# Public Use Data File Documentation

Linked Birth/Infant Death Data Set: 1996 Period Data



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES Centers for Disease Control and Prevention National Center for Health Statistics

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### LINKED BIRTH/INFANT DEATH DATA SET 1996 PERIOD DATA

**SPECIAL NOTICE:** 

## THE GEOGRAPHIC CODES WERE CHANGED EFFECTIVE WITH 1994 DATA TO REFLECT THE RESULTS OF THE 1990 CENSUS

### BIRTHS AND DEATHS FOR PUERTO RICO, VIRGIN ISLANDS AND GUAM ARE INCLUDED IN SEPARATE DATA FILES

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#### SYMBOLS USED IN TABLES

<u>Symbol</u>	Explanation
	Data not available
	Category not applicable
-	Quantity zero
0.0	Quantity more than 0 but less than 0.05
*	Figure does not meet standards of reliability or precision

#### **Introduction**

This data set represents the second release of linked birth/infant death data in a new format. Beginning with 1996 data, the linked file will be released in two different formats — period data and birth cohort data.

*Period data* — The numerator for the period linked file for 1996 consists of all infant deaths occurring in 1996 linked to their corresponding birth certificates, whether the birth occurred in 1996 or 1995. The denominator file for this data set is the 1996 natality file, that is, all births occurring in 1996.

*Birth cohort data* — The numerator of the birth cohort linked file for 1996 consists of deaths to infants born in 1996 whether the death occurred in 1996 or 1997. The denominator file is the 1996 natality file, that is, all births occurring in 1996. This file will be available about one year after the release of the period linked file.

The release of linked file data in two different formats allows NCHS to meet customer demands for more timely linked file data while still meeting the needs of data users who prefer the birth cohort format. While the birth cohort format has methodological advantages, it creates substantial delays in data availability, since it is necessary to wait until the close of the following data year to include all infant deaths to the birth cohort.

This documentation is for the 1996 period linked file. Beginning with 1995 data, the period linked files have formed the basis for all official NCHS linked file statistics (except for special cohort studies).

The 1996 period linked birth/infant death data set includes three separate data files. The first file includes all infant deaths which occurred in the 1996 data year linked to their corresponding birth certificates, whether the birth occurred in 1996 or in 1995 - referred to as the numerator file. The second file contains information from the death certificate for all infant death records which could not be linked to their corresponding birth certificates - referred to as the unlinked death file. The third file is the 1996 NCHS natality file in compressed format, which is used to provide denominators for rate computations. The denominator file is included on the CD-ROM version of this data set. For the data tape version, the data user has the option of purchasing linked file data either with or without the denominator file, to reduce costs for data users who had previously purchased the NCHS natality file.

#### Changes Beginning with the 1995 Data Year

In part to correct for known biases in the data, changes were made to the linked file beginning with the 1995 data year, and these changes are also effective for 1996 data. A weight has been

added to the linked numerator file to correct in part for biases in percent of records linked by major characteristics (see section on *Percent of records linked* below). The number of infant deaths in the linked file are weighted to equal the sum of the linked plus unlinked infant deaths by age at death and state. The formula for computing the weights is as follows:

#### number of linked infant deaths + number of unlinked infant deaths number of linked infant deaths.

A separate weight is computed for each State of residence of birth and each age at death category (<1 day, 1-27 days, 28 days-1year). Thus, weights are 1.0 for states which link all of their infant deaths. The denominator file is not weighted. Weights have not been computed for the Puerto Rico, Virgin Islands, and Guam file.

An imputation for not-stated birthweight has been added to the data set, to reduce potential bias in the computation of birthweight-specific infant mortality rates. Basically, if birthweight is not-stated and the period of gestation is known, birthweight is assigned the value from the previous record with the same period of gestation, race, sex, and plurality. Imputed values are flagged. The addition of this imputation has reduced the percent of not-stated responses for birthweight from 3.37% to 1.16% in the numerator file, and from 0.12% to 0.06% in the denominator file, thus reducing (but not eliminating) the potential for underestimation when computing birthweight-specific infant mortality rates. The change from a birth cohort to a period format was discussed in detail on page one.

#### <u>Comparisons of infant mortality data from the linked file with infant mortality data from the</u> <u>unlinked mortality file</u>

Although the time periods are the same, numbers of infant deaths and infant mortality rates are not identical between the 1996 period linked file and the 1996 unlinked mortality file.<sup>1</sup> The differences can be traced to three different causes: 1) geographic differences; 2) additional quality control; and 3) weighting.

*Geographic differences* — To be included in the linked file for the 50 States and D.C., the birth and death must both occur inside the 50 States and D.C. In contrast, for the unlinked mortality file, deaths which occur in the 50 States and D.C. to infants born inside and outside of the 50 States and D.C. are included. Similarly, to be included in the linked data file for Puerto Rico, the Virgin Islands, and Guam, the birth and death must both occur in Puerto Rico, the Virgin Islands

<sup>&</sup>lt;sup>1</sup> see: Peters KD, Kochanek KD, Murphy SL. Report of Final Mortality Statistics, 1996. Monthly vital statistics report; vol. 46 supp. Hyattsville, Maryland: National Center for Health Statistics. 1998 (in press).

or Guam. In contrast, for the unlinked mortality file, deaths which occurred in Puerto Rico, the Virgin Islands, and Guam to infants born inside and outside of Puerto Rico, the Virgin Islands and Guam are included.

Additional quality control — The second reason for differences in numbers of infant deaths between the linked and unlinked data sets is that the linkage process subjects infant death records to an additional round of quality control review. Every year, a few records are voided from the file at this stage because they are found to be fetal deaths, deaths at ages greater than 1 year, or duplicate death certificates.

*Weighting* — The third reason for differences between the linked and unlinked data relates to new weighting procedures added to the linked file in 1995. Beginning with 1995 data, linked file records were weighted to compensate for the 2-3 percent of infant death records which could not be linked to their corresponding birth certificates. Although every effort has been made to design weights which will accurately reflect the distribution of deaths by characteristics, weighting may contribute to small differences in numbers and rates by specific variables between the linked and unlinked mortality files.

In most cases, differences between numbers of infant deaths and infant mortality rates between the linked file and those computed from the unlinked mortality file are negligible.

#### Methodology

The methodology used to create the national file of linked birth and infant death records takes advantage of two existing data sources:

- 1. State linked files for the identification of linked birth and infant death certificates; and
- 2. NCHS natality and mortality computerized statistical files, the source of computer records for the two linked certificates.

Virtually all States routinely link infant death certificates to their corresponding birth certificates for legal and statistical purposes. When the birth and death of an infant occur in different States, copies of the records are exchanged by the State of death and State of birth in order to effect a link. In addition, if a third State is identified as the State of residence at the time of birth or death, that State is also sent a copy of the appropriate certificate by the State where the birth or death occurred.

The NCHS natality and mortality files, produced annually, include statistical data from birth and death certificates that are provided to NCHS by States under the Vital Statistics Cooperative

Program (VSCP). The data have been coded according to uniform coding specifications, have passed rigid quality control standards, have been edited and reviewed, and are the basis for official U.S. birth and death statistics.

To initiate processing, NCHS obtained matching birth certificate numbers from States for all infant deaths that occurred in their jurisdiction. We used this information to extract final, edited mortality and natality data from the NCHS natality and mortality statistical files. Individual birth and death records were selected from their respective files and linked into a single statistical record, thereby establishing a national linked record file.

After the initial linkage, NCHS returned to the States where the death occurred computer lists of unlinked infant death certificates for follow up linking. If the birth occurred in a State different from the State of death, the State of birth identified on the death certificate was contacted to obtain the linking birth certificate. State additions and corrections were incorporated, and a final, national linked file was produced. Characteristics of the natality and mortality data from which the linked file is constructed are described in detail in the Technical Appendices and Addenda included in this document.

#### Characteristics of Unlinked File

For the 1996 linked file 623, or 2.2% of all infant death records could not be linked to their corresponding birth certificates. Unlinked records are included in a separate data file in this data set. The unlinked record file uses the same record layout as the numerator file of linked birth and infant death records. However, except as noted below, tape locations 1-210, reserved for information from the matching birth certificate, are blank since no matching birth certificate could be found for these records. The sex field (tape location 79) contains the sex of infant as reported on the death certificate, rather than the sex of infant from the birth certificate, which is not available. The race field (tape location 36-37) contains the race of the decedent as reported on the death certificate rather than the race of mother on the birth certificate is generally considered to be more accurate than the race information from the death certificate (see section on *Comparison of race data from birth and death certificates* in the Mortality Technical Appendix included in this documentation). Also, date of birth as reported on the death certificate is used to generate age at death. This information is used in place of date of birth from the birth certificate, which is not available.

Documentation table 6 shows counts of unlinked records by race and age at death for each State of residence. The user is cautioned in using table 6 that the race and residence items are based on information reported on the death certificate; whereas, tables 1-5 present data from the linked file in which the race and residence items are based on information reported on the birth certificate.

(see section on *Comparison of race data from birth and death certificates* in the Mortality Technical Appendix included in this documentation).

#### Percent of Records Linked

The 1996 linked file includes 27,809 linked infant death records and 623 unlinked infant death records. The linked file is weighted to the sum of linked plus unlinked records, thus the total number of weighted infant deaths by place of occurrence is 28,432. While the overall percent linked for infant deaths in the 1996 file is 97.8%, there are differences in percent linked by certain variables. These differences have important implications for how the data is analyzed.

Table 1 shows the percent of infant deaths linked by State of occurrence. While most States link a high percentage of infant deaths, linkage rates for some States are well below the national average. Note in particular the percent linked for California (94.4%), Ohio (92.8%) and Oklahoma (92.8%). When a high percentage of deaths remain unlinked, infant mortality rates computed for these States are underestimated. It is for this reason that weights were added to the 1996 file to correct for biases in the data due to poor data linkage for particular states.

The percent of infant deaths linked by race and age at death is shown in Table 2. In general, a higher percentage of postneonatal (98.5%) than neonatal (97.5%) deaths were linked. The percent of records linked was slightly higher for white (97.9%) than for black (97.7%) infants. Variations in percent linked by underlying cause of death have also been noted (data not shown). While the weighting protocol has been designed to correct for possible bias due to variations in match rates by characteristics, no statistical method can correct perfectly for data limitations. Therefore, variations in the percent of records linked should be taken into consideration when comparing infant mortality rates by detailed characteristics.

#### Geographic classification

Geographic codes in this data set have been updated to reflect the results of the 1990 census, and differ slightly from those used in previous linked files. Because of confidentiality concerns, only those counties and cities with a population size of 250,000 or more are separately identified in this data set. Users should refer to the geographic code outline in this document for the list of available areas and codes.

For events to be included in the linked file, both the birth and death must occur inside the 50 States and D.C. in the case of the 50 States and D.C. file; or in Puerto Rico, the Virgin Islands or Guam in the case of the Puerto Rico, Virgin Islands and Guam file. In tabulations of linked data and denominator data events occurring in each of the respective areas to nonresidents are <u>included</u> in tabulations that are by place of occurrence, and <u>excluded</u> from tabulations by place of residence. These exclusions are based on the usual place of residence of the mother. This item is

United States	97.8%	Nebraska	99.6%
Alabama	100.0%	Nevada	100.0%
Alaska	98.6%	New Hampshire	100.0%
Arizona	98.1%	New Jersey	96.7%
Arkansas	100.0%	New Mexico	96.2%
California	94.4%	Upstate New York	96.6%
Colorado	99.7%	New York City	99.4%
Connecticut	100.0%	North Carolina	98.7%
Delaware	100.0%	North Dakota	100.0%
District of Columbia	100.0%	Ohio	92.8%
Florida	99.6%	Oklahoma	92.8%
Georgia	100.0%	Oregon	99.2%
Hawaii	100.0%	Pennsylvania	96.8%
Idaho	97.4%	Rhode Island	100.0%
Illinois	98.1%	South Carolina	100.0%
Indiana	98.1%	South Dakota	100.0%
Iowa	100.0%	Tennessee	100.0%
Kansas	100.0%	Texas	97.6%
Kentucky	95.6%	Utah	99.6%
Louisiana	96.0%	Vermont	97.9%
Maine	100.0%	Virginia	98.6%
Maryland	99.4%	Washington	100.0%
Massachusetts	96.0%	West Virginia	100.0%
Michigan	98.7%	Wisconsin	99.4%
Minnesota	100.0%	Wyoming	100.0%
Mississippi	100.0%	Puerto Rico	99.2%
Missouri	98.3%	Virgin Islands	100.0%
Montana	100.0%	Guam	97.4%

Table 1. Percent of infant deaths linked by state of occurrence of death: United States, 1996

Table 2. Percent of infant deaths linked by race and age at death: United States, 1996 linked file (Infant deaths are under 1 year; neonatal, under 28 days, and postneonatal, 28 days-under 1 year)

	All races	White	Black
Infant	97.8%	97.9%	97.7%
Neonatal	97.5%	97.6%	97.3%
Postneonatal	98.5%	98.6%	98.4%

contained in both the denominator file and the birth section of the numerator (linked) file. Nonresidents are identified by a code 4 in location 11 of these files.

#### Demographic and Medical Classification

The documents listed below describe in detail the procedures employed for demographic classification on both the birth and death records and medical classification on death records. While not absolutely essential to the proper interpretation of the data for a number of general applications, these documents should nevertheless be studied carefully prior to any detailed analysis of demographic or medical (especially multiple cause) data variables. In particular, there are a number of exceptions to the ICD rules in multiple cause-of-death coding which, if not treated properly, may result in faulty analysis of the data.

- A. Manual of the International Statistical Classification of Diseases, Injuries, and the Cause-of-Death, Ninth Revision (ICD-9) Volumes 1 and 2.
- B. NCHS Instruction Manual Data Preparation Part 2a, Vital Statistics Instructions for Classifying the Underlying Cause-of-Death. Published annually.
- C. NCHS Instruction Manual Data Preparation, Part 2b, Vital Statistics Instructions for Classifying Multiple Cause-of-Death. Published annually.
- D. NCHS Instruction Manual Data Preparation, Part 2c, Vital Statistics ICD-9 ACME Decision Tables for Classifying Underlying Causes-of-Death. Published annually.
- E. NCHS Instruction Manual Data Preparation, Part 2d, Vital Statistics NCHS Procedures for Mortality Medical Data System File Preparation and Maintenance, Effective 1985.
- F. NCHS Instruction Manual Data Tabulation, Part 2f, Vital Statistics ICD-9 TRANSAX Disease Reference Tables for Classifying Multiple Causes-of-Death, 1982-85.
- G. NCHS Instruction Manual Part 2g, Vital Statistics, Data Entry Instructions for the Mortality Medical Indexing, Classification, and Retrieval system (MICAR). Published annually.
- H. NCHS Instruction Manual Part 2h, Vital Statistics, Dictionary of Valid Terms for the Mortality Medical Indexing, Classification, and Retrieval System (MICAR). Published annually.
- I. NCHS Instruction Manual Data Preparation, Part 3a, Vital Statistics Classification and Coding Instructions for Live Birth Records. Published annually.

- J. NCHS Instruction Manual Data Preparation, Part 4, Vital Statistics Demographic Classification and Coding Instructions for Death Records. Published annually.
- K. NCHS Instruction Manual Tabulation, Part 11, Vital Statistics Computer Edits for Mortality Data, Effective 1990.

Copies of NCHS Instruction Manuals may be requested from the Chief, Data Preparation Branch, Division of Data Processing, National Center for Health Statistics, P.O. Box 12214, Research Triangle Park, North Carolina 27709.

In addition, the user should refer to the Technical Appendices of the <u>Vital Statistics of the United</u> <u>States</u> for information on the source of data, coding procedures, quality of the data, etc. The Technical Appendices for natality and mortality are part of this documentation package.

#### Cause-of-Death Data

Mortality data are traditionally analyzed and published in terms of underlying cause-of-death. The underlying cause-of-death data are coded and classified as described in the Mortality Technical Appendices. NCHS has augmented underlying cause-of-death data with data on multiple causes reported on the death certificate. The linked file includes both underlying and multiple cause-of-death data.

The multiple cause of death codes were developed with two objectives in mind. First, to facilitate etiological studies of the relationships among conditions, it was necessary to reflect accurately in coded form each condition and its location on the death certificate in the exact manner given by the certifier. Secondly, coding needed to be carried out in a manner by which the underlying cause of death could be assigned through computer applications. The approach was to suspend the linkage provisions of the ICD for the purpose of condition coding and code each entity with minimum regard to other conditions present on the certification. This general approach is hereafter called entity coding.

Unfortunately, the set of multiple cause codes produced by entity coding is not conducive to a third objective -- the generation of person-based multiple cause statistics. Person-based analysis requires that each condition be coded within the context of every other condition on the same certificate and modified or linked to such conditions as provided by ICD-9. By definition, the entity data cannot meet this requirement since the linkage provisions distort the character and placement of the information originally recorded by the certifying physician.

Since the two objectives are incompatible, NCHS has chosen to create from the original set of entity codes a new code set called record axis multiple cause data. Essentially, the axis of

classification has been converted from an entity basis to a record (or person) basis. The record axis codes are assigned in terms of the set of codes that best describe the overall medical certification portion of the death certificate.

This translation is accomplished by a computer system called TRANSAX (translation of axis) through selective use of traditional linkage and modification rules for mortality coding. Underlying cause linkages which simply prefer one code over another for purposes of underlying cause selection are not included. Each entity code on the record is examined and modified or deleted as necessary to create a set of codes which are free of contradictions and are the most precise within the constraints of ICD-9 and medical information on the record. Repetitive codes are deleted. The process may (1) combine two entity axis categories together to a new category thereby eliminating a contradiction or standardizing the data; or (2) eliminate one category in favor of another to promote specificity of the data or resolve contradictions. The following examples from ICD-9 illustrate the effect of this translation:

- Case 1: When reported on the same record as separate entities, cirrhosis of liver and alcoholism are coded to 5715 (cirrhosis of liver without mention of alcohol) and 303 (alcohol dependence syndrome). Tabulation of records with 5715 would on the surface falsely imply that such records had no mention of alcohol. A preferable codification would be 5712 (alcoholic cirrhosis of liver) in lieu of both 5715 and 303.
- Case 2: If "gastric ulcer" and "bleeding gastric ulcer" are reported on a record they are coded to 5319 (gastric ulcer, unspecified as acute or chronic, without mention of hemorrhage or perforation) and 5314 (gastric ulcer, chronic or unspecified, with hemorrhage). A more concise codification would be to code 5314 only since the 5314 shows both the gastric ulcer and the bleeding.

#### Entity Axis Codes

The original conditions coded for selection of the underlying cause of death are reformatted and edited prior to creating the public-use tape. The following paragraphs describe the format and application of entity axis data.

*Format* — Each entity-axis code is displayed as an overall seven byte code with subcomponents as follows:

1. Line indicator: The first byte represents the line of the certificate on which the code appears. Six lines (1-6) are allowable with the fourth and fifth denoting one or two written in "due to"s beyond the three

lines provided in Part I of the U.S. standard death certificate. Line "6" represents Part II of the certificate.

2. Position indicator:	The next byte indicates the position of the code on the line, i.e., it is the first (1), second (2), third (3), eighth (8) code on the line.
3. Cause category:	The next four bytes represent the ICD-9 cause code.
4. Nature of injury flag:	ICD-9 uses the same series of numbers (800-999) to indicate nature of injury (N codes) and external cause codes (E codes). This flag distinguishes between the two with a one (1) representing nature of injury codes and a zero (0) representing all other cause codes.

A maximum of 20 of these seven byte codes are captured on a record for multiple-cause purposes. This may consist of a maximum of 8 codes on any given line with up to 20 codes distributed across three or more lines depending on where the subject conditions are located on the certificate. Codes may be omitted from one or more lines, e.g., line 1 with one or more codes, line 2 with no codes, line 3 with one or more codes.

In writing out these codes, they are ordered as follows: line 1 first code, line 1 second code, etc. ---- line 2 first code, line 2 second code, etc. ---- line 3 ----- line 4 ----- line 5 ----- line 6. Any space remaining in the field is left blank. The specifics of locations are contained in the record layout given later in this document.

*Edit* — The original conditions are edited to remove invalid codes, reverify the coding of certain rare causes of death, and assure age/cause and sex/cause compatibility. Detailed information relating to the edit criteria and the sets of cause codes which are valid to underlying cause coding and multiple cause coding are provided in Part 11 of the NCHS Vital Statistics Instruction Manual Series.

*Entity axis applications* — The entity axis multiple cause data is appropriate to analyses which require that each condition be coded as a stand alone entity without linkage to other conditions and/or require information on the placement of such conditions in the certificate. Within this framework, the entity data are appropriate to the examination of etiological relationships among conditions, accuracy of certification reporting, and the validity of traditional assumptions in underlying cause selection.

Additionally, the entity data provide in certain categories a more detailed code assignment which is linked out in the creation of record axis data. Where such detail is needed for a study, the user should selectively employ entity data. Finally, the researcher may not wish to be bound by the

assumptions used in the axis translation process preferring rather to investigate hypotheses of his own predilection.

By definition, the main limitation of entity axis data is that an entity code does not necessarily reflect the best code for a condition when considered within the context of the medical certification as a whole. As a result certain entity codes can be misleading or even contradict other codes in the record. For example, category 5750 is titled "Acute cholecystitis without mention of calculus". Within the framework of entity codes this is interpreted to mean that the codable entity itself contained no mention of calculus rather than that calculus was not mentioned anywhere on the record. Tabulation of records with a "5750" as a count of persons having acute cholecystitis without mention of calculus would therefore be erroneous. This illustrates the fact that under entity coding the ICD-9 titles cannot be taken literally. The user must study the rules for entity coding as they relate to his/her research prior to utilization of entity data. The user is further cautioned that the inclusion notes in ICD-9 which relate to modifying and combining categories are seldom applicable to entity coding (except where provided in Part 2b of the Vital Statistics Instruction Manual Series).

In tabulating the entity axis data, one may count codes with the resultant tabulation of an individual code representing the number of times the disease(s) represented by the code appears in the file. In this kind of tabulation of morbid condition prevalence, the counts among categories may be added together to produce counts for groups of codes. Alternatively, subject to the limitations given above, one may count persons having mention of the disease represented by a code or codes. In this instance it is not correct to add counts for individual codes to create person counts for groups of codes. Since more than one code in the researcher's interest may appear together on the certificate, totaling must account for higher order interactions among codes. Up to 20 codes may be assigned on a record; therefore, a 20-way interaction is theoretically possible. All totaling must be based on mention of one or more of the categories under investigation.

### Record Axis Codes

The following paragraphs describe the format and application of record-axis data. Part 2f of the Vital Statistics Instruction Manual Series describes the TRANSAX process for creating record axis data from entity axis data.

*Format* — Each record (or person) axis code is displayed in five bytes. Location information is not relevant. The Code consists of the following components:

1. Cause category: I ne first four bytes represent the ICD-9 cause co	. Cause category:	The first four bytes r	epresent the ICD-9 cause code
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2. Nature of injury flag: The last byte contains a 0 or 1 with the 1 indicating that the cause is a nature of injury category.

Again, a maximum of 20 codes are captured on a record for multiple cause purposes. The codes are written in a 100-byte field in ascending code number (5 bytes) order with any unused bytes left blank.

*Edit* — The record axis codes are edited for rare causes and age/cause and sex/cause compatibility. Likewise, individual code validity is checked. The valid code set for record axis coding is the same as that for entity coding.

*Record axis applications* — The record axis multiple cause data set is the basis for NCHS core multiple cause tabulations. Location of codes is not relevant to this data set and conditions have been linked into the most meaningful categories for the certification. The most immediate consequence for the user is that the codes on the record already represent mention of a disease assignable to that particular ICD-9 category. This is in contrast to the entity code which is assigned each time such a disease is reported on two different lines of the certification. Secondly, the linkage implies that within the constraints of ICD-9 the most meaningful code has been assigned. The translation process creates for the user a data set which is edited for contradictions, duplicate codes, and imprecisions. In contrast to entity axis data, record axis data are classified in a manner comparable to underlying cause of death classification thereby facilitating joint analysis of these variables. Likewise, they are comparable to general morbidity coding where the linkage provisions of ICD-9 are usually utilized. A potential disadvantage of record axis data is that some detail is sacrificed in a number of the linkages.

The user can take the record axis codes as literally representing the information conveyed in ICD-9 category titles. While knowledge of the rules for combining and linking and coding conditions is useful, it is not a prerequisite to meaningful analysis of the data as long as one is willing to accept the assumptions of the axis translation process. The user is cautioned, however, that due to special rules in mortality coding, not all linkage notes in ICD-9 are utilized. (See Part 2f of the Vital Statistics Instruction Manual Series.)

The user should proceed with caution in using record axis data to count conditions as opposed to people with conditions since linkages have been invoked and duplicate codes have been eliminated. As with entity data, person based tabulations which combine individual cause categories must take into account the possible interaction of up to 20 codes on a single certificate.

In using the NCHS multiple cause data, the user is urged to review the information in this document and its references. The instructional material does change from year to year and revision to revision. The user is cautioned that coding of specific ICD-9 categories should be

checked in the appropriate instruction manual. What may appear on the surface to be the correct code by ICD-9 may in fact not be correct as given in the instruction manuals.

If on the surface it is not obvious whether entity axis or record axis data should be employed in a given application, detailed examination of Part 2f of the Vital Statistics Instruction Manual Series and its attachments will probably provide the necessary information to make a decision. It allows the user to determine the extent of the trade-offs between the two sets of data in terms of specific categories and the assumptions of axis translation. In certain situations, a combination of entity and record axis data may be the more appropriate alternative.

### Data File Characteristics:

The data were processed using the SAS language on an IBM 9672. The data are recorded in IBM/EBCDIC 8-bit code for each character. Codes may be numeric, alphabets, or blank. The record type is blocked, fixed format. The last block for the data year may be a short block.

### I. Denominator File:

<ul> <li>United States Data Set</li> <li>A. File Organization:</li> <li>B. Record count:</li> <li>C. Record length:</li> <li>D. Blocksize:</li> <li>E. Data counts:</li> </ul>	One file, multiple tapes 3,894,874 210 32130 a. By occurrence: 3,894,874 b. By residence: 3,891,494 c. To foreign residents: 3,380
Possessions Data Set	
A. File Organization:	One file, one tape
B. Record count:	69,519
C. Record length:	210
D. Blocksize:	32130
Puerto Rico	
Data counts:	a. By occurrence: 63,255
	b. By occurrence and residence: 63,141
	c. To foreign residents: 114
Virgin Islands	
Data counts:	a. By occurrence: 2,001
	b. By occurrence and residence: 1,905
	c. To foreign residents: 96
Guam	
Data counts:	a. By occurrence: 4,263
	b. By occurrence and residence 4,254
	c. To foreign residents: 9

### II. Numerator File:

United States Data Set A. File Organization: B. Record count: C. Record length: D. Blocksize: E. Data counts:	One of multiple files on a tape 27,809 535 32635 a By occurrence: 22	7 809
E. Duta counts.	b. By residence: 27	7.796
	c. To foreign residents:	13
Possessions Data Set A. File Organization:	one of multiple files on a tape	
B. Record count:	/13	
D. Blocksize:	32635	
D. DIOCKSIZC.	52055	
Puerto Rico		
Data counts:	a. By occurrence:	656
	b. By occurrence and residence:	656
	c. To foreign residents:	0
Virgin Islands		
Data counts:	a. By occurrence:	20
	b. By occurrence and residence:	20
	c. To foreign residents:	0
Guam		
Data counts:	a. By occurrence:	37
	b. By occurrence and residence:	37
	c. To foreign residents:	0

### III. Unlinked File:

Possessions Data Set

B. Record count:

C. Record length:

D. Blocksize:

A. File Organization:

United States Data Set		
A. File Organization:	one file of multiple files on a t	ape
B. Record count:	623	-
C. Record length:	535	
D. Blocksize:	32635	
E. Data counts:	a. By occurrence:	623
	b. By residence:	618
	c. To foreign residents:	5

one file of multiple files on a tape 6 535 32635

a. By occurrence:	5
b. By occurrence and residence:	1
c. To foreign residents:	4
-	
a. By occurrence:	0
b. By occurrence and residence:	0
c. To foreign residents:	0
-	
a. By occurrence:	1
b. By occurrence and residence:	0
c. To foreign residents:	1
	<ul> <li>a. By occurrence:</li> <li>b. By occurrence and residence:</li> <li>c. To foreign residents:</li> </ul> a. By occurrence: <ul> <li>b. By occurrence and residence:</li> <li>c. To foreign residents:</li> </ul> a. By occurrence: <ul> <li>b. By occurrence:</li> <li>c. To foreign residents:</li> </ul>

### Linked Birth/Infant Death Data Set - 1996 Period Data List of Data Elements and Locations

Da	ta Items	Denominator File	Numerator <u>Birth</u>	File <u>Death</u>	Unlinked File
1.	General				
a.	Year of birth	7-10	7-10		
b.	Year of death			524-527	524-527
c.	Resident status	11	11	505	505
d.	Record weight			223-230	
e.	Flag for records included in	210			
	both numerator and				
	denominator				
2.	Occurrence				
a.	FIPS state	14-15	14-15	508-509	508-509
b.	FIPS county	16-18	16-18	510-512	510-512
_					
3.	Residence	10.20	10.20	512 514	512 514
а. Ъ	FIPS county	19-20 21_23	19-20 21-23	515-517	515 517
0. C	FIPS place	21-25	21-25	518-522	518-522
d.	NCHS state	12-13	12-13	506-507	506-507
4.	Infant			011 014	011 014
a.	Age			211-214	211-214+
D.		70 70			32-38* 79 70*
C.	Sex	/8-/9 70 77	/8-/9 70 77		/8-/9*
a.	Gestation	/U-// 80.87	/0-// 80.87		
С. f	Diurality	00-07 88 80	80-87 88 80		
1. a		00-09 00-01	00-01		
g. h	Day of week of hirth/death	200	209	532	532
11. i	Month of birth/death	205-206	205-206	528-529	528-529
1.		205-200	205-200	520 527	520-527
5.	Mother				
a.	Age	29-32	29-32		
b.	Race	35-38	35-38		
С.	Education	39-41	39-41		
d.	Marital status	42-43	42-43		
e.	Place of birth	44-46	44-40		
İ.	Hispanic origin	33-34	33-34		
6.	Father				
a.	Age	60-62	60-62		
b.	Race	65-66	65-66		
c.	Hispanic origin	63-64	63-64		

### Linked Birth/Infant Death Data Set - 1996 Period Data List of Data Elements and Locations

Data Items		Denominator	Numerator I	Numerator File	
		File	Birth	Death	File
7.	Pregnancy items				
a.	Month prenatal care began	51-53	51-53		
b.	Number of prenatal visits	54-55	54-55		
c.	Adequacy of care recode	56	56		
d.	Total birth order	47-48	47-48		
e.	Live birth order	49-50	49-50		
8.	Medical and Health Data				
a.	Method of delivery	92-99	92-99		
b.	Medical risk factors	100-117	100-117		
c.	Other risk factors				
	Tobacco	118-121	118-121		
	Alcohol	122-125	122-125		
	Weight gain during pregnancy	126-128	126-128		
d.	Obstetric procedures	129-136	129-136		
e.	Complications of labor and/or				
	delivery	137-153	137-153		
f.	Abnormal conditions of the				
	newborn	154-163	154-163		
g.	Congenital anomalies	164-186	164-186		
h.	Underlying cause of death			216-219	216-219
i.	61 Infant cause recode			220-222	220-222
j.	Multiple conditions			261-504	261-504
9.	Other items				
a.	Place of delivery	67	67		
b.	Attendant at birth	68	68		
c.	Hospital and patient status			523	523
e.	Place of accident			215	215
f.	Residence reporting flags	187-203	187-203		

+ For the unlinked file, date of birth as reported on the death certificate is used to generate age at death. See section on <u>Changes Beginning with the 1995 Data Year</u> for explanation.

\* For the unlinked file, these items are from the death certificate. See section on <u>Changes</u> Beginning with the 1995 Data Year for explanation.

Locations 7-210 of the linked file contain data from the Birth Certificate. Locations 211-535 of linked file contain data from the Death Certificate.

Residence items in the Denominator Record and in the natality section of the Numerator (linked) Record refer to the usual place of residence of the <u>Mother</u>; whereas in the mortality section of the Numerator (Linked) Record, these items refer to the residence of the <u>Decedent</u>.

Item Location	Item <u>Length</u>	Variable Name, <u>Item and Code (</u>	Dutline
1-6	6	<u>R0</u> Reserved Positi	<u>ons</u>
7-10	4	BIRYR Year of Birth	
		1995	Born in 1995 (This code valid for numerator (linked) file file only).
		1996	Bom in 1996
11	1	RESSTATB Resident Status	<u>- Birth</u>
		United States O	<u>ccurrence</u>
		1	RESIDENTS: State and county of occurrence and
		2	residence are the same. INTRASTATE NONRESIDENTS: State of occurrence
		3	and residence are the same, but county is different. INTERSTATE NONRESIDENTS: State of occurrence and residence are different, but both are in the 50 States and D.C.
		4	FOREIGN RESIDENTS: State of occurrence is one of the 50 States or the District of Columbia, but place of residence of mother is outside of the 50 States and D.C.
		Puerto Dico Oc	ell'Exança
		1	RESIDENTS: State and county of occurrence and residence are the same.
		2	INTRASTATE NONRESIDENTS: State of occurrence
		4	and residence are the same, but county is different. FOREIGN RESIDENTS: Occurred in Puerto Rico to a resident of any other place.
		Vincin Tolon da	
		<u>virgin islands (</u> 1	RESIDENTS: State and county of occurrence and regidence are the same
		2	INTRASTATE NONRESIDENTS: State of occurrence and residence are the same, but county is different
		4	FOREIGN RESIDENTS: Occurred in the Virgin Islands to a resident of any other place.
		Guam Occurre	nce
		1	RESIDENTS: Occurred in Guam to a resident of Guam or to a resident of the U.S.
		4	FOREIGN RESIDENTS: Occurred in Guam to a resident of any place other than Guam or the U.S.

Item Location	Item Length	Variable Name, Item and Code Outline						
12-13	2	BRSTATE Expanded State of Residence - NCHS Codes - Birth						
		This item is designed to separately identify New York City records from other New York State records.						
		United State	s Occurrence					
		01	Alabama					
		02	Alaska					
		03	Arizona					
		04	Arkansas					
		05	California					
		06	Colorado					
		07	Connecticut					
		08	Delaware					
		09	District of Columbia					
		10	Florida					
		11	Georgia					
		12	Hawaii					
		13	Idaho					
		14	Illinois					
		15	Indiana					
		16	Iowa					
		17	Kansas					
		18	Kentucky					
		19	Louisiana					
		20	Maine					
		21	Maryland					
		22	Massachusetts					
		23	Michigan					
		24	Minnesota					
		25	Mississinni					
		26	Missouri					
		20	Montana					
		28	Nebraska					
		20	Nevada					
		30	New Hampshire					
		31	New Jersev					
		32	New Mexico					
		33	New York					
		34	New York city					
		35	North Carolina					
		36	North Dakota					
		37	Obio					
		38	Oklahoma					
		30	Oregon					
		40	Pennsylvania					
		40 ,	Rhode Island					
		41 42	South Catolina					
		42	South Dakota					
		45 41						
		ντη 15	Техос					
		4J 16	I UAAD I Itah					
		40						

Item Location	Item Length	Variable Name, Item and Code Outlin	e					
12-13	2	<u>BRSTATE</u> Expanded State of R	<u>BRSTATE</u> Expanded State of Residence - NCHS Codes - Birth (Cond't)					
		This item is designed other New York Stat	d to separately identify New York City records from re records.					
		United States Occu	rrence					
		47 Ver	mont					
		48 Virg	ginia					
		49 Wa	shington					
		50 Wes	st Virginia					
		51 Wis	consin					
		52 Wy	oming					
		53-58,60	Foreign Residents					
		53	Puerto Rico					
		54	Virgin Islands					
		55	Guam					
		56	Canada					
		57	Cuba					
		58	Mexico					
		60	Remainder of the World					
		Puerto Rico Occurre	ence_					
		53	Puerto Rico					
		01-52,54-58,60	Foreign Residents: Refer to U.S. for specific code structure.					
		Virgin Islands Occur	rence.					
		54	Virgin Islands					
		01-53,55-58,60	Foreign Residents: Refer to U.S. for specific code structure.					
		Guam Occurrence						
		55	Guam					
		01-52	U.S. resident is also considered a resident of Guam.					
		53,54,58,60	Foreign Residents: Refer to U.S. for specific code structure.					
		FIPSOCCB Federal Information (FIPS) Geographic C	<u>Processing Standards</u> Codes (Occurrence) - Birth					
		Refer to the Geograph detailed list of areas a should be made to var (NIST) publications.	ic Code Outline further back in this document for a nd codes. For an explanation of FIPS codes, reference ious National Institute of Standards and Technology					

1**996** 

Item	Item	Variable Name,			
Location	Length	Item and Code Outline			
14-15	2	STOCCFII State of Oc	2B currence (I	TIPS) - Birth	
		United Sta	<u>tes</u>		
		01		Alabama	
		02		Alaska	
		04		Arizona	
		05		Arkansas	
		06		California	
		08		Colorado	
		09		Connecticut	
		10		Delaware	
		11		District of Columbia	
		12		Florida	
		13		Georgia	
		15		Hawaii	
		16		Idaho	
		17		Illinois	
		18		Indiana	
		19		Iowa	
		20		Kansas	
		21		Kentucky	
		22		Louisiana	
		23		Maine	
		24		Maryland	
		25		Massachusetts	
		26	•••	Michigan	
		20		Minnesota	
		28		Mississinni	
		20		Missouri	
		30		Montana	
		31	•••	Nebraska	
		32	•••	Nevada	
		22		New Hampshire	
		34	•••	New Jersey	
		35		New Meyico	
		36		Now Vork	
		50 17		New FOIR	
		37		North Carolina	
		30 20	•••	North Dakota	
		39	•••		
		40	•••	Oklanoma	
		41	•••	Oregon	
		42		Pennsylvania	
		44		Khode Island	
		45		South Carolina	
		46		South Dakota	
		47		Tennessee	
		48	•••	Texas	

Item Location	Item Length	Variable Name Item and Code	e, <u>: Outline</u>	
14-15	2	STOCCFIPB State of Occu	rrence (I	TPS) - Birth (Cond't)
		United States	£	
		49		Utah
		50		Vermont
		51		Virginia
		53	•••	Washington
		54		West Virginia
		55		Wisconsin
		56		Wyoming
		Puerto Rico		
		72		Puerto Rico
		<u>Virgin Island</u>	<u>S.</u>	17::
		/8	•••	Virgin Islands
		<u>Guam</u> 66	•••	Guam
16-18	3	<u>CNTOCFIPB</u> County of Oc	currence	<u>(FIPS) - Birth</u>
		001-nnn		Counties and county equivalents (independent and coextensive cities) are numbered alphabetically within each State. (Note: To uniquely identify a county, both the State and county codes must be used )
		999		County with less than 250,000 population
19-23	5	FIPSRESB Federal Infor (Residence) -	mation P Birth	rocessing Standards (FIPS) Geographic Codes
		Refer to the ( detailed list o should be ma (NIST) public	Geograph of areas an ide to vari cations.	ic Code Outline further back in this document for a d codes. For an explanation of FIPS codes, reference ous National Institute of Standards and Technology

Item	Item	Variable N	ame,		
Location	Length	Item and Code Outline			
19-20	2	STRESFI State of Re	<u>PB</u> esidence (FI	<u>PS) - Birth</u>	
		United Sta	tes Occurre	ence	
		00	•	Foreign residents	
		01		Alabama	
		02		Alaska	
		04		Arizona	
		05		Arkansas	
		06		California	
		08		Colorado	
		09		Connecticut	
		10		Delaware	
		11		District of Columbia	
		12		Florida	
		13		Georgia	
		15		Hawaii	
		16		Idaho	
		17		Illinois	
		18		Indiana	
		19		Iowa	
		20		Kansas	
		21		Kentucky	
		22		Louisiana	
		23		Maine	
		24		Maryland	
		25		Massachusetts	
		26		Michigan	
		20		Minnesota	
		28		Mississinni	
		20	•••	Missouri	
		30		Montana	
		21		Nebraska	
		32		Nevada	
		22	•••	New Hompshire	
		34		New Intersey	
		35	•••	New Mexico	
		36		New Vork	
		37		North Carolina	
		38	•••	North Delegte	
		30		Obio	
		40		Oklahoma	
		40		Origina	
		41	•••		
		42 11		Pennsylvania Phodo Island	
		44 15	•••	KHOUE ISIAND	
		40 12		South Carolina	
		40 47		South Dakota	
		47		rennessee	

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Item Location	Item Length	Variable Name, <u>Item and Code Ou</u>	<u>ıtline</u>	
19-20	2	STRESFIPB State of Residenc	ce (FIPS	5) - Birth Cond't)
		United States Oc	curren	<u>ce</u>
		48		Texas
		49		Utah
		50		Vermont
		51		Virginia
		53		Washington
		54		West Virginia
		55		Wisconsin
		56		Wyoming
		Puerto Rico Occi	<u>urrence</u>	2
		00-56,66,78		Foreign Residents: Refer to U.S. for specific code
				structure
		72		Puerto Rico
		<u>Virgin Islands O</u>	ccurrei	ice
		00-56,66,72		Foreign Residents: Refer to U.S. for specific code structure
		78		Virgin Islands
		Guam Occurren	ce	
		00,72,78		Foreign Residents: Refer to U.S. for specific code structure
		01-56		U.S. Resident is also considered a resident of
		66		Guam
21-23	3	<u>CNTYRFPB</u> <u>County of Reside</u>	ence (F	IPS) - Birth
		000		Foreign residents
		001-nnn		Counties and county equivalents (independent and coextensive cities) are numbered alphabetically within each State (Note: To uniquely identify a county, both the State and county codes must be
		999		County with less than 250,000 population
24-28	5	<u>PLRES</u> Place (City) of R	Residence	<u>ce (FIPS)</u>
		A complete list back in this doct	of cities ument.	s is shown in the Geographic Code Outline further
		00000		Foreign residents
				Code range
				Balance of county or city less than
		フププププ		Durance of county, or only roos and

	•••	eede imge
9		Balance of county; or city less than
		250,000 population

Item Location	Item Length	Variable Name, Item and Code O	outline	
29	1	MAGEFLG Age of Mother H	Elag	
		This position is is used. The rep the date of birth	flagged ported ag is not av	whenever age is imputed or the mother's reported age ge is used, if valid, when computed age derived from vailable or when it is outside the 10-49 code range.
		Blank 1 2	 	Not imputed and reported age is not used Reported age is used Age is imputed
30-31	2	DMAGE Age of Mother		
		This item is: a) b) reported; or	compute c) imput	d using dates of birth of mother and of delivery; ed. This is the age item used in NCHS publications.
		10-49		Age in single years
32	1	MAGER8 Age of Mother F	<u>Recode 8</u>	
		1		Under 15 years
		2 .		15 - 19 years
		3		20 - 24 years
		4		25 - 29 years
		5		30 - 34 years
		0		35 - 39 years
		8	···· ···	40 - 44 years 45 - 49 years
33	1	ORMOTH Hispanic Origin	of Moth	ler
		Hispanic origin	is report	ed for all areas except Puerto Rico.
		0 1	 	Non-Hispanic Mexican
		2	•-•	Puerto Rican
		3		Cuban
		4		Central or South American
		0		Outer and unknown Hispanic
		<i>,</i>	•••	OTHER MIKINOWII OF HOL STATED

Item Location	Item Length	Variable Name, Item and Code Outline
34	1	ORRACEM Hispanic Origin and Race of Mother Recode
		Hispanic origin is reported for all areas except Puerto Rico.
		1Mexican2Puerto Rican3Cuban4Central or South American5Other and unknown Hispanic6Non-Hispanic White7Non-Hispanic Black8Non-Hispanic other races9Origin unknown or not stated
35	1	MRACEIMP Race of Mother Imputation Flag
		BlankRace is not imputed1Race is imputed2All other races, formerly code 09, is imputed
36-37	2	<u>MRACE</u> Race of Mother - Birth Record or for Unlinked Records Race of Deceder from Death Record
		Beginning with 1992 data, some areas started reporting additional Asian or Pacific Islander codes for race. Codes 18-68 replace old code 08 for these areas. Code 78 replaces old code 08 for all other areas. For consistency wi Census race code 09 (all other races) used prior to 1992 has been imputed.
		United States Occurrence
		02Black03American Indian (includes Aleuts and Eskimos)04Chinese05Japanese06Hawaiian (includes part-Hawaiian)07Filipino18Asian Indian28Korean38Samoan48Vietnamese58Guamanian68Other Asian or Pacific Islander in areas reporting codes 18-5878Combined other Asian or Pacific Islander, include
		codes 18-68 for areas that do not report them separately

Item Location	Item Length	Variable Na Item and Co	ame, ode Outline	
36-37	2	MRACE Race of Mo from Death	other <u>- Birt</u> 1 Record (C	h Record or for Unlinked Records Race of Decedent Cond't)
		Puerto Ric	o Occurrer	ice
		00		Other races
		01		White
		02		Black
		<u>Virgin Isla</u>	nds Occuri	'ence_
		01		White
		02		Black
		03		American Indian (includes Aleuts and Eskimos)
		04		Chinese
		05		Japanese
		06		Hawaiian (includes part-Hawaiian)
		07		Filipino
		08		Other Asian or Pacific Islander
		<u>Guam Occ</u>	urrence	
		01		White
		02		Black
		03		American Indian (includes Aleuts and Eskimos)
		04		Chinese
		05		Japanese
		06		Hawaiian (includes part-Hawaiian)
		07		Filipino
		08		Other Asian or Pacific Islander
		58		Guamanian
38	1	MRACE3		
		Race of Mo	ther Reco	le
		1		White
		2		Races other than White or Black

3 ... Black

Item Location	Item Length	Variable Name, Item and Code Outline			
39-40	2	DMEDUC Education of	of Mother ]	Detail	
		All areas re	eport educa	tion of mother.	
		00		No formal education	
		01-08	•••	Years of elementary school	
		09		l year of high school	
		10		2 years of high school	
		11	•••	3 years of high school	
		12		4 years of high school	
		13	•	1 year of college	
		14		2 years of college	
		15		3 years of college	
		16	•••	4 years of college	
		17		5 or more years of college	
		99		Not stated	
41	1	MEDUC6			
	1	Education of	of Mother ]	Recode	
		1		0 - 8 years	
		2		9 - 11 years	
		3		12 years	
		4		13 - 15 years	
		5		16 years and over	
		6		Not stated	
42	1	DMARIMP Marital Sta	tus of Mot	her Imputation Flag	
		Blank		Marital status is not imputed	
		1	•••	Marital status is imputed	
43	1	DMAR Marital Sta	<u>tus of Mot</u>	her	
		Marital stat	tus is not re	ported by all areas. See reporting flags.	
		United State	es/Virgin I	slands/Guam Occurrence	
		1		Married	
		2		Unmarried	
		9		Unknown or not stated	
		Puerto Rico	Occurren	ce	
		1		 Married	
		2	•••	Unmarried parents living together	
		3		Unmarried parents not living together	
		9		Unknown or not stated	

Item Location	Item Length	Variable Na Item and Co	Variable Name, Item and Code Outline			
44-45	2	MPLBIR Place of Bi	rth of Motl	ıer		
		01		Alabama		
		02		Alaska		
		03		Arizona		
		04		Arkansas		
		05		California		
		06		Colorado		
		07		Connecticut		
		08		Delaware		
		09		District of Columbia		
		10		Florida		
		11		Georgia		
		12		Hawaii		
		13		Idaho		
		14		Illinois		
		15		Indiana		
		16		Iowa		
		17		Kansas		
		18		Kentucky		
		19		Louisiana		
		20		Maine		
		21		Maryland		
		22		Massachusetts		
		23		Michigan		
		24		Minnesota		
		25		Mississippi		
		26		Missouri		
		27		Montana		
		28		Nebraska		
		20		Nevada		
		30		New Hampshire		
		31	•••	New Jersey		
		32		New Mexico		
		32		New Vork		
		34		North Carolina		
		35	•••	North Dakota		
		36		Ohio		
		27		Oklahoma		
		38		Oragon		
		30		Doppoulvopio		
		10	•••	Phodo Island		
		40		Rhode Island		
		41	•	South Carolina South Dolooto		
		42	•••	Termorano		
		43 44	•••	Temessee		
		44		1 exas		
		45		Utan Voment		
		40	•••	vermont		
		47		Vurginia		
		48		Washington		
		49		West Virginia		

Item <u>Location</u>	Item Length	Variable Na Item and Co	Variable Name, Item and Code Outline				
44-45	2	MPLBIR Place of Birth of Mother (Cond't)					
		50		Wisconsin			
		51		Wyoming			
		52		Puerto Rico			
		53		Virgin Islands			
		54		Guam			
		55		Canada			
		56		Cuba			
		57		Mexico			
		59		Remainder of the World			
		99		Not Classifiable			
46	1	MPLBIRR Place of Bir	MPLBIRR Place of Birth of Mother Recode				
		United Stat	United States Occurrence				
		1		Born in the 50 States and D.C.			
		2		Born outside the 50 States and DC			
		3		Unknown or not stated			
		Puerto Rico	Puerto Rico/Virgin Island/ Guam Occurrence				
		Blank		This item not recorded			
47-48	2	DTOTORD Detail Tota	) l Birth Oro	ler			
		Sum of live unknown, 1	Sum of live birth order and other terminations of pregnancy. If either item is unknown, this item is made unknown.				
		01-40		Total number of live births and other terminations of pregnancy			
		99		Unknown			
<b>49-</b> 50	2	DLIVORD Detail Live	Birth Ord	er			
		Sum of live unknown, t	Sum of live births now living and now dead plus one. If either item is unknown, this item is made unknown.				
		00-31 99		Number of children born alive to mother Unknown			

Item Location	Item Length	Variable Name, <u>Item and Code Outline</u>					
51-52	2	<u>MONPRE</u> Detail Month of Pregnancy Prenatal Care Began					
		00 01 02 03 04 05 06 07 08 09 99	···· ··· ··· ··· ··· ··· ···	No prenatal care 1st month 2nd month 3rd month 4th month 5th month 6th month 7th month 8th month 9th month Unknown or not stated			
53	1	<u>MPRE5</u> <u>Month Prenatal Care Began Recode 5</u>					
		1 2 3 4 5	  	1st Trimester (1st-3rd month) 2nd Trimester (4th-6th month) 3rd Trimester (7th-9th month) No prenatal care Unknown or not stated			
54-55	2	<u>NPREVIST</u> Total Number of Prenatal Visits					
		00 01-48 49 99	  	No prenatal visits Stated number of visits 49 or more visits Unknown or not stated			
56	1	ADEQUACY Adequacy of	<u>:ode (Kessner Index)</u>				
		This code is Began, Nun generate this	This code is based on a modified Kessner criterion. Month Prenatal Care Began, Number of Prenatal Visits, and Gestation are the items used to generate this recode.				
		1 2 3 4	  	Adequate Intermediate Inadequate Unknown			
57-59	3	R1 Reserved Positions					
1996							
--							
Denominator Record and Natality Section of Numerator (Linked) Record							

Item Length	Variable Nam Item and Code	e, e <u>Outline</u>	
1	FAGERFLG Reported Ag	e of Fathe	er Used Flag
	This position The reported available or v	i is flagge age is use when it is	d whenever the Father's reported age in years is used. ed, if valid, when age derived from date of birth is not less than 10.
	Blank 1		Reported age is not used Reported age is used
2	DFAGE Age of Father	c	
	This item is e the reported	either com age. This	nputed from date of birth of father and of child or is s is the age item used in NCHS publications.
	10-98 99		Age in single years Unknown or not stated
1	<u>ORFATH</u> Hispanic Orig	gin of Fat	ther
	Hispanic orig	gin is repo	orted for all areas except Puerto Rico.
	0 1 2 3 4 5 9	··· ··· ··· ···	Non-Hispanic Mexican Puerto Rican Cuban Central or South American Other and unknown Hispanic Origin unknown or not stated
1	ORRACEF Hispanic Orig	gin and R	ace of Father Recode
	Hispanic orig	gin is repo	orted for all areas except Puerto Rico.
	1 2 3 4 5 6 7 8 9	··· ··· ··· ···	Mexican Puerto Rican Cuban Central or South American Other and unknown Hispanic Non-Hispanic White Non-Hispanic Black Non-Hispanic other or unknown race Origin unknown or not stated
	Item Length 1	Item LengthVariable Nam Item and Code1FAGERFLG Reported Age1FAGERFLG Reported Age1Blank 12DFAGE Age of Father This item is a the reported 10-98 991ORFATH Hispanic Orig1ORFATH Hispanic Orig1ORFACEF Hispanic Orig1ORRACEF Hispanic Orig1ORRACEF Hispanic Orig1ORRACEF Hispanic Orig1ORRACEF Hispanic Orig1ORRACEF Hispanic Orig1234591ORRACEF Hispanic Orig1234567899	Item LengthVariable Name, Item and Code Outline1FAGERFIG Reported Age of Father1This position is flagge The reported age is us available or when it is Blank 12DFAGE Age of Father2DFAGE Age of Father1ORFATH Hispanic Origin of Fath 91ORFATH Hispanic Origin is reported 3 91ORRACEF Hispanic Origin and B Hispanic origin is reported 3 9

1

Item Location	Item Length	Variable Name, Item and Code Outline
65-66	2	FRACE Race of Father
		Beginning with 1992 data, some areas started reporting addition Pacific Islander codes for race. See reporting flags. Codes 18

Beginning with 1992 data, some areas started reporting additional Asian or Pacific Islander codes for race. See reporting flags. Codes 18 -68 replace old code 08 for these areas. Code 78 replaces old code 08 for all other areas. Code 09 (all other races) has been changed to 99.

