	6a. RESIDENCE—CITY, TOWN, OR LOCATION	6b. COUNTY				
	6c. STATE	7. BIRTHPLACE (State or Foreign Country)				
	8. DATE OF BIRTH (Month, Day, Year)					
MARRIAGE	9a. PLACE OF THIS MARRIAGE—CITY, TOWN, OR LOCATION	9b. COUNTY				
	9c. STATE OR FOREIGN COUNTRY	10. DATE OF THIS MARRIAGE (Month, Day, Year)				
	11. DATE COUPLE LAST RESIDED IN SAME HOUSEHOLD (Month, Day, Year)	12. NUMBER OF CHILDREN UNDER 18 IN THIS HOUSEHOLD AS OF THE DATE IN ITEM 11				
	13. PETITIONER <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both <input type="checkbox"/> Other (Specify) _____ Number _____ <input type="checkbox"/> None					
ATTORNEY	14a. NAME OF PETITIONER'S ATTORNEY (Type/Print)	14b. ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)				
	15. I CERTIFY THAT THE MARRIAGE OF THE ABOVE NAMED PERSONS WAS DISSOLVED ON: (Month, Day, Year)	16. TYPE OF DECREE—Divorce, Dissolution, or Annulment (Specify)				
	17. DATE RECORDED (Month, Day, Year)					
DECREE	18. NUMBER OF CHILDREN UNDER 18 WHOSE PHYSICAL CUSTODY WAS AWARDED TO: Husband _____ Wife _____ Joint (Husband/Wife) _____ Other _____ <input type="checkbox"/> No children	19. COUNTY OF DECREE				
	20. TITLE OF COURT					
	21. SIGNATURE OF CERTIFYING OFFICIAL	22. TITLE OF CERTIFYING OFFICIAL				
	23. DATE SIGNED (Month, Day, Year)					
CONFIDENTIAL INFORMATION. THE INFORMATION BELOW WILL NOT APPEAR ON CERTIFIED COPIES OF THE RECORD.						
	24. NUMBER OF THIS MARRIAGE—First, Second, etc. (Specify below)	25. IF PREVIOUSLY MARRIED, LAST MARRIAGE ENDED		26. RACE—American Indian, Black, White, etc. (Specify below)	27. EDUCATION (Specify only highest grade completed)	
		By Death, Divorce, Dissolution, or Annulment (Specify below)	Date (Month, Day, Year)		Elementary/Secondary 10/12	College 1-4 or 5+
HUSBAND	24a.	25a.	25b.	26a.	27a.	
WIFE	24b.	25c.	25d.	26b.	27b.	

Figure 5: U.S. Standard Report of Induced Termination of Pregnancy

TYPE/PRINT
IN
PERMANENT
BLACK INK
FOR
INSTRUCTIONS
SEE
HANDBOOK

U.S. STANDARD
REPORT OF INDUCED TERMINATION OF PREGNANCY

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES - CENTERS FOR DISEASE CONTROL AND PREVENTION - NATIONAL CENTER FOR HEALTH STATISTICS - 1987 REVISION

STATE FILE NUMBER			
1. FACILITY NAME (if not clinic or hospital, give address)		2. CITY, TOWN, OR LOCATION OF PREGNANCY TERMINATION	
3. COUNTY OF PREGNANCY TERMINATION			
4. PATIENT'S IDENTIFICATION	5. AGE LAST BIRTHDAY	6. MARRIED? <input type="checkbox"/> YES <input type="checkbox"/> NO	7. DATE OF PREGNANCY TERMINATION (Month, Day, Year)
8a. RESIDENCE-STATE	8b. COUNTY	8c. CITY, TOWN, OR LOCATION	8d. INSIDE CITY LIMITS? <input type="checkbox"/> YES <input type="checkbox"/> NO
8e. ZIP CODE			
9. OF HISPANIC ORIGIN? (Specify No or Yes - if yes, specify Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> NO <input type="checkbox"/> YES Specify: _____		10. RACE <input type="checkbox"/> American Indian <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Other (Specify) _____	
		11. EDUCATION (Specify only highest grade completion)	
		Elementary/Secondary (0-12)	College (1-4 or 5+)
12. DATE LAST NORMAL MENSES BEGAN (Month, Day, Year)	13. CLINICAL ESTIMATE OF GESTATION (Weeks)	14. PREVIOUS PREGNANCIES (Complete each section)	
		LIVE BIRTHS	
		OTHER TERMINATIONS	
		14a. Now Living	14b. Now Dead
		14c. Spontaneous	14d. Induced (Do not include this termination)
		Number _____ <input type="checkbox"/> None	Number _____ <input type="checkbox"/> None
		Number _____ <input type="checkbox"/> None	Number _____ <input type="checkbox"/> None
15. TYPE OF TERMINATION PROCEDURE (Check only one)			
<input type="checkbox"/> Suction Curettage <input type="checkbox"/> Medical (Nonsurgical), Specify Medication(s) _____ <input type="checkbox"/> Dilation and Evacuation (D&E) <input type="checkbox"/> Intra-Uterine Instillation (Saline or Prostaglandin) <input type="checkbox"/> Sharp Curettage (D&C) <input type="checkbox"/> Hysterotomy/Hysterectomy <input type="checkbox"/> Other (Specify) _____			
16. NAME OF ATTENDING PHYSICIAN (Type/Print)		17. NAME OF PERSON COMPLETING THE REPORT (Type/Print)	

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