United	States Occurren	<u>1ce</u>
01		White
02		Black
03		American Indian (includes Aleuts
		and Eskimos)
04		Chinese
05		Japanese
06		Hawaiian (includes part-Hawaiian)
07		Filipino
18		Asian Indian
28		Korean
38		Samoan
48		Vietnamese
58		Guamanian
68		Other Asian or Pacific Islander
		in areas reporting codes 18-58
78		Combined other Asian or Pacific Islander, includes
		codes 18-68 for areas that do not report them
		separately
99		Unknown or not stated
<b>Puerto</b>	Rico Occurrenc	e
00		Other races
01		White
02		Black
99		Unknown or not stated
Virgin I	slands Occurren	Ce
01		White
02		Black
03		American Indian (includes Aleuts and Eskimos)
04		Chinese
05		Japanese
06	•••	Hawaiian (includes part-Hawaiian)
07		Filipino
08		Other Asian or Pacific Islander
99		Unknown or not stated

Item Location	Item Length	Variable Nar Item and Co	ne, <u>de Outline</u>	
65-66	2	FRACE Race of Fatl	her (Conc	<u>l't)</u>
		Guam Occu	<u>ггепсе</u>	
		01		White
		02		Black
		03		American Indian (includes Aleuts and Eskimos)
		04		Chinese
		05		Japanese
		06		Hawaijan (includes nart-Hawaijan)
		07		Filipino
		08		Other Asian or Pacific Islander
		58		Guamanian
		00	•••	Unknown or not stated
		<u> </u>		Chritown of not stated
67	1	PLDEL		
		<u>Place or Fac</u>	ility of De	livery
		1		Hospital
		2		Freestanding Birthing Center
		3		Clinic or Doctor's Office
		4		A Residence
		5		Other
		9		Unknown or Not Stated
(0	1			
08	1	BIRATIND Attendent of	• Dellererer	
		<u>Attendant a</u>	t Denvery	
		1		Doctor of Medicine (M.D.)
		2		Doctor of Osteopathy (D.O.)
		3		Certified Nurse Midwife (C.N.M.)
		4		Other Midwife
		5		Other
		9		Unknown or not stated
69	1	R2		
	•	Reserved po	sition	
70	1	GESTESTM Clinical Esti This position is used when gestation is o	I mate of G is flagged gestation putside the	estation Used Flag whenever the clinical estimate of gestation is used. It could not be computed or when the computed 17-47 code range.
		Blank 1		Clinical Estimate is not used Clinical Estimate is used

1

Item Location	Item Length	Variable Nar Item and Co	me, <u>de Outline</u>	
71-72	2	<u>CLINGEST</u> Clinical Est	imate of G	estation
		Clinical est See reporti	imate is no ng flags.	t reported by all areas.
		17-47 99	 	Estimated gestation in weeks Unknown or not stated
73	1	<u>GESTIMP</u> Gestation Ir	nputation	Flag
		Blank 1	 	Gestation is not imputed Gestation is imputed
74-75	2	<u>GESTAT</u> Gestation - 1	Detail in V	Veeks
		This item is: menses; b) when there the gestatio	a) comput imputed fro is insuffici n item useo	ted using dates of birth of child and last normal om LMP date; c) the clinical estimate; or d) unknown ent data to impute or no valid clinical estimate. This is 1 in NCHS publications.
		17-47 99		17th through 47th week of gestation Unknown
76-77	2	<u>GESTAT 10</u> <u>GESTATIO</u>	) N RECOI	DE 10
·		01 02 03 04 05 06 07 08 09 10	···· ··· ··· ··· ··· ···	Under 20 weeks 20 - 27 weeks 28 - 31 weeks 32 - 35 weeks 36 weeks 37 - 39 weeks 40 weeks 41 weeks 42 weeks and over Not stated
78	1	<u>CSEXIMP</u> Sex Imputat	ion Flag	
		Blank 1	 	Sex is not imputed Sex is imputed
79	1	<u>CSEX</u> Sex		
		1 2		Male Female

Item Location	Item Length	Variable Name Item and Code	, Outline	
80-87	8	BIRTHWEIG	HT	
		Beginning in reduce potent 1995 data yea imputation fla wishing to use	1995, an ial bias i ir in the i ig can be e only re	a imputation for not-stated birthweight was added to n the data (see section on Changes beginning with the introductory text to this documentation). The following e used to delete imputed values for those researchers ported birthweight data.
80	1	<u>BWIF</u> Birth Weight	<u>Imputa</u> t	ion Flag
		Blank 1	 	Birthweight is not imputed Birthweight is imputed
81-84	4	DBIRWT Birth Weight	<u>Detail ir</u>	<u>ı Grams (Imputed)</u>
		0227-8165 9999	 	Number of grams Not stated birth weight
85-86	2	BIRWT12 Birth Weight	<u>Recode</u>	12 (Imputed)
		01 02 03 04 05 06 07 08 09 10 11 12	··· ··· ··· ··· ··· ··· ···	499 grams or less 500-999 grams 1000-1499 grams 1500-1999 grams 2000-2499 grams 2500-2999 grams 3000-3499 grams 3500-3999 grams 4000-4499 grams 4500-4999 grams 5000-8165 grams Unknown or not stated
87	1	BIRWT4 Birth Weight	<u>Recode</u>	4 (Imputed)
88	1	1 2 3 4 <b>PLURIMP</b>	  	1499 grams or less 1500-2499 grams 2500 grams or more Unknown or not stated
		Plurality Impo Blank 1	<u>utation ]</u> 	Elag Plurality is not imputed Plurality is imputed

1

Item Location	Item Length	Variable Name, Item and Code Outline
89	1	DPLURAL Plurality
		1Single2Twin3Triplet4Quadruplet5Quintuplet or higher
90-91	2	<u>FMAPS</u> Five-Minute Apgar Score
		Apgar score is not reported by all areas. See reporting flags.
		00-10          A score of 0-10           99          Unknown or not stated
92-186	95	MEDINFO Medical and Health Data
		Some States do not report an entire item while other States do not report all of the categories within an item. If an item is not reported, it is indicated by code zero in the appropriate reporting flag. If a category within an item is not reported it is indicated by code 8 in the position for that category.
92-99	8	DELMETH Method of Delivery
		Each method is assigned a separate position, and the code structure for each method (position) is:
		1The method was used2The method was not used8Method not on certificate9Method unknown or not stated
92	1	VAGINAL Vaginal
93	1	VBAC Vaginal Birth After Previous C-Section
94	1	PRIMAC Primary C-Section
95	1	REPEAC Repeat C-Section
96	1	FORCEP Forceps

Item Location	Item Length	Variable Nam <u>Item and C</u> od	ne, e Outline
97	1	<u>VACUUM</u> <u>Vacuum</u>	
98	1	<u>R3</u> Reserved Pos	sition
99	1	DELMETH5 Method of D	elivery Recode
		1 2 3 4 5	<ul> <li>Vaginal (excludes Vaginal after previous C-section)</li> <li>Vaginal birth after previous C section</li> <li>Primary C-section</li> <li>Repeat C-Section</li> <li>Not stated</li> </ul>
100-117	18	<u>MEDRISK</u> Medical Risk	Factors
		Each risk fao each risk fao	ctor is assigned a separate position, and the code structure for etor (position) is:
100	1	1 2 8 9	<ul> <li>Factor reported</li> <li>Factor not reported</li> <li>Factor not on certificate</li> <li>Factor not classifiable</li> </ul>
100	1	No Medical I	Risk Factors Reported Flag
		Blank 2	<ul> <li>One or more medical risk factors coded, one, eight, or nine</li> <li>No medical risk factors reported. Each factor is coded a two.</li> </ul>
101	1	ANEMIA Anemia (Hct	.<30/Hgb.<10)
102	1	<u>CARDIAC</u> <u>Cardiac dise</u>	<u>ase</u>
103	1	LUNG Acute or chr	onic lung disease
104	1	DIABETES Diabetes	
105	1	HERPES Genital herp	es
106	1	<u>HYDRA</u> Hydramnios/	(Oligohydramnios

Item Location	Item Length	Variable Name, Item and Code Outline		
107	1	HEMO Hemoglobinopathy		
108	1	<u>CHYPER</u> Hypertension, chronic		
109	1	<b>PHYPER</b> Hypertension, pregnancy-associated		
110	1	ECLAMP Eclampsia		
111	1	INCERVIX Incompetent cervix		
112	1	<u>PRE4000</u> Previous infant 4000+ grams		
113	1	<u>PRETERM</u> Previous preterm or small-for-gestational-age infant		
114	1	RENAL Renal disease		
115	1	RH Rh sensitization		
116	1	<u>UTERINE</u> <u>Uterine bleeding</u>		
117	1	OTHERMR Other Medical Risk Factors		
118-128	11	OTHERRSK Other Risk Factors for this Pregnancy		
118-121	4	TOBACRSK Tobacco Risks		
118	1	TOBACCO Tobacco Use During Pregnancy		
		1Yes2No9Unknown or not stated		
119-120	2	<u>CIGAR</u> Average Number of Cigarettes Per Day		
		00-97As stated9898 or more cigarettes per day99Unknown or not stated		

Item	Item	Variable Name,			
Location	Length	Item and Code Outli	ne		
121	1	CIGAR6 Average Number of Cigarotter Box Day Basada			
		Average Number o	Cigarettis rei Day Metoue		
		0	Nonsmoker		
		1	1-5 cigarettes per day		
		2	6-10 cigarettes per day		
		3	11-20 cigarettes per day		
		4	21-40 cigarettes per day		
		5	41 or more cigarettes per day		
		6	Unknown or not stated		
122-125	4	ALCOHRSK			
		Alcohol			
122	1	ALCOHOL			
		Alcohol Use During	<u>y Pregnancy</u>		
		1	Yes		
		2	No		
		9	Unknown or not stated		
123-124	2	DRINK			
		Average Number o	<u>f Drinks Per Week</u>		
		00-97	As stated		
		98	98 or more drinks per week		
		99	Unknown or not stated		
125	1	DRINK5			
		<u>Average Number o</u>	<u>f Drinks Per Week Recode</u>		
		0	Non drinker		
		1	1 drink per week		
		2	2 drinks per week		
		3	3-4 drinks per week		
		4	5 or more drinks per week		
		5	Unknown or not stated		
126-128	3	WTGANRSK			
		<u>Weight Gain Durin</u>	<u>g Pregnancy</u>		
126-127	2	WTGAIN			
		<u>Weight Gain</u>			
		00-97	Stated number of pounds		
		98	98 pounds or more		
		99	Unknown or not stated		

Item Location	Item Length	Variable Name, Item and Code Outline
128	1	WTGAIN9 Weight Gain Recode
		1        Less than 16 pounds         2        16-20 pounds         3        21-25 pounds         4        26-30 pounds         5        31-35 pounds         6        36-40 pounds         7        41-45 pounds         8        46 or more pounds         9        Unknown or not stated
129-136	8	OBSTETRC Obstetric Procedures
		Each procedure is assigned a separate position, and the code structure for each procedure (position) is:
		1Procedure reported2Procedure not reported8Procedure not on certificate9Procedure not classifiable
129	1	OBFLAG Obstetric Flag
		BlankOne or more obstetric procedures coded, one, eight, or nine2No obstetric procedures reported. Each factor is coded a two.
130	1	AMNIO Amniocentesis
131	1	MONITOR Electronic fetal monitoring
132	1	INDUCT Induction of labor
133	1	STIMULA Stimulation of labor
134	1	TOCOL Tocolysis
135	1	ULTRAS Ultrasound
136	1	OTHEROB Other Obstetric Procedures

Item Location	Item Length	Variable Name, Item and Code Outline
137-153	17	LABOR Complications of Labor and/or Delivery
		Each complication is assigned a separate position, and the code structure for each complication (position) is:
		1Complication reported2Complication not reported8Complication not on certificate9Complication not classifiable
137	1	FBFLAG Labor Flag
		BlankOne or more labor and/or delivery complications coded, one, eight, or nine2No labor and/or delivery complication reported. Each factor is coded a two.
138	1	<u>FEBRILE</u> <u>Febrile (&gt;100 degrees F. or 38 degrees C.)</u>
139	1	MECONIUM Meconium, moderate/heavy
140	1	<u>RUPTURE</u> <u>Premature rupture of membrane (&gt;12 hours)</u>
141	1	ABRUPTIO Abruptio placenta
1 <b>42</b>	1	PREPLACE Placenta previa
143	1	EXCEBLD Other excessive bleeding
144	1	SEIZURE Seizures during labor
145	1	<u>PRECIP</u> <u>Precipitous labor (&lt;3 hours)</u>
146	1	PROLONG Prolonged labor (>20 hours)
147	1	DYSFUNC Dysfunctional labor
148	1	BREECH Breech/Malpresentation

Item Location	Item Length	Variable Name, Item and Code Outline
149	1	CEPHALO Cephalopelvic disproportion
150	1	CORD Cord prolapse
151	1	ANESTHE Anesthetic complications
152	1	DISTRESS Fetal distress
153	1	OTHERLB Other Complications of Labor and/or Delivery
154-163	10	NEWBORN Abnormal conditions of the Newborn
		Each condition is assigned a separate position, and the code structure for each condition (position) is:
		1Condition reported2Condition not reported8Condition not on certificate9Condition not classifiable
154	1	NBFLAG Newborn Flag
		BlankOne or more abnormal conditions of the newborn coded, one, eight, or nine2No abnormal condition of the newborn reported. Each factor is coded a two.
155	1	NANEMIA Anemia Hct.>39/Hgb.<13)
156	1	INJURY Birth injury
157	1	ALCOSYN Fetal alcohol syndrome
158	1	HYALINE Hyaline membrane disease
159	1	MECONSYN Meconium aspiration syndrome
160	1	VENL30 Assisted ventilation, less than 30 minutes

Item Location	Item <u>Length</u>	Variable Name, Item and Code Outline
161	1	<u>VEN30M</u> Assisted ventilation, <u>30 minutes or more</u>
162	1	NSEIZ Seizures
163	1	OTHERAB Other Abnormal Conditions of the Newborn
164-186	23	CONGENIT Congenital Anomalies
		Each anomaly is assigned a separate position, and the code structure for each anomaly (position) is:
		1Anomaly reported2Anomaly not reported8Anomaly not on certificate9Anomaly not classifiable
164	1	CGFLAG Congenital Flag
		BlankOne or more congenital anomalies coded, one, eight, or nine2No congenital anomaly is reported. Each factor is coded a two.
165	1	ANEN Anencephalus
166	1	SPINA Spina bifida/Meningocele
167	1	HYDRO Hydrocephalus
168	1	MICROCE Microcephalus
169	1	NERVOUS Other central nervous system anomalies
170	1	HEART Heart malformations
171	1	CIRCUL Other circulatory/respiratory anomalies
172	1	RECTAL Rectal atresia/stenosis

Item Location	Item Length	Variable Name, Item and Code Outline
173	1	TRACHEO Tracheo-esophageal fistula/Esophageal atresia
174	1	OMPHALO Omphalocele/Gastroschisis
175	1	GASTRO Other gastrointestinal anomalies
176	1	GENITAL Malformed genitalia
177	1	RENALAGE Renal agenesis
178	1	UROGEN Other urogenital anomalies
179	1	CLEFTLP Cleft lip/palate
180	1	ADACTYLY Polydactyly/Syndactyly/Adactyly
181	1	CLUBFOOT Club foot
182	1	HERNIA Diaphragmatic hernia
183	1	MUSCULO Other musculoskeletal/integumental anomalies
184	1	DOWNS Down's syndrome
185	1	CHROMO Other chromosomal anomalies
186	1	OTHERCON Other congenital anomalies
187-203	17	FLRES Reporting Flags for Place of Residence
		These positions contain flags to indicate whether or not the specified item is included on the birth certificate of the State of residence or of the SMSA of residence. The code structure of each flag (position) is:
		0The item is not reported1The item is reported or partially reported.

Item Location	Item Length	Variable Name, Item and Code Outline
187	1	ORIGM Origin of mother
188	1	ORIGF Origin of father
189	1	EDUCM Education of mother
190	1	R4 Reserved Position
191	1	GESTE Clinical estimate of gestation
192	1	R5 Reserved position
193	1	FMAPSRF 5-minute Apgar score
194	1	DELMETRF Method of delivery
195	1	MEDRSK Medical risk factors
196	1	TOBUSE Tobacco use
197	1	ALCUSE Alcohol use
198	1	<u>WTGN</u> Weight gain
199	1	OBSTRC Obstetric procedures
200	1	CLABOR Complications of labor and/or delivery
201	1	ABNML Abnormal conditions of newborn
202	1	CONGAN Congenital anomalies
203	1	API flag Race codes 18-68 reported (beginning with 1997 data)

Item Location	Item Length	Variable Nar Item and Co	me, <u>de Outline</u>	
204	1	<u>CDOBMIM</u> Month of Bi	L irth of Chi	ild Imputation Flag
		Blank 1	 	Month is not imputed Month is imputed
205-206	2	<u>BIRMON</u> Month of Bi	irth	
		01 02 03 04 05 06 07 08 09 10	       	January February March April May June July August September October
		11		December
207-208	2	<u>R6</u> Reserved Pc	osition	
209	1	WEEKDAY Day of Wee	B k Child Bo	orn
		1 2 3 4 5 6 7	   	Sunday Monday Tuesday Wednesday Thursday Friday Saturday
210	1	FLGND Flag Indicat Files	ting Recor	ds Included in Both Numerator and Denominator
		This variable which is also deaths in the some of the i	e is include included i numerator infants who	d in the denominator file only, and identifies a record in the numerator file. Please note that not all infant file are represented in the denominator file, because o died in 1996 were born in 1995.
		1 Blank		Record also included in numerator file Record not included in numerator file

Here ends the Denominator file. Documentation for the Mortality Section of the Numerator (Linked) file begins on the next page.

1996

#### Mortality Section of Numerator (Linked) Record

Locations 211-535 contain data from the Death Certificate. Residence items in the Denominator Record and in the natality section of the Numerator (Linked) Record refer to the usual place of residence of the <u>Mother</u>; whereas in the mortality section of the Numerator (Linked) Record, these items refer to the place of residence of the <u>Decedent</u>.

Item Location	Item Length	Variable Nam Item and Code	e, e Outline	
211-213	3	<u>AGED</u> Age at Death	<u>in Days</u>	
		The generate death certific reported age exact date of	ed age at d cate minus of death is birth and	eath in days is calculated from the date of death on the the date of birth on the birth certificate unless the s less than 2 days, then the reported age is used. If the or death is unknown, the age is imputed.
		000-364		Number of days
214	1	<u>AGER5</u> Infant Age Re	ecode 5	
		1		Under 1 hour
		2		1-23 hours
		3		1-6 days
		4		7-27 days (late neonatal)
		5		28 days and over (postneonatal)
215	1	ACCIDPL Place of Accid	dent for C	auses E850-E869 and E880-E928
		Blank		Causes other than E850-E869 and E880-E928
		0		Home
		1		Farm
		2		Mine and quarry
		3		Industrial place and premises
		4		Place for recreation and sport
		5		Street and highway
		6		Public building
		7		Resident institution
		8		Other specified places
		9		Place of accident not specified
216-219	4	<u>UCOD</u> ICD Code (9t	h Revisio	a)
		See the Inten For injuries a than the Natu E for the exte	national C ind poison ire of Inju ernal cause	lassification of Diseases, 1975 Revision, Volume 1. ing, the external cause is coded (E800-E999) rather ry (800-999). These positions do not include the letter e of injury. For those causes that do not have a 4th

digit, location 219 is blank.

	Mortal	1996 ity Section of Numerator (Linked) Record
Item Location	Item Length	Variable Name, Item and Code Outline
220-222	3	UCODR61 61 Infant Cause Recode
		A recode of the ICD cause code into 61 groups for NCHS publications. Further back in this document is a complete list of recodes and the causes included.
		010-680 Code range (not inclusive)
223-230	8	RECWT Record weight
		Beginning in 1995, a record weight was added to the linked file to adjust for the approximately 2-3% of records each year which cannot be linked to their corresponding birth certificates (see introduction to this tape documentation for further details). These weights are used to produce all NCHS linked file tables, including Documentation tables 1-5 included in this tape documentation. The general format for this record weight is the number one followed by a decimal point and six decimal places as follows:

#### 1.XXXXXX

		19	996	
	Mort	ality Section of Nu	merator	(Linked) Record
Item Location	Item Length	Variable Name, Item and Code (	Dutline	
261-504	244	MULTCOND Multiple Condi	tions	
		See the "Intern Both the entity revision (9th).	ational C -axis and	Classification of Diseases", 1975 Revision, Volume 1. record-axis conditions are coded according to this
261-262	2	EANUM Number of Enti	i <b>ty-Ax</b> is (	Conditions
		00-20	•	Code range
263-402	140	ENTITY ENTITY - AXI	<u>s cond</u>	<u>ITIONS</u>
		Space has been takes 7 position blank in the un	provided is in the r used area	d for a maximum of 20 conditions. Each condition record. Records that do not have 20 conditions are a.
		Position 1:	Part/lin	e number on certificate
		1 2 3 4 5 6 Position 2: 1-7	   Sequen	Part I, line 1 (a) Part I, line 2 (b) Part I, line 3 (c) Part I, line 4 (d) Part I, line 5 (e) Part II, cc of condition within part/line Code range
		Position 3 - 6:	Conditi	on code (ICD 9th Revision)
		Position 7:	Nature	of Injury Flag
		1		Indicates that the code in positions 3-6 is a Nature of
		0		Injury code All other codes
263-269	7	1st Condition		
270-276	7	2nd Condition		
277-283	7	<b>3rd Condition</b>		
284-290	7	4th Condition		

**291-297** 7 **5th Condition** 

Item Location	Item Length	Variable Name, Item and Code (	Dutline
298-304	7	6th Condition	
305-311	7	7th Condition	
312-318	7	8th Condition	
319-325	7	9th Condition	
326-332	7	10th Condition	
333-339	7	11th Condition	
340-346	7	12th Condition	
347-353	7	13th Condition	
354-360	7	14th Condition	
361-367	7	15th Condition	
368-374	7	16th Condition	
375-381	7	17th Condition	
382-388	7	18th Condition	
389-395	7	19th Condition	
396-402	7	20th Condition	
403-404	2	RANUM Number of Reco	ord-Axis Conditions
		00-20	Code range
405-504	100	<u>RECORD</u> RECORD - AX	IS CONDITIONS
		Space has been takes 5 positions blank in the unus	provided for a maximum of 20 conditions. Each condition in the record. Records that do not have 20 conditions are sed area.
		Positions 1-4:	Condition code (ICD 9th Revision)
		Position 5:	Nature of Injury Flag
		1	Indicates that the code in positions 1-4 is a Nature
		0	of Injury code All other codes

Item Location	Item Length	Variable Name, Item and Code Outline
405-409	5	1st Condition
410-414	5	2nd Condition
415-419	5	3rd Condition
420-424	5	4th Condition
425-429	5	5th Condition
430-434	5	6th Condition
435-439	5	7th Condition
440-444	5	8th Condition
445-449	5	9th Condition
450-454	5	10th Condition
455-459	5	11th Condition
460-464	5	12th Condition
465-469	5	13th Condition
470-474	5	14th Condition
475-479	5	15th Condition
480-484	5	16th Condition
485-489	5	17th Condition
490-494	5	18th Condition
495-499	5	19th Condition
500-504	5	20th Condition
505	1	RESSTATD Resident Status - Death

Resig	lent Stat	us - Death
Unite	ed States	<u>Occurrence</u>
1		RESIDENTS: State and county of occurrence and residence are the same.
2		INTRASTATE NONRESIDENTS: State of occurrence and residence are the same, but county is different.
3	•••	INTERSTATE NONRESIDENTS: State of occurrence and residence are different, but both are in the 50 States and D.C.
4		FOREIGN RESIDENTS: State of occurrence is one of the 50 States or the District of Columbia, but place of residence is outside of the 50 States and D.C.

Item Location	Item <u>Length</u>	Variable Na Item and Co	nme, ode Outline				
505	1	RESSTATI Resident St	<u>D</u> tatus - Deat	<u>h (Cond't)</u>			
		Puerto Rice	o Occurren	<u>ce</u>			
		1	RESI	DENTS: State and county of occurrence and residence			
			are th	e same.			
		2	INTR	ASTATE NONRESIDENTS: State of occurrence and			
			reside	nce are the same, but county is different.			
		4	FORI	IGN RESIDENTS: Occurred in Puerto Rico to a nt of any other place.			
		<u>Virgin Isla</u>	nds Occurr	ence			
		1		RESIDENTS: State and county of occurrence and			
				residence are the same.			
		2	•	INTRASTATE NONRESIDENTS: State of			
				occurrence and residence are the same, but county			
				is different.			
		4		FOREIGN RESIDENTS: Occurred in the Virgin			
				Islands to a resident of any other place.			
	Guam Occurrence						
		1		RESIDENTS: Occurred in Guam to a resident of			
		-		Guam or to a resident of the U.S.			
		4		FOREIGN RESIDENTS: Occurred in Guam to a			
				resident of any place other than Guam or the U.S.			
	•						
506-507	2	DRSTATE	: [4-4- •6 D -•	Hanne NOTE Casha Deetha			
		Expanded S	State of Res	idence - NCHS Codes - Deaths			
		other New	Vork State	records			
			I OIK Diale	100145.			
		United Sta	ates Occurr	ence			
		01		Alabama			
		02		Alaska			
		03		Arizona			
		04		Arkansas			
		05		California			
		06	•••	Colorado			
		07					
		08		Delaware			
		09	•••	District of Columbia			
		10		Florida			
		11		Georgia			
		12		riawall			
		15	•••	10300			

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Illinois

Indiana

Kansas

Maine

Kentucky Louisiana

Iowa

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Item Location	Item Length	Variable Name, Item and Code Outli	ne
506-507	2	DRSTATE Expanded State of 1	<u> Residence - NCHS Codes - Deaths (Cond't)</u>
		United States Occ	urrence
		21	Maryland
		22	Massachusetts
		23	Michigan
		24	Minnesota
		25	Mississippi
		26	Missouri
		27	Montana
		28	Nebraska
		29	Nevada
		30	New Hampshire
		31	New Jersey
		32	New Mexico
		33	New York
		34	New York City
		35	North Carolina
		36	North Dakota
		37	
			Okianoma
		 	Oregon
		40	Pennsylvania Dia la Jaland
		41	Rhode Island
		42	South Carolina
		43	
		44	Temessee
		40	
		40	Utan
		4/	Vermont
		48	v Irginia Washington
		49	Wast Vizzinia
		50	West v Irginia
		51	Wisconsin
		52 SP (0	w yonning Foreign Degidents
		53-58,00	Poleigii Kesiuchis
		53	Puerio Rico Virgin Islanda
		54	virgin Islands
		 50	Conede
		 57	Cuba
		۵/ ۶۷	Ulla Mexico
		60	Remainder of the World
		Puerto Rico Occur	<u>rence</u>
		53	Puerto Rico
		01-52,54-58,60	Foreign Residents: Refer to U.S. for specific code structure.

		Mortality Section of Nur	merator	(Linked) Record
Item Location	Item Length	Variable Name, Item and Code O	<u>utline</u>	
506-507	2	DRSTATE Expanded State	of Resi	<u>dence - NCHS Codes - Deaths (Cond't)</u>
		Virgin Islands O	ccurre	nce
		54		Virgin Islands
		01-53,55-58,60		Foreign Residents: Refer to U.S. for specific code structure.
		<u>Guam Occurren</u>	ce	
		55		Guam
		01-52		U.S. resident is also considered a resident of Guam.
		53,54,58,60		Foreign Residents: Refer to U.S. for specific code structure.
508-512	5	FIPSOCCD		
		Federal Informa	tion P	ocessing Standards
		<u>(FIPS) Geograp</u>	hic Coc	<u>les (Occurrence) - Death</u>
		Refer to the Geo detailed list of a should be made (NIST) publicat	ographie reas and to vario ions.	c Code Outline further back in this document for a d codes. For an explanation of FIPS codes, reference ous National Institute of Standards and Technology
508-509	2	STOCCFIPD State of Occurre	ence (F	IPS <u>) - Death</u>
		United States		
		01		Alabama
		02		Alaska
		04		Arizona
		05		Arkansas
		06		California
		08		Colorado
		09		Connecticut
		10		Delaware
		11		District of Columbia
		12		Florida
		13		Georgia
		15	•••	Hawaii
		16		Idaho
		17		Illinois
		18		Indiana
		19		Iowa
		20	•••	Kansas
		21		Kentucky
		22	•••	Louisiana
		23		Maine
		24		Maryland
		25		Massachusetts
		26	•••	Michigan
		27		Minnesota
		28		Mississippi
		29	•••	Missouri
		30		Montana

1996

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Item	Item Longth	Variable Name,	utling	
Location	renăm		<u>nume</u>	
508-509	2	STOCCFIPD State of Occurre	<u>псе (</u> ]	FIPS) - Death (Cond't)
		United States		
		31		Nebraska
		32		Nevada
		33		New Hampshire
		34		New Jersey
		35		New Mexico
		36		New York
		37		North Carolina
		38		North Dakota
		39		Ohio
		40		Oklahoma
		41	•••	Oregon
		42		Pennsylvania
		44		Rhode Island
		45		South Carolina
		46	•••	South Dakota
		47	•••	Tennessee
		48		Texas
		49		Utah
		50		Vermont
		51		Virginia
		53		Washington
		54		West Virginia
		55		Wisconsin
		56		Wyoming
		Puerto Rico		
		72		Puerto Rico
		<u>Virgin Islands</u>		
		78		Virgin Islands
		<u>Guam</u>		
		66		Guam
510-512	3	<u>CNTOCFIPD</u> <u>County of Occur</u>	rrence	<u>e (FIPS) - Death</u>
		001-nnn		Counties and county equivalents (independent and coextensive cities) are numbered alphabetically within each State. (Note: To uniquely identify a county, both the State and county codes must be used.)

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County with less than 250,000 population

Item Location	Item Length	Variable Nan Item and Coo	ne, <u>le Outline</u>	
513-517	5	FIPSRESD Federal Info (Residence)	ormation F - Death	Processing Standards (FIPS) Geographic Codes
		Refer to the detailed list should be m (NIST) pub	Geograph of areas an ade to var lications.	ic Code Outline further back in this document for a and codes. For an explanation of FIPS codes, reference ious National Institute of Standards and Technology
513-514	2	STRESFIPD State of Resi	<u>)</u> idence (FI	PS) - Death
		United Stat	tes Occurr	ence
		00		Foreign residents
		01		Alabama
		02	•••	Alaska
		04		Arizona
		05		Arkansas
		06		California
		08		Colorado
		09		Connecticut
		10		Delaware
		· 11		District of Columbia
		12		Florida
		13		Georgia
		15		Hawaii
		16		Idaho
		17		Tilinois
		18		Indiana
		19		Iowa
		20		Капsas
		21		Kentucky
		22		Louisiana
		23		Maine
		23	•••	Manuland
		25	•••	Massachusetts
		26	•••	Michigan
		20		Minnesota
		27		Mississinni
		20		Missouri
		30	•••	Mastana
		31	•••	Nebraska
		32	•••	Nevede
		32	•••	New Homoshire
		34	•••	New Lighter
		25		New Marias
		32	•••	
		30		North Carolina
		20		North Delecte
		20		
		40		
		40		Uklanoma

Item Location	Item Length	Variable Nam Item and Code	e, e Outline					
513-514	2	STRESFIPD State of Resid	<u>lence (FI</u>	<u> PS) - Death (Cond't)</u>				
		United States Occurrence						
		41		Oregon				
		42	•••	Pennsylvania				
		44		Rhode Island				
		45		South Carolina				
		46		South Dakota				
		47		Tennessee				
		48		Texas				
		49		Utah				
		50		Vermont				
		51		Virginia				
		53		Washington				
		54		West Virginia				
		55		Wisconsin				
		56		Wyoming				
		Puerto Rico	Occurre	псе				
		72		Puerto Rico				
		00-56.						
		66,78		Foreign resident: Refer to U.S. for specific code structure				
		Virgin Islan	de Occur					
		<u>78</u>		Virgin Islands				
		00 56	•••	V II gill Islands				
		66,72	•••	Foreign resident: Refer to U.S. for specific code				
				Sildetuie.				
		<u>Guam Occu</u>	<u>rrence</u>					
		66	•	Guam				
		01-56,						
		00,72,78	•••	Foreign resident: Refer to U.S. for specific code structure.				
515-517	3	<u>CNTYRFPD</u> <u>County of Re</u>	sidence (	FIPS) - Death				
		000		Foreign residents				
		000 001_mm	•••	Counties and county equivalents (independent and				
		001- <u>11111</u>		coextensive cities) are numbered alphabetically within each State (Note: To uniquely identify a county, both the State and county codes must be				

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document.

used.) A complete list of counties is shown in the Geographic Code Outline further back in this

		Mortality Section of Nu	umerator (Linked) Record
Item Location	Item Length	Variable Name, Item and Code C	Dutline
518-522	5	<u>PLRES</u> Place (City) of I	Residence (FIPS)
		A complete list in this documen	t of cities is shown in the Geographic code outline further back nt.
		00000 00001- <del>nnnn</del> 99999	<ul> <li>Foreign residents</li> <li>Code range</li> <li>Balance of county; or city less than 250,000</li> <li>population</li> </ul>
523	1	HOSPD Hospital and Pa	atient Status
		1 2	<ul> <li>Hospital, Clinic or Medical Center - Inpatient</li> <li>Hospital, Clinic or Medical Center - Outpatient or</li> <li>admitted to Emergency Room</li> </ul>
		3	Hospital, Clinic or Medical Center - Dead on arrival
		4	Hospital, Clinic or Medical Center - Patient status unknown
		5	Nursing nome
		6 7	Residence
		9	Place of death unknown
524-527	4	DTHYR Year of Death	
		1996	Death occurred in 1996
528-529	2	<u>DTHMON</u> Month of Death	b
		01	January
		02	February
		03	March
		04	April
		05	May
		06	June
		07	July
		08	August
		09	September
		10	October
		11	November
		12	December
530-531	2	<u>R9</u> Reserved Positi	ion

1996

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Item Location	Item Length	Variable Name, <u>Item and Code Outline</u>				
532	1	YD ek of Death				
		1 2 3	 	Sunday Monday Tuesday		
		4		Wednesday		
		5		Thursday		
		7		Saturday		
		9		Unknown		
533-535	3	<u>R10</u> Reserved 1	ositions			

### Linked Birth/Infant Death Data Set - 1996 Period Data

# Geographic Code Outline

The following pages show the geographic codes used by the Division of Vital Statistics in the processing of vital event data occurring in the United States. For the linked data set, counties and cities with a population of 250,000 or more are identified.

Federal Information Processing Standards (FIPS) State, County, and City/Place Codes: For the 1996 linked file, the county and city/place codes and the State code immediately preceding them are FIPS codes. These codes were effective with the 1994 data year and are based on the results of the 1990 Census. County and county equivalents (independent and coextensive cities) are numbered alphabetically within each State. When an event occurs to a nonresident of the United States, residence data are coded only to the "State" level, or to the remainder of the world. For an explanation of FIPS codes, reference should be made to various National Bureau of Standards (NBS) publications.

Vital Statistics Geographic Code Outline Effective With 1996 Data Page State and County Name State County 01 Alabama 073 Jefferson 097 Mobile Alaska 02 04 Arizona 013 Maricopa 019 Pima 05 Arkansas 119 Pulaski California 06 001 Alameda Contra Costa 013 019 Fresno Kern 029 037 Los Angeles Monterey 053 059 Orange 065 Riverside 067 071 Sacramento San Bernardino San Diego San Francisco, coext. with San Francisco city 073 075 077 San Joaquin 081 San Mateo 083 Santa Barbara Santa Clara 085 095 Solano 097 Sonoma 099 Stanislaus 107 Tulare 111 Ventura 08 Colorado 001 Adams 005 Arapahoe Denver, coext. with Denver city 031 El Paso 041 059 Jefferson 09 Connecticut 001 Fairfield Hartford 003 New Haven 009 011 New London Delaware 10 003 New Castle District of Columbia District of Columbia 11 001 12 Florida 009 Brevard 011 Broward 025 Dade Duval 031 033 Escambia 057 Hillsborough 071 Lee 095 Orange 099 Palm Beach 101 Pasco 103 Pinellas 105 Polk 115 Sarasota 117 Seminole

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Volusia

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Vital Statistics Geographic Code Outline Effective With 1996 Data Page 2 State County State and County Name 13 Georgia 067 Cobb

.

	089 121 135	De Kalb Fulton Gwinnett
15	003	Hawaii Honolulu
16		Idaho
17	031 043 089 097 163 197 201	Illinois Cook Du Page Kane Lake St. Clair Will Winnebago
18	003 089 097	Indiana Allen Lake Marion
19	153	Iowa ^ Polk
20	091 173	Kansas Johnson Sedgwick
21	111	Kentucky Jefferson
22	033 051 071	Louisiana East Baton Rouge Jefferson Orleans, coext. with New Orleans city
23		Maine
24	003 005 510 031 033	Maryland Anne Arundel Baltimore Baltimore city Montgomery Prince George's
25	005 009 013 017 021 023 025 027	Massachusetts Bristol Essex Hampden Middlesex Norfolk Plymouth Suffolk Worcester
26	049 065 081 099 125 161 163	Michigan Genesee Ingham Kent Macomb Oakland Washtenaw Wayne

	01 53 55 5	0	<b>C</b> - <b>J</b> -	$0.1 \pm 1.5$	Effective	しょキト	1004	Data	
Vital	Statistics	Geographic	Code	UUTIINe	ETTECTIVE	WICH	1320	Dala	

VICAL	5141151165	
State	County	State and County Name
27	037 053 123	Minnesota Dakota Hennepin Ramsey
28	049	Mississippi Hinds
29	095 189 510	Missouri Jackson St. Louis St. Louis city
30		Montana
31	055	Nebraska Douglas
32	003 031	Nevada Clark Washoe
33	011	New Hampshire Hillsborough
34	003 005 013 017 021 025 025 027 029 031 039	New Jersey Bergen Burlington Camden Essex Hudson Mercer Middlesex Monmouth Morris Ocean Passaic Union
35	001	New Mexico Bernalillo
36	001 027 055 059 061 081 047 005 065 065 065 067 103 119	New York Albany Dutchess Erie Monroe Nassau Manhattan borough, New York county Queens borough, Queens county Brooklyn borough, Kings county Bronx borough, Bronx county Staten Island borough, Richmond county Oneida Onondaga Orange Rockland Suffolk Westchester
37	051 067 081 119 183	North Carolina Cumberland Forsyth Guilford Mecklenburg Wake

Page 3

### Vital Statistics Geographic Code Outline Effective With 1996 Data Page 4

State	County	State and County Name	
38		North Dakota	
39	017 035 049 061 093 095 099 113 151 153	Ohio Butler Cuyahoga Franklin Hamilton Lorain Lucas Mahoning Montgomery Stark Summit	
40	109 143	Oklahoma Oklahoma Tulsa	
41	005 039 051 067	Oregon Clackamas Lane Multnomah Washington	
42	003 011 017 029 045 049 071 077 079 091 101 129 133	Pennsylvania Allegheny Berks Bucks Chester Delaware Erie Lancaster Lehigh Luzerne Montgomery Philadelphia, coext. with Philadelphia city Westmoreland York	
44	007	Rhode Island Providence	
45	019 045 079	South Carolina Charleston Greenville Richland	
46		South Dakota	
47	037 065 093 157	Tennessee . Davidson . Hamilton Knox Shelby	
48	029 061 085 113 121 141 215 355 439 453	Texas Bexar Cameron Collin Dallas Denton El Paso Harris Hidalgo Nueces Tarrant Travis	

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Vital	Statistics	Geographic Code Outline Effective With 1996 Data	Page
State	County	State and County Name	
49	035 049	Utah Salt Lake Utah	
50		Vermont	
51	059 710 810	Virginia Fairfax Norfolk city Virginia Beach city	
53	033 053 061 063	Washington King Pierce Snohomish Spokane	
54		West Virginia	
55	025 079 133	Wisconsin Dane Milwaukee Waukesha	
56		Wyoming	

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Vital Statistics Geographic Code Outline Effective With 1996 Data Page 6

State	County	State and County Name	
72	127	Puerto Rico San Juan	
78		Virgin Islands	
66	010	Guam	
00	000	Canada	
00	000	Cuba	
0 0	000	Mexico	
00	000	Remainder of World	
#### Vital Statistics Geographic Code Outline Effective With 1996 Data Page 1

	F	IPS Codes
State	City/Plac	e State and City/Place Name
01	07000	Alabama Birmingham
02		Alaska
04	46000 55000 77000	Arizona Mesa Phoenix Tucson
05		Arkansas
06	02000 27000 43000 53000 64000 66000 67000 68000 69000	California Anaheim Fresno Long Beach Los Angeles Oakland Sacramento San Diego San Francisco San Jose Santa Ana
08	16000 20000	Colorado Colorado Springs Denver
09		Connecticut
10		Delaware
11	50000	District of Columbia Washington
12	35000 45000 71000	Florida Jacksonville Miami Tampa
13	04000	Georgia Atlanta
15	17000	Hawaii Honolulu
16		Idaho
17	14000	Illinois Chicago
18	36000	Indiana Indianapolis
19		Iowa
20	79000	Kansas Wichita
21	48000	Kentucky Louisville
22	55000	Louisiana New Orleans
23		Maine
24	04000	Maryland Baltimore

### Vital Statistics Geographic Code Outline Effective With 1996 Data Page 2

	FIF	PS Codes
State	City/Place St	tate and City/Place Name
25	07000	Massachusetts Boston
26	22000	Michigan Detroit
27	43000 58000	Minnesota Minneapolis St. Paul
28		Mississippi
29	38000 65000	Missouri Kansas City St. Louis
30		Montana
31	37000	Nebraska Omaha
32	40000	Nevada Las Vegas
33		New Hampshire
34	51000	New Jersey Newark
35	02000	New Mexico Albuquerque
36	51000 11000 51000 51000 51000	New York Bronx borough, Bronx county Buffalo Manhattan borough, New York county Queens borough, Queens county Staten Island borough, Richmond county
37	12000	North Carolina Charlotte
38		North Dakota
39	15000 16000 18000 77000	Ohio Cincinnati Cleveland Columbus Toledo
40	55000 75000	Oklahoma Oklahoma City Tulsa
41	59000	Oregon Portland
42	60000 61000	Pennsylvania Philadelphia Pittsburgh
44		Rhode Island
45		South Carolina
46		South Dakota
47	48000 52010	Tennessee Memphis Nashville-Davidson

Listing of Cities/Places Identified in the Linked Data Set

#### Vital Statistics Geographic Code Outline Effective With 1996 Data Page 3

FIPS Codes

State	City/Place	e State and City/Place Name
48	04000 05000 17000 24000 27000 35000 65000	Texas Arlington Austin Corpus Christi Dallas El Paso Fort Worth Houston San Antonio
49		Utah
50		Vermont
51	57000 82000	Virginia Norfolk Virginia Beach
53	63000	Washington Seattle
54		West Virginia
55	53000	Wisconsin Milwaukee
56		Wyoming

Listing of Cities/Places Identified in the Linked Data Set

#### Vital Statistics Geographic Code Outline Effective With 1996 Data Page 4

FIPS Codes

State	City/Place State and City/Place Name
72	Puerto Rico
78	Virgin Islands
66	Guam
00	Canada
0 0	Cuba
00	Mexico
00	Remainder of World

Ninth Revision 61 Causes of Death Adapted for use by DVS Page 1 Limited: Sex: 1 = Males; 2 = Females ST: 1 = Subtotal Age: 1 = 5 & Over: 2 = 10-54; 3 = 28 Days & Over Length = of Cause Title \*\*\*\*\* Cause Subtotals are not Identified in this File \*\*\*\*\* 61 S Limited Len-Recode T Sex Age gth Cause Title And ICD-9 Codes Included 039 Certain intestinal infections (008-009) 010 020 Whooping cough (033) 020 030 029 Meningococcal infection (036) 3 016 Septicemia (038) 040 024 Viral diseases (045-079) 050 025 Congenital syphilis (090) 060 110 Remainder of infectious and parasitic 070 diseases (001-007.010-032.034-035.037.039-041.\*042-\*044.080-088. OB9 Malignant neoplasms, including neoplasms of lymphatic and 080 hematopoietic tissues (140-208) 108 Benign neoplasms, carcinoma in situ, and neoplasms of uncertain 090 behavior and of unspecified nature (210-239) 030 Diseases of thymus gland (254) 100 023 Cystic fibrosis (277.0) 110 052 Diseases of blood and blood-forming organs (280-289) 120 020 Meningitis (320-322) 130 059 Other diseases of nervous system and sense organs (323-389) 140 044 Acute upper respiratory infections (460-465) 150 042 Bronchitis and bronchiolitis (466,490-491) 160 033 Pneumonia and influenza (480-487) 170 1 Pneumonia (480-486) 021 180 Influenza (487) 190 017 O61 Remainder of diseases of respiratory system (470-478,492-519) 200 093 Hernia of abdominal cavity and intestinal obstruction without 210 mention of hernia (550-553,560) 075 Gastritis, duodenitis, and noninfective enteritis and 220 colitis (535,555-558) 067 Remainder of diseases of digestive system (520-534.536-543.562-579) 230 240 030 Congenital anomalies (740-759) 1 Anencephalus and similar anomalies (740) 250 042 260 020 Spira bifida (741) Congenital hydrocephalus (742.3) 270 034 Other congenital anomalies of central nervous system and 280 092 eye (742.0-742.2.742.4-742.9.743) Congenital anomalies of heart (745-746) Other congenital anomalies of circulatory system (747) 290 041 300 056 Congenital anomalies of respiratory system (748) 310 050 Congenital anomalies of digestive system (749-751) 320 052 Congenital anomalies of genitourinary system (752-753) Congenital anomalies of musculoskeletal system (754-756) 330 056 058 340 025 Down's syndrome (758.0) 350 Other chromosomal anomalies (758.1-758.9) 043 360 All other and unspecified congenital anomalies (744,757,759) 370 062

Ninth Revision 61 Causes of Death Adapted for use by DVS

\*\*\*\*\* Cause Subtotals are not Identified in this File \*\*\*\*\*

61 S Limited Len-Recode T Sex Age gth Cause Title And ICD-9 Codes Included

Length = of Cause Title

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380	1	064 Certain conditions originating in the perinatal period (760-779)
390		091 Newborn affected by maternal conditions which may be unrelated to
400		063 Neukona afforded by paternal encellentions of programmy (761)
410		071 Newborn affected by maternal complications of pregnancy (761)
-10		newborn arrected by complications of placenta, cord, and
420		$\frac{1}{1000} = \frac{1}{1000} = \frac{1}{1000} = \frac{1}{1000} = \frac{1}{10000} = \frac{1}{10000000000000000000000000000000000$
		delivery (763)
430		048 Slow fetal growth and fetal malnutrition (764)
440		077 Disorders relating to short destation and unspecified low
		birthweight (765)
450		065 Disorders relating to long gestation and high birthweight (766)
460		020 Birth trauma (767)
470	1	047 Intrauterine hypoxia and birth asphyxia (768)
480		051 Fetal distress in liveborn infant (768.2~768.4)
490		032 Birth asphyxia (768.5~768.9)
500		037 Respiratory distress syndrome (769)
510		047 Other respiratory conditions of newborn (770)
520		051 Infections specific to the perinatal period (771)
530		027 Neonatal hemorrhage (772)
540		094 Hemolytic disease of newborn, due to isoimmunization, and other
		perinatal jaundice (773-774)
550		O88 Syndrome of "infant of a diabetic mother" and neonatal diabetes
		mellitus (775.0-775.1)
560		040 Hemorrhagic disease of newborn (776.0)
570		098 All other and ill-defined conditions originating in the perinatal period (775.2-775.9,776.1-779)
580	1	053 Symptoms, signs, and ill-defined conditions (780-799)
590		038 Sudden infant death syndrome (798.0)
600		075 Symptoms, signs, and all other ill-defined
		conditions (780-797,798.1-799)
610	1	041 Accidents and adverse effects (E800-E949)
620		118 Inhalation and ingestion of food or other object causing
		obstruction of respiratory tract or suffocation (E911-E912)
630		042 Accidental mechanical suffocation (E913)
640		067 Other accidental causes and adverse effects (E800-E910,E914-E949)
650	1	020 Homicide (E960-E969)
660		047 Child battering and other maltreatment (E967)
670		038 Other homicide (E960-E966,E968-E969)
680		027 All other causes (Residual)

#### LIVE BIRTHS AND INFANT DEATHS BY STATE OF OCCURRENCE AND BY STATE RESIDENCE AT BIRTH: UNITED STATES, PUERTO RICO, VIRGIN ISLANDS, AND GUAM -- 1996 PERIOD DATA

#### (RESIDENCE AT BIRTH IS OF THE MOTHER)

	LIVE B	IRTHS	INFANT DEATHS					
AREA		RESIDENCE	UNWEIG		WE I GH	TED <u>1</u> /		
			OCCURRENCE	RESIDENCE	OCCURRENCE	RESIDENCE		
UNITED STATES <u>2</u> /	3,894,874	3,891,494	27,809	27,796	28,432_			
ALABAMA	59,726	60,488	632	628	633	629		
ALASKA	9,933	10,037	69	70	71	72		
ARIZONA	75,127	75,322	562	569	570	577		
ARKANSAS	35,299	36,371	319	347	319	348		
CALIFORNIA	539,661	539,433	3,026	3 ,024	3,193	3,190		
COLORADO.	56,059	55,807	382	371	383	372		
CONNECTICUT.	44,327	44,469	278	284	278	284		
DELAWARE.	10,651	10,155	78	78	78	78		
DISTRICT OF COLUMBIA	14,917	8,390	202	126	202	126		
FLORIDA.	189,676	189,392	1,404	1,413	1,410	1,419		
GEORGIA	114,748	114,043	1,076	1,057	1,078	1,059		
HAWAII	18,455	18,401	105	102	111	108		
IDAHO	18,252	18,625	123	132	125	134		
ILLINOIS	180,043	183,180	1,483	1,551	1,512	1,581		
INDIANA	83,558	83,513	688	705	709	726		
IOWA.	37,356	37,139	253	260	253	260		
KANSAS.	35,360	36,651	275	299	276	301		
KENTUCKY.	51,166	52,706	367	382	373	389		
LOUISIANA.	65,457	65,204	578	567	598	586		
MAINE.	13,609	13,774	64	60	64	60		
MARYLAND.	67,765	71,533	543	598	547	602		
MASSACHUSETTS	81,212	80,276	396	390	410	403		
MICHIGAN	132,050	133,387	1,063	1,067	1,079	1,083		
MINNESOTA	63,497	63,700	388	371	388	371		
MISSISSIPPI	40,197	40,987	405	446	407	448		
MISSOURI	76,504	73,832	627	552	637	560		
MONTANA.	10,790	10,856	68	74	68	74		
NEBRASKA.	23,487	23,286	214	202	214	202		
NEVADA	25,740	26,125	154	159	155	160		
NEW HAMPSHIRE	14,008	14,520	62	66	66	70		
NEW JERSEY	111,420	114,306	755	766	770	781		
NEW MEXICO	26,819	27,228	158	169	164	175		

### LIVE BIRTHS AND INFANT DEATHS BY STATE OF OCCURRENCE AND BY STATE RESIDENCE AT BIRTH: UNITED STATES, PUERTO RICO, VIRGIN ISLANDS, AND GUAM -- 1996 PERIOD DATA

(RESIDENCE	AT	BIRTH	IS	OF	THE	MOTHER)
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	LIVE B	IRTHS	INFANT DEATHS					
AREA	OCCURRENCE	RESIDENCE	UNWEIG	HTED	WEIGHTED 1/			
			OCCURRENCE	RESIDENCE	OCCURRENCE	RESIDENCE		
NEW YORK UPSTATE CITY NORTH CAROLINA NORTH DAKOTA	265,376 138,495 126,881 105,327 9,675	263,963 141,007 122,956 104,470 8,347	1,790 862 928 942 50	1,795 874 921 943 45	1,832 889 943 950 50	1,837 901 936 951 45		
OHIO. OKLAHOMA. OREGON. PENNSYLVANIA. RHODE ISLAND.	152,257 45,133 45,677 148,985 13,574	151,692 46,193 43,658 148,338 12,652	1,097 352 251 1,143 77	1,091 357 237 1,124 66	1,178 383 251 1,180 77	1,170 388 237 1,160 66		
SOUTH CAROLINA SOUTH DAKOTA TENNESSEE TEXAS UTAH	49,212 10,594 78,378 334,197 42,943	51,117 10,473 73,754 330,406 42,087	412 59 699 2,042 272	425 60 626 2,013 254	418 59 700 2,092 275	431 60 627 2,063 257		
VERMONT. VIRGINIA. WASHINGTON. WEST VIRGINIA	6,461 90,160 76,297 21,772 66,120 5,867	6,767 92,354 77,945 20,750 67,106 6,286	52 664 450 166 468 26	47 694 459 147 488 40	52 677 453 169 468 27	47 707 462 150 488 41		
FOREIGN RESIDENTS	•••	3,380		13		13		
PUERTO RICO <u>3</u> / VIRGIN ISLANDS <u>3</u> / GUAM <u>3</u> /	63,255 2,001 4,263	63,141 1,905 4,254	656 20 37	656 20 37		····		

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FIGURES ARE BASED ON WEIGHTED DATA ROUNDED TO THE NEAREST INFANT, SO CATEGORIES MAY NOT ADD TO TOTALS. EXCLUDES DATA FOR PUERTO RICO, VIRGIN ISLANDS, AND GUAM OCCURRENCES DATA FROM THE PUERTO RICO, VIRGIN ISLANDS, AND GUAM FILE

1/ 2/ 3/

#### LIVE BIRTHS, INFANT DEATHS, AND INFANT MORTALITY RATES BY RACE OF MOTHER, SEX AND BIRTH WEIGHT OF CHILD: UNITED STATES, 1996 PERIOD DATA (INFANT DEATHS WEIGHTED)

(RATES ARE PER 1000 LIVE BIRTHS)

RACE	OF MOTHER AND SEX	TOTAL	<500 GRAMS	500-749 GRAMS	750-999 GRAMS	1000-1249 GRAMS	1250-1499 GRAMS	1500-1999 GRAMS	2000-2499 GRAMS	2500 GRAMS	NOT STATED
ALL R BOT L	ACES <u>1</u> / H SEXES IVE BIRTHS NFANT DEATHS	3,891,494 28,419	5,813 5,168	10,358	11,020 1 842	12,491 964	14,469	56,033	177,997	3,601,121	2,192
Í MAL Ļ	NF.MORT.RATE E IVE BIRTHS	7.3	889.0 2,915	512.3 5,256	167.1 5,760	77.1 6,4 <u>45</u>	52.7 7,346	30.3 27,50 <u>3</u>	13.4 82,109	2.8 1,851,963	150.8 1,183
FEM	NFANI DEATHS NF.MORT.RATE ALE IVE BIRTHS	15,957 8.0 1.901.014	2,627 901.2 2,898	3,041 578.6 5,102	1,156 200.7 5,260	577 89.5	454 61.8 7 123	897 32.6 28.530	1,218 14.8	5,777 3.1 1 740 158	211 178.7
l L	NFANT DEATHS NF.MORT.RATE	12,461 6.6	2,541 876.7	2,266 444.1	686 130.4	387 64.0	309 43.4	799 28.0	1,169 12.2	4,186 2.4	119 118.1
BOT	H SEXES IVE BIRTHS NFANT DEATHS NF.MORT.RATE E	3,093,057 18,774 6.1	3,217 2,870 892.3	6,047 3,193 528.0	6,929 1,226 177.0	8,193 650 79.3	9,648 536 55.6	38,486 1,171 30.4	123,923 1,650 13.3	2,895,116 7,292 2.5	1,498 184 122.9
L 1 FFM	IVE BIRTHS NFANT DEATHS NF.MORT.RATE	1,584,423 10,608 6.7	1,603 1,448 903.1	3,041 1,823 599.5	3,705 770 207.7	4,259 392 92.0	4,970 322 64.8	19,118 624 32.6	57,795 856 14.8	1,489,124 4,248 2.9	808 126 155.7
L   	IVE BIRTHS NFANT DEATHS NF.MORT.RATE	1,508,634 8,166 5.4	1,614 1,423 881.5	3,006 1,370 455.7	3,224 457 141.6	3,934 258 65.7	4,678 215 45.9	19,368 546 28.2	66,128 794 12.0	1,405,992 3,045 2.2	690 58 84.4
BLACK BOT L I MAI	H SEXES IVE BIRTHS NFANT DEATHS NF.MORT.RATE F	594,781 8,406 14.1	2,403 2,129 885.8	3,950 1,919 485.9	3,672 535 145.7	3,783 271 71.7	4,197 195 46.4	14,960 440 29.4	44,591 616 13.8	516,749 2,177 4.2	476 125 262.0
L I FFM	IVE BIRTHS NFANT DEATHS NF.MORT.RATE	301,474 4,649 15.4	1,215 1,098 903.6	2,030 1,102 542.6	1,818 340 186.9	1,921 162 84.5	2,045 114 55.8	7,078 229 32,3	19,880 304 15.3	265,230 1,227 4.6	257 73 284.9
. En L 1	IVE BIRTHS NFANT DEATHS NF.MORT.RATE	293,307 3,757 12.8	1,188 1,031 867.7	1,920 818 425.9	1,854 195 105.4	1,862 109 58.5	2,152 81 37.5	7,882 211 26.8	24,711 312 12.6	251,519 949 3.8	219 51 235.1

1/ INCLUDES RACES OTHER THAN WHITE AND BLACK

#### LIVE BIRTHS, INFANT DEATHS, AND INFANT MORTALITY RATES BY BIRTH WEIGHT, RACE OF MOTHER, AND GESTATIONAL AGE: UNITED STATES, 1996 PERIOD DATA

#### (INFANT DEATHS WEIGHTED) (RATES ARE PER 1000 LIVE BIRTHS)

		GESTATION										
BIRTH WEIGHT	TOTAL	<28 WEEKS	28-31 WEEKS	32-35 WEEKS	36 ₩EEKS	37-39 WEEKS	40 WEEKS	41 WEEKS	42 WEEKS OR MORE	NOT STATED		
ALL RACES 1/												
TOTAL LIVE BIRTHS INFANT DEATHS INF. MORT. RATE	3,891,494 28,419 7.3	27,456 11,498 418.8	45,275 2,195 48.5	198,918 2,628 13.2	151,458 1,066 7.0	1,735,210 5,626 3.2	868,341 2,098 2.4	489,474 1,292 2.6	334,713 1,148 3.4	40,649 870 21.4		
LESS THAN 2,500 GRAMS LIVE BIRTHS INFANT DEATHS INF. MORT. RATE	288,181 18,126 62.9	26,335 11,476 435.8	33,541 2,097 62.5	92,026 1,973 21.4	32,008 476 14.9	75,125 1,179 15.7	12,175 210 17.3	6,026 163 27.1	7,199 159 22.1	3,746 392 104.7		
LESS THAN 500 GRAMS LIVE BIRTHS INFANT DEATHS INF. MORT. RATE	5,813 5,168 889.0	5,419 4,883 901.2	203 136 668.4	22 15 690.9	2 2 1009.5	3 1 365.0	4 2 528.6	2 2 1028.6	2 2 1020.4	156 124 794.1		
500-749 GRAMS LIVE BIRTHS INFANT DEATHS INF. MORT. RATE	10,358 5,307 512.3	8,715 4,768 547.1	1,256 357 284.4	146 52 358.9	8 1 132.1	20 5 254.4	4 3 775.6	5 1 210.5	8 3 383.4	196 116 590.6		
750-999 GRAMS LIVE BIRTHS INFANT DEATHS INF. MORT. RATE	11,020 1,842 167.1	6,679 1,318 197.3	3,494 399 114.2	476 65 137.6	29 5 173.9	96 11 117.8	32 3 96.7	25 1 40.9	15 2 136.9	174 37 212.6		
1,000-1,249 GRAMS LIVE BIRTHS INFANT DEATHS INF. MORT. RATE	12,491 964 77.1	2,842 320 112.7	6,680 407 61.0	2,026 162 80.2	143 12 85.3	332 30 89.1	91 5 55.9	66 7 108.6	92 3 33.8	219 17 75.6		
1,250-1,499 GRAMS LIVE BIRTHS INFANT DEATHS INF. MORT. RATE	14,469 763 52.7	872 75 85.7	7,254 330 45.6	4,621 231 49.9	401 35 <b>86</b> .6	683 54 79.2	150 10 69.7	92 5 57.0	162 7 44.7	234 16 67.1		
1,500-1,999 GRAMS LIVE BIRTHS INFANT DEATHS INF. MORT. RATE	56,033 1,696 30.3	1,036 83 80.5	10,539 351 33.3	29,210 699 23.9	4,715 132 28.0	7,261 286 39.3	1,036 44 42.6	574 33 57.3	861 32 36.8	801 37 45.6		

#### LIVE BIRTHS, INFANT DEATHS, AND INFANT MORTALITY RATES BY BIRTH WEIGHT, RACE OF MOTHER, AND GESTATIONAL AGE: UNITED STATES, 1996 PERIOD DATA

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					GEST	TION				
BIRTH WEIGHT	TOTAL	<28 WEEKS	28-31 WEEKS	32-35 WEEKS	36 WEEKS	37-39 WEEKS	40 WEEKS	41 WEEKS	42 WEEKS OR MORE	NOT STATED
ALL RACES 1/										
2,000-2,499 GRAMS LIVE BIRTHS INFANT DEATHS INF. MORT. RATE	177,997 2,387 13.4	772 29 37.1	4,115 117 28.5	55,525 748 13.5	26,710 289 10.8	66,730 792 11.9	10,858 142 13.1	5,262 114 21.6	6,059 110 18.1	1,966 47 23.8
2,500-2,999 GRAMS LIVE BIRTHS INFANT DEATHS INF. MORT. RATE	639,450 3,254 5,1	1,121 21 19.0	4,312 54 12.6	49,869 395 7. <i>9</i>	55,194 345 6.2	347,493 1,527 4.4	92,913 403 4.3	43,252 245 5.7	38,594 221 5.7	6,702 42 <i>6.</i> 3
3,000-3,499 GRAMS LIVE BIRTHS INFANT DEATHS INF. MORT. RATE	1,435,306 3,832 2.7	. <u>-</u>	4,968 31 6.2	<b>36,</b> 346 177 4.9	43,575 166 3.8	718,699 1,825 2.5	328,817 761 2.3	168,006 438 2.6	120,994 381 3.2	13,901 53 3.8
3,500-3,999 GRAMS LIVE BIRTHS INFANT DEATHS INF. MORT. RATE	1,127,827 2,152 1.9	Ξ	2,454 12 5.0	16,303 64 4.0	16,391 61 3.7	460,975 844 1.8	316,150 553 1.7	187,639 304 1.6	117,693 277 2.4	10,222 36 3,5
4,000-4,499 GRAMS LIVE BIRTHS INFANT DEATHS INF. MORT. RATE	336,685 573 1.7	Ξ	Ē	3,733 14 3.8	3,584 13 3.7	113,520 205 1.8	100,588 133 1.3	70,405 108 1.5	41,596 91 2.2	3,259 8 2.6
4,500-4,999 GRAMS LIVE BIRTHS INFANT DEATHS INF. MORT. RATE	55,583 113 2.0	Ē	-	564 4 7.3	628 3 4.9	17,307 37 2.1	16,046 29 1.8	12,763 29 2.3	7,734 11 1.4	541 1 1,8
5,000 GRAMS OR MORE LIVE BIRTHS INFANT DEATHS INF. MORT. RATE	6,270 39 6.2	Ξ		77	78 2 26.3	2,091 10 4.8	1,652 9 5.5	1,383 4 2.9	903 7 7.8	86 6 73.4
NOT STATED LIVE BIRTHS INFANT DEATHS INF. MORT, RATE	2,192 331 150.8	Ē	:	Ē	Ξ	Ē	=	=	Ē	2,192 331 150.8

#### (INFANT DEATHS WEIGHTED) (RATES ARE PER 1000 LIVE BIRTHS)

#### LIVE BIRTHS, INFANT DEATHS, AND INFANT MORTALITY RATES BY BIRTH WEIGHT, RACE OF MOTHER, AND GESTATIONAL AGE: UNITED STATES, 1996 PERIOD DATA

#### (INFANT DEATHS WEIGHTED) (RATES ARE PER 1000 LIVE BIRTHS)

		GESTATION											
BIRTH WEIGHT	TOTAL	<28 WEEKS	28-31 WEEKS	32-35 WEEKS	36 WEEKS	37-39 Weeks	40 WEEKS	41 WEEKS	42 WEEKS OR MORE	NOT STATED			
WHITE													
TOTAL LIVE BIRTHS INFANT DEATHS INF. MORT. RATE	3,093,057 18,774 6.1	15,912 6,746 424.0	29,484 1,481 50.2	141,145 1,874 13.3	113,382 766 6.8	1,374,026 4,049 2.9	710,854 1,535 2.2	406,769 954 2.3	270,957 833 3.1	30,528 536 17.6			
LESS THAN 2,500 GRAMS LIVE BIRTHS INFANT DEATHS INF. MORT. RATE	196,443 11,297 57.5	15,285 6,733 440.5	22,109 1,416 64.1	65,133 1,404 21.6	22,652 326 14.4	51,638 830 16.1	8,220 136 16.5	4,095 108 26.3	4,886 103 21.1	2,425 242 99.6			
LESS THAN 500 GRAMS LIVE BIRTHS INFANT DEATHS INF. MORT. RATE	3,217 2,870 892.3	2,979 2,703 907.3	126 81 643.8	11 7 642.4	2 2 1009.5	3 1 365.0	4 2 528.6	2 2 1028.6	Ξ	90 72 801.0			
500-749 GRAMS LIVE BIRTHS INFANT DEATHS INF. MORT. RATE	6,047 3,193 528.0	4,973 2,846 572.3	835 238 285.2	92 30 325.8	6 -	11 2 188.5	2 2 1047.5	4 - -	6 2 344.6	118 73 614.6			
750-999 GRAMS LIVE BIRTHS INFANT DEATHS INF. MORT. RATE	6,929 1,226 177.0	4,067 856 210.5	2,297 284 123.8	307 46 150.0	18 3 168.2	65 6 94.7	25 1 41.4	20 1 51.1	11 2 186.7	119 26 221.4			
1,000-1,249 GRAMS LIVE BIRTHS INFANT DEATHS INF. MORT. RATE	8,193 650 79.3	1,797 215 119.7	4,380 261 59.6	1,409 124 87.9	94 9 97.5	210 21 102.1	56 4 72.9	46 5 111.7	55 1 18.4	146 9 63.8			
1,250-1,499 GRAMS LIVE BIRTHS INFANT DEATHS INF. MORT. RATE	9,648 536 55.6	481 44 91.4	4,861 233 47.9	3,179 165 52.0	282 22 79.5	447 48 107.3	90 7 81.6	58 1 18.9	96 6 64.6	154 9 61.4			
1,500-1,999 GRAMS LIVE BIRTHS INFANT DEATHS INF. MORT. RATE	38,486 1,171 30.4	570 51 88.9	7,175 235 32.8	20,320 501 24.7	3,241 89 27.5	5,001 202 40.3	677 28 41.0	400 24 59.0	584 17 29.6	518 24 46.0			

#### LIVE BIRTHS, INFANT DEATHS, AND INFANT MORTALITY RATES BY BIRTH WEIGHT, RACE OF MOTHER, AND GESTATIONAL AGE: UNITED STATES, 1996 PERIOD DATA

					GESTA					
BIRTH WEIGHT	TOTAL	<28 WEEKS	28-31 WEEKS	32-35 WEEKS	36 WEEKS	37-39 WEEKS	40 WEEKS	41 WEEKS	42 WEEKS OR MORE	NOT STATED
WHITE										
2,000-2,499 GRAMS LIVE BIRTHS INFANT DEATHS INF. MORT. RATE	123,923 1,650 13.3	418 18 41.9	2,435 84 34.4	39,815 530 13.3	19,009 200 10.5	45,901 550 12.0	7,366 92 12.4	3,565 75 21.0	4,134 74 18.0	1,280 28 21.9
2,500-2,999 GRAMS LIVE BIRTHS INFANT DEATHS INF. MORT. RATE	459,079 2,268 4.9	627 13 21.1	2,445 36 14.7	35,316 286 8.1	41,081 263 6.4	249,748 1,049 4.2	66,377 275 4.1	31,531 170 5.4	27,453 148 5.4	4,501 28 6.2
3,000-3,499 GRAMS LIVE BIRTHS INFANT DEATHS INF. MORT. RATE	1,127,613 2,818 2.5	Ē	3,160 22 6.8	25,167 125 5.0	33,432 113 3.4	565,894 1,356 2.4	260,416 550 2.1	134,359 324 2.4	94,728 285 3.0	10,457 42 4.0
3,500-3,999 GRAMS LIVE BIRTHS INFANT DEATHS INF. MORT. RATE	956,468 1,626 1.7	Ē	1,770 7 4.1	12,099 46 3.8	12,772 47 3.7	390,328 628 1.6	270,334 434 1.6	161,256 232 1.4	99,553 204 2.0	8,356 29 3.4
4,000-4,499 GRAMS LIVE BIRTHS INFANT DEATHS INF. MORT. RATE	297,023 459 1.5	Ē	=	2,949 10 3.5	2,860 11 3.9	99,483 151 1.5	89,582 109 1.2	62,715 92 1.5	36,668 79 2.1	2,766 7 2.6
4,500-4,999 GRAMS LIVE BIRTHS INFANT DEATHS INF. MORT. RATE	49,516 90 1.8	Ē	-	425 3 7.3	519 3 5.9	15,187 27 1.7	14,462 23 1.6	11,577 25 2.1	6,885 9 1.3	461 
5,000 GRAMS OR MORE LIVE BIRTHS INFANT DEATHS INF. MORT. RATE	5,417 32 5.6	Ē	Ē	56 -	66 2 31.1	1,748 9 5.2	1,463 8 5.6	1,236 3 2.5	784 5 6.4	64 4 65.7
NOT STATED LIVE BIRTHS INFANT DEATHS INF. MORT. RATE	1,498 184 122.9	Ē	Ē	Ξ	Ē	Ξ	Ξ	Ē	Ē	1,498 184 122.9

#### (INFANT DEATHS WEIGHTED) (RATES ARE PER 1000 LIVE BIRTHS)

#### LIVE BIRTHS, INFANT DEATHS, AND INFANT MORTALITY RATES BY BIRTH WEIGHT, RACE OF MOTHER, AND GESTATIONAL AGE: UNITED STATES, 1996 PERIOD DATA

#### (INFANT DEATHS WEIGHTED) (RATES ARE PER 1000 LIVE BIRTHS)

		_			GESTA	TION				
BIRTH WEIGHT	TOTAL	<28 WEEKS	28-31 WEEKS	32-35 WEEKS	36 WEEKS	37-39 WEEKS	40 WEEKS	41 WEEKS	42 WEEKS OR MORE	NOT STATED
BLACK										
TOTAL LIVE BIRTHS INFANT DEATHS INF. MORT. RATE	594,781 8,406 14.1	10,596 4,360 411.5	13,766 618 44.9	48,020 638 13.3	30,157 247 8.2	263,430 1,290 4.9	113,934 449 3.9	61,070 283 4.6	48,351 259 5.4	5,457 262 48.0
LESS THAN 2,500 GRAMS LIVE BIRTHS INFANT DEATHS INF. MORT. RATE	77,556 6,105 78.7	10,164 4,353 428.3	10,021 588 58.6	22,881 486 21.2	7,719 126 16.4	18,988 286 15.0	3,283 62 18.8	1,617 47 29.1	1,981 49 24.7	902 109 120.5
LESS THAN 500 GRAMS LIVE BIRTHS INFANT DEATHS INF. MORT. RATE	2,403 2,129 885.8	2,268 2,029 894.8	69 48 698.9	11 8 739.4	Ξ	Ξ	Ξ	Ē	2 2 1020.4	53 41 771.7
500-749 GRAMS LIVE BIRTHS INFANT DEATHS INF. MORT. RATE	3,950 1,919 485.9	3,452 1,754 508.1	377 106 280.3	47 22 477.2	2 1 528.6	9 3 335.0	1 1 1007.3	1 1 1052.6	2 1 500.0	59 30 512.6
750-999 GRAMS LIVE BIRTHS INFANT DEATHS INF. MORT. RATE	3,672 535 145.7	2,378 409 172.0	1,065 95 89.5	138 14 103.3	9 2 223.9	27 5 191.1	7 2 294.2	5	4 	39 7 1 <b>89.</b> 8
1,000-1,249 GRAMS LIVE BIRTHS INFANT DEATHS INF. MORT. RATE	3,783 271 71.7	943 90 95.0	2,014 128 63.5	539 35 65.8	45 2 45.2	112 7 63.7	28 1 35.9	16 2 126.8	34 1 30.5	52 5 98.0
1,250-1,499 GRAMS LIVE BIRTHS INFANT DEATHS INF. MORT. RATE	4,197 195 46.4	358 30 83.1	2,092 86 41.3	1,250 55 43,9	99 7 72.3	203 5 25.2	50 2 41.3	29 4 143.0	55 1 19.0	61 4 68.5
1,500-1,999 GRAMS LIVE BIRTHS INFANT DEATHS INF. MORT. RATE	14,960 440 29.4	435 32 72.9	2,896 92 31.6	7,648 168 22.0	1,219 37 30.1	1,877 68 36.4	298 14 47.6	159 8 51.8	236 10 43.2	192 11 55.2

## LIVE BIRTHS, INFANT DEATHS, AND INFANT MORTALITY RATES BY BIRTH WEIGHT, RACE OF MOTHER, AND GESTATIONAL AGE: UNITED STATES, 1996 PERIOD DATA

					GESTA	TION				
BIRTH WEIGHT	TOTAL	<28 WEEKS	28-31 WEEKS	32-35 WEEKS	36 WEEKS	37-39 WEEKS	40 WEEKS	41 WEEKS	42 WEEKS OR MORE	NOT STATED
BLACK										
2,000-2,499 GRAMS LIVE BIRTHS INFANT DEATHS INF. MORT. RATE	44,591 616 13.8	330 10 30.6	1,508 33 21.6	13,248 182 13.8	6,345 77 12.2	16,760 197 11.7	2,899 41 14.3	1,407 32 22.5	1,648 34 20.4	446 10 23.1
2,500-2,999 GRAMS LIVE BIRTHS INFANT DEATHS INF. MORT. RATE	138,732 832 6.0	432 7 16.4	1,636 17 10.6	12,099 89 7.3	11,181 70 6.3	73,564 405 5.5	20,314 100 4.9	9,189 68 7.4	9,042 64 7.1	1,275 11 8.9
3,000-3,499 GRAMS LIVE BIRTHS INFANT DEATHS INF. MORT. RATE	224,489 822 3.7	Ξ	1,538 8 5.3	8,960 45 5.0	7,855 40 5.0	109,790 377 3.4	49,473 171 3.5	25,096 93 3.7	20,093 77 3.8	1,684 10 6.0
3,500-3,999 GRAMS LIVE BIRTHS INFANT DEATHS INF. MORT. RATE	121,602 416 3.4	Ξ	571 5 8.9	3,351 14 4.2	2,776 10 3.6	49,692 174 3.5	32,189 95 2.9	18,955 58 3.1	13,219 55 4.1	849 5 6.0
4,000-4,499 GRAMS LIVE BIRTHS INFANT DEATHS INF. MORT. RATE	27,219 88 3.2	Ξ	Ξ	612 4 6.6	531 1 2.0	9,668 40 4.1	7,493 18 2.4	5,315 12 2.3	3,374 12 3.6	226 1 4.8
4,500-4,999 GRAMS LIVE BIRTHS INFANT DEATHS INF. MORT. RATE	4,142 14 3.4	Ξ	Ξ	100 1 10.0	85 - -	1,494 6 4.1	1,051 3 2.9	800 3 3.8	573 - -	39 1 25.6
5,000 GRAMS OR MORE LIVE BIRTHS INFANT DEATHS INF. MORT. RATE	565 4 7.2	Ξ	Ξ	17 	10 	234 1 4.4	131 	98 1 10.4	69 2 29.0	6
NOT STATED LIVE BIRTHS INFANT DEATHS INF. MORT. RATE	476 125 262.0	-	Ξ	Ξ	Ξ	-	Ē	=	-	476 125 262.0

### (INFANT DEATHS WEIGHTED) (RATES ARE PER 1000 LIVE BIRTHS)

1/ INCLUDES RACES OTHER THAN WHITE AND BLACK - DATA NOT AVAILABLE.

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#### LIVE BIRTHS, INFANT DEATHS, AND INFANT MORTALITY RATES BY BIRTH WEIGHT, RACE OF MOTHER, AND AGE AT DEATH: UNITED STATES, 1996 PERIOD DATA (INFANT DEATHS WEIGHTED)

(INFANT DEATHS ARE UNDER 1 YEAR. NEONATAL DEATHS ARE UNDER 28 DAYS; EARLY NEONATAL, 0-6 DAYS; LATE NEONATAL, 7-27 DAYS; AND POSTNEONATAL, 28 DAYS THROUGH 11 MONTHS)

BIRTH WEIGHT AND RACE OF MOTHER	LIVE BIRTHS	INFANT	TOTAL NEONATAL	EARLY NEONATAL	LATE NEONATAL	POST- NEONATAL
ALL RACES1/						
TOTAL (ALL BIRTH WEIGHTS)NUMBER	3,891,494	28,419	18,556	14,947	609, 3	9,863
RATE		7,3	4.8	3.8	9.	2.5
LESS THAN 2,500 GRAMSNUMBER	288,181	18,126	14,682	12,480	2,201	3,444
RATE		62.9	50.9	43.3	7.6	11.9
LESS THAN 500 GRAMSNUMBER	5,813	5,168	5,079	4,948	131	88
RATE		889.0	873.8	851.2	22.6	15.2
500-749 GRAMSNUMBER	10,358	5,307	4,707	3,919	788	600
RATE		512.3	454.4	378.4	76.0	57.9
750-999 GRAMSNUMBER	11,020	1,842	1,421	998	423	421
RATE		167.1	129.0	90.5	38.4	38.2
1,000-1,249 GRAMSNUMBER	12,491	964	720	533	187	244
RATE		77.1	57.6	42.7	14.9	19.5
1,250-1,499 GRAMSNUMBER	14,469	763	518	396	123	245
RATE		52,7	35.8	27,3	8,5	16.9
1,500-1,999 GRAMSNUMBER	56,033	1,696	1,055	828	227	641
RATE		30.3	18.8	14.8	4.1	11,4
2,000-2,499 GRAMSNUMBER	177 <b>,997</b>	2,387	1,182	859	323	1,205
RATE		13,4	6.6	4,8	1.8	6.8
2,500-2,999 GRAMSNUMBER	639,450	3,254	1 <b>,26</b> 5	797	469	1,988
RATE		5.1	2.0	1.2	.7	3.1
3,000-3,499 GRAMSNUMBER	1,435,306	3,832	1,268	771	497	2,564
RATE		2.7	.9	.5	.3	1.8
3,500-3,999 GRAMSNUMBER	1,127,827	2,152	739	416	323	1,413
RATE		1.9	.7	.4	. 3	1,3

#### LIVE BIRTHS, INFANT DEATHS, AND INFANT MORTALITY RATES BY BIRTH WEIGHT, RACE OF MOTHER, AND AGE AT DEATH: UNITED STATES, 1996 PERIOD DATA (INFANT DEATHS WEIGHTED)

#### (INFANT DEATHS ARE UNDER 1 YEAR. NEONATAL DEATHS ARE UNDER 28 DAYS; EARLY NEONATAL, 0-6 DAYS; LATE NEONATAL, 7-27 DAYS; AND POSTNEONATAL, 28 DAYS THROUGH 11 MONTHS)

BIRTH WEIGHT AND RACE OF MOTHER	LIVE BIRTHS	INFANT	TOTAL NEONATAL	EARLY NEONATAL	LATE NEONATAL	POST- NEONATAL
ALL RACES <u>1</u> /						
4,000-4,499 GRAMSNUMBER	336,685	573	222	142	80	351
RATE		1.7	.7	.4	.2	1.0
4,500-4,999 GRAMSNUMBER	55,583	113	50	33	17	63
RATE		2,0	.9	.6	. 3	1.1
5,000 GRAMS OR MORENUMBER RATE	6,270	39 6.2	19 3.1	14 2.3	.8	19 3.1
NOT STATEDNUMBER	2,192	331	310	294	16	21
RATE		150.8	141.4	133.9	7.4	9.4

(RATES ARE PER 1000 LIVE BIRTHS)-Continued

#### LIVE BIRTHS, INFANT DEATHS, AND INFANT MORTALITY RATES BY BIRTH WEIGHT, RACE OF MOTHER, AND AGE AT DEATH: UNITED STATES, 1996 PERIOD DATA (INFANT DEATHS WEIGHTED)

#### (INFANT DEATHS ARE UNDER 1 YEAR. NEONATAL DEATHS ARE UNDER 28 DAYS; EARLY NEONATAL, 0-6 DAYS; LATE NEONATAL, 7-27 DAYS; AND POSTNEONATAL, 28 DAYS THROUGH 11 MONTHS)

(RATES	ARE	PER	1000	LIVE	BIRTHS	)-Continued
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BIRTH WEIGHT AND RACE OF MOTHER	LIVE BIRTHS	INFANT	TOTAL NEONATAL	EARLY	LATE NEONATAL	POST- NEONATAL
WHITE						
TOTAL (ALL BIRTH WEIGHTS)NUMBER	3,093,057	18,774	12,260	9,798	2,462	6,513
RATE		6.1	4.0	3.2	.8	2,1
LESS THAN 2,500 GRAMSNUMBER	196,443	11,297	9,280	7,894	1,386	2,017
RATE		57.5	47.2	40.2	7.1	10,3
LESS THAN 500 GRAMSNUMBER	3,217	2,870	2,827	2,757	70	44
RATE		892.3	878.7	856.9	21.8	13.6
500-749 GRAMSNUMBER	6,047	3,193	2,897	2,440	457	296
RATE		528,0	479.0	403.5	75.5	49.0
750-999 GRAMSNUMBER	6,929	1,226	984	703	281	242
RATE		177,0	142.1	101.5	40.6	34.9
1,000-1,249 GRAMSNUMBER	8,193	650	512	397	115	138
RATE		79.3	62.5	48.4	14.0	16.9
1,250-1,499 GRAMSNUMBER	9,648	536	381	302	79	156
RATE		55.6	39.5	31,3	8.2	16.1
1,500-1,999 GRAMSNUMBER	38,486	1,171	781	630	151	390
RATE		30.4	20.3	16.4	3.9	10.1
2,000-2,499 GRAMSNUMBER	123,923	1,650	898	666	233	752
RATE		13.3	7.2	5.4	1,9	6.1
2,500-2,999 GRAMSNUMBER	459,079	2,268	969	628	342	1,299
RATE		4.9	2.1	1,4	.7	2,8
3,000-3,499 GRAMSNUMBER	1,127,613	2,818	995	612	382	1,823
RATE		2.5	.9	.5	, 3	1.6
3,500-3,999 GRAMSNUMBER	956,468	1,626	598	33 <b>8</b>	260	1,028
RATE		1,7	.6	.4	.3	1.1

#### LIVE BIRTHS, INFANT DEATHS, AND INFANT MORTALITY RATES BY BIRTH WEIGHT, RACE OF MOTHER, AND AGE AT DEATH: UNITED STATES, 1996 PERIOD DATA (INFANT DEATHS WEIGHTED)

(INFANT DEATHS ARE UNDER 1 YEAR. NEONATAL DEATHS ARE UNDER 28 DAYS; EARLY NEONATAL, 0-6 DAYS; LATE NEONATAL, 7-27 DAYS; AND POSTNEONATAL, 28 DAYS THROUGH 11 MONTHS)

BIRTH WEIGHT AND RACE OF MOTHER	LIVE BIRTHS	INFANT	TOTAL NEONATAL	EARLY NEONATAL	LATE NEONATAL	POST- NEONATAL
WHITE	•					
4,000-4,499 GRAMSNUMBER	297,023	459	189	124	65	270
RATE		1.5	.6	.4	.2	.9
4,500-4,999 GRAMSNUMBER	49,516	90	39	27	12	51
RATE		1.8	. 8	.5	.2	1.0
5,000 GRAMS OR MORENUMBER	5,417	32	16	11	5	15
RATE		5.8	3.0	2.1	.9	2.8
NOT STATEDNUMBER	1,498	184	174	164	10	10
RATE.,		122.9	116.0	109.2	6.8	6.9

(RATES ARE PER 1000 LIVE BIRTHS)-Continued

#### LIVE BIRTHS, INFANT DEATHS, AND INFANT MORTALITY RATES BY BIRTH WEIGHT, RACE OF MOTHER, AND AGE AT DEATH: UNITED STATES, 1996 PERIOD DATA (INFANT DEATHS WEIGHTED)

(INFANT DEATHS ARE UNDER 1 YEAR. NEONATAL DEATHS ARE UNDER 28 DAYS; EARLY NEONATAL, 0~6 DAYS; LATE NEONATAL, 7-27 DAYS; AND POSTNEONATAL, 28 DAYS THROUGH 11 MONTHS)

(RATES ARE PER 1000 LIVE B	3IRTHS)-Continued

BIRTH WEIGHT AND RACE OF MOTHER	LIVE BIRTHS	INFANT	TOTAL NEONATAL	EARLY NEONATAL	LATE NEONATAL	POST- NEONATAL
BLACK						
TOTAL (ALL BIRTH WEIGHTS)NUMBER	594,781	8,406	5,562	4,549	1,012	2,844
RATE		14.1	9.4	7.6	1.7	4.8
LESS THAN 2,500 GRAMSNUMBER	77,556	6,105	4,828	4,098	730	1,277
RATE		78.7	62.3	52.8	9.4	16.5
LESS THAN 500 GRAMSNUMBER	2,403	2,129	2,086	2,034	52	43
RATE		885.8	868.1	846.6	21.5	17.7
500-749 GRAMSNUMBER	3,950	1,919	1,631	1,325	306	288
RATE		485.9	413.0	335.5	77.5	72.9
750-999 GRAMSNUMBER	3,672	535	373	248	125	162
RATE		145.7	101.5	67.6	33.9	44.3
1,000-1,249 GRAMSNUMBER	3,783	271	177	111	66	94
RATE		71.7	46.8	29.4	17,3	24,9
1,250-1,499 GRAMSNUMBER	4,197	195	112	71	41	82
RATE		46.4	26.8	16.9	9.9	19.6
1,500-1,999 GRAMSNUMBER	14,960	440	221	154	67	219
RATE		29.4	14,8	10.3	4.5	14.6
2,000-2,499 GRAMSNUMBER	44,591	616	228	154	74	388
RATE		13.8	5.1	3.4	1.7	8.7
2,500-2,999 GRAMSNUMBER	138,732	832	247	136	111	585
RATE		6.0	1.8	1.0	.8	4.2
3,000-3,499 GRAMSNUMBER	224,489	822	221	125	95	601
RATE		3.7	1,0	.6	.4	2.7
3,500-3,999 GRAMSNUMBER	121,602	416	111	57	54	305
RATE		3.4	.9	.5	.4	2.5

#### LIVE BIRTHS, INFANT DEATHS, AND INFANT MORTALITY RATES BY BIRTH WEIGHT, RACE OF MOTHER, AND AGE AT DEATH: UNITED STATES, 1996 PERIOD DATA (INFANT DEATHS WEIGHTED)

#### (INFANT DEATHS ARE UNDER 1 YEAR. NEONATAL DEATHS ARE UNDER 28 DAYS; EARLY NEONATAL, 0-6 DAYS; LATE NEONATAL, 7-27 DAYS; AND POSTNEONATAL, 28 DAYS THROUGH 11 MONTHS)

BIRTH WEIGHT AND RACE OF MOTHER	LIVE BIRTHS	INFANT	TOTAL NEONATAL	EARLY NEONATAL	LATE NEONATAL	POST- NEONATAL
BLACK						
4,000-4,499 GRAMSNUMBER	27,219	88	28	14	13	61
RATE		3.2	1.0	.5	.5	2.2
4,500-4,999 GRAMSNUMBER	4,142	14	8	4	4	6
RATE		3.4	2.0	1.0	1.0	1.5
5,000 GRAMS OR MORENUMBER RATE	565	4 7.2	1 1.8	1 1.8	2	3 5.4
NOT STATEDNUMBER	476	125	119	113	5	6
RATE		262.0	249.1	238.3	10.7	12.9

(RATES ARE PER 1000 LIVE BIRTHS)-Continued

1/ INCLUDES RACES OTHER THAN WHITE AND BLACK

## LIVE BIRTHS BY BIRTH WEIGHT AND RACE OF MOTHER AND INFANT DEATHS AND INFANT MORTALITY RATES BY AGE AT DEATH, BIRTH WEIGHT, AND RACE OF MOTHER FOR 10 MAJOR CAUSES OF INFANT DEATH: UNITED STATES, 1996 PERIOD DATA

(INFANT DEATHS WEIGHTED) (INFANT DEATHS ARE UNDER 1 YEAR. NEONATAL DEATHS ARE UNDER 28 DAYS; EARLY NEONATAL, 0-6 DAYS; LATE NEONATAL, 7-27 DAYS; AND POSTNEONATAL, 28 DAYS THROUGH 11 MONTHS)

CAUSE OF DEATH, BIRTH WEIGHT, AND RACE OF MOTHER	LIVE	INFANT	TOTAL	EARLY	LATE	POST-
	BIRTHS	DEATHS	NEONATAL	NEONATAL	NEONATAL	NEONATAL
ALL RACES <u>1</u> / ALL BIRTH WEIGHTS			<u> </u>			
ALL CAUSESNUMBER	3,891,494	28,419	18,556	14,947	3,609	9,863
RATE		730.3	476.8	384.1	92.7	253.5
CONGENITAL ANOMALIES (740-759)NUMBER		6,406	4,622	3,537	1,085	1,784
RATE		164.6	118.8	90.9	27.9	45.9
PREMATURITY (765)NUMBER		3,886	3,830	3,769	62	56
RATE		99.9	98.4	96.8	1.6	1.4
SUDDEN INFANT DEATH SYNDROME (798.0)NUMBER		3,056	213	23	189	2,843
RATE		78.5	5.5	.6	4.9	73.1
RESPIRATORY DISTRESS SYNDROME (769)NUMBER		1,364	1,262	1,028	235	102
RATE		35.1	32.4	26.4	6.0	2.6
MATERNAL COMPLICATIONS (761)NUMBER		1,252	1,242	1,231	11	10
RATE		32,2	31.9	31.6	.3	. 3
COMPLICATIONS OF PLACENTA,ETC. (762)NUMBER		937	923	900	23	14
RATE		24.1	23.7	23.1	.6	. 4
ACCIDENTS (E800-E949)NUMBER		791	89	36	54	702
RATE		20.3	2.3	. 9	1.4	18.0
INFECTIONS (771)NUMBER		762	702	335	367	60
RATE		19.6	18.0	8.6	9.4	1.5
PNEUMONIA AND INFLUENZA (480-487)NUMBER		494	97	38	59	398
RATE		12.7	2.5	1.0	1.5	10.2
HYPOXIA AND ASPHYXIA (768)NUMBER		421	384	312	72	37
RATE		10.8	9.9	8.0	1.9	.9
ALL OTHER CAUSES		9,049 232.5	5,191 133.4	3,740 96.1	1,451 37.3	3,858 99.1

## LIVE BIRTHS BY BIRTH WEIGHT AND RACE OF MOTHER AND INFANT DEATHS AND INFANT MORTALITY RATES BY AGE AT DEATH, BIRTH WEIGHT, AND RACE OF MOTHER FOR 10 MAJOR CAUSES OF INFANT DEATH: UNITED STATES, 1996 PERIOD DATA

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# (INFANT DEATHS WEIGHTED) (INFANT DEATHS ARE UNDER 1 YEAR. NEONATAL DEATHS ARE UNDER 28 DAYS; EARLY NEONATAL, 0-6 DAYS; LATE NEONATAL, 7-27 DAYS; AND POSTNEONATAL, 28 DAYS THROUGH 11 MONTHS)

CAUSE OF DEATH, BIRTH WEIGHT, AND RACE OF MOTHER LESS THAN 2,500 GRAMS   LIVE BIRTHS   INFANT DEATHS   TOTAL NEONATAL   EARLY NEONATAL   LATE NEONATAL   POST- NEONATAL     ALL RACES 1/, LESS THAN 2,500 GRAMS							
ALL RACES 1/, LESS THAN 2,500 GRAMS   ALL CAUSES	CAUSE OF DEATH, BIRTH WEIGHT, AND RACE OF MOTHER	LIVE BIRTHS	INFANT DEATHS	TOTAL NEONATAL	EARLY NEONATAL	LATE NEONATAL	POST- NEONATAL
ALL CAUSES	ALL RACES <u>1</u> /, LESS THAN 2,500 GRAMS						
CONGENITAL ANDMALIES (740-759)NUMBER RATE 3,504 1,215.9 2,810 975.2 2,383 827.1 427 148.1 694 240.7   PREMATURITY (765)NUMBER RATE 3,742 1,298.6 3,690 1,259.9 3,631 20.4 59 18.2   SUDDEN INFANT DEATH SYNDROME (798.0)NUMBER RATE 209.8 8.5 .7 7.8 201.3   RESP IRATORY DISTRESS SYNDROME (769)NUMBER RATE 1,314 415.8 1,229.3 1,001 412.3 229.3 84 408.4 3.9 3.5   MATERNAL COMPLICATIONS (761)NUMBER RATE 1,198 415.8 1,188 412.3 1,177 408.4 11 3.9 10 3.5   COMPLICATIONS OF PLACENTA,ETC. (762)NUMBER RATE 275.6 272.4 266 8.5.6 3.2   ACCIDENTS (E800-E949)NUMBER RATE 124 3.0 18 412.3 11 408.4 7 3.9 106 3.5   NUMBER RATE 215.4 199.6 90.0 15.9   PNEUMONIA AND INFLUENZA (480-487)NUMBER RATE 215.5 56 64.4 20 3.7 158 12.7   HYPOXIA AND ASPHYXIA (768)NUMBER RATE 20 186 66.5 159 64.4 2.9 2.6 1.0   ALL OTHER CAUSES NUMBER RATE 2.018.8 <t< td=""><td>ALL CAUSESNUMBER RATE</td><td>288,181</td><td>18,126 6,289.7</td><td>14,682 5,094.7</td><td>12,480 4,330.8</td><td>2,201 763.9</td><td>3,444 1,195.0</td></t<>	ALL CAUSESNUMBER RATE	288,181	18,126 6,289.7	14,682 5,094.7	12,480 4,330.8	2,201 763.9	3,444 1,195.0
PREMATURITY (765)	CONGENITAL ANOMALIES (740-759)NUMBER RATE		3,504 1,215.9	2,810 975.2	2,383 827.1	427 148.1	694 240.7
SUDDEN INFANT DEATH SYNDROME (798.0)NUMBER RATE 209.8 24 8.5 2 7 22 7.8 220 201.3   RESP IRATORY DISTRESS SYNDROME (769)NUMBER RATE 1,314 455.8 1,229 426.5 1,001 347.2 229 79.3 84 29.3   MATERNAL COMPLICATIONS (761)NUMBER RATE 1,198 415.8 1,188 412.3 1,177 408.4 1 3.9 1 3.5   COMPLICATIONS OF PLACENTA,ETC. (762)NUMBER RATE 275.6 272.4 266.8 5.6 3.2   ACCIDENTS (E800-E949)NUMBER RATE 124 43.0 18 6.4 11 3.9 7 106 3.6 106 3.2   INFECTIONS (771)NUMBER RATE 215.4 199.6 90.6 109.0 15.9   PNEUMONIA AND INFLUENZA (480-487)NUMBER RATE 215 66.5 56 64.4 12.7 54.9   HYPOXIA AND ASPHYXIA (768)NUMBER RATE 2,018.8 1,429.7 1,064.1 365.5 569.2	PREMATURITY (765)NUMBER RATE		3,742 1,298.6	3,690 1,280.3	3,631 1,259.9	59 20,4	53 18.2
RESP IRATORY DISTRESS SYNDROME (769)NUMBER RATE 1,314 455.8 1,229 426.5 1,001 347.2 229 79.3 84 29.3   MATERNAL COMPLICATIONS (761)NUMBER RATE 1,198 415.8 1,188 412.3 1,177 408.4 11 3.9 10 3.5   COMPLICATIONS OF PLACENTA, ETC. (762)NUMBER RATE 279.4 275.6 785 272.4 769 266.8 16 5.6 9 3.2   ACCIDENTS (E800-E949)NUMBER RATE 124 43.0 18 6.4 11 3.9 7 2.5 106 36.6   INFECTIONS (771)NUMBER RATE 215 74.4 199.6 90.6 109.0 15.9   PNEUMONIA AND INFLUENZA (480-487)NUMBER RATE 215 74.4 56 64.4 20 5.2 37 9.2 158 74.9   HYPOXIA AND ASPHYXIA (768)NUMBER RATE 192 2,018.8 186 1,429.7 1,053 1,064.1 1,053 365.5 1,698 769	SUDDEN INFANT DEATH SYNDROME (798.0)NUMBER RATE		605 209.8	24 8.5	.7	22 7.8	580 201.3
MATERNAL COMPLICATIONS (761)NUMBER RATE 1,198 415.8 1,188 412.3 1,177 408.4 11 3.9 10 3.5   COMPLICATIONS OF PLACENTA, ETC. (762)NUMBER RATE 794 275.6 785 272.4 769 266.8 16 5.6 9 3.2   ACCIDENTS (E800-E949)NUMBER RATE 124 43.0 18 6.4 11 3.9 7 106 36.6   INFECTIONS (771)NUMBER RATE 215.4 199.6 90.6 109.0 15.9   PNEUMONIA AND INFLUENZA (480-487)NUMBER RATE 215 66.5 56 64.4 159 56.20 37 37 54.9 158 74.9   HYPOXIA AND ASPHYXIA (768)NUMBER RATE 192 66.5 186 64.4 159 55.2 26 9.2 26 6.1 6 20 20 37 2.5 158 2.1   ALL OTHER CAUSESNUMBER RATE 5,818 2,018.8 4,120 1,429.7 3,067 1,064.1 1,053 365.5 1,698 589.2	RESPIRATORY DISTRESS SYNDROME (769)NUMBER RATE		1,314 455.8	1,229 426.5	1,001 347.2	229 79.3	84 29.3
COMPLICATIONS OF PLACENTA, ETC. (762)NUMBER 794 785 769 16 9   ACCIDENTS (E800-E949) NUMBER 124 18 11 7 106   RATE 43.0 6.4 3.9 2.5 36.6   INFECTIONS (771) NUMBER 215.4 199.6 90.6 109.0 15.9   PNEUMONIA AND INFLUENZA (480-487)NUMBER 215 56 20 37 158   HYPOXIA AND ASPHYXIA (768)NUMBER 192 186 159 26 6   ALL OTHER CAUSES NUMBER 5,818 4,120 3,067 1,053 1,698   RATE 2,018.8 1,429.7 1,064.1 365.5 589.2	MATERNAL COMPLICATIONS (761)NUMBER RATE		1,198 415.8	1,1 <b>88</b> 412.3	1,177 408.4	11 3.9	10 3.5
ACCIDENTS (E800-E949)NUMBER NUMBER 124 18 11 7 106   INFECTIONS (771)NUMBER NUMBER 621 575 261 314 46   PNEUMONIA AND INFLUENZA (480-487)NUMBER 215 56 20 37 158   HYPOXIA AND ASPHYXIA (768)NUMBER 192 186 159 26 6   ALL OTHER CAUSES	COMPLICATIONS OF PLACENTA,ETC. (762)NUMBER RATE		794 275.6	785 272.4	769 266 <b>.8</b>	16 5.6	9 3.2
INFECTIONS (771)NUMBER NUMBER 621 575 261 314 46   RATE 215.4 199.6 90.6 109.0 15.9   PNEUMONIA AND INFLUENZA (480-487)NUMBER 215 56 20 37 158   HYPOXIA AND ASPHYXIA (768)NUMBER 192 186 159 26 6   ALL OTHER CAUSES	ACCIDENTS (E800-E949)NUMBER RATE		124 43.0	18 6.4	11 3.9	7 2.5	106 36.6
PNEUMONIA AND INFLUENZA (480-487)NUMBER RATE 215 74.4 56 19.5 20 6.8 37 12.7 158 54.9   HYPOXIA AND ASPHYXIA (768)NUMBER RATE 192 66.5 186 64.4 159 55.2 26 9.2 6 2.1   ALL OTHER CAUSES NUMBER RATE 5,818 2,018.8 4,120 1,429.7 3,067 1,064.1 1,053 365.5 1,698 569.2	INFECTIONS (771)NUMBER RATE		621 215.4	575 199.6	261 90.6	314 109.0	46 15.9
HYPOXIA AND ASPHYXIA (768)NUMBER 192 186 159 26 6   RATE 66.5 64.4 55.2 9.2 2.1   ALL OTHER CAUSES NUMBER 5,818 4,120 3,067 1,053 1,698   RATE 2,018.8 1,429.7 1,064.1 365.5 569.2	PNEUMONIA AND INFLUENZA (480-487)NUMBER RATE		215 74.4	56 19.5	20 6.8	37 12.7	158 54.9
ALL OTHER CAUSES	HYPOXIA AND ASPHYXIA (768)NUMBER RATE		192 66.5	186 64.4	159 55.2	26 9,2	6 2.1
	ALL OTHER CAUSESNUMBER RATE		5,818 2,018.8	4,120 1,429.7	3,067 1,064.1	1,053 365.5	1,698 569.2

(RATES ARE PER 100,000 LIVE BIRTHS)

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#### LIVE BIRTHS BY BIRTH WEIGHT AND RACE OF MOTHER AND INFANT DEATHS AND INFANT MORTALITY RATES BY AGE AT DEATH, BIRTH WEIGHT, AND RACE OF MOTHER FOR 10 MAJOR CAUSES OF INFANT DEATH: UNITED STATES, 1996 PERIOD DATA

(INFANT DEATHS WEIGHTED) (INFANT DEATHS ARE UNDER 1 YEAR. NEONATAL DEATHS ARE UNDER 28 DAYS; EARLY NEONATAL, 0-6 DAYS; LATE NEONATAL, 7-27 DAYS; AND POSTNEONATAL, 28 DAYS THROUGH 11 MONTHS)

CAUSE OF DEATH, BIRTH WEIGHT, AND RACE OF MOTHER	L I VE	INFANT	TOTAL	EARLY	LATE	POST-
	B I RTHS	DEATHS	NEONATAL	NEONATAL	NEONATAL	NEONATAL
ALL RACES 1/, 2,500 GRAMS OR MORE						
ALL CAUSESNUMBER	3,601,121	9,963	3,564	2,173	1,391	6,399
RATE		276.7	99.0	60.3	38.6	177,7
CONGENITAL ANOMALIES (740-759)NUMBER		2,874	1,788	1,133	655	1,087
RATE		79.8	49.6	31.5	18.2	30.2
PREMATURITY (765)NUMBER		26	24	22	2	2
RATE		.7	. 7	.6	. 1	. 1
SUDDEN INFANT DEATH SYNDROME (798.0)NUMBER		2,443	186	20	166	2,257
RATE		67.8	5.2	.6	4.6	62.7
RESPIRATORY DISTRESS SYNDROME (769)NUMBER RATE		43 1,2	27 .7	22 .6	. 1	16 .5
MATERNAL COMPLICATIONS (761)NUMBER RATE		19 .5	19 .5	19 . 5	Ξ	=
COMPLICATIONS OF PLACENTA,ETC. (762)NUMBER RATE		115 3,2	110 3.1	103 2.9	.2	.1
ACCIDENTS (E800~E949)NUMBER		663	68	21	47	595
RATE		18,4	1.9	.6	1.3	16.5
INFECTIONS (771)NUMBER		137	123	71	52	13
RATE		3.8	3.4	2.0	1.4	.4
PNEUMONIA AND INFLUENZA (480-487)NUMBER		277	39	16	22	238
RATE		7.7	1,1	.5	.6	6.6
HYPOXIA AND ASPHYXIA (768)NUMBER		221	191	145	46	31
RATE		6.1	5.3	4.0	1.3	.8
ALL OTHER CAUSES		3,144 87.3	989 27.5	599 16,6	390 10.8	2,155 59.8

## LIVE BIRTHS BY BIRTH WEIGHT AND RACE OF MOTHER AND INFANT DEATHS AND INFANT MORTALITY RATES BY AGE AT DEATH, BIRTH WEIGHT, AND RACE OF MOTHER FOR 10 MAJOR CAUSES OF INFANT DEATH: UNITED STATES, 1996 PERIOD DATA

# (INFANT DEATHS WEIGHTED) (INFANT DEATHS ARE UNDER 1 YEAR. NEONATAL DEATHS ARE UNDER 28 DAYS; EARLY NEONATAL, O-6 DAYS; LATE NEONATAL, 7-27 DAYS; AND POSTNEONATAL, 28 DAYS THROUGH 11 MONTHS)

CAUSE OF DEATH, BIRTH WEIGHT, AND RACE OF MOTHER	LIVE BIRTHS	INFANT DEATHS	TOTAL NEONATAL	EARLY NEONATAL	LATE NEONATAL	POST- NEONATAL
ALL RACES <u>1</u> /, NOT STATED BIRTH WEIGHT						
ALL CAUSESNUMBER RATE	2,192	331 15,078.5	310 14,136.5	294 13,392.0	16 744.5	21 942.0
CONGENITAL ANOMALIES (740-759)NUMBER RATE		28 1,293.4	24 1,105.0	20 918.4	4 186.7	4 188.4
PREMATURITY (765)NUMBER RATE		118 5,377.1	117 5,331.0	116 5,2 <b>8</b> 5.1	1 46.0	1 46.0
SUDDEN INFANT DEATH SYNDROME (798.0)NUMBER RATE		8 371.7	2 91.6	1 45.6	1 46.0	6 280.1
RESPIRATORY DISTRESS SYNDROME (769)NUMBER RATE		7 332.8	6 284.8	238.7	1 46.1	1 48.0
MATERNAL COMPLICATIONS (761)NUMBER RATE		34 1,552.4	34 1,552.4	34 1,552.4	Ξ	Ξ
COMPLICATIONS OF PLACENTA,ETC. (762)NUMBER RATE		28 1,269.3	28 1,269.3	28 1,269.3	Ξ	Ξ
ACCIDENTS (E800-E949)NUMBER RATE		4 185.2	3 139.2	3 139.2	2	1 46,0
INFECTIONS (771)NUMBER RATE		4 194.9	3 143.6	2 95.6	1 48.0	1 51.3
PNEUMONIA AND INFLUENZA (480-487)NUMBER RATE		3 140.1	2 93.5	2 93.5	Ξ	1 46.6
HYPOXIA AND ASPHYXIA (768)NUMBER RATE		8 371.1	8 371.1	8 371.1	Ξ	Ξ
ALL OTHER CAUSES		87 3,990.5	82 3,754.9	74 3,383.1	8 371.8	5 235.6

## LIVE BIRTHS BY BIRTH WEIGHT AND RACE OF MOTHER AND INFANT DEATHS AND INFANT MORTALITY RATES BY AGE AT DEATH, BIRTH WEIGHT, AND RACE OF MOTHER FOR 10 MAJOR CAUSES OF INFANT DEATH: UNITED STATES, 1996 PERIOD DATA

(INFANT DEATHS WEIGHTED) (INFANT DEATHS ARE UNDER 1 YEAR. NEONATAL DEATHS ARE UNDER 28 DAYS; EARLY NEONATAL, 0-6 DAYS; LATE NEONATAL, 7-27 DAYS; AND POSTNEONATAL, 28 DAYS THROUGH 11 MONTHS)

CAUSE OF DEATH, BIRTH WEIGHT, AND RACE OF MOTHER	LIVE INFANT		TOTAL	EARLY	LATE	POST-
	BIRTHS DEATHS		NEONATAL	NEONATAL	NEONATAL	NEONATAL
WHITE, ALL BIRTH WEIGHTS				_		
ALL CAUSESNUMBER	3,093,057	18,774	12,260	9,798	2,462	6,513
RATE		607.0	396.4	316.8	79.6	210.6
CONGENITAL ANOMALIES (740-759)NUMBER		4,979	3,664	2,810	854	1,315
RATE		161.0	118.5	90.8	27.6	42.5
PREMATURITY (765)NUMBER		2,128	2,098	2,064	33	30
RATE		68.8	67.8	66.7	1.1	1.0
SUDDEN INFANT DEATH SYNDROME (798.0)NUMBER		1,990	148	16	131	1,842
RATE		64.3	4.8	.5	4.2	59.6
RESPIRATORY DISTRESS SYNDROME (769)NUMBER		848	783	648	135	64
RATE		27.4	25.3	21.0	4.4	2.1
MATERNAL COMPLICATIONS (761)NUMBER		783	779	771	. 8	4
RATE		25.3	25.2	24.9	. 3	. 1
COMPLICATIONS OF PLACENTA,ETC. (762)NUMBER		627	619	601	17	. 8
RATE		20.3	20.0	19.4	.6	. 3
ACCIDENTS (E800-E949)NUMBER		555	62	30	32	493
RATE		17.9	2.0	1.0	1.1	15.9
INFECTIONS (771)NUMBER		481	445	223	222	36
RATE		15,6	14.4	7.2	7.2	1.1
PNEUMONIA AND INFLUENZA (480-487)NUMBER		303	63	29	34	240
RATE		9.8	2.0	. 9	1.1	7.8
HYPOXIA AND ASPHYXIA (768)NUMBER		306	279	229	50	26
RATE		9.9	9.0	7.4	1.6	.9
ALL OTHER CAUSES		5,775 186.7	3,320 107.3	2,376 76.8	944 30.5	2,454 79.4

## LIVE BIRTHS BY BIRTH WEIGHT AND RACE OF MOTHER AND INFANT DEATHS AND INFANT MORTALITY RATES BY AGE AT DEATH, BIRTH WEIGHT, AND RACE OF MOTHER FOR 10 MAJOR CAUSES OF INFANT DEATH: UNITED STATES, 1996 PERIOD DATA

# (INFANT DEATHS WEIGHTED) (INFANT DEATHS ARE UNDER 1 YEAR. NEONATAL DEATHS ARE UNDER 28 DAYS; EARLY NEONATAL, 0-6 DAYS; LATE NEONATAL, 7-27 DAYS; AND POSTNEONATAL, 28 DAYS THROUGH 11 MONTHS)

CAUSE OF DEATH, BIRTH WEIGHT, AND RACE OF MOTHER	LIVE	INFANT	TOTAL	EARLY	LATE	POST-
	BIRTHS	DEATHS	NEONATAL	NEONATAL	NEONATAL	NEONATAL
WHITE, LESS THAN 2,500 GRAMS						
ALL CAUSESNUMBER	196,443	11,297	9,280	7,894	1,386	2,017
RATE		5,750.9	4,723.9	4,018.4	705.5	1,027.0
CONGENITAL ANOMALIES (740-759)NUMBER		2,654	2,161	1,855	306	493
RATE		1,351.2	1,100.1	944.3	155.8	251.1
PREMATURITY (765)NUMBER		2,054	2,026	1,993	32	28
RATE		1,045.5	1,031.1	1,014.6	16.5	14.4
SUDDEN INFANT DEATH SYNDROME (798.0)NUMBER		338	19	2	17	319
RATE		172.1	9.9	1.0	8.9	162,2
RESPIRATORY DISTRESS SYNDROME (769)NUMBER		808	758	629	129	51
RATE		411.5	385.6	320.0	65.7	25.9
MATERNAL COMPLICATIONS (761)NUMBER		746	742	734	8	4
RATE		379.8	377.7	373.6	4.1	2.1
COMPLICATIONS OF PLACENTA,ETC. (762)NUMBER		512	508	496	12	4
RATE		260.6	258.6	252.4	6.2	2.1
ACCIDENTS (E800-E949)NUMBER		78	14	10	4	64
RATE		39.9	7.3	5.2	2.1	32.6
INFECTIONS (771)NUMBER		<b>383</b>	356	167	188	27
RATE		195.0	181.0	85.1	95.9	14.0
PNEUMONIA AND INFLUENZA (480-487)NUMBER		119	37	14	22	82
RATE		60.6	18.7	7.4	11.4	41.8
HYPOXIA AND ASPHYXIA (768)NUMBER		121	118	102	16	3
RATE		61.6	60.1	51.8	8.3	1.6
ALL OTHER CAUSESNUMBER		3,483	2,542	1,892	650	942
RATE		1,773.2	1,293.9	963.2	330 <b>.8</b>	479.3

### LIVE BIRTHS BY BIRTH WEIGHT AND RACE OF MOTHER AND INFANT DEATHS AND INFANT MORTALITY RATES BY AGE AT DEATH, BIRTH WEIGHT, AND RACE OF MOTHER FOR 10 MAJOR CAUSES OF INFANT DEATH: UNITED STATES, 1996 PERIOD DATA

(INFANT DEATHS WEIGHTED) (INFANT DEATHS ARE UNDER 1 YEAR. NEONATAL DEATHS ARE UNDER 28 DAYS; EARLY NEONATAL, 0~6 DAYS; LATE NEONATAL, 7-27 DAYS; AND POSTNEONATAL, 28 DAYS THROUGH 11 MONTHS)

CAUSE OF DEATH, BIRTH WEIGHT, AND RACE OF MOTHER	L I VE	INFANT	TOTAL	EARLY	LATE	POST-
	B I R T H S	DEATHS	NEONATAL	NEONATAL	NEONATAL	NEONATAL
WHITE, 2,500 GRAMS OR MORE						
ALL CAUSESNUMBER	2,895,116	7,292	2,807	1,741	1,066	4,486
RATE		251.9	97.0	60.1	36.8	154.9
CONGENITAL ANOMALIES (740-759)NUMBER		2,304	1,484	939	545	820
RATE		79.6	51.3	32.4	18.8	28.3
PREMATURITY (765)NUMBER RATE		16 .6	15 .5	15 .5	Ξ	1 .0
SUDDEN INFANT DEATH SYNDROME (798.0)NUMBER		1,647	126	13	113	1,521
RATE		56.9	4.4	.5	3.9	52.5
RESPIRATORY DISTRESS SYNDROME (769)NUMBER RATE		35 1.2	23 .8	18 .6	.2	12 . 4
MATERNAL COMPLICATIONS (761)NUMBER RATE		14 . 5	14 .5	14 .5	Ξ	Ξ
COMPLICATIONS OF PLACENTA,ETC. (762)NUMBER RATE		95 3.3	91 3.1	86 3.0	.2	4 . 1
ACCIDENTS (E800-E949)NUMBER		473	45	16	28	429
RATE		16.3	1.5	.6	1.0	14.8
INFECTIONS (771)NUMBER		97	<b>89</b>	56	33	. 8
RATE		3.4	3.1	1.9	1.1	. 3
PNEUMONIA AND INFLUENZA (480-487)NUMBER		184	26	14	12	158
RATE		6.4	.9	. 5	.4	5.5
HYPOXIA AND ASPHYXIA (768)NUMBER		180	157	124	33	23
RATE		6.2	5.4	4.3	1.2	.8
ALL OTHER CAUSESNUMBER		2,246	736	445	291	1,510
RATE		77.6	25.4	15.4	10,1	52.1

LIVE BIRTHS BY BIRTH WEIGHT AND RACE OF MOTHER AND INFANT DEATHS AND INFANT MORTALITY RATES BY AGE AT DEATH, BIRTH WEIGHT, AND RACE OF MOTHER FOR 10 MAJOR CAUSES OF INFANT DEATH: UNITED STATES, 1996 PERIOD DATA

(INFANT DEATHS WEIGHTED) (INFANT DEATHS ARE UNDER 1 YEAR. NEONATAL DEATHS ARE UNDER 28 DAYS; EARLY NEONATAL, 0-6 DAYS; LATE NEONATAL, 7-27 DAYS; AND POSTNEONATAL, 28 DAYS THROUGH 11 MONTHS)

CAUSE OF DEATH, BIRTH WEIGHT, AND RACE OF MOTHER	L I VE B I R T H S	INFANT DEATHS	TOTAL NEONATAL	EARLY NEONATAL	LATE NEONATAL	POST- NEONATAL
WHITE, NOT STATED BIRTH WEIGHT						
ALL CAUSESNUMBER RATE	1,498	184 12,288.1	174 11,599.5	164 10,921.6	10 677.9	10 688.6
CONGENITAL ANOMALIES (740-759)NUMBER RATE		21 1,404.8	19 1,264.3	16 1,061.3	3 202.9	2 140.5
PREMATURITY (765)NUMBER RATE		58 3,842.4	57 3,775.1	56 3,707.8	67.2	1 67.4
SUDDEN INFANT DEATH SYNDROME (798.0)NUMBER RATE		5 336.6	2 134.0	1 66.8	1 67.2	3 202.6
RESPIRATORY DISTRESS SYNDROME (769)NUMBER RATE		4 281.4	3 211.2	2 143.8	1 67.4	1 70.3
MATERNAL COMPLICATIONS (761)NUMBER RATE		23 1,521.1	23 1,521.1	23 1,521.1	Ξ	Ξ
COMPLICATIONS OF PLACENTA,ETC. (762)NUMBER RATE		20 1,313.3	20 1,313.3	20 1,313.3	Ξ	Ξ
ACCIDENTS (E800-E949)NUMBER RATE		3 203.6	3 203.6	3 203.6	Ξ	:
INFECTIONS (771)NUMBER RATE		1 70.3	1 70.3	Ξ	1 70.3	Ξ
PNEUMON!A AND !NFLUENZA (480-487)NUMBER RATE.,		Ξ	Ξ	Ξ	Ξ	Ξ
HYPOXIA AND ASPHYXIA (768)NUMBER RATE.,		4 273.7	4 273.7	273.7	Ξ	Ξ
ALL OTHER CAUSES		46 3,040.9	42 2,833.0	39 2,630,2	202.8	3 207.9

## LIVE BIRTHS BY BIRTH WEIGHT AND RACE OF MOTHER AND INFANT DEATHS AND INFANT MORTALITY RATES BY AGE AT DEATH, BIRTH WEIGHT, AND RACE OF MOTHER FOR 10 MAJOR CAUSES OF INFANT DEATH: UNITED STATES, 1996 PERIOD DATA

(INFANT DEATHS WEIGHTED) (INFANT DEATHS ARE UNDER 1 YEAR. NEONATAL DEATHS ARE UNDER 28 DAYS; EARLY NEONATAL, 0-6 DAYS; LATE NEONATAL, 7-27 DAYS; AND POSTNEONATAL, 28 DAYS THROUGH 11 MONTHS)

CAUSE OF DEATH, BIRTH WEIGHT, AND RACE OF MOTHER	LIVE INFANT		TOTAL	EARLY	LATE	POST-
	BIRTHS DEATHS		NEONATAL	NEONATAL	NEONATAL	Neonatal
BLACK, ALL BIRTH WEIGHTS						
ALL CAUSESNUMBER	594,781	8,406	5,562	4,549	1,012	2,844
RATE		1,413.3	935.1	764.9	170,2	478.2
CONGENITAL ANOMALIES (740-759)NUMBER		1,130	754	561	193	376
RATE		190.0	126.7	94.4	32,4	63.3
PREMATURITY (765)NUMBER		1,627	1,603	1,577	26	24
RATE		273.6	269.5	265.1	4.4	4.1
SUDDEN INFANT DEATH SYNDROME (798.0)NUMBER		915	58	6	52	857
RATE		153.9	9.7	1.0	8.7	144.2
RESPIRATORY DISTRESS SYNDROME (769)NUMBER		467	433	343	89	35
RATE		78.6	72.8	57.7	15.0	5.8
MATERNAL COMPLICATIONS (761)NUMBER RATE		434 72.9	429 72,1	427 71.7	2 . 3	. 9
COMPLICATIONS OF PLACENTA,ETC. (762)NUMBER		268	262	256	6	6
RATE		45.1	44.0	43.0	1.0	1.0
ACCIDENTS (E800-E949)NUMBER RATE		199 33.4	23 3.9	.4	19 3.2	175 29.5
INFECTIONS (771)NUMBER		246	227	98	129	19
RATE		41.3	38,1	16.5	21.6	3.2
PNEUMONIA AND INFLUENZA (480-487)NUMBER		160	31	9	21	130
RATE		27.0	5.1	1.6	3.6	21.8
HYPOXIA AND ASPHYXIA (768)NUMBER		95	87	68	18	<b>8</b>
RATE		15.9	14.6	11.5	3.1	1.4
ALL OTHER CAUSES		2,865 481.7	1,657 278.5	1,200 201.7	457 76.9	1,208 203,1

### LIVE BIRTHS BY BIRTH WEIGHT AND RACE OF MOTHER AND INFANT DEATHS AND INFANT MORTALITY RATES BY AGE AT DEATH, BIRTH WEIGHT, AND RACE OF MOTHER FOR 10 MAJOR CAUSES OF INFANT DEATH: UNITED STATES, 1996 PERIOD DATA

(INFANT DEATHS WEIGHTED) (INFANT DEATHS ARE UNDER 1 YEAR. NEONATAL DEATHS ARE UNDER 28 DAYS; EARLY NEONATAL, 0-6 DAYS; LATE NEONATAL, 7-27 DAYS; AND POSTNEONATAL, 28 DAYS THROUGH 11 MONTHS)

CAUSE OF DEATH, BIRTH WEIGHT, AND RACE OF MOTHER	L I VE	INFANT	TOTAL	EARLY	LATE	POST-
	B I R T H S	DEATHS	NEONATAL	NEONATAL	NEONATAL	NEONATAL
BLACK, LESS THAN 2,500 GRAMS						
ALL CAUSESNUMBER	77,556	6,105	4,828	4,098	730	1,277
RATE		7,871.7	6,225.7	5,283.9	941.8	1,646.0
CONGENITAL ANOMALIES (740-759)NUMBER		690	520	417	104	170
RATE		889.4	670.6	537.1	133.5	218.8
PREMATURITY (765)NUMBER		1,562	1,539	1,515	24	23
RATE		2,014.6	1,984.7	1,953.5	31.3	29.9
SUDDEN INFANT DEATH SYNDROME (798.0)NUMBER RATE		246 317.3	5 6.5	Ξ	5 6.5	241 310.8
RESPIRATORY DISTRESS SYNDROME (769)NUMBER		459	428	338	89	32
RATE		591.9	551.3	436.1	115.2	40.6
MATERNAL COMPLICATIONS (761)NUMBER		419	414	412	2	5
RATE		540.9	534.3	531.6	2.6	6.6
COMPLICATIONS OF PLACENTA,ETC. (762)NUMBER		245	240	236	4	5
RATE		315.4	308.9	303.7	5.2	6.6
ACCIDENTS (E800-E949)NUMBER		41	4	1	3	37
RATE.,		53.5	5.2	1.3	3.9	48.3
INFECTIONS (771)NUMBER		212	198	86	112	14
RATE		273.7	255.4	110.5	144.9	18.3
PNEUMONIA AND INFLUENZA (480-487)NUMBER		85	17	5	12	68
RATE		109.9	22.4	6.7	15.7	87.5
HYPOXIA AND ASPHYXIA (768)NUMBER		57	56	48	8	1
RATE		73.7	72.4	62.0	10.4	1.3
ALL OTHER CAUSESRATE		2,087 2,691,2	1,407 1,814.0	1,040 1,341.3	367 472.7	680 877.3

### LIVE BIRTHS BY BIRTH WEIGHT AND RACE OF MOTHER AND INFANT DEATHS AND INFANT MORTALITY RATES BY AGE AT DEATH, BIRTH WEIGHT, AND RACE OF MOTHER FOR 10 MAJOR CAUSES OF INFANT DEATH: UNITED STATES, 1996 PERIOD DATA

(INFANT DEATHS WEIGHTED) (INFANT DEATHS ARE UNDER 1 YEAR. NEONATAL DEATHS ARE UNDER 28 DAYS; EARLY NEONATAL, 0-6 DAYS; LATE NEONATAL, 7-27 DAYS; AND POSTNEONATAL, 28 DAYS THROUGH 11 MONTHS)

CAUSE OF DEATH, BIRTH WEIGHT, AND RACE OF MOTHER	L I VE	INFANT	TOTAL	EARLY	LATE	POST-
	B IRTHS	DEATHS	NEONATAL	NEONATAL	NEONATAL	NEONATAL
BLACK, 2,500 GRAMS OR MORE						
ALL CAUSESNUMBER	516,749	2,177	615	338	277	1,562
RATE		421.2	119.0	65.4	53.6	302.2
CONGENITAL ANOMALIES (740-759)NUMBER		438	233	144	89	206
RATE		84.8	45.0	27.8	17.2	39.8
PREMATURITY (765)NUMBER RATE		10 1.8	1.7	7 1.3	2 .4	1 .2
SUDDEN INFANT DEATH SYNDROME (798.0)NUMBER		668	53	6	47	615
RATE		129.3	10.2	1.2	9.0	119.1
RESPIRATORY DISTRESS SYNDROME (769)NUMBER RATE		6 1.2	3 .6	3 .6	Ξ	3 .6
MATERNAL COMPLICATIONS (761)NUMBER RATE		4 .8	4 . 8	4 . 8	Ξ	Ξ
COMPLICATIONS OF PLACENTA,ETC. (762)NUMBER RATE		18 3.5	17 3.3	15 3.0	2 .4	.2
ACCIDENTS (E800-E949)NUMBER		156	19	3	16	137
RATE		30.2	3.7	.6	3.1	26.5
INFECTIONS (771)NUMBER		31	26	10	16	5
RATE		6.1	5.1	2.0	3 . 1	1.0
PNEUMONIA AND INFLUENZA (480-487)NUMBER		72	11	2	9	61
RATE		13.9	2.2	.4	1.8	11.8
HYPOXIA AND ASPHYXIA (768)NUMBER		34	27	17	10	7
RATE		6.7	5.3	3.3	2.0	1.4
ALL OTHER CAUSESRATE		738 142.8	212 41.1	127 24.6	85 16.5	526 101,7

### LIVE BIRTHS BY BIRTH WEIGHT AND RACE OF MOTHER AND INFANT DEATHS AND INFANT MORTALITY RATES BY AGE AT DEATH, BIRTH WEIGHT, AND RACE OF MOTHER FOR 10 MAJOR CAUSES OF INFANT DEATH: UNITED STATES, 1996 PERIOD DATA

(INFANT DEATHS WEIGHTED) (INFANT DEATHS ARE UNDER 1 YEAR. NEONATAL DEATHS ARE UNDER 28 DAYS; EARLY NEONATAL, 0-6 DAYS; LATE NEONATAL, 7-27 DAYS; AND POSTNEONATAL, 28 DAYS THROUGH 11 MONTHS)

CAUSE OF DEATH, BIRTH WEIGHT, AND RACE OF MOTHER	LIVE BIRTHS	INFANT DEATHS	TOTAL NEONATAL	EARLY NEONATAL	LATE NEONATAL	POST- NEONATAL
BLACK, NOT STATED BIRTH WEIGHT				-	_	
ALL CAUSESNUMBER RATE	476	125 26,199.1	119 24,909.0	113 23,834.9	5 1,074.1	6 1,290.1
CONGENITAL ANOMALIES (740-759)NUMBER RATE		2 426.4	1 214.4	1 214.4	Ξ	1 212.0
PREMATURITY (765)NUMBER RATE		55 11,618.9	55 11,618.9	55 11,618.9	2	Ξ
SUDDEN INFANT DEATH SYNDROME (798.0)NUMBER RATE		1 221.1	-	Ξ	Ξ	1 221,1
RESPIRATORY DISTRESS SYNDROME (769)NUMBER RATE		2 436.8	2 436.8	2 436.8	Ξ	-
MATERNAL COMPLICATIONS (761)NUMBER RATE		10 2,152.0	10 2,152.0	10 2,152.0	Ξ	-
COMPLICATIONS OF PLACENTA,ETC. (762)NUMBER RATE		5 1,081.8	5 1,081.8	5 1,081.8	Ξ	Ξ
ACCIDENTS (E800-E949)NUMBER RATE		1 212.0	Ξ	Ξ	Ξ	1 212.0
INFECTIONS (771)NUMBER RATE		2 440.1	2 440.1	2 440.1	-	=
PNEUMONIA AND INFLUENZA (480-487)NUMBER RATE		3 645.4	430.7	430.7	Ξ	1 214,6
HYPOXIA AND ASPHYXIA (768)NUMBER RATE		3 637.6	637.6	3 637.6	Ξ	Ξ
ALL OTHER CAUSES		40 8,327.1	38 7,896.7	32 6,822.5	5 1,074.1	2 430.5

(RATES ARE PER 100,000 LIVE BIRTHS)

1/ INCLUDES RACES OTHER THAN WHITE AND BLACK

#### UNLINKED INFANT DEATHS BY RACE, AGE AT DEATH, AND STATE OF RESIDENCE: UNITED STATES, PUERTO RICO, VIRGIN ISLANDS, GUAM -- 1996 PERIOD DATA

#### (INFANT DEATHS ARE UNDER 1 YEAR. NEONATAL DEATHS ARE UNDER 28 DAYS; EARLY NEONATAL, 0-6 DAYS; LATE NEONATAL, 7-27 DAYS; AND POSTNEONATAL, 28 DAYS THROUGH 11 MONTHS)

(DATA IN THIS TABLE IS FOR INFANT DEATHS IN 1996 THAT ARE NOT INCLUDED IN THE LINKED FILE BECAUSE THEY WERE NOT LINKED WITH THEIR CORRESPONDING BIRTH CERTIFICATES. SEE METHODOLOGY SECTION. RESIDENCE IS OF INFANT DECEDENT; RACE IS FROM DEATH CERTIFICATE.)

AREA AND RACE OF CHILD 1/	INFANT	TOTAL NEONATAL	EARLY NEONATAL	LATE NEONATAL	POST- Neonatal
UNITED STATES 2/ WHITE BLACK	618 386 203	468 294 154	408 252 140	60 42 14	150 92 49
ALABAMA. WHITE BLACK	1 1 -	1	1 1 -	Ē	Ξ
ALASKA	1	1 1	1	Ē	=
AR I ZONA WH I TE BLACK	9 7 1	7 5 1	7 5 1	Ē	2 2 -
ARKANSAS. WHITE BLACK	Ē	Ξ	Ē	Ē	Ē
CAL I F ORN I A	167 116 38	138 101 26	124 90 25	14 11 1	29 15 12
COLORADO	Ē	Ē	Ē	Ē	Ē
CONNECTICUT	Ē	Ē	Ē	Ē	Ē
DELAWARE	Ē	Ē	Ē	-	Ē
DISTRICT OF COLUMBIA WHITE BLACK	Ē	Ē	Ē		Ē

UNLINKED INFANT DEATHS BY RACE, AGE AT DEATH, AND STATE OF RESIDENCE: UNITED STATES, PUERTO RICO, VIRGIN ISLANDS, GUAM -- 1996 PERIOD DATA

(INFANT DEATHS ARE UNDER 1 YEAR. NEONATAL DEATHS ARE UNDER 28 DAYS; EARLY NEONATAL, 0-6 DAYS; LATE NEONATAL, 7-27 DAYS; AND POSTNEONATAL, 28 DAYS THROUGH 11 MONTHS)

(DATA IN THIS TABLE IS FOR INFANT DEATHS IN 1996 THAT ARE NOT INCLUDED IN THE LINKED FILE BECAUSE THEY WERE NOT LINKED WITH THEIR CORRESPONDING BIRTH CERTIFICATES. SEE METHODOLOGY SECTION. RESIDENCE IS OF INFANT DECEDENT; RACE IS FROM DEATH CERTIFICATE.)

AREA AND RACE OF CHILD 1/	INFANT	TOTAL NEONATAL	EARLY NEONATAL	LATE NEONATAL	POST- Neonatal
FLOR IDA. WHITE BLACK.	532	5 3 2	5 3 2	Ē	-
GEORGIA	2	1	1	Ē	1
WHITE	-	-	-		-
BLACK	1	1	1		-
HAWAII.	6	2	Ē	2	4
WHITE.	3	1		1	2
BLACK.	-	-		-	-
IDAHO WHITE BLACK	3 3 -	Ē	Ē	Ē	3 3 -
ILLINOIS.	29	25	23	2	4
WHITE.	13	10	9	1	3
BLACK.	15	14	14	-	1
INDIANA.	20	8	4	4	12
WHITE.	13	5	2	3	8
BLACK	6	3	2	1	3
IOWA. WHITE. BLACK	=	-	Ē	Ē	
KANSAS WHITE BLACK	-	Ē	-	-	Ē
KENTUCKY	14	9	8	1	5
	13	9	8	1	4
	1	-	-	-	1
LOUISIANA.	20	16	12	4	4
WHITE	7	6	6	-	1
BLACK.	13	10	6	4	3

#### UNLINKED INFANT DEATHS BY RACE, AGE AT DEATH, AND STATE OF RESIDENCE: UNITED STATES, PUERTO RICO, VIRGIN ISLANDS, GUAM -- 1996 PERIOD DATA

#### (INFANT DEATHS ARE UNDER 1 YEAR. NEONATAL DEATHS ARE UNDER 28 DAYS; EARLY NEONATAL, 0-6 DAYS; LATE NEONATAL, 7-27 DAYS; AND POSTNEONATAL, 28 DAYS THROUGH 11 MONTHS)

(DATA IN THIS TABLE IS FOR INFANT DEATHS IN 1996 THAT ARE NOT INCLUDED IN THE LINKED FILE BECAUSE THEY WERE NOT LINKED WITH THEIR CORRESPONDING BIRTH CERTIFICATES. SEE METHODOLOGY SECTION. RESIDENCE IS OF INFANT DECEDENT; RACE IS FROM DEATH CERTIFICATE.)

AREA AND RACE OF CHILD 1/	INFANT	TOTAL NEONATAL	EARLY NEONATAL	LATE NEONATAL	POST- NEONATAL
MAINE. WHITE	-		-	-	:
MARYLAND	5 2 3	4 2 2	2 - 2	2 2 -	1 - 1
MASSACHUSETTS	14 11 2	11 10 1	8 7 1	3 3 -	3 1 1
MICHIGAN	15 10 4	14 10 3	11 7 3	3 3 -	1 - 1
MINNESOTA	Ē	Ē	Ē	Ē	Ξ
MISSISSIPPI	Ē	Ē	Ē	Ē	Ξ
MISSOURI. WHITE. BLACK	11 3 7	10 2 7	10 2 7	Ē	1 1 -
MONTANA	Ē	Ē	Ē	Ē	=
NEBRASKA WHITE BLACK	1 1 -	Ē	Ē	Ē	1 1 -
NEVADA	1 1 -	1 1 -	1 1 -	Ē	Ē
#### DOCUMENTATION TABLE 6

#### UNLINKED INFANT DEATHS BY RACE, AGE AT DEATH, AND STATE OF RESIDENCE: UNITED STATES, PUERTO RICO, VIRGIN ISLANDS, GUAM -- 1996 PERIOD DATA

#### (INFANT DEATHS ARE UNDER 1 YEAR. NEONATAL DEATHS ARE UNDER 28 DAYS; EARLY NEONATAL, 0-6 DAYS; LATE NEONATAL, 7-27 DAYS; AND POSTNEONATAL, 28 DAYS THROUGH 11 MONTHS)

#### (DATA IN THIS TABLE IS FOR INFANT DEATHS IN 1996 THAT ARE NOT INCLUDED IN THE LINKED FILE BECAUSE THEY WERE NOT LINKED WITH THEIR CORRESPONDING BIRTH CERTIFICATES. SEE METHODOLOGY SECTION. RESIDENCE IS OF INFANT DECEDENT; RACE IS FROM DEATH CERTIFICATE.)

AREA AND RACE OF CHILD 1/	INFANT	TOTAL NEONATAL	EARLY NEONATAL	LATE NEONATAL	POST- NEONATAL
NEW HAMPSHIRE.	33-	1 1 -	1	Ē	22
NEW JERSEY WHITE BLACK	16 8 8	13 7 6	12 6 6	1 1 -	3 1 2
NEW MEXICO WHITE BLACK	6 6 -	4 4 -	4 4 -	-	2 2 -
NEW YORK	17 12 5	10 6 4	6 5 1	4 1 3	7 6 1
NEW YORK CITY	22 11 11	9 5 4	8 5 3	1 1	13 6 7
NORTH CAROLINA	7 4 3	2 - 2	2 - 2	Ē	5 4 1
NORTH DAKOTA	Ē	Ē	Ē	Ē	Ē
OHIO WHITE BLACK	79 44 35	63 34 29	59 32 27	4 2 2	16 10 6
OKLAHOMA WHITE BLACK	31 24 6	23 19 4	21 17 4	2 2 -	8 5 2
OREGON. WHITE. BLACK.	1 1 -	· 1 -	Ξ	1	=

#### DOCUMENTATION TABLE 6

#### UNLINKED INFANT DEATHS BY RACE, AGE AT DEATH, AND STATE OF RESIDENCE: UNITED STATES, PUERTO RICO, VIRGIN ISLANDS, GUAM -- 1996 PERIOD DATA

#### (INFANT DEATHS ARE UNDER 1 YEAR. NEONATAL DEATHS ARE UNDER 28 DAYS; EARLY NEONATAL, 0-6 DAYS; LATE NEONATAL, 7-27 DAYS; AND POSTNEONATAL, 28 DAYS THROUGH 11 MONTHS)

(DATA IN THIS TABLE IS FOR INFANT DEATHS IN 1996 THAT ARE NOT INCLUDED IN THE LINKED FILE BECAUSE THEY WERE NOT LINKED WITH THEIR CORRESPONDING BIRTH CERTIFICATES. SEE METHODOLOGY SECTION. RESIDENCE IS OF INFANT DECEDENT; RACE IS FROM DEATH CERTIFICATE.)

AREA AND RACE OF CHILD 1/	INFANT	TOTAL NEONATAL	EARLY NEONATAL	LATE NEONATAL	POST- NEONATAL
PENNSYLVANIA	35 17 15	31 14 14	28 13 12	3 1 2	4 3 1
RHODE ISLAND	Ē	Ē	-	-	-
SOUTH CAROLINA	6 5 1	2 2 -	1 1 -	1 1 -	4 3 1
SOUTH DAKOTA	Ē	Ē	Ē	Ē	Ē
TENNESSEE	1 1 -	1 1 -	Ē	1 1 -	Ē
TEXAS WHITE BLACK	48 31 16	43 26 16	40 23 16	3 3 -	5 5 -
UTAH. WHITE. BLACK.	2 2 -	1 1 -	Ē	1 1 -	1 1 -
VERMONT		Ē	Ē	Ē	Ξ
VIRGINIA	13 5 8	10 5 5	8 3 5	2 2 -	3 - 3
WASHINGTON	3 2 1	Ē	Ē	Ē	3 2 1

#### DOCUMENTATION TABLE 6

UNLINKED INFANT DEATHS BY RACE, AGE AT DEATH, AND STATE OF RESIDENCE: UNITED STATES, PUERTO RICO, VIRGIN ISLANDS, GUAM -- 1996 PERIOD DATA

(INFANT DEATHS ARE UNDER 1 YEAR. NEONATAL DEATHS ARE UNDER 28 DAYS; EARLY NEONATAL, 0-6 DAYS; LATE NEONATAL, 7-27 DAYS; AND POSTNEONATAL, 28 DAYS THROUGH 11 MONTHS)

(DATA IN THIS TABLE IS FOR INFANT DEATHS IN 1996 THAT ARE NOT INCLUDED IN THE LINKED FILE BECAUSE THEY WERE NOT LINKED WITH THEIR CORRESPONDING BIRTH CERTIFICATES. SEE METHODOLOGY SECTION. RESIDENCE IS OF INFANT DECEDENT; RACE IS FROM DEATH CERTIFICATE.)

AREA AND RACE OF CHILD 1/	INFANT	TOTAL NEONATAL	EARLY NEONATAL	LATE NEONATAL	POST- NEONATAL
WEST VIRGINIA	1 1 -	-	:	:	1 1 -
WISCONSIN	2 1 1	1 1 -	Ē	1 1 -	1 - 1
WYOMING	1 - -	Ē	Ē	Ξ	1 - -
FOREIGN RESIDENTS	5 3 1	4 3 -	3 2 -	1 1 -	1 1
PUERTO RICO <u>3</u> /	1 1	1 1 -	-	1 1 -	=
VIRGIN ISLANDS <u>3</u> / WHITE BLACK	4 - 4	2 - 2	2 - 2	=	2 - 2
GUAM <u>3</u> / WHITE BLACK	Ē	Ξ	Ē		Ē
FOREIGN RESIDENTS <u>3</u> / WHITE BLACK	1 - -	1 - -	1 - -	Ē	Ē

TOTALS FOR GEOGRAPHIC AREAS INCLUDE RACES OTHER THAN WHITE AND BLACK EXCLUDES DATA FOR FOREIGN RESIDENTS, PUERTO RICO, VIRGIN ISLANDS, AND GUAM DATA FROM THE PUERTO RICO, VIRGIN ISLANDS, AND GUAM FILE

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I.

1996 Addendum to "Technical Appendix" of Vital Statistics of the United States, 1995" - Volume I, Natality

# **Expanded** race categories

Minnesota now reports the expanded Asian or Pacific Islander race categories of Vietnamese, Asian Indian, Korean, Samoan, Guamanian, and remaining Asian or Pacific Islanders. These expanded race categories are also reported by California, Hawaii, Illinois, New Jersey, New York, Texas, and Washington.

# **Congenital Anomalies for New York State**

New York State now reports Spina Bifida.

# Births in Puerto Rico by race of mother and father

Puerto Rico reports race of mother and father in three categories: white, black, and other. Births reported as "other" race are shown in code "0". Births coded "0" include births in these racial groups: American Indian, Chinese, Japanese, Hawaiian, Filipino, and other Asian or Pacific Islander.

## **Percent Completeness**

See table A for the percent completeness of all items collected from the birth certificate by NCHS for each reporting area.

## **Residence and Occurrence Data**

See table 1 for counts of births by occurrence and residence for every State and the District of Columbia.

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# Apgar Score

In 1995, NCHS collected only the 5-minute Apgar score.

# **Education of Father**

In 1995, NCHS did not collect information on education of the father.

# **Birth Interval**

In 1995, NCHS did not collect information on the date of last live birth. Therefore, there is no information on birth interval for 1995.

# **Marital Status**

In 1995, California and Nevada implemented procedures to help identify the mother's marital status more accurately. In California, procedures that were previously used to help identify the marital status of Asian mothers was extended to Hispanic mothers also. These procedures compare the parents' surnanes when they are hyphenated if the parents were born in countries where naming-practices can identify the parents'-marital status. For Hispanic mothers, if the child is given a double surname of the mother's and father's surnames (either entire surnames or portions of the parents' hyphenated surnames), regardless of the sequence, and the mother is of Hispanic origin, the mother's marital status is coded "Married". In Nevada, marital status information is collected through the electronic birth process even though there is not a direct question on marital status on the printed birth certificate. See the Technical Notes of the Report of Final Natality Statistics, 1995 for more information on special procedures used by States to collect marital status information.

#### **Technical Appendix - 1994 Natality File**

## Definition of live birth

Every product of conception that gives a sign of life after birth, regardless of the length of the pregnancy, is considered a live birth. This concept is included in the definition set forth by the World Health Organization (1):

Live birth is the complete expulsion or extraction from its mother of a product of conception, irrespective of the duration of pregnancy, which, after such separation, breathes or shows any other evidence of life, such as beating of the heart, pulsation of the umbilical cord, or definite movement of voluntary muscles, whether or not the umbilical cord has been cut or the placenta is attached; each product of such a birth is considered liveborn.

This definition distinguishes in precise terms a live birth from a fetal death (see the section on fetal deaths in the Technical Appendix of volume II, Vital Statistics of the United States). In the interest of comparable natality statistics, both the Statistical Commission of the United Nations and the National Center for Health Statistics (NCHS) have adopted this definition (2,3).

#### History of birth-registration area

The national birth-registration area was proposed in 1850 and established in 1915. By 1933 all 48 States and the District of Columbia were participating in the registration system. The organized territories of Hawaii and Alaska were admitted in 1929 and 1950, respectively; data from these areas were prepared separately until they became States—Alaska in 1959 and Hawaii in 1960. Currently the birth-registration system of the United States covers the 50 States, the District of Columbia, the independent registration area of New York City, Puerto Rico, the U.S. Virgin Islands, Guam, American Samoa, and the Commonwealth of the Northern Mariana Islands. However, in the statistical tabulations, ``United States" refers only to the aggregate of the 50 States (including New York City) and the District of Columbia.

The original birth-registration area of 1915 consisted of 10 States and the District of Columbia. The growth of this area is indicated in table 4-1. This table also presents for each year through 1932 the estimated midyear population of the United States and of those States included in the registration system.

Because of the growth of the area for which data have been collected and tabulated, a national series of geographically comparable data before 1933 can be obtained only by estimation. Annual estimates of births have been prepared by P. K. Whelpton for 1909-34 (4). These estimates include adjustments for underregistration and for States that were not part of the birth-registration area before 1933.

## Sources of data

#### Natality statistics

Since 1985 natality statistics for all States and the District of Columbia have been based on information from the total file of records. The information is received on computer data tapes coded by the States and provided to NCHS through the Vital Statistics Cooperative Program. NCHS receives these tapes from the registration offices of all States, the District of Columbia, and New York City. Information for PuertoRico is also received on computer tapes through the Vital Statistics Cooperative Program. Information for the Virgin Islands and Guam is obtained from microfilm copies of original birth certificates and is based on the total file of records for all years.

Birth statistics for years prior to 1951 and for 1955 are based on the total file of birth records. Statistics for 1951-54, 1956-66, and 1968-71 are based on 50-percent samples except for data for Guam and the Virgin Islands, which are based on all records filed. During the processing of the 1967 data the sampling rate was reduced from 50 percent to 20 percent. For details of this procedure and its consequences for the 1967 data see pages 3-9 to 3-11 in volume I of Vital Statistics of the United States, 1967. From 1972 to 1984 statistics are based on all records filed in the States submitting computer tapes and on a 50-percent sample of records in all other States.

Information for years prior to 1970 for Puerto Rico, the Virgin Islands, and Guam is published in the annual vital statistics reports of the Department of Health of the Commonwealth of Puerto Rico, the Department of Public Health of the Virgin Islands, the Department of Public Health and Social Services of the Government of Guam, and in selected Vital Statistics of the United States annual reports.

U.S. natality data are limited to births occurring within the United States, including those occurring to U.S. residents and nonresidents. Births to nonresidents of the United States have been excluded from all tabulations by place of residence beginning in 1970 (for further discussion see ``Classification by occurrence and residence"). Births occurring to U.S. citizens outside the United States are not included in any tabulations in this report. Similarly the data for Puerto Rico, the Virgin Islands, and Guam are limited to births registered in these areas.

# Standard certificate of live birth

The U.S. Standard Certificate of Live Birth, issued by the Public Health Service, has served for many years as the principal means of attaining uniformity in the content of the documents used to collect information on births in the United States. It has been modified in each State to the extent required by the particular State's needs or by special provisions of the State's vital statistics law. However, most State certificates conform closely in content to the standard certificate.

The first standard certificate of birth was developed in 1900. Since then, it has been revised periodically by the national vital statistics agency through consultation with State health officers and

registrars; Federal agencies concerned with vital statistics; national, State, and county medical societies; and others working in public health, social welfare, demography, and insurance. This procedure has assured careful evaluation of each item for its current and future usefulness for legal, medical, demographic, and research purposes. New items have been added when necessary, and old items have been modified to ensure better reporting or, in some cases, dropped when their usefulness appeared to be limited.

1989 revision--Effective January 1, 1989, a revised U.S. Standard Certificate of Live Birth (figure 4-A) replaced the 1978 revision. This revision provided a wide variety of new information on maternal and infant health characteristics, representing a significant departure from previous versions in both content and format. The most significant format change was the use of checkboxes to obtain detailed medical and health information about the mother and child. It has been demonstrated that this format produces higher quality and more complete information than do open-ended items.

The reformatted items included ``Medical Risk Factors for This Pregnancy," which combines the former items ``Complications of Pregnancy" and ``Concurrent Illnesses or Conditions Affecting the Pregnancy." ``Complications of Labor and/or Delivery" and ``Congenital Anomalies of Child" also have been revised from the open-ended format. For each of these items at least 15 specific conditions have been identified.

Several new items were added to the revised certificate. Included are items to obtain information on tobacco and alcohol use during pregnancy, weight gain during pregnancy, obstetric procedures, method of delivery, and abnormal conditions of the newborn. These items can be used to monitor the health practices of the mother that can affect pregnancy and the use of technology in childbirth, and to identify babies with specific abnormal conditions. When combined with other socioeconomic and health data, these items provide a wealth of information relevant to the etiology of low birthweight and other adverse pregnancy outcomes.

Another modification was the addition of a Hispanic identifier for the mother and father. Although NCHS had recommended that States add items to identify the Hispanic or ethnic origin of the newborn's parents, concurrent with the 1978 revision of the U.S. Standard Certificate of Live Birth and reported data from the cooperating States since that year, the item was new to the U.S. Standard Certificate for 1989.

The 1989 revised certificate also provided more detail than previously requested on the birth attendant and place of birth. This permits a more in-depth analysis of the number and characteristics of births by attendant and type of facility and a comparison of differences in outcome. For further discussion see individual sections for each item.

## Classification of data

One of the principal values of vital statistics data is realized through the presentation of rates that are computed by relating the vital events of a class to the population of a similarly defined class.

Vital statistics and population statistics, therefore, must be classified according to similarly defined systems and tabulated in comparable groups. Even when the variables common to both, such as geographic area, age, race, and sex, have been similarly classified and tabulated, differences between the enumeration method of obtaining population data and the registration method of obtaining vital statistics data may result in significant discrepancies.

The general rules used to classify geographic and personal items for live births are set forth in ``Vital Statistics Classification and Coding Instructions for Live Birth Records, 1994," NCHS Instruction Manual, Part 3a. The classification of certain important items is discussed in the following pages.

## Classification by occurrence and residence

Births to U.S. residents occurring outside this country are not reallocated to the United States. In tabulations by place of residence, births occurring within the United States to U.S. citizens and to resident aliens are allocated to the usual place of residence of the mother in the United States, as reported on the birth certificate. Beginning in 1970 births to nonresidents of the United States occurring in the United States are excluded from these tabulations. From 1966 to 1969 births occurring in the United States to mothers who were nonresidents of the United States were considered as births to residents of the exact place of occurrence; in 1964 and 1965 all such births were allocated to ``balance of county" of occurrence even if the birth occurred in a city. The change in coding beginning in 1970 to exclude births to nonresidents of the United States from residence data significantly affects the comparability of data with years before 1970 only for Texas.

For the total United States the tabulations by place of residence and by place of occurrence are not identical. Births to nonresidents of the United States are included in data by place of occurrence but excluded from data by place of residence, as previously indicated.

Residence error-A nationwide test of birth-registration completeness in 1950 provided measures of residence error for natality statistics. According to this test, errors in residence reporting for the country as a whole tend to overstate the number of births to residents of urban areas and to understate the number of births to residents of other areas. This tendency has assumed special importance because of a concomitant development--the increased utilization of hospitals in cities by residents of nearby places--with the result that a number of births are erroneously reported as having occurred to residents of urban areas. Another factor that contributes to this overstatement of urban births is the customary procedure of using ``city" addresses for persons living outside the city limits. Incomplete residence--Beginning in 1973 where only the State of residence is reported with no city or county specified and the State named is different from the State of occurrence, the birth is allocated to the largest city of the State of residence. Before 1973 such births were allocated to the exact place of occurrence.

#### Geographic classification

The rules followed in the classification of geographic areas for live births are contained in the instruction manual mentioned previously. The geographic code structure for 1994 is given in another manual, ``Vital Records Geographic Classification, 1982," NCHS Instruction Manual, Part 8.

United States--In the statistical tabulations, "United States" refers only to the aggregate of the 50 States and the District of Columbia. Alaska has been included in the U.S. tabulations since 1959 and Hawaii since 1960.

Metropolitan statistical areas--The metropolitan statistical areas and primary metropolitan statistical areas (MSA's and PMSA's) used in this report are those established by the U.S. Office of Management and Budget as of April 1, 1990, and used by the U.S. Bureau of the Census (5) except in the New England States.

Except in the New England States, an MSA has either a city with a population of at least 50,000, or a Bureau of the Census urbanized area of at least 50,000 and a total MSA population of at least 100,000. A PMSA consists of a large urbanized county, or cluster of counties, that demonstrates very strong internal economic and social links and has a population over 1 million. When PMSA's are defined, the large area of which they are component parts is designated a Consolidated Metropolitan Statistical Area (CMSA) (6).

In the New England States the U.S. Office of Management and Budget uses towns and cities rather than counties as geographic components of MSA's and PMSA's. NCHS cannot, however, use this classification for these States because its data are not coded to identify all towns. Instead, the New England County Metropolitan Areas (NECMA's) are used. These areas are established by the U.S. Office of Management and Budget (7) and are made up of county units.

Metropolitan and nonmetropolitan counties-- Independent cities and counties included in MSA's and PMSA's or NECMA's are included in data for metropolitan counties; all other counties are classified as nonmetropolitan.

Population-size groups—Beginning in 1994 vital statistics data for cities and certain other urban places have been classified according to the population enumerated in the 1990 Census of Population. Data are available for individual cities and other urban places of 10,000 or more population. Data for the remaining areas not separately identified are shown in the tables under the heading ``Balance of area" or ``Balance of county." Classification of areas for 1982-93 was determined by the population enumerated in the 1980 Census of Population. As a result of changes in the enumerated population between 1980 and 1990, some urban places identified in previous reports are no longer included, and a number of other urban places have been added.

Urban places other than incorporated cities for which vital statistics data are shown in this report include the following:

Each town in New England, New York, and Wisconsin and each township in Michigan, New Jersey, and Pennsylvania that had no incorporated municipality as a subdivision and had either 25,000 inhabitants or more, or a population of 10,000 to 25,000 and a density of 1,000 persons or more per square mile.

Each county in States other than those indicated above that had no incorporated municipality within its boundary and had a density of 1,000 persons or more per square mile. (Arlington County, Virginia, is the only county classified as urban under this rule.)

Each place in Hawaii with 10,000 or more population. (There are no incorporated cities in Hawaii.)

#### Race or national origin

Beginning with the 1989 data year birth data are tabulated primarily by race of mother. In 1988 and prior years the race or national origin shown in tabulations was that of the newborn child. The race of the child was determined for statistical purposes by an algorithm based on the race of the mother and father as reported on the birth certificate. When the parents were of the same race, the race of the child was the same as the race of the parents. When the parents were of different races and one parent was white, the child was assigned to the race of the other parent. When the parents were of different races and neither parent was white, the child was assigned to the race of the father, with one exception--if either parent was Hawaiian, the child was assigned to Hawaiian. If race was missing for one parent, the child was assigned the race of the parent for whom it was reported. When information on race was missing for both parents, the race of the child was considered not stated and the birth was allocated according to rules discussed on page 4 of the Technical Appendix, volume I, Vital Statistics of the United States, 1988. In 1989 the criteria for reporting the race of the parents did not change and continues to reflect the response of the informant (usually the mother).

The most important factor influencing the decision to tabulate births by race of the mother was the decennial revision of the U.S. Standard Certificate of Live Birth in 1989. This revision included many more health questions that are directly associated with the mother, including alcohol and tobacco use, weight gain during pregnancy, medical risk factors, obstetric procedures, complications of labor and/or delivery, and method of delivery. Additionally, many of the other items that have been on the birth certificate for more than two decades also relate directly to the mother, for example, marital status, education level, and receipt of prenatal care. It is more appropriate to use the race of the mother than the race of the child in tabulating these items.

A second factor has been the increasing incidence of interracial parentage. In 1994, 4.4 percent of births were to parents of different races, compared with just 1.7 percent in 1974. About half of these births were to white mothers and fathers of another race. There have been two major consequences of the increasing interracial parentage. One is the effect on birth rates by race. The number of white births under the former procedures has been arbitrarily limited to infants whose parents were both white (or one parent if the race of only one parent was reported). At the same time,

the number of births of other races has been arbitrarily increased to include all births to white mothers and fathers of other races. Thus, prior to 1989, if race of mother had been used, birth rates per 1,000 white women in a given age group would have been higher, while comparable rates for black women and women of other races would have been lower. The other consequence of increasing interracial parentage is the impact on the racial differential in various characteristics of births, particularly in cases where there is generally a large racial disparity, such as the incidence of low birthweight. In this instance, the racial differential is larger when the data are tabulated by race of mother rather than by race of child. The same effect has been noted for characteristics such as nonmarital childbearing, preterm births, late or no prenatal care, and low educational attainment of mother.

The third factor influencing the change is the growing proportion of births with race of father not stated, 16 percent in 1994 compared with 9 percent in 1974. This reflects the increase in the proportion of births to unmarried women; in many cases no information is reported on the father. These births were already assigned the race of the mother on a de facto basis. Tabulating births by race of mother provides a more uniform approach, rather than a necessarily arbitrary combination of parental races.

The change in the tabulation of births by race presents some problems when analyzing birth data by race, particularly trend data. The problem is likely to be acute for races other than white and black.

The categories for race or national origin are ``White," ``Black," ``American Indian" (including Aleuts and Eskimos), ``Chinese," ``Japanese," ``Hawaiian," ``Filipino," and ``Other Asian or Pacific Islander" (including Asian Indian). Before 1992 there was also an ``other" category, which is now combined with the ``Not stated" category. Before 1978 the category ``Other Asian or Pacific Islander" was not identified separately but included with ``Other" races. The separation of this category allows identification of the category ``Asian or Pacific Islander" by combining the new category ``Other Asian or Pacific Islander" Asian or Pacific Islander" with Chinese, Japanese, Hawaiian, and Filipino.

The category ``White" comprises births reported as white and births where race is reported as Hispanic. Before 1964 all births for which race or national origin was not stated were classified as white. Beginning in 1964 changes in the procedures for allocating race when race or national origin is not stated have changed the composition of this category. (See discussion on ``Race or national origin not stated.")

If the race or national origin of an Asian parent is ill-defined or not clearly identifiable with one of the categories used in the classification (for example, if ``Oriental" is entered), an attempt is made to determine the specific race or national origin from the entry for place of birth. If the birthplace is China, Japan, or the Philippines, the race of the parent is assigned to that category. When race cannot be determined from birthplace, it is assigned to the category ``Other Asian or Pacific Islander." Race or national origin not stated—If the race of the mother is not defined or not identifiable with one of the categories used in the classification and the race of the father is known, the race of the father is assigned to the mother. Where information for both parents is missing, the race of the mother is allocated electronically according to the specific race of the mother on the preceding record with a known race of mother. Data for both parents were missing for only 0.5 percent of birth certificates for 1994. Nearly all statistics by race or national origin for the United States as a whole in 1962 and 1963 are affected by a lack of information for New Jersey, which did not report the race of the parents in those years. Birth rates by race for those years are computed on a population base that excluded New Jersey. For the method of estimating the U.S. population by age, sex, and race excluding New Jersey in 1962 and 1963, see page 4-8 in the Technical Appendix of volume I, Vital Statistics of the United States, 1963.

Beginning in 1992, NCHS contracted with seven States with the highest API populations to code births to additional API subgroups. The API subgroups include births to Vietnamese, Asian Indian, Korean, Samoan, Guamanian, and other API women. The seven States included in this reporting area are: California, Hawaii, Illinois, New Jersey, New York, Texas, and Washington. At least two-thirds of the U.S. population of each of these additional API groups lived in the seven-State reporting area(8). The data are available on the detailed natality tapes and CD-ROMs beginning with the 1992 data year. An analytic report based on the 1992 data year is also available upon request(9).

#### Age of mother

Beginning in 1989 an item on the birth certificate asks for ``Date of Birth." In previous years, ``Age (at time of this birth)" was requested. Not all States have revised this item for 1989, and therefore the age of mother either is derived from the reported month and year of birth or coded as stated on the certificate. The age of mother is edited for upper and lower limits. When the age of mother is computed to be under 10 years or 50 years or over, it is considered not stated and is assigned as described below.

Age-specific birth rates are based on populations of women by age, prepared by the U.S. Bureau of the Census. In census years the decennial census counts are used. In intercensal years, estimates of the population of women by age are published by the U.S. Bureau of the Census in Current Population Reports.

The 1990 Census of Population derived age in completed years as of April 1, 1990, from the responses to questions on age at last birthday and month and year of birth, with the latter given preference. In the 1960, 1970, and the 1980 Census of Population, age was also derived from month and year of birth. "Age in completed years" was asked in censuses before 1960. This was nearly the equivalent of the former birth certificate question, which the 1950 test of matched birth and census records confirms by showing a high degree of consistency in reporting age in these two sources (10).

Median age of mother-Median age is the value that divides an age distribution into two equal parts, one-half of the values being less and one-half being greater. Median ages of mothers for 1960 to the

present have been computed from birth rates for 5-year age groups rather than from birth frequencies. This method eliminates the effects of changes in the age composition of the childbearing population over time. Changes in the median ages from year to year can thus be attributed solely to changes in the age-specific birth rates.

Not stated date of birth of mother--Beginning in 1964 birth records with date of birth of mother and/or age of mother not stated have had age imputed according to the age of mother from the previous birth record of the same race and total-birth order (total of fetal deaths and live births). (See ``Vital Statistics Computer Edits for Natality Data," NCHS Instruction Manual, Part 12, page 9.) In 1963 birth records with age not stated were allocated according to the age appearing on the record previously processed for a mother of identical race and parity (number of live births). For 1960-62 not stated ages were distributed in proportion to the known ages for each racial group. Before 1960 this was done for age-specific birth rates but not for the birth frequency tables, which showed a separate category for age not stated.

#### Age of father

Age of father is derived from the reported date of birth or coded as stated on the birth certificate. If the age is under 10 years, it is considered not stated and grouped with those cases for which age is not stated on the certificate. Information on age of father is often missing on birth certificates of children born to unmarried mothers, greatly inflating the number of ``not stated" in all tabulations by age of father. In computing birth rates by age of father, births tabulated as age of father not stated are distributed in the same proportions as births with known age within each 5-year-age classification of the mother. This procedure is done separately by race. The resulting distributions are summed to form a composite frequency distribution that is the basis for computing birth rates by age of father. This procedure avoids the distortion in rates that would result if the relationship between age of mother and age of father were disregarded.

#### Live-birth order and parity

Live-birth order and parity classifications shown in this volume refer to the total number of live births the mother has had including the 1994 birth. Fetal deaths are excluded.

Live-birth order indicates what number the present birth represents; for example, a baby born to a mother who has had two previous live births (even if one or both are not now living) has a live-birth order of three. Parity indicates how many live births a mother has had. Before delivery a mother having her first baby has a parity of zero and a mother having her third baby has a parity of two. After delivery the mother of a baby who is a first live birth has a parity of one and the mother of a baby who is a third live birth has a parity of three.

Live-birth order and parity are determined from two items on the birth certificate, ``Live births now living" and ``Live births now dead."

Not stated birth order-Before 1969 if both of these items were blank, the birth was considered a first birth. Beginning in 1969, births for which the pregnancy history items were not completed have been tabulated as live-birth order not stated. As a result of this revised procedure, 22,686 births in 1969 that would have been assigned to the ``First birth order" category under the old rules were assigned to the ``Not stated" category.

All births tabulated in the ``Not stated birth order" category are excluded from the computation of percents. In computing birth rates by live-birth order, births tabulated as birth order not stated are distributed in the same proportion as births of known live-birth order.

#### Date of last live birth

The date of last live birth was added to the U.S. Standard Certificate of Live Birth in 1968 for the purpose of providing information on child spacing. The interval since the last live birth is the difference between the date of last live birth and the date of present birth. For an interval to be computed, both the month and year of the last live birth must be valid. This interval is computed only for events to mothers who have had at least one previous live birth.

Births for which the interval since last live birth is not stated are excluded from the computation of percents and means.

Zero interval--An interval of zero months since the last live birth indicates the second born of a set of twins, the second or third born of a set of triplets, and so forth. Births with an interval of zero months are excluded from the computation of mean intervals.

### Educational attainment

Data on the educational attainment of both parents were collected beginning in 1968 and tabulated for publication in 1969 for the first time.

The educational attainment of either parent is defined as ``the number of years of school completed." Only those years completed in ``regular" schools are counted, that is, a formal educational system of public schools or the equivalent in accredited private or parochial schools. Business or trade schools, such as beauty and barber schools, are not considered ``regular" schools for the purposes of this item. No attempt has been made to convert years of school completed in foreign school systems, ungraded school systems, and so forth, to equivalent grades in the American school system. Such entries are included in the category ``Not stated."

Persons who have completed only a partial year in high school or college are tabulated as having completed the highest preceding grade. For those certificates on which a specific degree is stated, years of school completed is coded to the level at which the degree is most commonly attained; for example, persons reporting B.A., A.B., or B.S. degrees are considered to have completed 16 years of school.

Education not stated--The category ``Not stated" includes all records in reporting areas for which there is no information on years of school completed as well as all records for which the information provided is not compatible with coding specifications. Births tabulated as education not stated are excluded from the computations of percents.

#### Marital status

Beginning with 1980 data, national estimates of births to unmarried women are derived from two sources. In 1994 marital status was reported directly on the birth certificates of 45 States and the District of Columbia. In the remaining five States, which lack such an item (California, Connecticut, Michigan, Nevada, and New York), marital status is inferred from a comparison of the child's and parents' surnames. This procedure represents a substantial departure from the method used before 1980 to prepare national estimates of births to unmarried women, which assumed that the incidence of births to unmarried women in States with no direct question on marital status was the same as the incidence in reporting States in the same geographic division.

The current method uses related information on the birth certificate to improve the quality of national data on this topic, as well as to provide data for the individual nonreporting States. Beginning in 1980 a birth in a nonreporting State is classified as occurring to a married woman if the parents' surnames are the same, or if the child's and father's surnames are the same and the mother's current surname cannot be obtained from the informant item of the birth certificate. A birth is classified as occurring to an unmarried woman if the father's name is missing, if the parents' surnames are different, or if the father's surnames are different and the mother's current surname is missing.

Because of the continued substantial increases in nonmarital childbearing throughout the 1980's, the data have been intensively evaluated in each year, 1985-94. There has been continuing concern that the current method might overstate the number of births to unmarried women because it incorporates data based on a comparison of surnames. This is because births to women who have retained their maiden surname as their legal surname after marriage and who are frequently older, well-educated women, would be classified as nonmarital births. Trends based on data incorporating inferential statistics can be compared with trends based on the geographic estimates for the 1980-94 period to show the impact of the two methods. The trends for the two methods are similar for all races combined and for white and black births. Between 1980 and 1994, birth rates for unmarried white women increased 112 percent based on data incorporating inferential information and 116 percent based on the geographic estimates. Birth rates for unmarried black women increased 1 percent based on geographic estimates.

Michigan and Texas births--The number of births to unmarried women in Michigan was underreported during the years 1988-93, but the greatest undercount, numerically, was for 1990-93. Michigan had separate counts of the numbers of births with paternity acknowledgments, but did not include them with the counts of unmarried women based on the general inferential procedures that were provided to NCHS. The underreporting began in 1988, and was about 25 percent for the years 1988-93. In 1993 NCHS reported 36,326 births to unmarried women in Michigan, 26 percent below the number that included paternity affidavits (49,281) (11). Thus, there is a considerable discontinuity in the nonmarital birth data for Michigan from 1993 to 1994. The proportion of nonmarital births reported to NCHS increased from 26 percent to 35 percent.

The number of births to unmarried women in Texas was underreported during the years 1989-93. As a result of legislation passed in 1989, a birth was considered to have occurred to a married woman if the mother provides any information about the father, or if a paternity affidavit has been filed. The measurement of marital status for Texas births improved beginning with the 1994 data year because a direct question on marital status was added to the Texas birth certificate. However, there is a considerable discontinuity in the data for Texas from 1993 to 1994. The proportion of births to unmarried mothers increased from 17 to 29 percent.

No adjustments are made during the data processing for errors in the reporting of marital status on the birth records of the 45 reporting States and the District of Columbia because the extent of this reporting problem is unknown. When marital status is not stated on the birth certificate of a reporting area, the mother is considered married.

When births to unmarried women are reported as second- or higher-order births, it is not known whether the mother was married or unmarried when the previous deliveries occurred, because her marital status at the time of these earlier births is not available from the birth record.

Rates for 1940 and 1950 are based on decennial census counts. Rates for 1955-94 are based on a smoothed series of population estimates (12). Because of sampling error, the original U.S. Bureau of the Census population estimates by marital status fluctuate erratically from year to year; therefore, they have been smoothed so that the rates do not show similar variations. These rates differ from those published in volumes of Vital Statistics of the United States before 1969, which were based on the original estimates provided annually by the U.S. Bureau of the Census. Birth rates by marital status for 1971-79 have been revised and differ from rates published before 1980 in volumes of Vital Statistics of the United States (see ``Computation of rates and other measures").

## Place of delivery and attendant at birth

The 1989 revision of the U.S. Standard Certificate of Live Birth included separate categories for freestanding birthing centers, the mother's residence, and clinic or doctor's office as the place of birth. Prior to 1989, place of birth was classified simply as either ``In hospital" or ``Not in hospital." Births occurring in hospitals, institutions, clinics, centers, or homes were included in the category ``In hospital." In this context the word ``homes" does not refer to the mother's residence but to an institution, such as a home for unmarried women. Birthing centers were included in either category, depending on each State's assessment of the facility. Beginning in 1989 births occurring in clinics and in birthing centers not attached to a hospital are classified as ``Not in hospital." This change in classification may account in part for the lower proportion of ``In hospital" births compared with previous years. (The change in classification of clinics should have minor impact

because comparatively few births occur in these facilities, but the effect of any change in classification

of freestanding birthing centers is unknown.)

Beginning in 1975 the attendant at birth and place of delivery items were coded independently, primarily to permit the identification of the person in attendance at hospital deliveries. The 1989 certificate includes separate classifications for ``M.D." (Doctor of Medicine), ``D.O." (Doctor of Osteopathy), ``C.N.M." (certified nurse midwife), ``Other midwife," and ``Other" attendants. In earlier certificates births attended by certified nurse midwives were grouped with those attended by lay midwives. The new certificate also facilitates the identification of home births, births in freestanding birthing centers, and births in clinics or physician offices.

Data for the ``In hospital" category for 1975-88 include all births in clinics or maternity centers, regardless of the attendant. Data for 1975-77 published before 1980 included clinic and center births in the category ``In hospital" only when the attendant was a physician. Data shown for 1975-77 published after 1980 will, therefore, differ from data published before 1980. As a result of this change, for 1975 an additional 12,352 births are now classified as occurring in hospitals, raising the percent of births occurring in hospitals from 98.7 to 99.1. Similarly, for 1976 the number of births occurring in hospitals from 98.7 to 99.1. Similarly, for 1976 the number of births occurring in hospitals increased by 14,133 and the percent in hospitals raised from 98.6 to 99.1; for 1977 the increase is 15,937 and the percent in hospitals raised from 98.5 to 99.0. For 1974 and earlier the ``In hospital" category includes all births in hospitals or institutions and births in clinics, centers, or maternity homes only when attended by physicians.

The ``Not in hospital" category includes births for which no information is reported on place of birth. Before 1975 births for which the stated place of birth was a ``doctor's office" and delivery was by a physician were included in the category ``In hospital." Beginning in 1975 these births were tabulated as ``Not in hospital" and included with births delivered by physicians in this category. Although the actual number of such births is unknown, the effect of the change is minimal. In 1974, 0.3 percent of all births were delivered by physicians outside of hospitals; in 1975 this proportion was 0.4 percent.

Babies born on the way to or on arrival at the hospital are classified as having been born in the hospital. This may account for some of the hospital births not delivered by physicians or midwives.

Beginning in 1993, all in-hospital births occurring in Illinois where the attendant was classified as an "other" midwife were changed to certified nurse-midwife. This was necessary because almost all of these births were delivered by midwives certified by the American College of Nurse Midwives but because Illinois does not certify midwives, many of these births were classified as "other" midwives.

#### Birthweight

Birthweight is reported in some areas in pounds and ounces rather than in grams. However, the metric system has been used in tabulating and presenting the statistics to facilitate comparison

with data published by other groups. The categories for birthweight were changed in 1979 to be consistent with the recommendations in the Ninth Revision of the International Classification of Diseases (ICD-9). The categories in gram intervals and their equivalents in pounds and ounces are as follows:

Less than 500 grams = 1 lb 1 oz or less 500-999 grams = 1 lb 2 oz-2 lb 3 oz 1,000-1,499 grams = 2 lb 4 oz-3 lb 4 oz 1,500-1,999 grams = 3 lb 5 oz-4 lb 6 oz 2,000-2,499 grams = 4 lb 7 oz-5 lb 8 oz 2,500-2,999 grams = 5 lb 9 oz-6 lb 9 oz 3,000-3,499 grams = 6 lb 10 oz-7 lb 11 oz 3,500-3,999 grams = 7 lb 12 oz-8 lb 13 oz 4,000-4,499 grams = 8 lb 14 oz-9 lb 14 oz 4,500-4,999 grams = 9 lb 15 oz-11 lb 0 oz 5,000 grams or more = 11 lb 1 oz or more

The ICD-9 defines low birthweight as less than 2,500 grams. This is a shift of 1 gram from the previous criterion of 2,500 grams or less, which was recommended by the American Academy of Pediatrics in 1935 and adopted in 1948 by the World Health Organization in the Sixth Revision of the International Lists of Diseases and Causes of Death.

After data classified by pounds and ounces are converted to grams, median weights are computed and rounded before publication. To establish the continuity of class intervals needed to convert pounds and ounces to grams, the end points of these intervals are assumed to be half an ounce less at the lower end and half an ounce more at the upper end. For example, 2 lb 4 oz-3 lb 4 oz is interpreted as 2 lb 3 1/2 oz-3 lb 4 1/2 oz. Births for which birthweight is not reported are excluded from the computation of percents and medians.

## Period of gestation

The period of gestation is defined as beginning with the first day of the last normal menstrual period (LMP) and ending with the day of the birth. The LMP is used as the initial date because it can be more accurately determined than the date of conception, which usually occurs 2 weeks after the LMP.

Births occurring before 37 completed weeks of gestation are considered to be ``preterm" or ``premature" for purposes of classification. At 37-41 weeks gestation, births are considered to be ``term," and at 42 completed weeks and over, ``postterm." These distinctions are according to the ICD-9 definitions.

The 1989 revision of the U.S. Standard Certificate of Live Birth included a new item, ``clinical estimate of gestation," that is being compared with length of gestation computed from the LMP date

when the latter appears to be inconsistent with birthweight. This is done for normal-weight births of apparently short gestations and very low-birthweight births reported to be full term. The clinical estimate also was used if the date of the LMP was not reported. The period of gestation for 4.1 percent of the births in 1994 was based on the clinical estimate of gestation. For 96 percent of these records the clinical estimate was used because the LMP date was not reported. For the remaining 4 percent the clinical estimate was used because it was compatible with the reported birthweight, whereas the LMP-computed gestation was not. In cases where the reported birthweight was inconsistent with both the LMP-computed gestation and the clinical estimate of gestation, the LMP-computed gestation was used if it was within 5 weeks of the clinical estimate and birthweight was reclassified as ``not stated." If the reported birthweight was inconsistent with both the LMP-computed gestation was not within 5 weeks of the clinical estimate. These changes result in only a very small discontinuity in the data. For further information on the use of the clinical estimate of gestation see ``Computer Edits for Natality Data, Effective 1989," NCHS Instruction Manual, Part 12, pages 34-36.

Before 1981 the period of gestation was computed only when there was a valid month, day, and year of LMP. However, length of gestation could not be determined from a substantial number of live-birth certificates each year because the day of LMP was missing. Beginning in 1981 weeks of gestation have been imputed for records with missing day of LMP when there is a valid month and year. Each such record is assigned the gestational period in weeks of the preceding record that has a complete LMP date with the same computed months of gestation and the same 500-gram birthweight interval. The effect of the imputation procedure is to increase slightly the proportion of preterm births and to lower the proportion of births at 39, 40, 41, and 42 weeks of gestation. A more complete discussion of this procedure and its implications is presented in a previous report (13).

Because of postconception bleeding or menstrual irregularities, the presumed date of LMP may be in error. In these instances the computed gestational period may be longer or shorter than the true gestational period, but the extent of such errors is unknown.

#### Month of pregnancy prenatal care began

For those records in which the name of the month is entered for this item, instead of first, second, third, and so forth, the month of pregnancy in which prenatal care began is determined from the month named and the month last normal menses began. For these births, if the item ``Date last normal menses began" is not stated, the month of pregnancy in which prenatal care began is tabulated as not stated.

#### Number of prenatal visits

Tabulations of the number of prenatal visits were presented for the first time in 1972. Beginning in 1989 these data were collected from the birth certificates of all States. Percent distributions and the median number of prenatal visits exclude births to mothers who had no prenatal

#### care.

## Apgar score

One- and 5-minute Apgar scores were added to the U.S. Standard Certificate of Live Birth in 1978 to evaluate the condition of the newborn infant at 1 and 5 minutes after birth. The Apgar score is a useful measure of the need for resuscitation and a predictor of the infant's chances of surviving the first year of life. It is a summary measure of the infant's condition based on heart rate, respiratory effort, muscle tone, reflex irritability, and color. Each of these factors is given a score of 0, 1, or 2; the sum of these 5 values is the Apgar score, which ranges from 0 to 10. A score of 10 is optimum, and a low score raises some doubts about the survival and subsequent health of the infant. In 1994 the reporting area for the 1- and 5-minute Apgar scores was comprised of 48 States and the District of Columbia, accounting for 78 percent of all births in the United States. California and Texas did not have information on Apgar scores on their birth certificate.

## Tobacco and alcohol use during pregnancy

The checkbox format allows for classification of a mother as a smoker or drinker during pregnancy and for reporting the average number of cigarettes smoked per day or drinks consumed per week. When smoking and/or drinking status is not reported or is inconsistent with the quantity of cigarettes or drinks reported, the status is changed to be consistent with the amount reported. For example, if the drinking status is reported as ``no" but one or more average drinks a week are reported, the mother is classified as a drinker. If the number of cigarettes smoked per day is reported as one or more, the mother is considered a smoker. When one (or a fraction of one) drink a week is recorded, the mother is classified as a drinker. For records on which the number of drinks or number of cigarettes is reported as a span, for example, 10-15, the lower number is used. The number of drinkers and number of drinks reported on birth certificates are believed to underestimate actual alcohol use.

Data on tobacco use were collected by 46 States, the District of Columbia, and New York City in 1994. This reporting area accounted for 79 percent of all births in the U.S. in 1994. Information on alcohol use was included on the certificates of 48 States and the District of Columbia, accounting for 85 percent of all U.S. births in 1994. California and South Dakota did not include items on alcohol use of their birth certificates.

## Weight gained during pregnancy

Weight gain is reported in pounds. A loss of weight is reported as zero gain. Computations of median weight gain were based on ungrouped data. This item was included on the certificates of 49 States and the District of Columbia; California did not report this information. This reporting area excluding California accounted for 86 percent of all births in the United States in 1994.

## Medical risk factors for this pregnancy

In 1994 an item on medical risk factors was included on the birth certificates of all States and the District of Columbia, but two States did not report all of the 16 risk factors. Texas did not report genital herpes or uterine bleeding while Kansas did not report Rh sensitization.

The format allows for the designation of more than one risk factor and includes a choice of ``None." Accordingly, if the item is not completed, it is classified as ``Not stated."

The following definitions are adapted and abbreviated from a set of definitions compiled by a committee of Federal and State health statistics officials for the Association for Vital Records and Health Statistics (14).

## Definitions of medical terms

Anemia--Hemoglobin level of less than 10.0 g/dL during pregnancy or a hematocrit of less than 30 percent during pregnancy.

Cardiac disease--Disease of the heart.

Acute or chronic lung disease--Disease of the lungs during pregnancy.

Diabetes--Metabolic disorder characterized by excessive discharge of urine and persistent thirst; includes juvenile onset, adult onset, and gestational diabetes during pregnancy.

Genital herpes--Infection of the skin of the genital area by herpes simplex virus.

Hydramnios/Oligohydramnios--Any noticeable excess (hydramnios) or lack (oligohydramnios) of amniotic fluid.

Hemoglobinopathy--A blood disorder caused by alteration in the genetically determined molecular structure of hemoglobin (for example, sickle cell anemia).

Hypertension, chronic-Blood pressure persistently greater than 140/90, diagnosed prior to onset of pregnancy or before the 20th week of gestation.

Hypertension, pregnancy-associated—An increase in blood pressure of at least 30 mm Hg systolic or 15 mm Hg diastolic on two measurements taken 6 hours apart after the 20th week of gestation.

Eclampsia--The occurrence of convulsions and/or coma unrelated to other cerebral conditions in women with signs and symptoms of pre-eclampsia.

Incompetent cervix—Characterized by painless dilation of the cervix in the second trimester or early in the third trimester of pregnancy, with prolapse of membranes through the cervix and ballooning of the membranes into the vagina, followed by rupture of membranes and subsequent expulsion of the fetus.

Previous infant 4,000+ grams-The birthweight of a previous live-born child was over 4,000 grams (8 lbs 13 oz).

Previous preterm or small-for-gestational-age infant—Previous birth of an infant prior to term (before 37 completed weeks of gestation) or of an infant weighing less than the 10th percentile for gestational age using a standard weight-for-age chart.

Renal disease--Kidney disease.

Rh sensitization--The process or state of becoming sensitized to the Rh factor as when an

Rh-negative woman is pregnant with an Rh-positive fetus.

Uterine bleeding—Any clinically significant bleeding during the pregnancy, taking into consideration the stage of pregnancy; any second or third trimester bleeding of the uterus prior to the onset of labor.

## Obstetric procedures

This item includes six specific obstetric procedures. Birth records with ``Obstetric procedures" left blank are considered ``not stated." Data on obstetric procedures were reported by all States and the District of Columbia.

The following definitions are adapted and abbreviated from a set of definitions compiled by a committee of Federal and State health statistics officials for the National Association for Public Health Statistics and Information Systems (NAPHSIS), formerly the Association for Vital Records and Health Statistics (14).

## Definitions of medical terms

Amniocentesis-Surgical transabdominal perforation of the uterus to obtain amniotic fluid to be used in the detection of genetic disorders, fetal abnormalities, and fetal lung maturity.

Electronic fetal monitoring--Monitoring with external devices applied to the maternal abdomen or with internal devices with an electrode attached to the fetal scalp and a catheter through the cervix into the uterus, to detect and record fetal heart tones and uterine contractions.

Induction of labor--The initiation of uterine contractions before the spontaneous onset of labor by medical and/or surgical means for the purpose of delivery.

Stimulation of labor--Augmentation of previously established labor by use of oxytocin.

Tocolysis--Use of medications to inhibit preterm uterine contractions to extend the length of pregnancy and therefore avoid a preterm birth.

Ultrasound--Visualization of the fetus and placenta by means of sound waves.

Complications of labor and/or delivery

The checkbox format allows for the selection of 15 specific complications and for the designation of more than 1 complication where appropriate. A choice of ``None" is also included. Accordingly, if the item is not completed, it is classified as ``not stated."

All States and the District of Columbia included this item on their birth certificates. However, not all of the complications were reported by all reporting States (see table A).

The following definitions are adapted and abbreviated from a set of definitions compiled by a committee of Federal and State health statistics officials. (14).

Definitions of medical terms

Febrile--A fever greater than 100 degrees F. or 38 C. occurring during labor and/or delivery. Meconium, moderate/heavy-Meconium consists of undigested debris from swallowed amniotic fluid, various products of secretion, excretion, and shedding by the gastrointestinal tract; moderate to heavy amounts of meconium in the amniotic fluid noted during labor and/or delivery. Premature rupture of membranes (more than 12 hours)-Rupture of the membranes at any time during

pregnancy and more than 12 hours before the onset of labor.

Abruptio placenta--Premature separation of a normally implanted placenta from the uterus.

Placenta previa--Implantation of the placenta over or near the internal opening of the cervix.

Other excessive bleeding--The loss of a significant amount of blood from conditions other than abruptio placenta or placenta previa.

Seizures during labor--Maternal seizures occurring during labor from any cause.

Precipitous labor (less than 3 hours)--Extremely rapid labor and delivery lasting less than 3 hours. Prolonged labor (more than 20 hours)--Abnormally slow progress of labor lasting more than 20 hours.

Dysfunctional labor--Failure to progress in a normal pattern of labor.

Breech/Malpresentation-At birth, the presentation of the fetal buttocks rather than the head, or other malpresentation.

Cephalopelvic disproportion—The relationship of the size, presentation, and position of the fetal head to the maternal pelvis prevents dilation of the cervix and/or descent of the fetal head.

Cord prolapse--Premature expulsion of the umbilical cord in labor before the fetus is delivered.

Anesthetic complications—Any complication during labor and/or delivery brought on by an anesthetic agent or agents.

Fetal distress-Signs indicating fetal hypoxia (deficiency in amount of oxygen reaching fetal tissues).

## Abnormal conditions of the newborn

This item provides information on eight specific abnormal conditions. More than one abnormal condition may be reported for a given birth or ``None" may be selected. If the item is not completed it is tabulated as ``not stated." This item was included on the birth certificates of all States and the District of Columbia in 1994. However, several States did not include all conditions (see table A).

The following definitions are adapted and abbreviated from a set of definitions compiled by a committee of Federal and State health statistics. (14).

## Definitions of medical terms

Anemia-Hemoglobin level of less than 13.0 g/dL or a hematocrit of less than 39 percent. Birth injury-Impairment of the infant's body function or structure due to adverse influences that occurred at birth.

Fetal alcohol syndrome--A syndrome of altered prenatal growth and development occurring in infants

born of women who consumed excessive amounts of alcohol during pregnancy.

Hyaline membrane disease/RDS--A disorder primarily of prematurity, manifested clinically by respiratory distress and pathologically by pulmonary hyaline membranes and incomplete expansion of the lungs at birth.

Meconium aspiration syndrome-Aspiration of meconium by the fetus or newborn, affecting the lower respiratory system.

Assisted ventilation (less than 30 minutes)--A mechanical method of assisting respiration for newborns with respiratory failure.

Assisted ventilation (30 minutes or more)--Newborn placed on assisted ventilation for 30 minutes or longer.

Seizures--A seizure of any etiology.

Congenital anomalies of child

The data provided in this item relate to 21 specific anomalies or anomaly groups. It is well documented that congenital anomalies, except for the most visible and most severe, are incompletely reported on birth certificates. The completeness of reporting specific anomalies depends on how easily they are recognized in the short time between birth and birth registration. Forty-nine States and the District of Columbia included this item on their birth certificates (New Mexico and New York City did not). This reporting area included 96 percent of all births in the United States in 1994. The format allows for the identification of more than one anomaly including a choice of ``None" should no anomalies be evident. The category ``not stated" includes birth records for which the item is not completed.

The following definitions are adapted and abbreviated from a set of definitions compiled by a committee of Federal and State health statistics officials. (14).

Definitions of medical terms

Anencephalus--Absence of the cerebral hemispheres.

Spina bifida/meningocele--Developmental anomaly characterized by defective closure of the bony encasement of the spinal cord, through which the cord and meninges may or may not protrude. Hydrocephalus--Excessive accumulation of cerebrospinal fluid within the ventricles of the brain with consequent enlargement of the cranium.

Microcephalus--A significantly small head.

Other central nervous system anomalies--Other specified anomalies of the brain, spinal cord, and nervous system.

Heart malformations--Congenital anomalies of the heart.

Other circulatory/respiratory anomalies--Other specified anomalies of the circulatory and respiratory systems.

Rectal atresia/stenosis--Congenital absence, closure, or narrowing of the rectum.

Tracheo-esophageal fistula/Esophageal atresia--An abnormal passage between the trachea and the esophagus; esophageal atresia is the congenital absence or closure of the esophagus.

Omphalocele/gastroschisis—An omphalocele is a protrusion of variable amounts of abdominal viscera from a midline defect at the base of the umbilicus. In gastroschisis, the abdominal viscera protrude through an abdominal wall defect, usually on the right side of the umbilical cord insertion.

Other gastrointestinal anomalies--Other specified congenital anomalies of the gastrointestinal system. Malformed genitalia--Congenital anomalies of the reproductive organs.

Renal agenesis--One or both kidneys are completely absent.

Other urogenital anomalies--Other specified congenital anomalies of the organs concerned in the production and excretion of urine, together with organs of reproduction.

Cleft lip/palate-Cleft lip is a fissure of elongated opening of the lip; cleft palate is a fissure in the roof of the mouth. These are failures of embryonic development.

Polydactyly/syndactyly/adactyly-Polydactyly is the presence of more than five digits on either hands and/or feet; syndactyly is having fused or webbed fingers and/or toes; adactyly is the absence of fingers and/or toes.

Club foot--Deformities of the foot, which is twisted out of shape or position.

Diaphragmatic hernia- Herniation of the abdominal contents through the diaphragm into the thoracic cavity usually resulting in respiratory distress.

Other musculoskeletal/integumental anomalies--Other specified congenital anomalies of the muscles, skeleton, or skin.

Down's syndrome-The most common chromosomal defect with most cases resulting from an extra chromosome (trisomy 21).

Other chromosomal anomalies--All other chromosomal aberrations.

#### Method of delivery

The birth certificate contains a checkbox item on method of delivery. The choices include vaginal delivery, with the additional options of forceps, vacuum, and vaginal birth after previous cesarean section (VBAC), as well as a choice of primary or repeat cesarean. When only forceps, vacuum, or VBAC is checked, a vaginal birth is assumed. In 1994 this information was collected from the birth certificates of all States and the District of Columbia.

Several rates are computed for method of delivery. The overall cesarean section rate or total cesarean rate is computed as the proportion of all births that were delivered by cesarean section. The primary cesarean rate is a measure that relates the number of women having a primary cesarean delivery to all women giving birth who have never had a cesarean delivery. The denominator for this rate includes all births, less those with method of delivery classified as repeat cesareans and vaginal birth after previous cesarean. The rate for vaginal birth after previous cesarean (VBAC) delivery is computed by relating all VBAC deliveries to the sum of VBAC and repeat cesarean deliveries, that is, to women with a previous cesarean section. VBAC rates for first births exist because the rates are computed on the basis of previous pregnancies, not just live births.

#### Hispanic parentage

The 1989 revision of the U.S. Standard Certificate of Live Births includes items to identify

the Hispanic origin of the parents. Concurrent with the 1978 revision of the U.S. Certificate of Live Birth, NCHS recommended that items to identify the Hispanic or ethnic origin of the newborn's parents be included on birth certificates and has tabulated and evaluated these data from the reporting States. All 50 States and the District of Columbia reported Hispanic origin of the parents for 1994.

In computing birth and fertility rates for the Hispanic population, births with origin of mother not stated are included with non-Hispanic births rather than being distributed. Thus, rates for the Hispanic population are underestimates of the true rates to the extent that the births with origin of mother not stated (1.1 percent in 1994) were actually to Hispanic mothers. The population with origin not stated was imputed. The effect on the rates is believed to be small.

## Quality of data

Although vital statistics data are useful for a variety of administrative and scientific purposes, they cannot be correctly interpreted unless various qualifying factors and methods of classification are taken into account. The factors to be considered depend on the specific purposes for which the data are to be used. It is not feasible to discuss all the pertinent factors in the use of vital statistics tabulations, but some of the more important ones should be mentioned.

Most of the factors limiting the use of data arise from imperfections in the original records or from the impracticability of tabulating these data in very detailed categories. These limitations should not be ignored, but their existence does not lessen the value of the data for most general purposes.

#### Completeness of registration

An estimated 99 percent of all births occurring in the United States in 1994 were registered; for white births registration was 99.4 percent complete and for all other births, 98.6 percent complete. These estimates are based on the results of the 1964-68 test of birth-registration completeness according to place of delivery (in or out of hospital) and race and on the 1989 proportions of births in these categories. The primary purpose of the test was to obtain current measures of registration completeness for births in and out of hospital by race on a national basis. Data for States were not available as they had been from the previous birth-registration tests in 1940 and 1950. A detailed discussion of the method and results of the 1964-68 birth-registration test is available (15).

The 1964-68 test has provided an opportunity to revise the estimates of birth-registration completeness for the years since the previous test in 1950 to reflect the improvement in registration. This has been done using registration completeness figures from the two tests by place of delivery and race. Estimates of registration completeness for four groups (based on place of delivery and race) for 1951-65 were computed by interpolation between the test results. (It was assumed that the data from the more recent test are for 1966, the midpoint of the test period.) The results of the 1964-68 test are assumed to prevail for 1966 and later years. These estimates were used with the proportions of births registered in these categories to obtain revised numbers of births adjusted for underregistration for each year. The overall percent of birth-registration completeness by race was then computed.

Data adjusted for underregistration for 1951-59 have been revised to be consistent with the 1964-68 test results and differ slightly from data shown in annual reports for years before 1969. For these years the published number of births and birth rates for both racial groups have been revised slightly downward because the 1964-68 test indicated that previous adjustments to registered births were slightly inflated. Because registration completeness figures by age of mother and by live-birth order are not available from the 1964-68 test, it must be assumed that the relationships among these variables have not changed since 1950.

#### Discontinuation of adjustment for underregistration, 1960--

Adjustment for underregistration of births was discontinued in 1960 when birth registration for the United States was estimated to be 99.1 percent complete. This removed a bias introduced into age-specific rates when adjusted births classified by age were used. Age-specific rates are calculated by dividing the number of births to an age group of mothers by the population of women in that age group. Tests have shown that population figures are likely to be understated through census undercounts; these errors compensate for underregistration of births. Adjustment for underregistration of births, therefore, removes the compensating effect of underenumeration, biasing the age-specific rates more than when uncorrected birth and population data are used. (For further details see page 4-11 in the Technical Appendix of volume I, Vital Statistics of the United States, 1963.)

The age-specific rates used in the cohort fertility tables are an exception to the above statement. These rates are computed from births corrected for underregistration and population estimates adjusted for underenumeration and misstatement of age.

Adjusted birth and population estimates are used for the cohort rates because they are an integral part of a series of rates, estimated with a consistent methodology. It was considered desirable to maintain consistency with respect to the cohort rates, even though it means that they will not be precisely comparable with other rates shown for 5-year age groups.

#### Completeness of reporting

Interpretation of these data must include evaluation of item completeness. The percent ``not stated" is one measure of the quality of the data. Completeness of reporting varies among items and States. See table A for the percent of birth records on which specified items were not stated.

#### Quality control procedures

States in the Vital Statistics Cooperative Program are required to have an error rate of less than 2.0 percent for each item for 3 consecutive data months during the initial qualifying period. Once a State is qualified, NCHS monitors the quality of data received. This was achieved through independent verification of a sample of records for some States as well as comparing the State data with data from previous years. In addition, there is verification at the State level before NCHS is sent the data. After the coding is completed, counts of the taped records are balanced against control totals for each shipment of records from a registration area. Impossible codes are eliminated during the editing processes on the computer and corrected on the basis of reference to the source record or adjusted by arbitrary code assignment. All subsequent operations involved in tabulation and table preparation are verified during computer processing or by statistical clerks.

## Small frequencies

The numbers of births reported for an area represent complete counts. As such, they are not subject to sampling error, although they are subject to errors in the registration process. However, when the figures are used for analytical purposes, such as the comparison of rates over a period of time or for different areas, the number of events that actually occurred may be considered as one of a large series of possible results that could have arisen under the same circumstances. The probable range of values may be estimated from the actual figures according to certain statistical assumptions.

In general, distributions of vital events may be assumed to follow the binomial distribution. Estimates of standard errors and tests of significance under this assumption are described in most standard statistics texts. When the number of events is large, the relative standard error, expressed as a percent of the number or rate, is usually small.

When the number of events is small (fewer than 100) and the probability of such an event is small, considerable caution must be observed in interpreting the conditions described by the figures. Events of rare nature may be assumed to follow a Poisson probability distribution. For this distribution, a simple approximation may be used to estimate the error as follows:

If N is the number of births and R is the corresponding rate, the chances are 19 in 20 that

1. The ``true" number of events lies between

$$N = 2\sqrt{N}$$
 and  $N = 2\sqrt{N}$ 

2. The ``true" rate lies between

$$R \quad 2\frac{R}{\sqrt{N}} \text{ and } R \quad 2\frac{R}{\sqrt{N}}$$

If the rate R1 corresponding to N1 events is compared with the rate R2 corresponding to N2 events, the difference between the two rates may be regarded as statistically significant if it exceeds

$$2\sqrt{\frac{R_1^2}{N_1}} \frac{R_2^2}{N_2}$$

For example, suppose that the observed birth rate for area A was 15.0 per 1,000 population and that this rate was based on 50 recorded births. Given prevailing conditions, the chances are 19 in 20 that the ``true" or underlying birth rate for that area lies between 10.8 and 19.2 per 1,000 population. Let it be further supposed that the birth rate for area A of 15.0 per 1,000 population is being compared with a rate of 20.0 per 1,000 population for area B, which is based on 40 recorded births. Although the difference between the rates for the two areas is 5.0, this difference is less than twice the standard error of the difference

$$2\sqrt{\frac{(15.0)^2}{50}}$$
  $\frac{(20.0)^2}{40}$ 

of the two rates that is computed to be 7.6. From this, it is concluded that the difference between the rates for the two areas is not statistically significant.

Computation of rates and other measures

#### Population bases

The rates shown in this report were computed on the basis of population statistics prepared by the U.S. Bureau of the Census. Rates for 1940, 1950, 1960, 1970, 1980, and 1990 are based on the population enumerated as of April 1 in the censuses of those years. Rates for all other years are based on the estimated midyear (July 1) population for the respective years. Birth rates for the United States, individual States, and metropolitan areas are based on the total resident populations of the respective areas. Except as noted these populations exclude the Armed Forces abroad but include the Armed Forces stationed in each area.

The resident population of the birth- and death-registration States for 1900-32 and for the United States for 1900-94 is shown in table 4-1. In addition, the population including Armed Forces

abroad is shown for the United States. Table B shows the sources for these populations.

In both the 1980 and 1990 censuses, a substantial number of persons did not specify a racial group that could be classified as any of the White, Black, American Indian, Eskimo, Aleut, Asian, or Pacific Islander categories on the census form (16). In 1980 the number of persons of ``other" race was 6,758,319; in 1990 it was 9,804,847. In both censuses, the large majority of these persons were of Hispanic origin (based on response to a separate question on the form), and many wrote in their Hispanic origin, or Hispanic origin type (for example, Mexican, Puerto Rican) as their race. In both 1980 and 1990, persons of unspecified race were allocated to one of the four tabulated racial groups (white, black, American Indian, Asian or Pacific Islander), based on their response to the Hispanic origin question. These four race categories conform with the 1979 edition of OMB Directive 15 which mandates that race data must contain at least these 4 categories. These categories are also more consistent with the race categories in vital statistics.

In the allocation of unspecified race was carried out using cross-tabulations of age, sex, race, type of Hispanic origin, and county of residence. Persons of Hispanic origin and unspecified race were allocated to either white or black, based on their Hispanic origin type. Persons of ``other" race and Mexican origin were categorically assumed to be white, while persons in other Hispanic categories were distributed to white and black pro rata within the county-age-sex group. For ``other-not-specified" persons who were not Hispanic, race was allocated to white, black, or Asian and Pacific Islander, based on proportions gleaned from sample data. The 20-percent sample (respondents who were enumerated on the longer census form) provided a highly detailed coding of race, which allowed identification of otherwise unidentifiable responses with a specified race category. Allocation proportions were thus established at the State level, which were used to distribute the non-Hispanic persons of ``other" race in the 100-percent tabulations.

In 1990 the race modification procedure was carried out using individual census records. Persons whose race could not be specified were assigned to a racial category using a pool of "race donors," which was derived from persons of specified race and the identical response to the Hispanic origin question within the auspices of the same Census District Office. As in 1980, the underlying assumption was that the Hispanic origin response was the major criterion for allocating race. Unlike 1980, persons of Hispanic origin, including Mexican, could be assigned to any racial group, rather than white or black only, and the non-Hispanic component of "other" race was allocated primarily on the basis of geography (District Office), rather than detailed characteristic.

The means by which respondent's age was determined were fundamentally different in the two censuses; therefore, the problems that necessitated the modification were different. In 1980 respondents reported year of birth and quarter of birth (within year) on the census form. When census results were tabulated, persons born in the first quarter of the year (before April 1) had age equal to 1980 minus year of birth, while persons born in the last three quarters had age equal to 1979 minus year of birth.

In 1990 the quarter year of birth was not reported on the census form, so that direct

determination of age from year of birth was impossible. In 1990 census publications age is based on respondents' direct reports of age at last birthday. This definition proved inadequate for postcensal estimates, because it was apparent that many respondents had reported their age at time of either completion of the census form or interview by an enumerator, which could occur several months after the April 1 reference data. As a result, age was biased upward. Modification was based on a respecification of age, for most individual respondents, by year of birth, with allocation to first quarter (persons aged 1990 minus year of birth) and last three quarters (aged 1989 minus year of birth) based on a historical series of registered births by month. This process partially restored the 1980 logic for assignment of age. It was not considered necessary to correct for age overstatement and heaping in 1990, because the availability of age and year of birth on the census form provided elimination of spurious year-of-birth reports in the census data before modification occurred.

Populations for 1994—The population of the United States by age, sex, race, and Hispanic origin are shown in the Census Bureau report, United States population estimates by age, sex, race and Hispanic origin: 1990 to 1994. U.S. Bureau of the Census. PPL-21. Washington: U.S. Department of Commerce. 1995.

Populations for 1993-The population of the United States by age, sex, race and Hispanic origin are tabulated from Census file RESO793. Washington: U.S. Department of Commerce. 1995.

Populations for 1992-The population of the United States by age, sex, race and Hispanic origin are tabulated from census file RESPO792. Washington: U.S. Department of Commerce. 1994.

Populations for 1991-The population of the United States by age, race, and sex are shown in Current Population Reports, Series P-25, Number 1095. Monthly population figures were published in Current Population Reports, Series P-25, Number 1097.

Populations for 1990-The population of the United States by age, race, and sex, and the population for each State are shown in Current Population Reports, Series P-25, Number 1095. The figures have been modified as described above. Monthly population figures were published in Current Population Reports, Series P-25, Number 1094.

Population estimates for 1981-89-Birth rates for 1981-89 (except those for cohorts of women) have been revised, based on revised population estimates that are consistent with the 1990 census levels, and thus may differ from rates published in volumes of Vital Statistics of the United States for these years. The 1990 census counted approximately 1.5 million fewer persons than had earlier been estimated for April 1, 1990. The revised estimates for the United States by age, race, and sex were published by the U.S. Bureau of the Census in Current Population Reports, Series P-25, Number 1095. Population estimates by month are based on data published in Current Population Reports, Series P-25, Number 1094 and unpublished data. Unpublished revised estimates for States were obtained from the U.S. Bureau of the Census.

Populations for 1980-The population of the United States by age, race, and sex, and the population

for each State are shown in tables 4-2 and 4-3 of volume L Vital Statistics of the United States, 1980. The figures by race have been modified as described above. Monthly population figures were published in Current Population Reports, Series P-25, Number 899.

Population estimates for 1971-79–Birth rates for 1971-79 (except those for cohorts of women) have been revised, based on revised population estimates that are consistent with the 1980 census levels, and thus may differ from rates published in volumes of Vital Statistics of the United States for these years. The 1980 census counted approximately 5.5 million more persons than had earlier been estimated for April 1, 1980 (17). The revised estimates for the United States by age, race, and sex were published by the U.S. Bureau of the Census in Current Population Reports, Series P-25, Number 917. Population estimates by month are based on data published in Current Population Reports, Series P-25, Number 899. Unpublished revised estimates for States were obtained from the U.S. Bureau of the Census.

Population estimates for 1961-69--Birth rates for 1961-69 are based on revised estimates of the population and thus may differ slightly from rates published before 1976. The revised estimates used in computing these rates were published in Current Population Reports, Series P-25, Number 519. The rates for 1961-64 are based on revised estimates of the population published in Current Population Reports, Series P-25, Numbers 321 and 324 and may differ slightly from rates published in those years.

Population estimates for 1951-59—Final intercensal estimates of the population by age, race, and sex and total population by State for 1951-59 are shown in tables 4-4 and 4-5 of volume I, Vital Statistics of the United States, 1966. Beginning with 1963 these final estimates have been used to compute birth rates for 1951-59 in all issues of Vital Statistics of the United States.

#### Net census undercounts and overcounts

The U.S. Bureau of the Census has conducted extensive research to evaluate the coverage of the U.S. population (including undercount, overcount, and misstatement of age, race, and sex) in the last five decennial censuses 1950, 1960, 1970, 1980, and 1990. These studies provide estimates of the national population, that were not enumerated or overenumerated in the respective censuses, by age, race, and sex (17-19). The report for 1990 (20) includes estimates of net underenumeration and overenumeration for age, sex, and racial subgroups of the national population, modified for race consistency with previous population counts as described in the section ``Population bases."

These studies indicate that there are differential coverages in the censuses among the population subgroups; that is, some age, race, and sex groups are more completely enumerated than others. To the extent that these estimates of overcounts or undercounts are valid, that they are substantial, and that they vary among subgroups and geographic areas, census miscounts can have consequences for vital statistics measures (18). However, the effects of undercounts in the census are reduced to the extent that there is underregistration of births. If these two factors are of equal magnitude, rates based on unadjusted populations are more accurate than those based on adjusted

populations because the births have not been adjusted for underregistration.

The impact of net census miscounts on vital statistics measures includes the effects on levels of the rates and effects on differentials among groups.

If adjustments were made for persons who were not counted in the census of population, the size of the denominators would generally increase and the rates would be smaller than without an adjustment. Adjusted rates for 1990 can be computed by multiplying the reported rates by ratios of the 1990 census-level population adjusted for the estimated net census miscounts, which are shown in table C. A ratio of less than 1.0 indicates a net census undercount and would result in a corresponding decrease in the rate. A ratio in excess of 1.0 indicates a net census overcount and would result in a corresponding increase in the rate.

Enumeration of white females in the childbearing ages was at least 97 percent complete for all ages. Among black women, the undercount ranged up to 5 percent. Generally, females in the childbearing ages were more completely enumerated than males for similar race-age groups.

If vital statistics measures were calculated with adjustments for net census miscounts for each of these subgroups, the resulting rates would have been differentially changed from their original levels; that is, rates for those groups with the greatest estimated overcounts or undercounts would show the greatest relative changes due to these adjustments. Thus the racial differential in fertility between the white and the ``All other" population can be affected by such adjustments.

#### Cohort fertility tables

The various fertility measures shown for cohorts of women are computed from births adjusted for underregistration and population estimates corrected for underenumeration and misstatement of age. Data published after 1974 use revised population estimates prepared by the U.S. Bureau of the Census and have been expanded to include data for the two major racial groups. Heuser has prepared a detailed description of the methods used in deriving these measures as well as more detailed data for earlier years (21).

Parity distribution—The percent distribution of women by parity (number of children ever born alive to mother) is derived from cumulative birth rates by order of birth. The percent of zero-parity women is found by subtracting the cumulative first birth rate from 1,000 and dividing by 10. The proportions of women at parities one through six are found from the following formula:

Percent at N parity = (cum. rate, order N) - (cum. rate, order N + 1)10

The percent of women at seventh higher parities is found by dividing the cumulative rate for seventh-order births by 10.

Birth probabilities--birth probabilities indicate the likelihood that a woman of a certain parity and age

at the beginning of the year will have a child during the year. Birth probabilities differ from central birth rates in that the denominator for birth probabilities is specific for parity as well as for age.

#### Age-sex-adjusted birth rates

The age-sex-adjusted birth rates are computed by the direct method. The age distribution of women aged 10-49 years as enumerated in 1940 and the total population of the United States for that year are used as the standard populations. The age-sex-adjusted birth rates show differences in the level of fertility independent of differences in the age and sex composition of the population. It is important not to confuse these adjusted rates with the crude rates shown in other tables.

#### Total fertility rate

The total fertility rate is the sum of the birth rates by age of mother (in 5-year age groups) multiplied by 5. It is an age-adjusted rate because it is based on the assumption that there are the same number of women in each age group. The rate of 2,036 in 1994, for example, means that if a hypothetical group of 1,000 women were to have the same birth rates in each age group that were observed in the actual childbearing population in 1994, they would have a total of 2,036 children by the time they reached the end of the reproductive period (taken here to be age 50 years), assuming that all of the women survived to that age.

## Intrinsic vital rates

The intrinsic vital rates are calculated from a stable population. A stable population is that hypothetical population, closed to external migration, that would become fixed in age-sex structure after repeated applications of a constant set of age-sex specific birth and death rates. For the mathematical derivation of intrinsic vital rates, see pages 4-13 and 4-14 in the Technical Appendix of volume I, Vital Statistics of the United States, 1962. The technique of calculating intrinsic vital rates is described by Barclay (22).

#### Seasonal adjustment of rates

The seasonally adjusted birth and fertility rates are computed from the X-11 variant of Census Method II (23). This method of seasonal adjustment used since 1964 differs slightly from the U.S. Bureau of Labor Statistics (BLS) Seasonal Factor Method, which was used for Vital Statistics of the United States, 1964. The fundamental technique is the same in that it is an adaptation of the ratio-to-moving-average method. Before 1964 the method of seasonal adjustment was based on the X-9 variant and other variants of Census Method II. A comparison of the Census Method II with the BLS Seasonal Factor Method shows the differences in the seasonal patterns of births to be negligible.

#### Computation of percents, medians, and means

Percent distributions, medians, and means are computed using only events for which the

characteristic is reported. The ``Not stated" category is subtracted from the total before computation of these measures. The asterisk (\*) indicates that the numerator and/or denominator number is less than 20.

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#### Table A. Percent of Birth Records on Which Specified Items Were Not Stated: United States and Each State, Puerto Rico,

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Vi	rgi	л	Islan	ه , ها:	nd	Guasi	1	996	

(Page 1 of 2)

		THEN OF F	asidence)			· · · · · · · · · · · · · · · · · · ·	T		7		Length	Honth	Kumber
	Mundae a	81.000	Artendant	Nother's					Educational	Live-	of	Prenatal	of pre-
A.rea	of	of	at	birth-	Father's	Father's	Hispani	c Origin	attainment	birth	Gestation	Care	netal
,	births	birth	birth	place	age	race	Mother	Father	Hother	order		began	visits
Total of				·	+				1				
reporting areas 1/	3,891,494	0.0	(0.1	0,3	(14. <b>I</b>	[14.9	1.5	15,6	11.4	(0.6	11.0	2.6	[3.5]
			1									0.7	
Alabama	60,488	- 1	-	0.1	25.5	25.6	1.0	25.5	0.4	0.0	U. 1	1.5	111
Alaska	10,037	-	.0	1.2	12.1	13,8	1.2	12.8	1	1.4		11.1	12.3
Arizona	75,322	, .a	1.1	1.3	25.5	23.0	1.1	20.2	1.0	1 '		2.0	2.5
Arkansas	36,371	- 0	[.1	1.5	20.0	20.3		20.2	1.0		2/48	1.2	2.7
California	539,433	.0	.4	1.0	5.0	3.0	1.1	3.4	1.2	1	1.1	1	
					1,, ,	111.8		112.1	1.1	1.4	1.0	1.0	1.3
COlorado	55,807	1.0		1.5	1.1.1	11.1	4.0	11.6	5.5	11.6	4.0	7.9	10.9
	10,105	1.0	1.0	1.1	24.9	29.9	.2	29.7		1	1.1	1.0	1.1
District of Columbia	10,195	1 -	1.5	1.4	51.6	57.7	1.0	51.3	7.5	1.3	.6	16.2	15.7
Platida	189 392	1.0	1 -	1.1	118.5	18.6	1.1	20.4	1.4	1.1	.1	1.1	1.8
110110					1-								1 1
Georgia	114,043	.0	.0	,3	18.9	19.2	.9	19.5	1.1	,3	1.1	11.0	1.4
Hawaii	18,401	1.0	.0	(.1	10.4	10.5	1.1	9.4	{ , 3	1.1	5,8	2.9	3.2
Idaho	18,625	-	.0	.2	8.2	10.8	1.4	11.3	5.6	1.6	1.4	3.8	11.4
Illinois	183,100	,0	.0	.1	16.6	17.4	1.1	17.5		1.1	1.2	1.8	2.1
Indiana	83,513	.0	1.1	.2	12.9	12.9	.3	12.9	1.3	1.7	1.1	2.3	1.8
	· .	1	1.		1	1	1	1.0.0	J	1.	1.	1.6	
Iowa	37,139	0, ]	1.0	.3	13.4	111.2		13.0	1.3	1 1			1.1
Xansas	36,651	1 -	1.0	.0	11.2	11.0		12,5	1.3	1.2		1.0	1.0
Kentucky	52,706	1.0	1.0	1.0	21.3	22.3	1	29.9	1.3		1.2	1.3	1.5
Louisiana	65,204	1.1	1.1	1.0	29.0	23.0	13 0	17.6	1.1		1.1	1.3	
Maine	13,774	] -	1.0	-	111.0	113.0	1.0	1110	1 ''	1		1	1
Maguland	71 633		1.0		8.7	10.2	1.4	7.0	3,8	5,3	1.3	10.8	16.9
Madasabudatta	80 276				8.8	8.2	1.2	7.3	1.1	1.3	1.0	1.7	2.1
Michigan	133, 187			.i	17.8	19.8	4.8	23.5	1.1	1.0	1,1	3.6	5.0
Minnesota	63,700	1.1	1.1		9.2	11.9	6.3	16.7	2.2	.3	1.3	4.5	3,8
Mississippi	40.987	1.0	1.0	1.1	26.1	25.8	.1	25.9	.2	.1	.2	.6	.6
PL - LA LIVE		1	1										1 1
Missouri	73,832	.0	-	.2	18.7	20.8	.1	20.8	.9	. J	.2	1.9	2.8
Montana	10,856	il -	.7	.0	9,5	11.1	3.1	13.9	.2	1,1	.1	.5	1.4
Neblaska	23,286	s] -	1 -	.0	12.4	12.9	1.9	14.2	1.1	1.0	1.0	.3	.5
Nevada	26,125	i   -	1.1	1.6	23.0	23.8	.5	22.6	2.1	1.2	.2	2.7	3,4
New Hampshire	14,520	- 1	,0	0, 0	7.7	8.7	2.5	10.3	.5	.1	,3	2.7	1.7
		. 1										1.0	5.0
New Jersey	114,306	1.1	.1	1.1	9.7	11.6	1.0	10.7	2.2	1.4	1.2	3.7	4.1
New Maxico	27,22	<u> </u>	1	1.3	20.1	23.0	10.4	23.0	2.9	1.2		7.6	5.5
New York	263,903	1 .1	1.2	1.0	18.0	19.0	10.7	1.0	1.5			1.5	.6
North Carolina	104,470		1.0		10.0	10.4	1, 7	12.0	1.2	1.6		1.3	.3
North Datota		'   -	1 -		7.2	10.1	1	12.00		1.5		1	1
obla	151,693	2 . 0	1.0	1.3	12.9	13.7	1.2	111.0	1.4	.0	0.0	1.0	1.6
Oklahoma	46.793	11.	1.0	.0	17.5	19.3	.1	19.1	4.0	1.6	4.7	10.1	11.0
Oregon	43,65	i -		1.1	11.4	4.3	.1	4.9	8,	.0	0.	1.3	54
Pennevivenia	140,330	s   .o		1.7	6.1	3.1	<b>٤</b> , ]	2.6	2.0	.2	,2	2.2	2.6
Rhode Island	12,652	2 - 2	-	.2	14.6	15.1	12,2	23.5	3.0	2.2	י, ן	8.5	9.1
		1	1	1	1	1		1	1	1.	1.		
South Carolina	51, 11	7 .0	.0	1.2	29.0	28,9	.1	28.9	4.1	1.1	1 .2	1.2	1.2
South Dakota	10,47	3   -		2.0	12.4	12.6	.1	12.9	,5	1.0	1.1	1.14	1, "
Tennessee	73,75	0, ] 0	.0	1.1	16.3	16.5	1.1	16.4	1.2	1.1	1.2		
Texas	330,40	6 .0	.0	1.4	16.0	15.9	1.2	15.0	1.1	1.3	1.9	4·5 7	
Utah	42,08	0,   7	.0	.1	9.2	9.9	,3	8.1	1.7		1	1	1
	1		1.0	1.	1	1	1		2.1	1,	1.1	2.8	1.7
Vermont	6,76		1.0	1.1		1 2.0	1.1	1.0.0		1.2	1.2	1	3.0
Virginia	92,35	1.1	1.0	1.4	12	17.5	1.1	12 .		11.6	1.5	7.6	12.2
Washington	1 77,94	.0		1.5	11.4	12.0	111	16.7		1.2	1.3	3.3	2.1
West Virgin	20,75	4 10	1.0	1.1	22.3	27.2	1.0	27.1	13	1.5	1.1	1.2	.3
WISCONSIN	67,10		1.2	1.0	111.5	11.7		13.6		1.1	1.0	.5	.6
wyoming	1 ,2	•   •	1 -	1.0	1	1.3.1	1	1	1	1	1		
Puerto Bico	63.14	1 -	.0	-	2.5	3.1		1	.2	0.	1.1	.2	1.1
Virgin Telanda	1.90	5 -		1 -	28.7	30.1	4.1	33.2	1.9	.6	.6	3.4	4.4
Gunn	4.25	4 .1	-1	.6	27.4	56.3	.6	27.8	2.8	1.0	3,9	5.3	5.3

# Table A. Percent of Birth Records on Which Specified Itams Were Not Stated: United States and Each State, Puerto Rico,

Virgin Islands, and Guams 1996

(Page 2 of 2) [By place of residence]

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	• I				1				compiles-		ADIOTMAL	
	Numper		2-BIUNCE	Medical					CIONA OT	Method	condi-	
Агеа	of	Birth	Apgar score	risk	Tobacco	Alcohol	Weight	Obstetric	labor and/	of	tions of	Congenital
	birthe	weight		factors	use	use	gain	procedures	or delivery	delivery	newborn	anomalies
Total of	-							·				
reporting areas 1/	3,891,494	0.1	0.7	1.3	1.6	1.5	8.6	0.8	1.1	0.9	1.8	1.5
	-,,		1				1	1			1	
blahara	60 488			24 0 2								I
ALIDIDA	60,400	0.1	0,2	3/ 0.3	0.4	U.4	5.8	0.2	0,3	0.1	1.0	0.6
Alaska	10,037	.1	.4	1.1	1.4	.4	2.0	.1	.1	.2	.1	.1
Arizona	75,322	.2	.5	0.	,5	.5	13,6	.0	.0	.3	,0	.4
Arkansas	36.371	. 2	3.7		.5	.5	6.4		.5	4	4	5
California	530 433		1				1.1					
CHILDINIE	3337433		1	1.0			111	1		.0	.0	.0
Colorado	55,007	,0	.3	.0	.4	.3	4.8	.0	0,0	0.	,0	.1
Connecticut	44,469	,0	4.3	15.2	13.0	12.7	28.4	14.0	15.5	8,0	21,3	22.4
Delaware	10,155	.1	.2	1.0	.2	.2	1.3	7/ .0	.0	1.1	1.1	.1
District of Columbia	9 300		1 2				14.0			1 · -		
Flord de	200,000		1		1.	11	1112			1 1 2		
FIOLIG	163,332	.0	1,2			.1	4.5		, u		.0	
										l		
Georgia	114,043	.0	1.5	1.4	.3	,3	5.0	0.	,0	.3	.0	0.1
Hawaii	18,401	.9	7.5			. 9	14.1	1.1	. 4	6	6	6
Tdabo	18 625	1			1.0	1.1		<b>1</b>				l.'."
Tillede	10,023	1.1	1 ' 2	1 <sup></sup>	1.1.2	2,0		1 <sup>3</sup> .	1111	1.1	3,9	13.0
1111018	103,100	1.1	.3	1.1	1.0	.2	4.6	1.1	,1	.4	.1	1.1
Indiana	83,513	,6	.5	.2	1	.5	4.6	1.1	.3	-4	1.7	.7
						1	1					
Iowa	37.139	1.0		1.1	2.1	2.5	6.8	1.0	1.0		1.1	
Kapasa	36 651	1.0	1.2	م تربا		1.15	1.1.2	1.2	1 17	1.1	1.1	1.12
	30,031	1.0		1/ 11					1.11	2.4	1.11	
Kentucky	52,706	1.1	1.4	6.1	4.7	4.5	8,9	3.8	6.8	4.6	10.3	9,7
Louisiana	65,204	1.1	1.4	.1	,2	.2	6.5	.1	.2	.2	.2	.1
Haine	13,774	1.1	.2	.1	3.4	4.4	.1	.0	.0	.2	1.1	.1
			1	'-							1	
Manuland	31 633						10.0					
Maryland	11,333		, a		2,0	2.9	12.3			. 4		10
Massachusetts	80,276	1.2	1.3	4.2	1.3	1.3	2.9	4.0	4.1	3.5	8/ 7.0	4.7
Hichigan	133,387	.3	.5	,2	2.2	1.9	10.1	.2	.2	.6	.2	,2
Minnesota	63,700		.7	5.8	4.5	4.7	15.1	3.9	5.0	3.6	6.4	6.6
Migalasippi	40 087	<u>, ,</u>				1	4 0					
ureerserbby	10,507	1.0		· <del>·</del>	1.3		1.0	1 ••		· ·	1.1	· · ·
	_											
Missouri	73,832	0.1	.4	1.1	,6	6	3,6	.0	.0	1.4	.1	1.1
Montana	10,856	.1	1.4	.1	.8	1.0	1.1	.1	.1	.5	.1	1,1
Nebraska	23, 286	1.0		l n	1 0		1.6	0	0	1	la/ 0	
Neveda	26 125			1.12	1 4		1.0	1.2			1, , , , , , , , , , , , , , , , , , ,	
Nevaua	20,123	1.0	1.5	111	1.0	1.7	0.9		1.3	.9	1.9	2.3
New Hampshire	14,520	.4	.6	14	· 2	.2	5.6	- 1	.4	- 4	.5	1.4
New Jersev	114.306	.2	.3	1.5	1.3	1.2	6.1	.2	9/ 1.0	.4	14.9	2.7
New Mexico	27.228		3.4	- 0	1 3	114	10.1	10	0	1.4	0	
Neu Yesk	262 062	1.2	1-12		67.6.0	1					100 0 0	
New IDEK	203,903	1.1		2.2	3/ 3.2	.9	11.3	1.2	1.4		10/ 2.2	2.1
North Carolina	104,470	.0	1.4	.0	.1	.1	4.5	.0	.0	.3	.0	.0
North Dakota	8,347	.0	.2	.4	1.4	.5	1.4	.1	.4	, 3	,5	14
		1					1	1	1	1		
Ohio	151.692	.1		1.1		. 1	3.4	[1	.1	. 5	2	.2
Ok1ahona	46 101		15 5	28.8	20 5	20.9	31 1	25 0	128 5	21 6	33.8	34.5
	10,155		5.5	2010	20.3	2013	13111	23.0	20.2	21.0	3310	
oregon 4	43,658	.0	1.4	.0	10	12	2.5	1.0	.0	.2		10
Pennaylvania	140,338	.1	.3	.1	.6	,3	5.8	0.	0, 0	.2	1.4	1.4
Rhode Island	12,652	.3	.4	4.8	2.3	2.5	9.0	4.8	4.9	.2	12.7	12.6
	-											
South Carolina	51.117		3	ما	1 .	3	12 0	١	١٥	5	1 .	1 0
South Dabata	10,477		1 7		1	1	15.5	1	1	1.1	1	1.1
Souch Dakoca	10,4/3						2.3	1.1	1 14	••	1 .1	1.1
Tennessee	73,754	.0	1.4		1.4	1,5	3.1	1 '0	1.0	.5	.0	.0
Texas	330,406	1.1		6/ 1.8	.3	.3	20,1	1.1	11/.1	.6	8/ .1	1.1
Utah	42.087	1.0	. 3	.2			1.8	1.0	1.1	0	.2	1.4
					1	1	1	1	1	1	1	···
						Ι.	l	l .	1.	!.	1 .	
vermont	6,767	1.2	.3	.1	.6	1.4	11.7	1.1	1.1	1.1	1.2	1.2
Virginia	92,354	.2	.3	.1	.1	.2	5.9	1.1	j.1	, J	.1	1.1
Washington	77,945	.2	1.4	.6	4.0	13.0	19.4	1.3	.6	1.4	, 8	1,7
West Virginia	20.750	.1	.3	.5	1.8	2.7	6.8	1.2	.6	.3	1.0	.5
Wissensin .	57,150	1.1		1	1.1	1	1.5	<b>1</b>	1	1.2	112/ 1	1.1
MISCONSIN	07,106	1.0	1 * 1	3.3	1.14	1.11	1.0	1 '	3.0	1 1 1	1.47 . 1	111
Wyoming	6,286	.0	1 • 4	0,0	1.3	1.3	1.4	.0	.0	.2	1.0	1,0
			1		1	1	1	1				1
Puerto Rico	63,141	1.0	1.2	1.0	1.0	0.1	1,1	1.0	1.1	.0	.0	0, 1
Virgin Talanda	1.005	1.5	3.0	14.6	12 1	2.3	16.1	18.6	16.4	3.3	17.6	115.7
ALIGNI LALGING	1,903	1 1	1		1.1	1.1.1	1.0.1		1	15.5		
Guam	4,254	1.3	12.0	12'A	3.4	13' A	143.0	13.0	12'3	12.1	12.0	3.4

1/ Excludes data for Puerto Rico, Virgin Islands, and Guam.

2/ California reports date last normal menses began but does not report clinical estimate of gestation.

3/ Alabama does not report renal disease.

4/ Kansas does not report Rh sensitization.
 5/ New York city (but not New York State) reports tobacco use.

6/ Texas does not report genital herpes and uterine bleeding.

7/ Delaware does not report ultrasound.

// Delawate does not report utrassound.
 8/ Massachusetts, Nebraska, and Texas do not report birth injury.
 9/ New Jersey does not report other excessive bleeding.
 10/ New York City does not report assisted ventilation less than 30 minutes or assisted ventilation

of 30 minutes or more.

Towards does not report sneathetic complications and fetal distress,
 Wisconsin does not report fetal alcohol syndrome,

Area	Occurrence	<b>Residence</b>
Total	3,894,874	3,894,874
United States	3,894,874	3,891,494
Alabama	59,726	60,488
Alaska	9,933	10,037
Arizona	75,127	75,322
Arkansas	35,299	36,371
California	539,661	539,433
Colorado	56,059	55,807
Connecticut	44,327	44,469
Delaware	10,651	10,155
District of Columbia	14,917	8,390
Florida	189,676	189,392
Georgia	114,748	114,043
Hawaii	18,455	18,401
Idaho	18,252	18,625
Illinois	180,043	183,180
Indiana	83,558	83,513
Iowa	37,356	37,139
Kansas	35,360	36,651
Kentucky	51,166	52,706
Louisìana	65,457	65,204
Maine	13,609	13,774
Maryland	67,765	71,533
Massachusetts	81,212	80,276
Michigan	132,050	133,387
Minnesota	63,497	63,700
Mississippi	40,197	40,987
Missouri	76,504	73,832
Montana	10,790	10,856
Nebraska	23,487	23,286
Nevada	25,740	26,125
New Hampshire	14,008	14,520
New Jersey	111,420	114,306
New Mexico	26,819	27,228
New York State only	138,495	141,007
New York city only	126,881	122,956
North Carolina	105,327	104,470
North Dakota	9,675	8,347
Ohio	152,257	151,692
Oklahoma	45,133	46,193
Oregon	45,677	43,658
Pennsylvania	148,985	148,338
Rhode Island	13,574	12,652
South Carolina	49,212	51,117
South Dakota	10,594	10,473
Tennessee	78,378	73,754
Texas	334,197	330,406
Utah	42,943	42,087
Vermont	6,461	6,767
Virginia	90,160	92,354
Washington	76,297	77,945
West Virginia	21,772	20,750
Wisconsin	66,120	67,106
Wyoming	5,867	6,286

•

Area	Occurrence	Residence
Foreign Residents	-	3,380
Puerto Rico Virgin Islands Guam Canada	- - -	13 25 16 101
Cuba Mexico Remainder of world		2,452 773

# 1996 ADDENDUM TO "TECHNICAL APPENDIX" OF VITAL STATISTICS OF THE UNITED STATES: MORTALITY, 1994

To assist the users of the mortality public-use data tapes, attached is a copy of the "Technical Appendix" of the Vital Statistics of the United States: Mortality, 1994. This technical appendix provides certain qualifications that are essential to using, analyzing, and interpreting the data on those tapes. Certain modifications to the technical appendix are essential to make it applicable to the mortality file for the 1996 data year. Those modifications include the following:

#### I. Sources of data

#### State-coded medical data

1996

Utah

1995

New Mexico

For 1996, of the States in the VSCP, 42 States submitted precoded medical data for all death certificates in the form of electronic data files. Of these 42 States, Maine, Montana, North Dakota, and Wyoming contracted with a private company to provide NCHS with precoded medical data. The remaining eight VSCP States, New York City, and the District of Columbia submitted copies of the original certificates from which NCHS coded the medical data.

For 1996 approximately 29 percent of the Nation's death records were multiple-cause coded using SuperMICAR and 71 percent using MICAR. This represents data from 22 States which was coded by SuperMICAR and data from 28 States, the District of Columbia, and New York City which was coded by MICAR.

All States submitted precoded demographic data for all death certificates in the form of electronic data files in 1996.

Data for Puerto Rico, the Virgin Islands, and Guam are included on the mortality public-use data tapes. These data were included for the first time for 1994.

#### II. Classification of data

#### A. Hispanic origin

Data for 1996 were obtained from the District of Columbia and all States except Oklahoma, which was excluded because the death certificates did not include an item to identify Hispanic or ethnic origin.

Infant mortality--Infant mortality data by Hispanic origin are based on deaths to residents of the same 49 states and the District of Columbia. In computing infant mortality rates, deaths and live births of unknown origin are not distributed among the specified Hispanic and non-Hispanic groups.

Infant mortality rates by Hispanic origin may be biased, because of inconsistencies in reporting Hispanic or ethnic origin between the birth and death certificates for the same infant. Estimates of reporting bias may be made by comparing rates based on the linked file of infant deaths and live births (1) with those where the Hispanic or ethnic origin of infant death is based on information from the death certificate (2). Because of these biases, it is preferable to calculate Hispanic mortality rates for infants using the file of linked infant death and live birth records (1).

In 1990 the 49 States and the District of Columbia accounted for about 99.6 percent of the Hispanic population in the United States, including about 99.5 percent of the Mexican population, 99.8 percent of the Puerto Rican population, 99.9 percent of the Cuban population, and 99.7 percent of the "Other Hispanic" population (3).

# B. Educational attainment

Deaths by educational attainment are included on the 1996 public use data tapes. These data were included for the first time for 1989. It is recommended for 1996 that analyses of educational attainment data include deaths to residents of 45 States and the District of Columbia whose data were approximately 80 percent or more complete on a place-of-occurrence basis. While data for Kentucky are included on the data tape, they would be excluded from analyses because more than 20 percent of their death certificates were classified to "unknown educational attainment." Data for Georgia, Oklahoma, Rhode Island, and South Dakota were excluded from the data tape because their death certificates did not include an educational attainment item.

#### C. Occupation and industry

Deaths by occupation and industry are included on the 1996 public-use data tapes. These data were included for the first time for 1985. These data were obtained from the following items that appear on the U.S. Standard Certificate of Death:

o (Item 14a) USUAL OCCUPATION (Give kind of work done during most of working life, even if retired.)

o (Item 14b) KIND OF BUSINESS OR INDUSTRY

For 1996, the occupation and industry mortality data were included for the following 19 reporting States:

Colorado	New Mexico			
Georgia	North Carolina			
Hawaii	Ohio			
Idaho	Rhode Island			
Kansas	South Carolina			
Kentucky	Utah			
Maine	Vermont			
Nevada	West Virginia			
New Hampshire	Wisconsin			
New Jersey				

Data for 1993-96 were coded using the revised NCHS Part 19 instruction manual (4) and the Bureau of the Census 1990

occupation and industry titles and three-digit codes, which are shown in the 1990 Census of Population and Housing(5).

Occupation and industry mortality data for 1984-92 were based on the 1980 Bureau of the Census occupation and industry classifications. For a listing of the changes between the 1980 and the 1990 classification systems, see Appendix D of the NCHS Part 19 instruction manual(4).

In addition to the codes shown in the Bureau of the Census publication(5), the following special codes were created:

## **Occupation**

#### <u>Industry</u>

- 913 Retired; with no961 Own Home/At Homeother occupation970 Retired: with no otherreportedIndustry reported914 Housewife/990 Blank, Unknown, NA
- Homemaker
- 915 Student
- 916 Volunteer
- 917 Unemployed, never worked, disabled, child, infant 999 Blank, Unknown, NA

#### D. Injury at work

Deaths for "Injury at work" were included on the 1993 public-use data tapes for the first time. These data were obtained from the following item that appears on the U.S. Standard Certificate of Death:

o (Item 30c) INJURY AT WORK? (Yes or No)

#### E. Report of autopsy

Beginning with the 1995 data year, mortality data on autopsy are no longer processed by NCHS, because of resource constraints.

# III. Population bases for computing rates

The population used for computing death rates (furnished by the U.S. Bureau of the Census) represents the population residing in the specified area. Population estimates used for computing rates by age, race, and sex for the United States for 1996 are based on population estimates as of July 1, 1996 (6) (available upon request). The estimates are based on demographic analysis and, therefore, are not subject to sampling variability.

Population estimates used for computing death rates by specified Hispanic origin, race for non-Hispanic origin, age, and sex for the total of 49 States (excludes Oklahoma) and the District of Columbia are as of July 1, 1996 (7) (available upon request). The estimates for Mexicans, Puerto Ricans, Cubans, and Other Hispanics are based on the Current Population Survey (CPS) adjusted to resident population control totals and, therefore, are subject to sampling error (see Technical Appendix from Vital Statistics of the United States: Mortality, 1994).

Population estimates used for computing death rates by marital status, age, race, and sex for the United States (7) are as of July 1, 1996 and are available upon request. Population estimates used for computing death rates by marital status, age, Hispanic origin, race for non-Hispanic origin, and sex for the total of 49 States (excludes Oklahoma) and the District of Columbia (7) are as of July 1, 1996 and are also available upon request. The population estimates for never married, married, widowed, and divorced and for Mexicans, Puerto Ricans, Cubans, and Other Hispanics are based on the CPS adjusted to resident population control totals and, therefore, are subject to sampling error (see Technical Appendix from Vital Statistics of the United States: Mortality, 1994).

Population estimates used for computing death rates by educational attainment, age, and sex for the total of 45 States and the District of Columbia are presented in table IV of the Technical notes of the "Report of Final Mortality Statistics" (8).

Population estimates for each State, Puerto Rico, Virgin Islands, and Guam, (9-12) (available upon request) are based on demographic analysis, and therefore, are not subject to sampling variability. All population estimates for 1996 are based on the 1990 census level counts that were modified by age, race, and sex to be consistent with the U.S. Office of Management and Budget categories and historical categories for death data (13).

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**TECHNICAL APPENDIX FROM** 

# VITAL STATISTICS OF UNITED STATES

# 1994

MORTALITY

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOR DISEASE CONTROL AND PREVENTION NATIONAL CENTER FOR HEALTH STATISTICS

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A copy of the technical appendix may be obtained by contacting the National Center for Health Statistics, Mortality Statistics Branch at 301-436-8884.

For a list of reports published by the National Center for Health Statistics contact:

Data Dissemination Branch National Center for Health Statistics Centers for Disease Control and Prevention Public Health Service 6525 Belcrest Road, Room 1064 Hyattsville, MD 20782 (301) 436-8500 Internet: http://www.cdc.gov/nchswww/nchshome.htm

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# Sources of data

## Death and fetal-death statistics

Mortality statistics for 1994 are, as for all previous years except 1972, based on information from records of all deaths occurring in the United States. Fetal-death statistics for every year are based on all reports of fetal death received by the National Center for Health Statistics (NCHS).

The death-registration system and the fetal-death reporting system of the United States encompass the 50 States, the District of Columbia, New York City (which is independent of New York State for the purpose of death registration), Puerto Rico, the Virgin Islands, Guam, American Samoa, and the Commonwealth of the Northern Marianas. In statistical tabulations, United States refers only to the aggregate of the 50 States (including New York City) and the District of Columbia. Data for Guam, Puerto Rico, and the Virgin Islands are presented separately from data for the United States. No data are included for American Samoa or the Commonwealth of the Northern Marianas.

The Virgin Islands was admitted to the registration area for deaths in 1924; Puerto Rico, in 1932; and Guam, in 1970. Tabulations of death statistics for Puerto Rico and the Virgin Islands were regularly shown in *Vital Statistics of the United States* from the year of their admission through 1971 except for the years 1967-69, and tabulations for Guam were included for 1970 and 1971. Death statistics for Puerto Rico, the Virgin Islands, and Guam were not included in *Vital Statistics of the United States* for 1972 but have been included each year since 1973. Information for 1972 for these three areas was published in the respective annual vital statistics reports of the Department of Health of the Commonwealth of Puerto Rico, the Department of Health of the Virgin Islands, and the Department of Public Health and Social Services of the Government of Guam.

Procedures used by NCHS to collect death statistics have changed over the years. Before 1971 tabulations of deaths and fetal deaths were based solely on information obtained by NCHS from copies of the original certificates. The information from these copies was edited, coded, and tabulated. For 1960-70 all mortality information taken from these records was transferred by NCHS to magnetic tape for computer processing.

Beginning with 1971 an increasing number of States have provided NCHS, via the Vital Statistics Cooperative Program (VSCP), with electronic files of data coded according to NCHS specifications. The year in which State-coded demographic data were first transmitted in electronic data files to NCHS is shown below for each of the States, New York City, the District of Columbia, Puerto Rico, and the Virgin Islands, all of which now furnish demographic or nonmedical data in electronic data files.

1971 Florid**a**  1972 Maine Missouri New Hampshire Rhode Island Vermont 1973 Colorado Michigan New York (except New York City)

1974 Illinois Iowa Kansas Montana Nebraska Oregon South Carolina	1975 Louisiana Maryland North Carolina Oklahoma Tennessee Virginia Wisconsin	1976 Alabama Kentucky Minnesota Nevada Texas West Virginia
1977 Alaska Idaho Massachusetts New York City Ohio Puerto Rico	1978 Indiana Utah Washington	1979 Connecticut Hawaii Mississispi New Jersey Pennsylvania Wyoming
1980 Arkansas New Mexico South Dakota	1982 North Dakota	1985 Arizona California Delaware Georgia District of Columbia

1994 Virgin Islands

For Guam, mortality statistics for 1994 are based on information obtained directly by NCHS from copies of the original certificates received from the registration office.

In 1974 States began coding medical (cause-of-death) data in electronic data files according to NCHS specifications. The year in which State-coded medical data were first transmitted to NCHS is shown below for the 40 States now furnishing such data. In 1994 Maine, Montana, North Dakota, and Wyoming contracted with a private company to provide precoded medical data to NCHS. Kansas provided the medical data for Alaska. The remaining 10 VSCP States, New York City, the District of Columbia, Puerto Rico, the Virgin Islands, and Guam submitted copies of the original certificates from which NCHS coded the medical data.

1974 Iowa Michigan	1975 Louisiana Nebraska North Carolina Virginia Wisconsin	1980 Colorado Kansas Massachusetts Mississippi New Hampshire Pennsylvania South Carolina
1981 Maine	1983 Minnesota	1984 Maryland New York (except New York City) Vermont
1986 California Florida Texas	1988 Alaska Delaware Idaho North Dakota Wyoming	1989 Georgia Indiana Washington
1991 Arkansas	1992 Montana	1993 Alabama Connecticut Hawaii Nevada Oregon South Dakota

1994 Oklahoma Rhode Island

For 1994 and previous years except 1972, NCHS coded the medical information from copies of the original certificates received from the registration offices for all deaths occurring in those States that were not furnishing NCHS with medical data coded according to NCHS specifications. For 1981 and 1982, these procedures were modified because of a coding and processing backlog resulting from personnel and budgetary restrictions. To produce the mortality files on a timely basis with reduced resources, NCHS used State-coded underlying cause-of-death information supplied by 19 States for 50 percent of the records; for the other 50 percent of the records for these States as well as for 100 percent of the records for the remaining 21 registration areas, NCHS coded the medical information. Mortality statistics for 1972 were based on information obtained from a 50-percent sample of death records instead of from all records as in other years. The sample resulted from personnel and budgetary

restrictions. Sampling variation associated with the 50-percent sample is described in "Estimates of errors arising from 50-percent sample for 1972" under "Quality control procedures".

In 1994, 43 States, New York City, the District of Columbia, Puerto Rico, and the Virgin Islands provided NCHS, via the VSCP, electronic data files of fetal-death data coded according to NCHS specifications. The remaining seven States—Arizona, California, Louisiana, Nevada, Ohio, Pennsylvania, and Wyoming—and Guam submitted photocopies of original reports of fetal deaths. For the registration areas submitting photocopies, the demographic items were coded by NCHS.

#### Standard certificates and reports

For many years, the U.S. Standard Certificate of Death and the U.S. Standard Report of Fetal Death, issued by the Public Health Service, have been used as the principal means to attain uniformity in the contents of documents used to collect information on these events. They have been modified in each State to the extent required by the particular needs of the State or by special provisions of the State vital statistics law. However, the certificates or reports of most States conform closely in content and arrangement to the standards.

The first issue of the U.S. Standard Certificate of Death appeared in 1900. Since then, it has been revised periodically by the national vital statistics agency through consultation with State health officers and registrars; Federal agencies concerned with vital statistics; national, State, and county medical societies; and others working in such fields as public health, social welfare, demography, and insurance. This revision procedure has ensured careful evaluation of each item in terms of its current and future usefulness for legal, medical and health, demographic, and research purposes. New items have been added when necessary, and old items have been modified to ensure better reporting; or in some cases, items have been dropped when their usefulness appeared to be limited.

The current versions of the U.S. Standard Certificate of Death and the U.S. Standard Report of Fetal Death were recommended for State use beginning on January 1, 1989. The U.S. Standard Certificate of Death and the U.S. Standard Report of Fetal Death are shown in figures 7-A and 7-B, respectively (1).

# History

The first death statistics published by the Federal Government concerned events in 1850 and were based on statistics collected during the decennial census of that year. In 1880 a national "registration area" was created for deaths. Originally, this area consisted of Massachusetts, New Jersey, the District of Columbia, and several large cities that had efficient systems for death registration. The death-registration area continued to expand until 1933, when it included for the first time the entire United States. Tables showing data for death-registration States include the District of Columbia for all years; registration cities in nonregistration States are not included. For more details on the history of the death-registration area, see U.S. Vital Statistics System: Major Activities and Developments, 1950-95 (2). Statistics on fetal deaths were first published for the birth-registration area in 1918 and then every year beginning with 1922.

# **Classification of data**

The principal value of vital statistics data is realized through the presentation of rates, which are computed by relating the vital events of a class to the population of a similarly defined class. Vital statistics and population statistics must therefore be classified according to similarly defined systems and tabulated in comparable groups. Even when the variables common to both, such as geographic area, age, sex, and race, have been similarly classified and tabulated, differences between the enumeration method of obtaining population data and the registration method of obtaining vital statistics data may result in significant discrepancies.

The general rules used in the classification of geographic and personal items for deaths and fetal deaths for 1994 are set forth in two NCHS instruction manuals (3,4). A discussion of the classification of certain important items is presented below.

#### Classification by occurrence and residence

Tabulations for the United States and specified geographic areas are classified by place of residence unless stated as by place of occurrence. Before 1970 resident mortality statistics for the United States included all deaths occurring in the States and the District of Columbia, with deaths of nonresidents assigned to place of death. For the United States (50 States and the District of Columbia), deaths of nonresidents refers to deaths that occur in the United States of nonresident aliens; nationals residing abroad; and residents of Puerto Rico, the Virgin Islands, Guam, and other territories of the United States. Similarly, for Puerto Rico and for the Virgin Islands, deaths of nonresidents refers to deaths that occurred to a resident of any place other than Puerto Rico and the Virgin Islands, respectively. For Guam, however, deaths of nonresidents refers to deaths that occurred to a resident of any place other than Guam or the United States. Beginning with 1970 deaths of nonresidents are not included in tables by place of residence.

Deaths by place of occurrence, on the other hand, include deaths of both residents and nonresidents of the United States. Consequently, for each year beginning with 1970, the total number of deaths in the United States by place of occurrence was somewhat greater than the total by place of residence. For 1994 this difference amounted to 3,295 deaths.

Before 1970 except for 1964 and 1965, deaths of nonresidents of the United States occurring in the United States were treated as deaths of residents of the exact place of occurrence, which in most instances was an urban area. In 1964 and 1965, deaths of nonresidents of the United States occurring in the United States were allocated as deaths of residents of the county in which they occurred.

*Residence error*—Results of a 1960 study showed that the classification of residence information on the death certificates corresponded closely to the residence classification of the census records for the decedents whose records were matched (5).

A comparison of the results of this study of deaths with those for a previous matched record study of births (6) showed that the quality of residence data had improved considerably between 1950 and 1960. Both studies found that events in urban areas were overstated by the NCHS classification in comparison with the U.S. Bureau of the Census classification. The magnitude of the difference was substantially less for deaths in 1960 than it was for births in 1950.

The improvement is attributed to an item added in 1956 to the U.S. Standard Certificates of Birth and of Death, asking whether residence was inside or outside city limits. This new item aided in properly allocating the residence of persons living near cities but outside the corporate limits. Although this may have improved the quality of data, accurate determination of place of residence appears to be a continuing problem.

## **Geographic classification**

The rules followed in the classification of geographic areas for deaths and fetal deaths are contained in the two instruction manuals referred to previously (3,4). The geographic codes assigned by NCHS on birth, death, and fetal-death records are given in another instruction manual (7). Beginning with 1994 data, the geographic codes were modified to reflect results of the 1990 census. For 1982-93 codes are based on the results of the 1980 census and for 1970-81 on the 1970 census.

Metropolitan statistical areas-The Metropolitan statistical areas (MSA's) and Primary metropolitan statistical areas (PMSA's) are those established by the U.S. Office of Management and Budget as of April 1, 1990, and used by the U.S. Bureau of the Census (8), except in the New England States.

Outside the New England States, an MSA has either a city with a population of at least 50,000 or a U.S. Bureau of the Census urbanized area of at least 50,000 and a total MSA population of at least 100,000. A PMSA consists of a large urbanized county or cluster of counties that demonstrate very strong internal economic and social links and has a population over one million. When PMSA's are defined, the larger area of which they are component parts is designated a Consolidated Metropolitan Statistical Area (CMSA) (9).

In the New England States, the U.S. Office of Management and Budget uses towns and cities rather than counties as geographic components of MSA's and PMSA's. However, NCHS cannot use this classification for these States because its data are not coded to identify all towns. Instead, NCHS uses New England County Metropolitan Areas (NECMA's). Made up of county units, these areas are established by the U.S. Office of Management and Budget (10).

Metropolitan and nonmetropolitan counties—Independent cities and counties included in MSA's and PMSA's or in NECMA's are included in data for metropolitan counties; all other counties are classified as nonmetropolitan.

Population-size groups—In 1994 vital statistics data for cities and certain other urban places were classified according to the population enumerated in the 1990 Census of Population. Data are available for individual cities and other urban places of 10,000 or more population. As a result of changes in the enumerated population between 1980 and 1990, some urban places are no longer identified separately and other urban places have been added. Data for the remaining areas not separately identified appear under the heading "balance of area" or "balance of county." For the years 1982-93 classification of areas was determined by the population enumerated in the 1980 Census of Population and for the years 1970-81 in the 1970 Census of Population.

Urban places other than incorporated cities include the following:

- Each town in New England, New York, and Wisconsin and each township in Michigan, New Jersey, and Pennsylvania that had no incorporated municipality as a subdivision and had either 25,000 inhabitants or more, or a population of 10,000 to 25,000 and a density of 1,000 persons or more per square mile.
- Each county in States other than those indicated above that had no incorporated municipality within its boundary and had a density of 1,000 persons or more per square mile. (Arlington County, Virginia, is the only county classified as urban under this rule.)
- Each place in Hawaii with a population of 10,000 or more. (There are no incorporated cities in the State.)

Before 1964 places were classified as "urban" or "rural." Technical appendixes for earlier years discuss the previous classification system.

### State or country of birth

Mortality statistics by State or country of birth became available beginning with 1979. State or country of birth of a decedent is assigned to 1 of the 50 States or the District of Columbia; or to Puerto Rico, the Virgin Islands, or Guam-if specified on the death certificate. The place of birth is also tabulated for Canada, Cuba, Mexico, and for the remainder of the world. Deaths for which information on State or country of birth was unknown, not stated, or not classifiable accounted for a small proportion of all deaths in 1994, about 0.6 percent.

Early mortality reports published by the U.S. Bureau of the Census contained tables showing nativity of parents as well as nativity of decedent. Publication of these tables was discontinued in 1933. Mortality data showing nativity of decedent were again published in annual reports for 1939-41 and for 1950.

#### Age

The age recorded on the death record is the age at last birthday, the same as the age classification used by the U.S. Bureau of the Census. For 1994 data, 414 resident death records (0.02 percent) contained not-stated age. For computation of age-specific and age-adjusted death rates, deaths with age not stated are excluded. For life table computation, deaths with age not stated are distributed proportionately.

#### Race

For vital statistics in the United States in 1994, deaths are classified by race-white, black, American Indian, Chinese, Hawaiian, Japanese, Filipino, and Other Asian or Pacific Islander. Beginning with 1992 data, an expanded code structure was used for seven States showing five additional Asian or Pacific Islander groups. These groups are Asian Indian, Korean, Samoan, Vietnamese, and Guamanian. These groups are coded only for deaths occurring in California, Hawaii, Illinois, New Jersey, New York, Texas, and Washington. In 1990, at least two-thirds of the U.S. population of each of these groups lived in this seven-State reporting area: Asian Indian, Korean, and Vietnamese, 63-66 percent; Guamanian, 74 percent; and Samoan, 84 percent (11). This additional race detail is available on the mortality public-use data tapes (12,13) and in tabular form. Beginning with 1992 data, all records coded as "other races" (0.01 percent of the total deaths in 1994) were assigned to the specified race of the previous record rather than to a separate category called "other races." Mortality data for Filipino and Other Asian or Pacific Islander were shown for the first time in 1979.

The white category includes, in addition to persons reported as white, those reported in the race item on the death certificate as Hispanic, Mexican, Puerto Rican, Cuban, and all other Caucasians. The American Indian category includes North, Central, and South American Indian, Eskimo, and Aleut. If the racial entry on the death certificate indicates a mixture of Hawaiian and any other race, the entry is coded to Hawaiian. If the race is given as a mixture of white and any other race, the entry is coded to the appropriate nonwhite race. If a mixture of races other than white is given (except Hawaiian), the entry is coded to the first race listed. This procedure for coding the first race listed has been used since 1969. Before 1969 if the entry for race was a mixture of black and any other race except Hawaiian, the entry was coded to black.

Race not stated—For 1994 the number of death records for which race was unknown, not stated, or not classifiable was 2,319 or 0.1 percent of the total deaths. Beginning in 1992 death records with race not stated were assigned to the specified race of the previous record with known race. From 1965 to 1991 death records with race entry not stated were assigned to a racial designation as follows: If the preceding record was coded white, the code assignment was made to white; if the code was other than white, the assignment was made to black. Before 1964 all records with race not stated were assigned to white except records of residents of New Jersey for 1962-64.

New Jersey, 1962-64-New Jersey omitted the race item from its certificates of live birth, death, and fetal death in the beginning of 1962. The item was restored during the latter part of 1962. However, the certificate revision without the race item was used for most of 1962 as well as 1963. Therefore, figures by race for 1962 and 1963 exclude New Jersey. For 1964, 6.8 percent of the death records used for residents of New Jersey did not contain the race item.

Adjustments made in vital statistics to account for the omission of the race item in New Jersey for part of the certificates filed during 1962-64 are described in the Technical Appendix of *Vital Statistics of the United States* for each of those data years.

Quality of race data—A number of studies have been conducted on the reliability of race reported on the death certificate. These studies compare race reported on the death certificate with that reported on another data collection instrument such as the census or a survey. Race information on the death certificate is reported by the funeral director as provided by an informant, often the surviving next of kin, or, in the absence of an informant, on the basis of observation. In contrast, race on the census or the Current Population Survey (CPS) is self-reported and, therefore, may be considered more valid. A high level of agreement between the death certificate and the census or survey report is essential to ensure unbiased death rates by race.

In one study a sample of approximately 340,000 death certificates was compared with census records for a 4-month period in 1960 (14). Percent agreement was 99.8 percent for white decedents, and 98.2 percent for black decedents; but less for the smaller minority groups (table A). In another study 29,713 death certificates were compared with responses to the race questions from a total of 12 CPS's conducted by the U.S. Bureau of the Census for the years 1979-85 (15). In this study, entitled the National Longitudinal Mortality Study, agreement for white decedents was 99.2 and for black decedents, 98.2; agreement was less for the smaller race groups. In 1986 the National Mortality Followback Survey, conducted by NCHS, listed a question about the race of decedents 25 years old and over. The total sample was 18,733 decedents (16). The rates of agreement were similar to those observed in the other studies.

All of these studies show that persons self-reported as American Indian or Asian on census and survey records (and by informants in the Followback Survey) were sometimes reported as white on the death certificate. The net effect of misclassification is an underestimation of deaths and death rates for the smaller minority races.

#### **Hispanic origin**

Mortality statistics for the Hispanic-origin population are based on information for those States and the District of Columbia that included items on the death certificate to identify Hispanic or ethnic origin of decedents. Data for 1994 were obtained from the District of Columbia and all States except Oklahoma, which was excluded because its death certificate did not include an item to identify Hispanic or ethnic origin.

Hispanic mortality data were published for the first time in 1984. Generally, the reporting States used items similar to one of two basic formats recommended by NCHS. The first format is directed specifically toward the Hispanic population and appears on the U.S. Standard Certificate of Death as follows:

Was decedent of Hispanic origin?

(Specify No or Yes-If Yes, specify Cuban, Mexican, Puerto Rican, etc.)
No
Yes
Specify:

The second format is a more general ancestry item and appears as follows:

Ancestry-Mexican, Puerto Rican, Cuban, African, English, Irish, German, Hmong, etc., (specify)

Death rates —Death rates for the total Hispanic population, selected Hispanic subgroups, and race for non-Hispanic origin utilize demographically-derived population estimates produced by the Bureau of the Census (17, 18). By comparison, population estimates for Mexicans, Puerto Ricans, Cubans, and Other Hispanics are based in part on the Current Population Survey. Rates using the latter, therefore, are subject to sampling variation as well as random variation (see "Random variation and sampling errors").

The 49 States and the District of Columbia accounted for about 99.6 percent of the Hispanic population in the United States in 1990. This included about 99.5 percent of the Mexican population, 99.8 percent of the Puerto Rican population, 99.9 percent of the Cuban population, and 99.7 percent of the "Other Hispanic" population (11). For qualifications regarding infant mortality of the Hispanic-origin population, see "Infant deaths."

In 1994 New York City instituted the use of a revised death certificate where the race and ethnic items were to be completed by the funeral director. Previously these items were completed by the physician or medical examiner. In 1994, of the 71022 deaths occurring in New York City, only 4 percent were coded to Unknown origin whereas 23 percent were coded to Unknown origin in 1993. Between 1993 and 1994 the number of deaths occurring in New York City decreased 69 percent for Other and unknown Hispanic and 83 percent for Unknown origin. As a result of increased specificity in reporting ethnic origin, the number of deaths increased substantially in 1994 for Non-Hispanic and for each of the specified Hispanic subgroups.

Quality of data on Hispanic origin—A study (15) examined the reliability of Hispanic origin reported on 43,520 death certificates with that reported on a total of 12 CPS's conducted by the U.S. Bureau of the Census for the years 1979-85. In this study, agreement was 89.7 percent for any report of Hispanic origin. The ratio of deaths for CPS divided by deaths for death certificate was 1.07 percent indicating net underreporting of Hispanic origin on death certificates as compared with self-reports on the surveys. The sample was too small to assess the reliability of specified Hispanic groups.

#### **Marital status**

Mortality statistics by marital status have been published annually since 1979. They were previously published in the annual volumes for 1949-51 and 1959-61. Several reports analyzing mortality by marital status have been published, including the special study based on 1959-61 data (19). Reference to earlier reports is given in the appendix of part B of the 1959-61 special study.

Mortality statistics by marital status are tabulated separately for never married, married, widowed, and divorced. Certificates on which the marriage is specified as being annulled are classified as never married. Where marital status is specified as separated or common-law marriage, it is classified as married. Of the 2,231,606 resident deaths 15 years of age and over in 1994, 9,555 certificates (0.4 percent) had marital status not stated.

Death rates -- Death rates for marital status use population estimates produced by the Bureau of the Census based on the Current Population Survey (18). Because these population estimates are subject to sampling variation, death rates based on them are subject to both sampling variation as well as random variation (see "Random variation and sampling errors").

# **Educational attainment**

Beginning with the 1989 data year, mortality data on educational attainment have been tabulated from information reported on the death certificate. As a result of the revisions of the U.S. Standard Certificate of Death (1), this item was added to the certificates of a large number of States:

 Decedent's Education (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+)

Mortality data on educational attainment for 1994 were reported by 46 States and the District of Columbia. Georgia, Oklahoma, Rhode Island, and South Dakota did not include an educational attainment item on their death certificate.

Selected mortality tables on educational attainment are based on deaths to residents of 45 States and the District of Columbia whose data were approximately 80 percent or more complete on a place-of- occurrence basis. In addition to the four States mentioned previously, data for Kentucky are excluded from these tables because more than 20 percent of their death certificates were classified to "unknown educational attainment." Data for New York City are excluded because the education item on its death certificate provided only grouped educational attainment data, and did not provide the level of detail of educational attainment in single years of age needed by NCHS.

#### Place of death and status of decedent

Mortality statistics by type of place of death have been shown annually in *Vital Statistics of the United States* since 1979. Before that year they were published in 1958 (tables 1-30-1-32). In addition, mortality data also were available for the first time in 1979 for the status of decedent when death occurred in a hospital or medical center. The 1994 data were obtained from the following two items appearing on the revised U.S. Standard Certificate of Death (1):

• Item 9a. Place of Death (check only one)

Hospital:	Inpatient
_	ER/Outpatient
	DOA
Other:	Nursing Home
	Residence
	Other (specify)

• Item 9b. Facility Name (If not institution, give street and number)

Before the 1989 revision of the Standard Certificate of Death, information on place of death and status of decedent could be determined if hospital or institution indicated Inpatient, Outpatient, ER, or DOA, and if the name of the hospital or institution, which was used to determine the kind of facility, appeared on the certificate. The change to a checkbox format in many States for this item may affect the comparability of data for 1989 and subsequent years with data for years before 1989.

Except for Oklahoma, all of the States (including New York City) and the District of Columbia have item 9 (or its equivalent) on their certificates. For all reporting States and the District of Columbia in the VSCP, NCHS

accepts the State definition, classification, or code for hospitals, medical centers, nursing homes, or other institutions.

Effective with data for 1980, the coding of place of death and status of decedent was modified. A new coding category was added: "Dead on arrival-hospital, clinic, or medical center." Had the 1979 coding categories been used, these deaths would have been coded to "Place unknown."

California-For the first 5 months of data year 1989, California coded "residence" to "other" for "Place of death."

## Mortality by month and date of death

Deaths by month have been tabulated regularly and are available for each year since 1900. Deaths from selected causes by date of death have been published each year since 1972 and are available for 1962.

Numbers of deaths by date of death are produced for the total number of deaths and for the numbers of deaths for the following three causes, for which the greatest interest in date of occurrence of death has been expressed: Motor vehicle accidents, Suicide, and Homicide and legal intervention.

These data show the frequency distribution of deaths for the selected causes by day of week. They also make it possible to identify holidays with peak numbers of deaths from specified causes.

## **Report of autopsy**

Before 1972 the last year for which autopsy data were tabulated was 1958. Beginning in 1972 all registration areas requested information on the death certificate as to whether an autopsy was performed. For 1994 autopsies were reported on 213,879 death certificates, 9.4 percent of the total.

## Cause of death

Cause-of-death classification-Since 1949 cause-of-death statistics have been based on the underlying cause of death, which is defined as "(a) the disease or injury which initiated the train of events leading directly to death, or (b) the circumstances of the accident or violence which produced the fatal injury" (20).

For each death the underlying cause is selected from an array of conditions reported in the medical certification section on the death certificate. This section provides a format for entering the cause of death sequentially. The conditions are translated into medical codes through use of the classification structure and the selection and modification rules contained in the applicable revision of the *International Classification of Diseases* (ICD), published by the World Health Organization (WHO). Selection rules provide guidance for systematically identifying the underlying cause of death. Modification rules are intended to improve the usefulness of mortality statistics by giving preference to certain classification categories over others and/or to consolidate two conditions or more on the certificate into one classification category.

As a statistical datum, underlying cause of death is a simple, one-dimensional statistic; it is conceptually easy to understand and a well-accepted measure of mortality. It identifies the initiating cause of death and is therefore most useful to public health officials in developing measures to prevent the onset of the chain of events leading to death. The rules for selecting the underlying cause of death are included in ICD as a means of standardizing classification, which contributes toward comparability and uniformity in mortality medical statistics among countries.

Tabulation lists-Beginning with data year 1979, the cause-of-death statistics published by NCHS have been classified according to the Ninth Revision of the International Classification of Diseases (ICD-9) (20). In addition to specifying that ICD-9 be used, WHO also recommends how the data should be tabulated to promote

international comparability. The recommended system for tabulating data in ICD-9 allows countries to construct their mortality and morbidity tabulation lists from the rubrics of the WHO Basic Tabulation List (BTL) if the rubrics from the WHO mortality and morbidity lists, respectively, are included. This tabulation system for the Ninth Revision is more flexible than that of the Eighth Revision, in which specific lists were recommended for tabulating mortality and morbidity data.

The BTL recommended under the Ninth Revision consists of 57 two-digit rubrics that when added equal the "all causes" total. Identified within each two-digit rubric are up to nine three-digit rubrics that are numbered from zero to eight and whose total does not equal the two-digit rubric. The two-digit BTL rubrics 01-46 are used for the tabulation of nonviolent deaths according to ICD categories 001-799. Rubrics relating to chapter 17 (nature-of-injury causes 47-56) are not used by NCHS for selecting underlying cause of death; rather, preference is given to rubrics E47-E56. The 57th two-digit rubric (VO) is the Supplementary Classification of Factors Influencing Health Status and Contact with Health Services and is not appropriate for the tabulation of mortality data. The WHO Mortality List, a subset of the titles contained in the BTL, consists of 50 rubrics that are the minimum necessary for the national display of mortality data.

Five lists of causes have been developed for tabulation and publication of mortality data—the Each-Cause List, List of 282 Selected Causes of Death, List of 72 Selected Causes of Death, List of 61 Selected Causes of Infant Death, and List of 34 Selected Causes of Death. These lists were designed to be as comparable as possible with the NCHS lists used under the Eighth Revision. However, complete comparability could not always be achieved.

The Each-Cause List is made up of each three-digit category of the WHO Detailed List to which deaths may be validly assigned and most four-digit subcategories. This list is used for the tabulation of data for the entire United States. The Each-Cause table in *Vital Statistics of the United States* does not show the four-digit or special five-digit subcategories provided for Motor vehicle accidents (E810-E825). The four-digit subcategories that identify persons injured and the five-digit subcategories that identify place of accident for deaths from nontransport accidents are tabulated separately.

The List of 282 Selected Causes of Death is constructed from BTL rubrics 01-46 and E47-E56. Each of the 56 BTL two-digit titles can be obtained either directly or by combining titles in the List. The three-digit level of the BTL is modified more extensively. Where more detail was desired, categories not shown in the three-digit rubrics were added to the List of 282 Selected Causes of Death. Where less detail was needed, the three-digit rubrics were combined. Moreover, each of the 50 rubrics of the WHO Mortality List can be obtained from the List of 282 Selected Causes of the three-digits of 282 Selected Causes of Death. This list is used for tabulating both State and national mortality data.

The List of 72 Selected Causes of Death was, in part, constructed by combining titles in the List of 282 Selected Causes of Death. It is used in tabulating data for the entire United States and each State and for Metropolitan statistical areas and for ranking leading causes of death excluding infants. (See "Cause-of-death ranking".)

The List of 61 Selected Causes of Infant Death shows more detailed titles for Congenital anomalies and Certain conditions originating in the perinatal period than any other list except the Each-Cause List, and is used for ranking infant causes of death. (See "Cause-of-death ranking".)

The List of 34 Selected Causes of Death was created by combining titles in the List of 72 Selected Causes. This list is used for tabulating data by detailed geographic area.

Beginning with data for 1987, changes were made in these lists to accommodate the introduction in the United States of new categories \*042-\*044 for Human immunodeficiency virus (HIV) infection. The changes are described in the Technical Appendix from *Vital Statistics of the United States*, 1987. To facilitate data use, beginning with data for 1994, the categories for HIV infection (\*042-\*044) and Alzheimer's disease (ICD-9 No. 331.0) are included separately at the bottom of tables showing the List of 72 Selected Causes of Death and the List of 282 Selected Causes of Death. They are also inclusions in the body of each table.

Effect of list revisions-The International Lists, or adaptations of them, used in the United States since 1900, have been revised approximately every 10 years so the disease classifications may be consistent with

advances in medical science and with changes in diagnostic practice. Each revision of the International Lists has produced some break in comparability of cause-of-death statistics. Cause-of-death statistics beginning with 1979 are classified by NCHS according to ICD-9 (20). For a discussion of each of the classifications used with death statistics since 1900, see *Vital Statistics of the United States*, 1979, Volume II, Mortality, Part A, section 7, pages 9-14.

A dual coding study was undertaken in which the Ninth and the Eighth Revisions were compared to measure the extent of discontinuity in cause-of-death statistics resulting from introducing the new revision. A study for the List of 72 Selected Causes of Death and the List of 10 Selected Causes of Infant Death has been published (21). The List of 10 Selected Causes of Infant Death is a basic NCHS tabulation list used for provisional data in the *Monthly Vital Statistics Report*, another NCHS publication. Comparability studies were also undertaken between the Eighth and Seventh, Seventh and Sixth, and Sixth and Fifth Revisions. For additional information about these studies, see the Technical Appendix from *Vital Statistics of the United States*, 1979.

Significant coding changes under the Ninth Revision-Since the implementation of ICD-9 in the United States, effective with mortality data for 1979, several coding changes have been introduced. The more important changes are discussed as follows: In early 1983 a change that affected data from 1981 to 1986 was made in the coding of Acquired immunodeficiency syndrome and HIV infection. Also effective with data year 1981 was a coding change for Poliomyelitis. For data year 1982, the definition of child was changed (which affects the classification of deaths to a number of categories, including Child battering and other maltreatment), and guidelines for coding deaths to the category Child battering and other maltreatment (ICD-9 No. E967) were changed also. During the calendar year 1985, detailed instructions for coding Motor vehicle accidents involving all-terrain vehicles were implemented to ensure consistency in coding these accidents. Effective with data year 1986, "Primary" and "Invasive" tumors, unspecified, were classified as "Malignant"; these neoplasms had been classified to Neoplasms of unspecified nature (ICD-9 No. 239).

Beginning with data for 1987, NCHS introduced new category numbers \*042-\*044 for classifying and coding HIV infection, formerly referred to as Human T-cell lymphotropic virus-III/lymphadenopathy associated virus (HTLV-III/LAV) infection. The asterisks appearing before the categories indicate these codes are not part of ICD-9. Also changed effective with data year 1987 were coding rules for the conditions "Dehydration" and "Disseminated intravascular coagulopathy." Effective with data year 1988, minor content changes were made to the classification for HIV infection. Detailed discussion of these changes may be found in the Technical Appendix from *Vital Statistics of the United States*, 1988.

Coding in 1994—The rules and instructions used in coding 1994 mortality medical data remained essentially the same as those used for the 1993 data.

Medical certification—The use of a standard classification list, although essential for State, regional, and international comparison, does not ensure strict comparability of the tabulated figures. A high degree of comparability among areas could be attained only if all records of cause of death were reported with equal accuracy and completeness. The medical certification of cause of death can be made only by a qualified person, usually a physician, a medical examiner, or a coroner. Therefore, the reliability and accuracy of cause-of-death statistics are, to a large extent, governed by the ability of the certificate.

A number of studies have been undertaken on the quality of medical certification on the death certificate. In general, these have been for relatively small samples and for limited geographic areas. A bibliography prepared by NCHS (22), covering 128 references over 23 years, indicates no definitive conclusions have been reached about the quality of medical certification on the death certificate. No country has a well-defined program for systematically assessing the quality of medical certifications reported on death certificates or for measuring the error effects on the levels and trends of cause-of-death statistics.

One index of the quality of reporting causes of death is the proportion of death certificates coded to the Ninth Revision, Chapter XVI, Symptoms, signs, and ill-defined conditions (ICD-9 Nos. 780-799). Although deaths

occur for which it is impossible to determine the underlying cause, this proportion indicates the care and consideration given to the certification by the medical certifier. This proportion also may be used as a rough measure of the specificity of the medical diagnoses made by the certifier in various areas. In 1994, 1.1 percent of all reported deaths in the United States were assigned to this category. The percent of deaths assigned to this category remained stable at 1.5 percent from 1981 to 1987, but has declined slightly since then.

Automated selection of underlying cause of death—Before data for 1968, mortality medical data were based on manual coding of an underlying cause of death for each certificate in accordance with WHO rules. Effective with data year 1968, NCHS converted to computerized coding of the underlying cause and manual coding of all causes (multiple causes) on the death certificate. In this system, called Automated Classification of Medical Entities (ACME) (23), the multiple cause codes serve as inputs to the computer software that employs WHO rules to select the underlying cause. Many States also have implemented ACME and provide multiple cause and underlying cause data to NCHS in electronic form.

The ACME system applies the same rules for selecting the underlying cause as would be applied manually by a nosologist; however, under this system, the computer consistently applies the same criteria, thus eliminating intercoder variation in this step of the process.

The ACME computer program requires the coding of all conditions shown on the medical certification. These codes are matched automatically against decision tables that consistently select the underlying cause of death for each record according to the international rules. The decision tables provide the comprehensive relationships among the conditions classified by ICD when applying the rules of selection and modification.

The decision tables were developed by NCHS staff on the basis of their experience in coding underlying causes of death under the earlier manual coding system and as a result of periodic independent validations. These tables periodically are updated to reflect additional new information on the relationship among medical conditions. For data year 1988, these tables were amended to incorporate minor changes to the previously mentioned classification for HIV infection (\*042-\*044) that originally had been implemented with data year 1987. Coding procedures for selecting the underlying cause of death by using the ACME computer program, as well as by using the ACME decision tables, are documented in NCHS instruction manuals (23,24,25).

Beginning with data year 1990, another computer system was implemented for automating cause-of-death coding. This system, called Mortality Medical Indexing, Classification, and Retrieval (MICAR) (26,27), automates coding multiple causes of death. Because MICAR automates multiple-cause coding rules, errors in recognizing terms, applying coding rules, and using the ICD index are eliminated. The use of the MICAR system ensures consistent application of multiple-cause coding rules, which is especially important for rules that are complex and infrequently applied. In addition, MICAR ultimately will provide more detailed information on the conditions reported on death certificates than is available through the ICD category structure (28). In the first year of implementation, only about 5 percent (94,372) of the Nation's death records were coded using MICAR with subsequent processing through ACME. This percentage increased from 26 percent in 1991 to 35 percent in 1992, 59 percent in 1993, and 72 percent in 1994. States whose data were coded by MICAR in 1994 included Alabama, Arizona, Arkansas, Delaware, District of Columbia, Florida, Georgia, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maryland, Massachusetts, Missouri, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York (excluding New York City), New York City, North Carolina, Ohio, Pennsylvania, South Dakota, Tennessee, Texas, Utah, Vermont, Washington, West Virginia, and Wisconsin. For these States, MICAR processed about 88 percent of the mortality records with an average system error rate of 0.33 on an underlying cause basis, and a rate of 0.58 on a multiple-cause basis, Records that MICAR was unable to process were coded manually and then processed using ACME.

Beginning with data year 1993, another computer system was implemented for automating cause-of-death coding. This system, called SuperMICAR, is an enhancement of the MICAR system, which allows for total literal entry of the multiple cause-of-death text as reported by the certifier. This information is automatically coded by the MICAR and ACME computer systems. In the first year of implementation, about 9 percent of the Nation's death

records were coded using SuperMICAR with subsequent processing through MICAR and ACME. This percentage increased from 9 percent in 1993 to 12 percent in 1994. States using SuperMICAR in 1994 included Colorado, Connecticut, Hawaii, Idaho, Michigan, Minnesota, Oklahoma, Oregon, Rhode Island, and South Carolina. In 1994, for these States, SuperMICAR processed about 75 percent of the mortality records with an average system error rate of 0.50 on an underlying cause basis, and a rate of 1.03 on a multiple-cause basis. Records that SuperMICAR was unable to process were coded manually and then processed using ACME.

Cause-of-death ranking—Cause-of-death ranking except for infants is based on numbers of deaths assigned to categories in the List of 72 Selected Causes of Death, Human immunodeficiency virus infection (\*042-\*044), and Alzheimer's disease (ICD-9 No. 331.0). Added to the list of rankable causes was HIV infection, effective with data year 1987 and Alzheimer's disease, effective with data year 1994. Cause-of-death ranking for infants is based on the List of 61 Selected Causes of Infant Death and HIV infection (added to the list of rankable causes of infant death effective with data year 1987).

The group titles Major cardiovascular diseases and Symptoms, signs, and ill-defined conditions from the List of 72 Selected Causes of Death are not ranked; Certain conditions originating in the perinatal period and Symptoms, signs, and ill-defined conditions from the List of 61 Selected Causes of Infant Death are not ranked. In addition, category titles beginning with the words "Other" or "All other" are not ranked to determine the leading causes of death. When one of the titles representing a subtotal is ranked (such as Tuberculosis), its component parts (in this case, Tuberculosis of respiratory system and Other tuberculosis) are not ranked.

#### Maternal deaths

Maternal deaths are those for which the certifying physician has designated a maternal condition as the underlying cause of death. Maternal conditions are those assigned to Complications of pregnancy, childbirth, and the puerperium (ICD-9 Nos. 630-676). In the Ninth Revision, WHO for the first time defined a maternal death as follows:

A maternal death is defined as the death of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the duration and the site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management but not from accidental or incidental causes.

Under the Eighth Revision, maternal deaths were assigned to the category "Complications of pregnancy, childbirth, and the puerperium" (*Eighth Revision International Classification of Diseases, Adapted for Use in the United States* (ICDA-8) Nos. 630-678). Although WHO did not define maternal mortality, an NCHS classification rule existed that limited the definition of a maternal death to a death that occurred within a year after termination of pregnancy from any "maternal cause," that is, any cause within the range of ICDA-8 Nos. 630-678. This rule applied only if a duration was given for the condition. If no duration was specified and the underlying cause of death was a maternal condition, the duration was assumed to be within a year and the death was coded by NCHS as a maternal death. The change from an under-1-year limitation for duration used in the Eighth Revision to an under-42-days limitation used in the Ninth Revision did not have much effect on the comparability of maternal mortality statistics. However, comparability was affected by the following classification change: Under the Ninth Revision, maternal causes of death have been expanded to include Indirect obstetric causes (ICD-9 Nos. 647-648). These causes include Infective and parasitic conditions as well as other conditions present in the mother and classifiable elsewhere but that complicate pregnancy, childbirth, and the puerperium, such as Syphilis, Tuberculosis, Diabetes mellitus, Drug dependence, and Congenital cardiovascular disorders.

Maternal mortality rates are computed on the basis of the number of live births. The maternal mortality rate indicates the likelihood of a pregnant woman dying of maternal causes. The number of live births used in the denominator is an approximation of the population of pregnant women who are at risk of a maternal death.

Race-Beginning with the 1989 data year, NCHS changed the method of tabulating live birth and fetal death data by race from race of parents to race of mother. This resulted in a discontinuity in maternal mortality rates by race between 1989-94 and previous years; see "Change in tabulation of race data for live births and fetal deaths," under "Infant deaths" in the Technical Appendix from *Vital Statistics of the United States*, 1990, or the series report, "Effect on Mortality Rates of the 1989 Change in Tabulating Race" (29).

#### Infant deaths

Age-Infant death is defined as a death under 1 year of age. The term excludes fetal deaths. Infant deaths usually are divided into two categories according to age, neonatal and postneonatal. Neonatal deaths are those that occur during the first 27 days of life; postneonatal deaths are those that occur between 28 days and 1 year of age. Generally, it has been believed that different factors influencing the child's survival predominate in these two periods: Factors associated with prenatal development, heredity, and the birth process were considered dominant in the neonatal period; environmental factors, such as nutrition, hygiene, and accidents, were considered more important in the postneonatal period. Recently, however, the distinction between these two periods has blurred due in part to advances in neonatology, which have enabled more very small premature infants to survive the neonatal period.

*Rates*—Infant mortality rates are the most commonly-used indices for measuring the risk of dying during the first year of life; they are calculated by dividing the number of infant deaths in a calendar year by the number of live births registered for the same period and are presented as rates per 1,000 or per 100,000 live births. Infant mortality rates use the number of live births in the denominator to approximate the population at risk of dying before the first birthday. This measure is an approximation because some live births will not have been exposed to a full year's risk of dying and some of the infants who die during a year will have been born in the previous year. The error introduced in the infant mortality rate by this inexactness is usually small, especially when the birth rate is relatively constant from year to year (30,31). Other sources of error in the infant mortality rate have been attributed to differences in applying the definitions for infant death and fetal death when registering the event (32,33,34).

In contrast to infant mortality rates based on live births, infant death rates are based on the estimated population under 1 year of age. Infant death rates, which appear in tabulations of age-specific death rates, are calculated by dividing the number of infant deaths in a calendar year by the estimated midyear population of persons under 1 year of age and are presented as rates per 100,000 population in this age group. Patterns and trends in the infant death rate may differ somewhat from those of the more commonly used "infant mortality rate," mainly because of differences in the nature of the denominator and in the time reference. Whereas the population denominator for the infant death rate is estimated using data on births, infant deaths, and migration for the 12-month period of July-June, the denominator for the infant mortality rate is a count of births occurring during the 12 months of January-December. The difference in the time reference can result in different trends between the two indices during periods when birth rates are moving up or down markedly.

The infant death rate also is subject to greater imprecision than is the infant mortality rate because of problems of enumerating and estimating the population under 1 year of age (33).

Change in tabulation of race data for live births and fetal deaths-Beginning with the 1989 data year, NCHS changed the method of tabulating live-birth and fetal-death data by race from race of parents to race of mother. As in previous years, race for infant and maternal deaths (the numerator of the rate) is tabulated by the race of the decedent. Because live births comprise the denominator of infant and maternal mortality rates, this change resulted in a discontinuity in rates between 1989-94 data, and that for previous years. For fetal and

perinatal mortality rates, the numerator and the denominator of the rates are affected, resulting in a slightly smaller discontinuity. For additional information, see the Technical Appendix from *Vital Statistics of the United States*, 1990, or the series report, "Effect on Mortality Rates of the 1989 Change in Tabulating Race" (29).

Comparison of race data from birth and death certificates-Regardless of whether vital events are tabulated by race of mother or by race of parents, studies in which race on the birth and death certificates for the same infant were compared find inconsistencies in reporting race between birth and death certificates (35).

These reporting inconsistencies can result in systematic biases in infant mortality rates by specified race, in particular, underestimates for specified races other than white or black. In the computation of race-specific infant mortality rates, the race item for the numerator comes from the death certificate, and for the denominator, from the birth certificate. Biases in the rates may arise because of possible inconsistencies in reporting race on these two vital records. Race of the mother and father is reported on the birth certificate by the mother at the time of delivery; whereas race of the deceased infant is reported on the death certificate by the funeral director based on observation or on information supplied by an informant, such as a parent. Previous studies have noted the race for an infant who died and was of a smaller minority race group is sometimes reported as white on the death certificate but is reported as the minority race group on the birth certificate, resulting, in the aggregate, in understatement of infant mortality for smaller race groups (35).

Estimates can be made of the degree of bias in race-specific infant mortality rates by comparing rates for birth cohorts based on the linked birth and infant death data set (36,37) with period rates based on mortality data for the same year(s). The period rates are unlinked because the infant death certificates have not been linked to the corresponding birth certificates.

The comparison of linked and unlinked rates is somewhat affected by small differences in the events included in the numerators of the two rates. The numerator of the linked rate is comprised of infant deaths to the cohort of infants born in a calendar year whereas the numerator of the unlinked rate is comprised of infant deaths occurring in the calendar year.

Based on data comparing infant mortality rates from the linked data set for the birth cohorts of 1989-91 with unlinked rates for the period 1989-91, bias in the rates for the two major race groups—white and black—is small (table B). However, linked rates for the smaller race groups are estimated to be higher than unlinked rates by 2 to 56 percent.

The exception to this pattern is for Hawaiians, where linked rates are 17 percent lower than unlinked rates. This may reflect the slightly different race coding rules used for Hawaiians than those used for other races (see "Race" under "Classification of data"). For mortality data, in cases of mixed Hawaiian and other race parentage, race is always classified as "Hawaiian." In contrast, the race data from the birth certificate is classified according to the race of the mother. The race data from the birth certificate is used in the denominator of the unlinked infant mortality rates, and in the numerator and denominator of the linked infant mortality rates. This difference leads to slightly fewer infant deaths being classified as Hawaiian in the linked data, compared to the unlinked data. The linked infant mortality rate for Hawaiians is considered to be more accurate, because the numerator and denominator data come from the same data source and are coded in the same manner.

Cohort infant mortality rates from the linked file have not been adjusted to reflect the 2 to 3 percent of infant death records that were not linked to their corresponding birth records. Because of systematic underestimation of infant mortality rates based on unlinked data, the national linked files should be used to measure infant mortality for races other than black and white. For the white and black populations, unlinked data are a close approximation of the rates based on linked files.

Hispanic origin—Infant mortality rates for the Hispanic-origin population are based on numbers of resident infant deaths reported to be of Hispanic origin (see "Hispanic origin") and numbers of resident live births by Hispanic origin of mother for the 49 States and the District of Columbia. Data for Oklahoma were excluded, because Oklahoma did not include an item on Hispanic origin on its death certificate. In computing infant mortality rates, deaths and live births of unknown origin are not distributed among the specified Hispanic and

non-Hispanic groups. Because the percent of infant deaths of unknown origin for 1994 was 1.3 percent and the percent of live births of unknown origin was 1.1 percent, infant mortality rates by specified Hispanic origin and race for non-Hispanic origin may be slightly underestimated.

Small numbers of infant deaths for specific Hispanic-origin groups can result in infant mortality rates subject to relatively large random variation (see "Random variation and sampling errors").

Tabulation list-Causes of death for infants are tabulated according to a list of causes that is different from the list of causes for the population of all ages, except for the Each Cause List. (See "Cause-of-death classification" under "Cause of death.")

# Fetal deaths

In May 1950 WHO recommended the following definition of fetal death be adopted for international use:

Death prior to the complete expulsion or extraction from its mother of a product of conception, irrespective of the duration of pregnancy; the death is indicated by the fact that after such separation, the fetus does not breathe or show any other evidence of life such as beating of the heart, pulsation of the umbilical cord, or definite movement of voluntary muscles (38).

The term "fetal death" was defined on an all-inclusive basis to end confusion arising from the use of such terms as stillbirth, spontaneous abortion, and miscarriage.

Shortly thereafter, this definition was adopted by NCHS as the nationally recommended standard. All registration areas except Puerto Rico have definitions similar to the standard definition (39). Puerto Rico has no formal definition.

As another step toward increasing comparability of data on fetal deaths for different countries, WHO recommended that for statistical purposes fetal deaths be classified as early, intermediate, and late. These groups are defined as follows:

Less than 20 completed weeks of gestation	
(early fetal deaths)	Group I
20 completed weeks of gestation but less than 28	
(intermediate fetal deaths)	Group II
28 completed weeks of gestation and over	_
(late fetal deaths)	Group Ш
Gestation period not classifiable in groups I, II, and III	Group IV

Group IV consists of fetal deaths with gestation not stated but presumed to be 20 weeks or more.

Until 1939 the nationally recommended procedure for registration of a fetal death required the filing of a live-birth certificate and a death certificate. In 1939 a separate Standard Certificate of Stillbirth (fetal death) was created to replace the former procedure. This was revised in 1949, 1956, 1968, 1978, and 1989. The 1989 U.S. Standard Report of Fetal Death is shown as figure 7-B.

The 1977 revision of the *Model State Vital Statistics Act and Model State Vital Statistics Regulations* (40) recommended spontaneous fetal deaths at a gestation of 20 weeks or more or a weight of 350 grams or more be reported and further be reported on separate forms. These should be considered legally required statistical reports rather than legal documents. The 1992 revision of the *Model State Vital Statistics Act and Regulations* (41) recommended all spontaneous fetal deaths weighing 350 grams or more, or if weight is unknown, fetal deaths of 20 completed weeks of gestation be reported.
Beginning with fetal deaths reported in 1970, procedures were implemented that attempted to separate reports of spontaneous fetal deaths from those of induced terminations of pregnancy. These procedures were implemented because the health implications of spontaneous fetal deaths are different from those of induced terminations of pregnancy. These procedures are still used.

Comparability and completeness of data—Registration area requirements for reporting fetal deaths vary. Most of the areas require reporting of fetal death at gestations of 20 weeks or more. Table C shows the minimum period of gestation required by each State to report a fetal death in 1994. Substantial evidence exists that indicates some fetal deaths for which reporting is required are not reported (42,43).

Underreporting of fetal deaths is most likely to occur in the earlier part of the required reporting period for each State (42). Thus, for States requiring reporting of all periods of gestation, fetal deaths occurring under 20 weeks of gestation are less completely reported; for States requiring reporting of fetal deaths of 20 weeks or more, fetal deaths occurring at 20-23 weeks are less completely reported. Thus, reporting of fetal deaths at 20-23 weeks of gestation may be more complete for those States that report fetal deaths at all periods of gestation than for others.

To maximize the comparability of data by year and by State, most of the tables on fetal deaths are based on fetal deaths occurring at gestations of 20 weeks or more. These tabulations also include fetal deaths for which gestation is not stated for those States requiring reporting at 20 weeks of gestation or more only. Beginning with 1969 fetal deaths of not stated gestation were excluded for States requiring reporting of all products of conception except for those with a stated birthweight of 500 grams or more. In 1994 this rule was applied to the following States: Georgia, Hawaii, New York (including New York City), Rhode Island, and Virginia. Each year there are exceptions to this procedure.

Delaware-Beginning in July 1992, Delaware changed its reporting requirements for spontaneous fetal deaths from 20 weeks of gestation or more to 350 grams or more (table C). If weight is unknown, all fetal deaths of 20 weeks of gestation or more should be reported.

Montana-Beginning in October 1991, Montana changed its reporting requirements for spontaneous fetal deaths from 20 weeks of gestation or more to 20 weeks of gestation or more or 500 grams (table C).

New York City—As a result of local efforts to improve reporting, a combined total of 10,470 additional 1990 and 1991 fetal death records were sent from New York City hospitals after the data files had been processed and tabulated. Most of these records are for fetal deaths under 20 weeks of gestation or not-stated gestation. Tables for 1991 may exclude the additional deaths.

Revised Report of Fetal Death for 1989–Beginning with data for 1989, new items were added to the U.S. Standard Report of Fetal Death, including Hispanic origin of the mother and father, medical and other risk factors of pregnancy, obstetric procedures, and method of delivery. In addition, questions on complications of labor and/or delivery and congenital anomalies of fetus were changed from an open-ended question to a checkbox format to ensure more complete reporting of information (44).

Interpretation of these data must include evaluation of the item completeness of reporting. The percent "not stated" is one measure of the quality of the data. Completeness of reporting varies among items and States. See table D for the percent of fetal death records on which specified items were not stated.

The tabulation of items is limited to those States whose reporting is sufficiently complete. For fetal deaths before data year 1991, data were published when a State had a response for the item on at least 20 percent of the records. Beginning in data year 1991, tabulations of prenatal care and educational attainment include only those States with a response for that specific item on at least 80 percent of the fetal death records. For other tabulations of fetal death, item completion is high (table D) and no reporting criterion is used to exclude States.

Period of gestation—The period of gestation is the number of completed weeks elapsed between the first day of the last normal menstrual period (LMP) and the date of delivery. The first day of the LMP is used as the initial date because it can be more accurately determined than the date of conception, which usually occurs 2 weeks after LMP. Data on period of gestation are computed from information on "date of delivery" and "date last normal

menses began." If "date last normal menses began" is not on the record or if the calculated gestation falls beyond a duration considered biologically plausible, the "Physician's estimate of gestation" is used.

To improve data quality, beginning with data for 1989, NCHS instituted a new computer edit to check for consistency between gestation and birthweight (45). Briefly, if LMP gestation is inconsistent with birthweight, and the physician's estimate is consistent, the physician's estimate is used; if both are inconsistent with birthweight but are consistent with each other, LMP gestation is used, and birthweight is assigned to unknown. When the period of gestation is reported in months on the report, it is allocated to gestational intervals in weeks as follows:

1-3 months to under 16 weeks
4 months to 16-19 weeks
5 months to 20-23 weeks
6 months to 24-27 weeks
7 months to 28-31 weeks
8 months to 32-35 weeks
9 months to 40 weeks
10 months and over to 43 weeks and over

All areas reported LMP in 1994, and all areas except California, Louisiana, Maryland, and Oklahoma reported physician's estimate of gestation.

*Birthweight*—Most of the 55 registration areas do not specify how weight should be given, that is, in pounds and ounces or in grams. In the tabulation and presentation of birthweight data, the metric system (grams) has been used to facilitate comparison with other data published in the United States and internationally. Birthweight specified in pounds and ounces is assigned the equivalent of the gram intervals, as follows:

```
Less than 350 grams = 0 lb 12 oz or less
350-499 grams = 0 lb 13 oz-1 lb 1 oz
500-999 grams = 1 lb 2 oz-2 lb 3 oz
1,000-1,499 grams = 2 lb 4 oz-3 lb 4 oz
1,500-1,999 grams = 3 lb 5 oz-4 lb 6 oz
2,000-2,499 grams = 4 lb 7 oz-5 lb 8 oz
2,500-2,999 grams = 5 lb 9 oz-6 lb 9 oz
3,000-3,499 grams = 6 lb 10 oz-7 lb 11 oz
3,500-3,999 grams = 7 lb 12 oz-8 lb 13 oz
4,000-4,499 grams = 8 lb 14 oz-9 lb 14 oz
4,500-4,999 grams = 9 lb 15 oz-11 lb 0 oz
5,000 grams or more = 11 lb 1 oz or more
```

With the introduction of ICD-9, the birthweight classification intervals for perinatal mortality statistics were shifted downward by 1 gram as shown above. Previously, the intervals were, for example, 1,001-1,500, 1,501-2,000, and so forth. Beginning in 1989 NCHS instituted a consistency check between birthweight and gestation; see previous section on gestation.

*Race*-Beginning with data for 1989, NCHS changed the method of tabulating fetal death, perinatal, and live birth data by race from race of parents to race of mother. When the race of the mother is unknown, the mother is assigned the father's race; when information for both parents is missing, the race of the mother is assigned to the specific race of the mother of the preceding record with known race.

The change in tabulation of race has resulted in a discontinuity in fetal mortality rates by race for data year 1989-94 relative to previous years; see "Change in tabulation of race data for live births and fetal deaths," under "Infant deaths" or the series report, "Effect on Mortality Rates of the 1989 Change in Tabulating Race" (29).

*Hispanic origin of mother*--Fetal mortality data for the Hispanic-origin population are based on fetal deaths to mothers of Hispanic origin who were residents of those States and the District of Columbia that included items on the report of fetal death to identify Hispanic or ethnic origin of mother. Data for 1994 were obtained from 46 States and the District of Columbia; areas not supplying data were Louisiana, Maryland, Massachusetts, and Oklahoma. Of the reporting areas, only 42 States and the District of Columbia had an item on Hispanic or ethnic origin on the death certificate, birth certificate, and report of fetal death whose data for all three files were at least 80 percent complete on a place-of-occurrence basis and considered to be sufficiently comparable to be used for analysis. These 42 States and the District of Columbia accounted for about 96 percent of the Hispanic population in 1990, including 99 percent of the Mexican population, 87 percent of the Puerto Rican population, 97 percent of the Cuban population, and 93 percent of the "Other Hispanic" population (11). (See also "Hispanic origin" under "Classification of data.") The States excluded are Connecticut, Louisiana, Maine, Maryland, Massachusetts, New Hampshire, Oklahoma, and Rhode Island.

Total-birth order—Total-birth order refers to the sum of live births and other terminations (including spontaneous fetal deaths and induced terminations of pregnancy) a woman has had, including the fetal death being recorded. For example, if a woman has given birth to two live babies and to one born dead, the next fetal death to occur is counted as number four in total-birth order.

Beginning with implementation of the 1989 revision of the U.S. Standard Report of Fetal Death, total-birth order is calculated from three items on pregnancy history: Number of previous live births now living; number of previous live births now dead; and number of other terminations (spontaneous and induced at anytime after conception). For prior years total-birth order was calculated from four items, see the Technical Appendix from Vital Statistics of the United States, 1988.

Although all registration areas use the two standard items pertaining to number of previous live births, registration areas phrase the item pertaining to other terminations of pregnancy differently. Total-birth order for all areas is calculated from the sum of available information. Thus, information on total-birth order may not be completely comparable among the registration areas. In addition, there may be substantial underreporting of other terminations of pregnancy on the fetal-death report.

Marital status-Fetal deaths and fetal mortality rates by mother's marital status are based on data from 43 States and the District of Columbia. Reports of fetal death for the remaining seven States-California, Connecticut, Maryland, Michigan, Nevada, New York (including New York City), and Texas-did not include an item on marital status.

Beginning with data for 1989, fetal-death reports with marital status not stated are shown as not stated in frequencies, but are proportionally distributed for rate computations into either the married or unmarried categories according to the percent of fetal-death reports with stated marital status that fall into each category for the reporting States. Before 1989 fetal-death reports with not-stated marital status were assigned to the married category. Because of this change, fetal-death frequencies and rates by marital status for 1989-94 are not strictly comparable with those for previous years.

No quantitative data exist on the characteristics of unmarried women who do not report, misreport their marital status, or fail to register fetal deaths. Underreporting may be greater for the unmarried group than for the married group.

Age of mother-Beginning with data for 1989, the U.S. Standard Report of Fetal Death asks for the mother's date of birth. Age of mother is computed from the mother's date of birth and the date of the termination of the pregnancy. For those States whose certificates do not contain an item for the mother's date of birth, reported age of the mother (in years) is used. The age of the mother is edited in NCHS for upper and lower limits. When mothers are reported to be under 10 years of age or 50 years of age and over, the age of the mother is considered

not stated and is assigned as follows: Age on all fetal-death records with age of mother not stated is assigned according to the age appearing on the record previously processed for a mother of identical race and having the same total-birth order (total of live births and other terminations).

Sex of fetus-Beginning with data for 1989, for all fetal deaths of 20 weeks of gestation or more, not-stated sex of fetus is assigned the sex of the fetus from the previous record. Before 1989 no such assignment was made.

*Plurality*—All registration areas except Louisiana report the plurality of the fetus. Although Louisiana has not reported this item for many years, before 1989, data for Louisiana were erroneously converted to a plurality of 1 (single birth) and included in United States totals. Beginning with 1989 data, Louisiana is excluded from tables reporting plurality of the fetus. For reporting areas, not-stated plurality of the fetus is assigned to single births.

#### **Perinatal mortality**

Perinatal definitions--Beginning with data year 1979, perinatal mortality data have been published for the United States and each State. WHO recommends in ICD-9, "national perinatal statistics should include all fetuses and infants delivered weighing at least 500 grams (or when birthweight is unavailable, the corresponding gestational age (22 weeks) or body length (25 cm crown-heel)), whether alive or dead. . . . " It further recommends, "countries should present, solely for international comparisons, 'standard perinatal statistics' in which both the numerator and denominator of all rates are restricted to fetuses and infants weighing 1,000 grams or more (or, where birthweight is unavailable, the corresponding gestational age (28 weeks) or body length (35 cm crown-heel))." Because birthweight and gestational age are not reported on the death certificate in the United States, NCHS was unable to adopt these definitions. Three definitions of perinatal mortality are used by NCHS: Perinatal Definition I, generally used for international comparisons, which includes fetal deaths of 28 weeks of gestation or more and infant deaths under 7 days; Perinatal Definition II, which includes fetal deaths of 20 weeks of gestation or more and infant deaths under 28 days; and Perinatal Definition III, which includes fetal deaths of 20 weeks of 20 weeks of gestation or more and infant deaths under 7 days.

Variations in fetal death reporting requirements and practices have implications for comparing perinatal rates among States. Because reporting is generally sporadic near the lower limit of the reporting requirement, States that require reporting of all products of pregnancy, regardless of gestation, are likely to have more complete reporting of fetal deaths at 20 weeks or more than those States that do not. The larger number of fetal deaths reported for these "all periods" States may result in higher perinatal mortality rates than those rates reported for States whose reporting is less complete. Accordingly, reporting completeness may account, in part, for differences among the State perinatal rates, particularly differences for Definitions II and III, which use data for fetal deaths at 20-27 weeks.

*Not stated*—Fetal deaths with gestational age not stated are presumed to be of 20 weeks of gestation or more if the State requires reporting of all fetal deaths at a gestational age of 20 weeks or more or the fetus weighed 500 grams or more in those States requiring reporting of all fetal deaths, regardless of gestational age. For Definition I, fetal deaths at a gestation not stated but presumed to have been of 20 weeks or more are allocated to the category 28 weeks or more, according to the proportion of fetal deaths with stated gestational age that falls into that category. For Definitions II and III, fetal deaths at a presumed gestation of 20 weeks or more are included with those at a stated gestation of 20 weeks or more.

The allocation of not-stated gestational age for fetal deaths is made individually for each State, for metropolitan and nonmetropolitan areas, and separately for the entire United States. Accordingly, the sum of perinatal deaths for the areas according to Definition I may not equal the total number of perinatal deaths for the United States.

*Race*--Beginning with the 1989 data year, NCHS changed the method of tabulating fetal-death and live-birth data by race from race of parents to race of mother. This has resulted in a discontinuity in perinatal

mortality rates by race between 1989-94 data and those for previous years; see "Change in tabulation of race data for live births and fetal deaths" under "Infant deaths."

Hispanic origin-See "Hispanic origin of mother" under "Fetal deaths."

# Quality of data

#### **Completeness of registration**

All States have adopted laws requiring the registration of births and deaths and the reporting of fetal deaths. It is believed that more than 99 percent of the births and deaths occurring in this country are registered.

Reporting requirements for fetal deaths vary from State to State (see "Comparability and completeness of data"). Overall reporting is not as complete for fetal deaths as for births and deaths, but it is believed to be relatively complete for fetal deaths at a gestation of 28 weeks or more. National statistical data on fetal deaths include only fetal deaths occurring at a stated or presumed gestation of 20 weeks or more.

Massachusetts data-The 1964 statistics for deaths exclude approximately 6,000 deaths registered in Massachusetts, primarily to residents of that State. Microfilm copies of these records were not received by NCHS. Figures for the United States and the New England Division are affected also.

Amended records for Alaska-Numbers of deaths occurring in Alaska for 1994 are in error for all causes of death combined and for selected causes because NCHS did not receive changes resulting from amended records. An estimate of the effect of these omissions can be derived by comparing NCHS counts of records processed through the VSCP with counts prepared by Alaska as shown in table E. Differences are concentrated among selected causes of death, principally Symptoms, signs, and ill-defined conditions (ICD-9 Nos. 780-799) and external causes.

#### Quality control procedures

Demographic items on the death certificate—As previously indicated, for 1994 the mortality data for these items were obtained from two sources—photocopies of the original certificates furnished by Guam and electronic data records furnished by the 50 States, the District of Columbia, New York City, Puerto Rico, and the Virgin Islands. For Guam, which sent only copies of the original certificates, the demographic items were coded for 100 percent of the death certificates. The demographic coding for 100 percent of the certificates was independently verified.

For areas sending electronic data records, a sample of 70-80 records per month for each registration area is used to monitor quality of coding. Under this procedure, each sample record is independently coded by NCHS staff and compared to the State code assignments. NCHS/State differences are adjudicated to ascertain the source of the error and need for corrective action. The estimated average outgoing error rate for all demographic items in 1994 was 0.25 percent. The error rate is a combined measure of State coding, key entry and processing errors made in the process of preparing the statistical file. These types of errors are not necessarily randomly distributed in the file and may therefore escape detection through sample verification. To reduce some systematic errors other NCHS procedures such as detailed computer edits, tabular evaluation, and procedure review are used.

Medical items on the death certificate—The same procedures used for demographic data are used for the medical items. For the 40 States sending electronic files, the average outgoing error rate in 1994 was estimated at 2.6 percent for underlying cause data, and 5.2 percent for multiple cause-of-death data.

For the remaining 10 States, the District of Columbia, New York City, Puerto Rico, the Virgin Islands, and Guam, NCHS coded the medical items for all the death records. A 1-percent sample of the records was coded independently for quality control purposes. The estimated average error rate for these areas was 4.3 percent.

Demographic items on the report of fetal death—As previously indicated, for 1994 the fetal-death demographic data were obtained from two sources: Coded records in electronic form from 47 registration areas and photocopies of the original certificates furnished by the remaining registration areas. For the eight registration areas submitting photocopies, NCHS coded the records. State-coded records may incorporate corrections made to the records as a result of queries whereas items from photocopies would be less likely to incorporate all corrections.

Beginning with data year 1993, quality control for fetal-death data was limited to computer edit checks, code validations, and comparisons of tabulated data with that for the previous year. Dual-coding of a sample of fetal-death records was not performed because of resource constraints.

Other control procedures-After coding and data entry are completed, record counts are balanced against control totals for each shipment of records from a registration area. Editing procedures ensure that records with inconsistent or impossible codes are modified. Inconsistent codes are those, for example, indicating a contradiction between cause of death and age or sex of the decedent. Records so identified during the computer editing process are either corrected by reference to the source record or adjusted by arbitrary code assignment (46). Further, conditions specified on a list of infrequent or rare causes of death are confirmed by the certifier or a State health officer. All subsequent operations in tabulating and in preparing tables are verified during the computer processing or by statistical clerks.

Estimates of errors arising from 50-percent sample for 1972—Death statistics for 1972 (excluding fetaldeath statistics) are based on a 50-percent sample of all deaths occurring in the 50 States and the District of Columbia. A description of the sample design and a table of the percent errors of the estimated numbers of deaths by size of estimate and total deaths in the area are shown in the Technical Appendix from Vital Statistics of the United States, 1972.

# **Computation of rates and other measures**

#### **Population bases**

Population bases from which death rates are computed are prepared by the U.S. Bureau of the Census. Rates for 1940, 1950, 1960, 1970, 1980, and 1990 are based on the population enumerated as of April 1 in the censuses for those years. Rates for all other years use the estimated midyear (July 1) population. Death rates for the United States, individual States, and metropolitan areas are based on the total resident populations of the respective areas. Except as noted, these populations exclude the Armed Forces abroad but include the Armed Forces stationed in each area.

The resident populations of the birth- and death-registration States for 1900-32, and of the United States for 1933-94 are shown in Table F. In addition, the population including Armed Forces abroad is shown for the United States. Table G lists the sources for these populations.

Populations for 1994—Population estimates of the United States by age, race, and sex for 1994 are shown in Table H. The 1994 estimates are consistent with those for 1990-93. Population estimates for each State by age for 1994 are shown in Table I. Since these population estimates are based on demographic analysis, they are not subject to sampling variability.

In addition the following estimates are shown:

- Estimated population by 5-year age groups, specified Hispanic origin, race for non-Hispanic origin, and sex: Total of 49 States and the District of Columbia, 1994 (see Table J)
- Estimated population for ages 15 years and over by 5-year age groups, marital status, race, and sex: United States, 1994 (see Table K)
- Estimated population for ages 15 years and over by 5-year age groups, marital status, Hispanic origin, race for non-Hispanic origin, and sex: Total of 49 States and the District of Columbia, 1994 (see Table L)

Population estimates by specified Hispanic origin, by educational attainment, and by marital status groups are based on the Bureau of the Census' Current Population Survey (a sample-based survey) adjusted to control totals. As a result, these estimates are subject to sampling variation (see "Random variation and sampling errors").

Population for 1990-In the 1980 and 1990 censuses, a substantial number of persons did not specify a racial group that could be classified as any of the white, black, American Indian, Eskimo, Aleut, Asian, or Pacific Islander categories on the census form (47). In 1980 the number of persons of "Other" race was 6,758,319; in 1990, it was 9,804,847. In both censuses the large majority of these persons were of Hispanic origin (based on responses to a separate question on the form), and many wrote in their Hispanic origin (for example, Mexican and Puerto Rican) as their race. In 1980 and 1990 persons of unspecified race were allocated to one of the four tabulated racial groups (white, black, American Indian, Asian or Pacific Islander) based on their response to the Hispanic origin question. These four race categories conform with OMB Directive 15 (the standards for recordkeeping, collection, and presentation of data on race and ethnicity in Federal statistical activities and program administrative reporting) (48) and are more consistent with the race categories in vital statistics.

In 1980 the allocation of unspecified race was determined using cross-tabulations of age, sex, race, specified Hispanic origin, and county of residence. Persons of Hispanic origin and unspecified race were allocated to either white or black based on their specific Hispanic origin. Persons of "Other" race and Mexican origin were categorically assumed to be white, while persons in other Hispanic categories were distributed to white and black pro rata within the county-age-sex group. For "Other race-not-specified" persons who were not Hispanic, race was allocated to white, black, or Asian or Pacific Islander based on proportions gleaned from sample data. The 20-percent sample (respondents who were enumerated on the longer census form) provided a highly detailed coding of race, which allowed identification of otherwise unidentifiable responses with a specified race category. Thus, allocation proportions were established at the State level and were used to distribute the non-Hispanic persons of "Other" race in the 100-percent tabulations.

In 1990 the race modification procedure was implemented using individual census records. Persons whose race could not be specified were assigned to a racial category using a pool of "race donors" that consisted of persons of specified race who had the identical responses to the Hispanic origin question and who were within the auspices of the same census district office. As in the 1980 census, it appeared that the underlying assumption made in the 1990 census was that the Hispanic origin response was the major criterion for allocating race. Unlike those responding to the 1980 census who could be assigned only to the racial group white or black, persons of Hispanic origin, including Mexicans, responding to the 1990 census could be assigned to any racial group. Also, in the 1990 census, the non-Hispanic component of "Other" race was allocated primarily on the basis of geography (district office), rather than detailed characteristic.

The means by which respondent's age was determined were fundamentally different for the two censuses; therefore, the problems that necessitated the modification were different. In 1980 respondents reported year of birth and quarter of birth (within year) on the census form. When census results were tabulated, persons born in the first quarter of the year (before April 1) had age equal to 1980 minus year of birth, while persons born in the last three quarters had age equal to 1979 minus year of birth.

In 1990 quarter year of birth was not reported on the census form, so direct determination of age from year of birth was not possible. In 1990 census publications, age is based on respondents' direct reports of age at last birthday. This definition proved inadequate for postcensal estimates as it was apparent that many respondents had reported their age at time of either completion of the census form or interview by an enumerator that could occur several months after the April 1 reference date. As a result, age was biased upward. For most respondents, modification was based on a respecification of age, by year of birth, with allocation to first quarter (persons aged 1990 minus year of birth) and last three quarters (aged 1989 minus year of birth) based on a historical series of registered births by month. This process partially restored the 1980 logic for assignment of age. It was not considered necessary to correct for age overstatement and heaping in 1990, because the availability of age and year of birth on the census form had provided for the elimination of spurious year-of-birth reports in the census data before modification occurred.

Population estimates for 1981-89-Death rates for 1981-89 are based on revised populations that are consistent with the 1990 census level (47). They are, therefore, not comparable with death rates published in Vital Statistics of the United States for 1981-89, and in other NCHS publications for those years. The 1990 census counted approximately 1.5 million fewer persons than had been estimated earlier for April 1, 1990.

Populations for 1980-Death rates for 1980 are based on the population enumerated as of April 1 in the 1980 census (49). The figures by race have been modified as described.

Population estimates for 1971-79-Death rates for 1971-79 used revised population estimates that are consistent with the 1980 census levels. The 1980 census enumerated approximately 5.5 million more persons than had been estimated for April 1, 1980 (50). These revised estimates for the United States by age, race, and sex are published by the U.S. Bureau of the Census in *Current Population Reports*, Series P-25, Number 917. Unpublished revised estimates for States were obtained from the U.S. Bureau of the Census. For Puerto Rico, the Virgin Islands, and Guam, revised estimates are published in *Current Population Reports*, Series P-25, Number 919.

Population estimates for 1961-69—Death rates for 1961-69 are based on revised estimates of the population and thus may differ slightly from rates published before 1976. Rates, life table values, and population estimates for each year during 1961-69 have been revised to reflect modified population bases as published in the U.S. Bureau of the Census, *Current Population Reports*, Series P-5, Number 519.

Rates and ratios based on live births—Infant and maternal mortality rates and fetal-death and perinatal mortality ratios are computed on the basis of the number of live births. Fetal-death and perinatal mortality rates are computed on the basis of the number of live births and fetal deaths. Counts of live births are published annually in *Vital Statistics of the United States*.

New Jersey—As previously indicated, data by race are not available for New Jersey for 1962 and 1963. Therefore, for 1962 and 1963, NCHS estimated a population by age, race, and sex that excluded New Jersey for rates shown by race. The methodology used to estimate the revised population excluding New Jersey is discussed in the Technical Appendixes of the 1962 and 1963 volumes.

#### Net census undercount

Errors can be introduced into the annual rates as a result of underenumeration of deaths and the misreporting of demographic characteristics. Errors in rates can also result from enumeration errors in the latest decennial census. This is because annual population estimates for the postcensal interval, which are used in the denominator for calculating death rates, are computed using the decennial census count as a base (47). Net census undercount results from the miscounting and misreporting of demographic characteristics such as age. Age-specific death rates are affected by the net census undercount and the misreporting of age on the death certificate (51). To the extent that the net undercount is substantial and that it varies among subgroups and geographic areas, it may have important consequences for vital statistics measures.

Because death rates based on a population adjusted for net census undercount may be more accurate than rates based on an unadjusted population, the possible impact of net census undercount on death rates must be considered. This can be done on a national basis using results of studies conducted by the U.S. Bureau of the Census on the completeness of coverage of the U.S. population (including underenumeration and misstatement of age, race, and sex). Such studies were conducted in the last five decennial censuses—1950, 1960, 1970, 1980, and 1990. From this work have come estimates of the national population that were not counted by age, race, and sex (52-55). The reports for 1990 (unpublished data from the U.S. Bureau of the Census) include estimates of net underenumeration and overenumeration for age, sex, and racial subgroups of the national population modified for race consistency with previous population counts as described in the section "Population bases." These studies indicate that, although coverage was improved over previous censuses, there was differential coverage among the population subgroups; that is, some age, race, and sex groups were more completely counted than others.

Because estimates of net census undercount are not available by age, race, and sex for individual States and counties, it is not feasible to adjust for net census undercount when presenting rates in routine tabulations. Nevertheless, it is important to be aware that net census undercounts can affect levels of observed vital rates.

Age, race, and sex—If adjustments were made for net census undercount, the size of denominators of the death rates generally would increase and the rates, therefore, would decrease. The adjusted rates for 1994 can be computed by multiplying the reported rates by ratios of the census-level resident population to the resident population adjusted for the estimated net census undercount (table M). A ratio of less than 1.0 indicates a net census undercount and, when applied, results in a corresponding decrease in the death rate. A ratio greater than 1.0—indicating a net census overcount—when multiplied by the reported rate results in an increase in the death rate.

Coverage ratios for all ages show that, in general, females were more completely enumerated than males and the white population more completely enumerated than the black population in the 1990 Census of Population. Underenumeration varied by age group for the total population, with the greatest differences found for persons aged 85 years and over. All other age groups were overcounted or undercounted by less than 4.0 percent. Among the age-sex-race groups, underenumeration was highest (13.3 percent) for black males aged 25-34 years. In contrast, white females in this age group were underenumerated by 2.5 percent.

If vital statistics measures were calculated with adjustments for net census undercounts for each population subgroup, the resulting rates would be differentially reduced from their original levels; that is, rates for those groups with the greatest estimated undercounts would show the greatest relative reductions due to these adjustments. Similar effects would be evident in the opposite direction for groups with overcounts. Consequently, the ratio of mortality between the rates for males and females and between the rates for the white population and the black population usually would be reduced.

Similarly, the differences between the death rates among subgroups of the population by cause of death would be affected by adjustments for net census undercounts. For example, in 1990 for the age group 35-39 years, the ratio of the unadjusted death rate for Homicide and legal intervention for black males to that for white males is 7.54, whereas the ratio of the death rates adjusted for net census undercount is 6.92. For Ischemic heart disease for males aged 40-44 years, the ratio of the death rate for the black population to that for the white population is 1.38 using the unadjusted rates, but it is 1.26 when adjusted for estimated underenumeration.

Summary measures—The effect of net census undercount on age-adjusted death rates and life table values depends on the underenumeration of each age group and on the distribution of deaths by age. Thus, the age-adjusted death rate in 1990 for All causes would decrease from 520.2 to 512.7 per 100,000 population if the age-specific death rates were corrected for net census undercount (table N). For Diseases of heart, the age-adjusted death rate for white males would decrease from 202.0 to 198.2 per 100,000 population, a decline of 2.0 percent. For black males, the change from an unadjusted rate of 275.9 to an adjusted rate of 256.7 would amount to a decrease of 7.0 percent. For HIV infection, the rate for black males would decrease from 44.2 to 39.0 and for white males from 15.0 to 14.4.

If death rates by age were adjusted, the corresponding life expectancy at birth computed from these rates would change. When calculating life expectancy, the impact of an undercount or overcount is greatest at the younger ages. In general, the effect of correcting the death rates is to increase the estimate of life expectancy at birth. For example, adjustment for net census undercount would increase life expectancy in 1990 by an estimated 0.2 years, from 75.4 years to 75.6 years for the total U.S. population.

Adjustment for differential underenumeration among race-sex groups would lead to greater changes in life expectancy for some groups than for others. For males and females, increases would be 0.3 and 0.1 years, respectively; for the black population and white population, 0.6 and 0.2 years, respectively. The largest increase would be for black males, 1.2 years, followed by white males (0.3 years), black females (0.2 years), and white females (0.2 years).

#### Age-adjusted death rates

Age-adjusted death rates are used to compare relative mortality risk across groups and over time. However, they should be viewed as constructs or indexes rather than as direct or actual measures of mortality risk. Statistically, they are weighted averages of the age-specific death rates, where the weights represent the fixed population proportions by age (56). Age-adjusted death rates were computed by the direct method, that is, by applying age-specific death rates for a given cause of death to the U.S. standard population (relative age distribution of 1940 enumerated population of the United States totaling 1,000,000 (31)). By using the same standard population, the rates for the total population and for each race-sex group were adjusted separately. It is important not to compare age-adjusted death rates with crude rates. The U.S. standard population and corresponding weights ( $w_i$ ) are as follows:

Age	Number	Weights $(w_i)$
All ages	1,000,000	1.000000
Under 1 year	15,343	0.015343
1-4 years	64,718	0.064718
5-14 years	170,355	0.170355
15-24 years	181,677	0.181677
25-34 years	162,066	0.162066
35-44 years	139,237	0.139237
45-54 years	117,811	0.117811
55-64 years	80,294	0.080294
65-74 years	48,426	0.048426
75-84 years	17,303	0.017303
85 years and over	2,770	0.002770

Age-adjusted death rates by marital status are computed using the age groups 25 years and over. Therefore, the United States standard population aged 25 years and over and corresponding weights  $(w_i)$  are as follows:

Age	Number	Weights (w,)
25 years and over	567,907	1.000000
25-34 years	162,066	0.285374
35-44 years	139,237	0.245176
45-54 years	117,811	0.207448
55-64 years	80,294	0.141386
65-74 years	48,426	0.085271
75 years and over	20,073	0.035346

#### Life tables

U.S. abridged life tables are constructed by reference to a standard table (57). Life tables for the decennial period 1979-81 are used as the standard life tables in constructing the 1980-94 abridged life tables. Life table values for 1981-89 are based on revised intercensal estimates of the populations for those years. Therefore, these life table values may differ from life table values of those years published previously.

Life tables for the decennial period 1969-71 are used as the standard life tables in constructing the 1970-79 abridged life tables. Life table values for 1970-73 were first revised in *Vital Statistics of the United States*, 1977; before 1977, life table values for 1970-73 were constructed using the 1959-61 decennial life tables. In addition, life table values for 1951-59, 1961-69, and 1971-79 are based on revised intercensal estimates of the populations for those years. As such, these life table values may differ from life table values previously published.

The annual abridged life table series was initiated for selected race-sex groups in 1945. Because of the increased interest in the average length of life ( $e_0$ ) for years prior to 1945, estimates were prepared for the following race and sex groups and data years (58).

Years	Race and sex groups
1900-45	Total
1900-47	Male
1900–47	Female
1900-50	White
1900-44	White, male
1900-44	
1900-50	All other
1900–44	All other, male
1900-44	All other, female
	······································

The geographic areas covered in life tables before 1929-31 were limited to the death-registration areas. Life tables for 1900-02 and 1909-11 were constructed using mortality data from the 1900 death-registration States--10 States and the District of Columbia, and for 1919-21, from the 1920 death-registration States--34 States and the District of Columbia. The tables for 1929-31 through 1958 cover the conterminous United States. Decennial life table values for the 3-year period 1959-61 were derived from data that include Alaska and Hawaii for each year. Data for each year include Alaska beginning in 1959 and Hawaii beginning in 1960. It is believed that the inclusion of these two States does not materially affect life table values.

#### **Random variation and sampling errors**

Deaths—The number of deaths reported for an area represent complete counts of such events (except for 1972 when the data were based on a 50-percent sample because of resource constraints). As such, they are not subject to sampling error, although they are subject to non-sampling errors in the registration process. However, when the figures are used for analytical purposes, such as the comparison of rates over time or for different areas, the number of events that actually occurred may be considered as one of a large series of possible results that could have arisen under the same circumstances (59). The probable range of values may be estimated from the actual figures according to certain statistical assumptions.

In general, distributions of vital events may be assumed to follow the binomial distribution. When the number of events is large, the relative standard error is usually small. When the number of events is small (perhaps less than 100) and the probability of such an event is small, considerable caution must be observed in interpreting the data. Such infrequent events may be assumed to follow a Poisson probability distribution. As a result, the numbers of deaths, death rates, and mortality rates are subject to random variation. Estimates of relative standard errors (RSE)—a measure of variability—, 95-percent confidence intervals, and tests of statistical significance under this assumption are shown below. Mortality data may also be subject to non-sampling errors.

Populations-Population estimates of the United States and for each State by age, race, total Hispanic origin, and sex for 1994 are based on demographic methods and, therefore, are not subject to sampling variability. However, population estimates by specified Hispanic origin (Mexicans, Puerto Ricans, Cubans, and Other Hispanics) and by specified marital status groups (never married, married, widowed, and divorced) are based on the Bureau of the Census' Current Population Survey (CPS) adjusted to control totals and, therefore, are subject to sampling variation. As a result, death rates based on the CPS-based population estimates are subject to both random variation of the deaths and sampling error of the population estimates. Estimates of relative standard errors, 95-percent confidence intervals, and tests of statistical significance under these assumptions are shown below. All population estimates may also be subject to non-sampling errors.

Computation of population-based death rates—Death rates for a single calendar year are computed by dividing the number of deaths for a class for that year by the population of a similarly-defined class for the same year and multiplying that result by 100,000 (or 1,000). Rates thus computed are per 100,000 (or 1,000) estimated population residing in selected areas of the United States. The 3-year average death rates are computed by dividing the total number of deaths for a class for a three-year period by the sum of the population estimates of a similarly defined class for the same period and multiplying that result by 100,000 (or 1,000).

Computation of live birth-based mortality rates—Maternal mortality rates and infant mortality rates are computed by dividing the number of deaths for a class for a specified year by the number of live births of a similarly defined class for that year and multiplying that result by 100,000 (or 1,000). Rates thus computed are per 100,000 (or 1,000) live births residing in selected areas of the United States. The 3-year average infant mortality rates for the three-year period are computed by dividing the total number of infant deaths for a class for that period by the sum of the live births of a similarly defined class for the three-year period and multiplying that result by 100,000 (or 1,000).

Relative Standard Errors and 95% Confidence Intervals—Formulas for computing approximate RSE's and confidence intervals (CI's) for crude, age-specific death rates, and age-adjusted death rates are shown below.

Beginning with 1989 data, an asterisk has been shown in place of a rate based on fewer than 20 deaths, which is the equivalent of an RSE of 22.94 percent or more. An RSE of this magnitude is considered statistically unreliable. That procedure has been used for mortality data except death rates based on CPS-based population estimates, for which sampling variation must be considered in addition to random variation. Statistical reliability testing for death rates based on sample population estimates were introduced beginning with specified Hispanic-origin data for 1994. This reliability testing is also applicable to rates by marital status.

The formulas below are shown separately for rates based on demographically estimated populations, sample-based populations, and rates based on live births. Further, separate discussions are provided for rates based on less than 100 events, and rates based on 100 events or more. Specific examples are given to illustrate the use of the formulas.

The following formulas are used for demographically-estimated population-based death rates for all races, white, black, American Indian, Asian or Pacific Islander, all origins, total Hispanic, total non-Hispanic, non-Hispanic white, non-Hispanic black for all marital status groups combined:

Age-specific and crude death rates-

$$RSE(R) = RSE(D) = 100\sqrt{\frac{1}{D}}$$

Approximate 95% Confidence Interval: 100 or more deaths Lower: R - 1.96 \* S(R) Upper: R + 1.96 \* S(R)

Approximate 95% Confidence Interval: 1-99 deaths Lower:  $R * L(1-\alpha = .95,D)$ Upper:  $R * U(1-\alpha = .95,D)$ 

where

R = rate (deaths per 100,000 population) D = total number of deaths upon which rate is based

$$S(R) = R * \frac{RSE(R)}{100} = standard error of rate$$

L(1-  $\alpha$  =.95,D) and U(1-  $\alpha$  =.95,D) are lower and upper 95% confidence limit factors and are shown in Table O

Age-adjusted death rates-

$$RSE(R'') = 100 \frac{\sqrt{\sum \left\{w_i^2 R_i^2\left(\frac{1}{D_i}\right)\right\}}}{R''}$$

Approximate 95% Confidence Interval: 100 or more deaths Lower: R" - 1.96 \* S(R") Upper: R" + 1.96 \* S(R")

Approximate 95% Confidence Interval: 1-99 deaths

Lower:  $R'' * L(1 - \alpha = .95, D_{adj})$ Upper:  $R'' * U(1 - \alpha = .95, D_{adj})$ 

where

$$R'' =$$
 age-adjusted rate (per 100,000 population) =  $\sum w_i R_i$   
 $w_i = i^{th}$  age-specific Standard Population such that  $\sum (w_i) = 1.0$   
 $R_i$  = age-specific rate (per 100,000) for the  $i^{th}$  age group  
 $D_i$  = total number of deaths for the  $i^{th}$  age group upon which age-specific rate is based

 $S(R'') = R'' * \frac{RSE(R'')}{100} = standard error of age-adjusted rate$ 

 $L(1-\alpha = .95, D_{adj})$  and  $U(1-\alpha = .95, D_{adj})$  are lower and upper 95% confidence limit factors and are shown in Table O

$$D_{adj} = \frac{1}{\left(\frac{RSE(R'')}{100}\right)^2}$$
 adjusted number of deaths rounded to nearest integer

The following formulas are used for CPS population-based death rates for all races, white, black, American Indian, Asian or Pacific Islander, all origins, total Hispanic, total non-Hispanic, non-Hispanic white, non-Hispanic black by specified marital status group (never married, married, widowed, and divorced) OR

for Mexican, Puerto Rican, Cuban, Other Hispanic for **all** marital status groups combined and by **specified** marital status group (never married, married, widowed, and divorced):

Age-specific and crude death rates-

$$RSE(R) = 100 \sqrt{\left(\frac{1}{D}\right) + f\left(a + \frac{b}{P}\right)}$$

Approximate 95% Confidence Interval: 100 or more deaths Lower: R-1.96\*S(R) Upper: R+1.96\*S(R)

Approximate 95% Confidence Interval: 1-99 deaths

Lower: 
$$R * L (1-\alpha=.96, D) * \left(1-2.576\sqrt{f\left(a+\frac{b}{P}\right)}\right)$$
  
Upper:  $R * U (1-\alpha=.96, D) * \left(1+2.576\sqrt{f\left(a+\frac{b}{P}\right)}\right)$ 

where

R = rate (deaths per 100,000 population).

D = total number of deaths upon which rate is based

f = factor that depends on whether the population estimate is based on demographic analysis or CPS and the number of years used (see below)

a and b factors are CPS standard error parameters (see below)

P =total estimated population upon which rate is based (if rate is based on a 3-year average, then an approximate P would be three times the population for the most recent year)

$$S(R) = R * \frac{RSE(R)}{100} = standard error of rate$$

L(1-  $\alpha$  =.96,D) and U(1-  $\alpha$  =.96,D) are lower and upper 96% confidence limit factors and are shown in Table O

Age-adjusted death rates ---

$$RSE(R'') = 100 \frac{\sqrt{\sum \left(w_i^2 * R_i^2 \left(\frac{1}{D_i} + f\left(a + \frac{b}{P_i}\right)\right)\right)}}{R''}$$

Approximate 95% Confidence Interval: 100 or more deaths Lower: R" - 1.96 \* S(R") Upper: R" + 1.96 \* S(R")

Approximate 95% Confidence Interval: 1-99 deaths

Lower:  $R'' * L(1-\alpha = .96, D_{adj}) * (1 - 2.576 * RSE(P_{adj}))$ Upper:  $R'' * U(1-\alpha = .96, D_{adj}) * (1+2.576 * RSE(P_{adj}))$ 

where

R'' = age-adjusted rate (per 100,000 population) =  $\sum w_i R_i$  $w_i = i^{th}$  age-specific Standard Population such that  $\sum (w_i) = 1.0$  $R_i$  = age-specific rate (per 100,000) for the  $i^{th}$  age group  $D_i$  = total number of deaths for the  $i^{th}$  age group upon which age-specific rate is based f = factor that depends on whether the population estimate is based on demographic ar

f = factor that depends on whether the population estimate is based on demographic analysis or CPS and the number of years used (see below)

a and b factors are CPS standard error parameters (see below)

 $P_i$  = total estimated population for the *i*<sup>th</sup> age group upon which the rate is based (if rate is based on 3-year average, then combined  $P_i$  would be three times the population for the most recent year)

$$S(R'') = R'' * \frac{RSE(R'')}{100} = standard error of age-adjusted rate$$

L(1-  $\alpha = .96, D_{adj}$ ) and U(1-  $\alpha = .96, D_{adj}$ ) are lower and upper 96% confidence limit factors and are shown in Table O

 $P_{adj} = \sum (w_i * P_i)$  = adjusted estimated population rounded to nearest integer

$$RSE(P_{adj}) = \frac{\sqrt{\sum \left(w_i^2 * P_i^2 * f\left(a + \frac{b}{P_i}\right)\right)}}{P_{adj}}$$

$$D_{adj} = smaller \text{ of } \sum(D_i) \text{ or } \frac{1}{RSE(R'')^2 - RSE(P_{adj})^2} = adjusted number of deaths nearest integer$$

If  $D_{adj}$  is negative, set  $D_{adj}$  to  $\sum (D_i)$ 

Shown below are the "a", "b", and "f" factors for various race, origin, and marital status classifications, by whether the population-based rate was based on a single year or 3-year average:

<u>Race, origin, and marital status</u>	<u>Rate based on 1 year</u>	<u>Rate based on 3 years</u>
All races, white, American Indian, all origins, total	f=0.670	f = 0.440
Hispanic, total non-Hispanic, non-Hispanic white;	<i>a</i> = -0.000017	a = -0.000017
by never married, married, widowed, divorced	<i>b</i> = 4,786	<i>b</i> = 14,358
Black, non-Hispanic black; by never married,	f= 0.670	f = 0.440
married, widowed, divorced	a = -0.000204	a = -0.000204
	<i>b</i> = 6,865	<i>b</i> = 20,595
Asian or Pacific Islander, by never married,	f = 0.670	f = 0.440
married, widowed, divorced	a = -0.000719	a = -0.000719
	<i>b</i> = 6,865	b = 20,595
Mexican, Puerto Rican, Cuban, Other Hispanic; all	f = 0.670	f = 0.440
marital status groups combined, never married,	a = -0.000297	a = -0.000297
married, widowed, divorced	<i>b</i> = 6,865	b = 20,595

The following formulas may be used for live birth-based mortality rates:

The formulas for the RSE and 95-percent CI's of an infant mortality rate (IMR) are as follows:

$$RSE(IMR) = 100\sqrt{\frac{1}{D} + \frac{1}{B}}$$

Approximate 95% Confidence Interval: 100 or more infant deaths Lower: *IMR* - 1.96 \* S(*IMR*) Upper: *IMR* + 1.96 \* S(*IMR*)

Approximate 95% Confidence Interval: 1-99 infant deaths Lower: IMR \* L(1- $\alpha$  =.95, $D_{ady}$ ) Upper: IMR \* U(1- $\alpha$  =.95, $D_{ady}$ )

where

IMR = infant mortality rate (infant deaths per 100,000 live births) D = total number of infant deaths upon which rate is based B = total number of live births upon which IMR is based

 $S(IMR) = IMR * \frac{RSE(IMR)}{100} = standard error of infant mortality rate$ 

 $L(1-\alpha = .95, D_{adj})$  and  $U(1-\alpha = .95, D_{adj})$  are lower and upper 95% confidence limit factors and are shown in Table O

$$D_{adj} = \frac{D * B}{D + B} = \frac{adjusted number of infant deaths that takes}{into account the RSE of the number of infant deaths and live births}$$

#### Statistical tests

For testing the equality of two rates,  $R_1$  and  $R_2$ , the z-test may be used (when both rates are based on 100 deaths or more) or the overlap of 95% CI's of the rates may be used (when either or both of the rates are based on less than 100 deaths).

The z-test is determined as follows:

$$z = \frac{R_1 - R_2}{\sqrt{R_1^2 \left(\frac{RSE(R_1)}{100}\right)^2 + R_2^2 \left(\frac{RSE(R_2)}{100}\right)^2}}$$

to define a significance test statistic. If |z| is greater than or equal 1.96, then the difference would be considered statistically significant at the 0.05 level; and if |z| is less than 1.96, the difference is not statistically significant.

As a hypothetical example, if the three-year average death rate for Mexicans,  $R_1$ , is 36.4 (based on D=120 deaths and P=330,000 population for the three years combined) and the three-year rate for non-Hispanic whites,  $R_2$ , is 13.8 (based on D=180 deaths and P=1,300,000 population for the three years combined), then using the formulas above the RSE's and z-test are computed as follows:

$$RSE(R_1) = 100\sqrt{\frac{1}{120} + 0.440 * \left(-.000297 + \frac{20,595}{330,000}\right)} = 18.88\%$$
$$RSE(R_2) = 100\sqrt{\frac{1}{180}} = 7.45\%$$

and

$$z = \frac{36.4 - 13.8}{\sqrt{36.4^2 \left(\frac{18.88}{100}\right)^2 + 13.8^2 \left(\frac{7.45}{100}\right)^2}} = 3.2^{\frac{5}{2}}$$

Since |z| is greater than 1.96, the difference between the two rates is statistically significant at the 0.05 level of significance.

If either of two rates is based on less than 100 deaths, then one may determine if the 95% CI's overlap as an indication of a statistically significant or non-significant difference.

As a hypothetical example, if the three-year average death rate for Cubans,  $R_3$ , is 26.7 (based on D=40 deaths and P=150,000 population for the three years combined) and the three-year rate for non-Hispanic blacks,  $R_4$ , is 61.5 (based on D=400 deaths and P=650,000 population for the three years combined), then the 95% CI's are computed using information from the following formulas and Table O:

95% CI for R<sub>3</sub>

*Lower*: = 26.7 \* 0.70266 
$$\left( 1-2.576\sqrt{0.44 * \left( -.000297 + \frac{20,595}{150,000} \right)} \right) = 6.9$$
  
*Upper*: = 26.7 \* 1.37991  $\left( 1+2.576\sqrt{0.44 * \left( -.000297 + \frac{20,595}{150,000} \right)} \right) = 60.1$ 

95% CI for  $R_4$ 

$$RSE(R_4) = 100\sqrt{\frac{1}{400}} = 5.00\%$$

$$Lower = 61.5 - \left(1.96 * 61.5 * \frac{5.00}{100}\right) = 55.5$$

$$Upper = 61.5 + \left(1.96 * 61.5 * \frac{5.00}{100}\right) = 67.5$$

Since the CI's overlap, the difference between  $R_3$  and  $R_4$  is not statistically significant.

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Figure 7-B. U.S. Standard Report of Fetal Death

	Ce	nsus	N	NLMS <sup>1</sup>				
		Ratio		Ratio				
Race	Percent agreement	census/ death certificate	Percent agreement	NLMS/ death certificate				
White	99.8	1.00	99.2	1.00				
Black	98.2	1.00	98.2	1.00				
American Indian	79.2	1.12	73.6	1.22				
Asian			82.4	1.12				
Japanese	97.0	1.04						
Chinese	90.3	1.07						
Filipino	72.6	1.28						

Table A. Comparison of percent agreement and ratio of deaths for census or survey record to deaths by race for matching death certificate: 1960 and 1979-85

--- Data not available.

... Category not applicable.

<sup>1</sup>NLMS is defined as National Longitudinal Mortality Study.

SOURCES: Hambright TZ. Comparability of marital status, race, nativity, and country of origin on the death certificate and matching census record: U.S., May-August 1960. National Center for Health Statistics. Vital Health Stat 2(34). 1969; Sorlie PD, Rogot E, Johnson NJ. Validity of demographic characteristics on the death certificate. Epidemiology 3(2):181-4. 1992.

# Table B. Infant mortality rates by race of mother from linked and unlinked data, 1989-91; and ratio of linked to unlinked rates: United States

	Unlinked	Linked	Ratio
	period	birth cohort	linked/
	rate	rate	unlinked
Race	1989-91	1989-91	rates
All races	9.3	9.0	0.97
White	7.6	7.4	0.97
Black	18.0	17.1	0.95
American Indian	11.2	12.6	1.13
Chinese	5.0	5.1	1.02
Japanese	4.4	5.3	1.20
Hawaiian	10.9	9.0	0.83
Filipino	4.1	6.4	1.56
Other Asian or Pacific Islander	5.6	7.0	1.25

[Rates per 1,000 live births in specified group]

NOTE: Births for race not stated are not distributed.

				20	20	20 weaks			
A	All	14	20	20 weeks	20 weeks	20 weeks	5	350	500
Area	periods of gestation	10 weeks	weeks	350 grams	400 grams	500 grams	months	grams	grams
	<u>paraneou</u>		x						
			x						
			<u> </u>	x					
	vl								
	<b>├_^</b>		v	[					
			<b></b> _						
	<u>_</u>		- v						
	<u> </u>		<u> </u>			·			
Delaware						v			
District of Columbia			- v						
Florida			_ <u>^</u> _						
Georgia									
Hawaii	<u>  x</u>								
<u>Idaho</u>	[		<u> </u>	<u> </u>					
Illinois									
Indiana			<u>x</u>						
Iowa	<u> </u>		<u> </u>						
Kansas			l			<u> </u>		X	
Kentucky				<u> </u>					
Louisiana				<u> </u>					
Maine			<u>x</u>						
Maryland			X <sup>3</sup>	ļ					
Massachusetts				<u> </u>					
Michigan			_		<u> </u>				
Minnesota			<u>x</u>		ļ				
Mississippi				X					
Missouri				X					
Montana						<u> </u>			
Nebraska			x						
Nevada			x_						
New Hampshire				x					
New Jersev			x						<u> </u>
New Mexico									x
New York									
New York excluding New York City	x						L	L	<b> </b>
New York City	<u>x</u>					L			ļ
North Carolina			x				L		
North Dakota			x				L	L	L
Ohio			x						
Oklahoma			x						

# Table C. Period of gestation at which fetal-death reporting is required:Each reporting area, 1994

_	All			20 weeks	20 weeks	20 weeks	_		
Area	periods of	16	20	or	OT	or	5	350	500
	gestation	weeks	weeks	350 grams	400 grams	500 grams	months	grams	
Oregon			X						
Pennsylvania		_ X							
Rhode Island	<u> </u>								
South Carolina				<u>x</u>					
South Dakota									X
Tennessee									X4
Texas			x						
Utah			X						
Vermont			X <sup>5</sup>				_		
Virginia	x								
Washington			x						
West Virginia			X						
Wisconsin		1	_	X					
Wyoming			X				_		
Puerto Rico							X		
Virgin Islands	X								
Guam			x						

# Table C. Period of gestation at which fetal-death reporting is required:Each reporting area, 1994

<sup>1</sup>Although State law requires the reporting of fetal deaths of all periods of gestation, only data for fetal deaths of 20 weeks of gestation or more are provided to NCHS.

<sup>2</sup>If weight is unknown, 20 completed weeks of gestation or more.

<sup>3</sup>If gestational age is unknown, weight of 500 grams or more.

<sup>4</sup>If weight is unknown, 22 completed weeks of gestation or more.

<sup>5</sup>If gestational age is unknown, weight of 400 grams or more, 15 ounces or more.

# Table D. Percent of fetal death records on which specified items were not stated: Each State, 1994

By place of occurrence. Records include only those with stated or presumed period of gestation of 2	20 weeks or morel
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Area	Length of gestation <sup>1</sup>	Marital status	Place of delivery	Birth- weight	Month prenatal care began	Number of prenatal visits	Hispanic origin of mother	Mother's educational attainment	Medical riak factors <sup>2</sup>	Tobacco	Alcohol use	Obstetric procedures	Complications of labor and/ or delivery <sup>3</sup>	Congenital anomalies
Alabama	09	07	-	44	7.7	83	0.2	63	1.6	3.2	3.2	11	2.5	25
Alaska	2.4	2.4		4.8	2.4	4.8	2.4	11.9	-	4.8	2.4		-	24
Arizona	2.0	0.9	-	5.9	8.9	12.3	2.7	11.6	3.2	9.1	9.5	3.4	2.7	3.4
Arkansas	0.4	-	-	2.6	15.7	17.0	0.4	9.6	0.9	3.9	3.5	0.9	0.4	0.9
California	10.8	-	-	1.3	6.4	7.0	1.6	6.5	2.6	_	_	2.6	2.3	4 2
Colorado	-	1.1	-	17.0	17.6	21.4	-	17.6	_	19.7	20.8	-	-	-
Connecticut	4.9	_	-	14.0	48.2	49.5	22.5	76.2	34.9	37.5	39.4	31.3	33.9	54 4
Delaware	-	-	-	7.7	-	1.9	-	3.8	13.5	11.5	11.5	11.5	13,5	11.5
District of Columbia	4.1	11.2	0.6	11.2	22.5	23.1	4.7	30.8	37.3	58.6	59.2	39.1	41.4	52 7
Florida	3.0	3.8	-	8.8	14.5	15.6	2.8	10.2	5.3	6.7	7.6	4.2	4.9	5.3
Georgia	0.9	0.3	-	16.8	17.7	19.0	8.8	30.7	5.2	6.9	7.6	1.7	2.7	30
Hawaii	0.7	-	-	33.1	34.5	32.4	17.3	38.8	_	_	_	_	_	_
Idaho	-	-	1.1	4.5	4.5	3.4	2.3	8.0	5.7	8.0	9.1	4.5	4.5	15.9
Illinois	3.9	5.8	0.1	6.7	14.7	15.6	4.8	8.8	15.2	2.4	1.6	12.2	16.2	18.9
Indiana	1.3	1.5	0.2	12.5	9.6	13.8	5.9	9.2	7.2	-	15.3	5.7	4.8	7.0
Iowa	2.4	0.9	-	4.7	1.9	4.2	-	2.4	0.9	1.4	1.9	0.5	0.5	1.9
Kansas	2.2	0.4	0.4	-	3.5	4.8	1.3	3.1	10.1	14.1	10.1	8.8	8.8	18.1
Kentucky	0.8	0.5	-	1.1	0.8	3.2	0.5	2.7	23.6	18.0	18.8	18.6	23.6	38.2
Louisiana	23.0	0.7	-	5.4	11.9	14.7		13.4		_	_	-	-	-
Maine	21.1	21.1	-	31.6	-	22.8	28.1	24.6	17.5	19.3	21.1	15.8	17.5	17.5
Maryland	42.6	_	1.0	34.7	37.0	_		34,5	_			_	_	_
Massachusetts	0.2	-	0.4	1.8	1.6	2.2		22.4	_	—	_	-	—	—
Michigan	0.7	-	0.6	2.2	8.8	11.5	16.0	13.2	3.5	8.3	9.7	2.6	3.2	3.6
Minnesota	0.8	14.9	-	5.8	2.7	7.4	3.7	10_3	11.1	11.7	15.4	7.7	13.3	13.5
Mississippi	1.4	-	0.2	2.3	7.8	11.8	-	6.4	3.9	6.4	6.6	1.6	2.5	3.1
Missouri	1.1	-	-	4.8	9.3	8.8	1.4	9.1	1.6	2.9	3.6	1.1	2.0	1.6
Montana	-	-	-	4.0	6.0	4.0	10.0	10.0	2.0	4.0	4.0	0.0	2.0	0.0
Nebraska	-	0.7	-	4.2	2.8	1.4	4.9	2.1	1.4	2.1	2.1	0.7	0.7	0.7
Nevada	3.5	—	-	29.2	28.5	31.9	5.6	10.4	40.3	46.5	47.9	25.7	34.7	41.0
New Hampahire	-	-	-	2.5	2.5	3.8	23.8	11.2	-	1.2	1.2	1.2	0.0	0.0
New Jerney	9.2	3.4	0.3	21.4	18.0	21.0	2.3	20.9	7.1	7.5	8.9	5.6	7.8	8.6
New Mexico	-	2.8	-	6.5	12.1	7.5	-	38.3	4.7	2.8	2.8	0.9	0.9	
New York State	1.9		0.1	34.7	25.5	27.5	11.8	38.6	-	_	16.1	-	15.7	-
New York City	2.8	-	-	25.5	47.0	35.6	16.8	38.4	19.6	22.0	24.2	18.7	22.2	—
North Carolina	2.0	0.8	-	6.1	4.6	6.9	1.3	5.0	1.4	3.9	4.0	1.4	1.6	2.1
North Dakota	4.9	-	-	8.2	3.3	8.2	8.2	3.3	6.6	8.2	11.5	3.3	3.3	3.3
Ohio	0.7	32.0	0.1	11.2	11.9	15.4	2.9	8.2	9.7	11.0	13.2	9.0	10.2	10.4

# Table D. Percent of fetal death records on which specified items were not stated: Each State, 1994

By place of occurrence. Records include only those with stated or presumed period of gestation of 20 weeks
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					Month prenatal	Number of	Hispanic	Mother's	Medical			0.441	Complications	<b>d</b> it.l
Area	Length of gestation <sup>1</sup>	Maritai status	Place of delivery	Birth- weight	care began	prenatal visits	mother	attainment	risk factors <sup>2</sup>	Tobacco use_	Alcohol	procedures	of labor and/ or delivery <sup>3</sup>	anomalies
														-
Oklahoma	53.3	25.7	0.6	32.0	48.5	49.1	_	43.7	_	-		_	_	—
Oregon	-	-	-	3.3	1.7	1.7	1.2	7.9	-	1.2	1.2	-	-	-
Pennsylvania	2.1	2.1	0.1	10.4	14.0	15.3	1.3	16.8	2.9	7.1	8.6	2.0	2.8	6.8
Rhode Island	2.5	82.7	-	19.8	98.8	98.8	96.3	97.5	70.4	84.0	84.0	67.9	69.1	81.5
South Carolina	0.4	1.1	-	2.6	2.8	3.0	0.8	8.9	0.8	2.1	2.1	0.6	0.9	1.3
South Dakota	4.3	-	-	2.1	2.1	2.1	-	2.1	-	_	<u> </u>	-	-	-
Tennessee	0.2	0.2	-	0.7	8.2	12.9	2.2	8.0	2.5	5.7	6.0	2.7	4.2	5.0
Техаз	4.1	_	-	11.2	11.9	12.6	0.3	11.4	12.5	10.2	11.5	2.1	5.4	5.5
Utah	-	0.9	-	6.6	5.2	4.7	0.9	7.1	3.3	3.8	3.8	0.5	2.8	17.9
Vermont	-	-	-	14.8	14.8	14.8	-	3.7	3.7	-	3.7	-	-	3.7
Virginia	1.1	0.9	-	28.7	21.9	<b>26.6</b>	7.3	35.9	26.1	28.6	29.6	23.7	29.7	34.7
Washington	3.1	2.2	0.2	17.3	15.1	16.3	15.1	21.1	3.1	6.2	10.8	3.4	3.4	4.3
West Virginia	-	1.3	-	2.5	8.8	8.2	1.3	7.5	-	8.2	9.4	-	-	-
Wisconsin	· •	-	-	0.5	0.7	0.2	0.2	0.9	-	0.5	0.5	0.2	0.2	0.2
Wyoming	-	-	•	3.3	3.3	-	-	3.3	3.3	-	3.3	3.3	-	6.7

- Quantity zero.

- Data not available.

<sup>1</sup> California, Louisiana, Maryland, and Oklahoma report date last normal menses began but do not report clinical estimate of gestation.

<sup>2</sup> Kansas and South Dakota do not report Rh sensitization; New York State does not report previous infant 4,000 grams or more; Texas does not report genital herpes and uterine bleeding.

<sup>3</sup> Texas does not report cephalopelvic disproportion, anesthetic complications, and fetal distress.

# Table E. Numbers of deaths and ratios of deaths for selected causes as tabulated by State of occurrence and NCHS, 1994

[Data by place of occurrence include deaths of nonresidents. Numbers after causes of death are category numbers of the Ninth Revision, International Classification of Diseases, 1975]

Causes	Alaska	NCHS	Ratio AK/NCHS
All causes	2,446	2,472	0.99
Symptoms, signs, and ill-defined conditions	47	59	0.80
Accidents and adverse effects	308	380	0.81
Motor vehicle accidents	91	91	1.00
All other accidents and adverse effectsE800-E807,E826-E949	217	289	0.75
Suicide	146	120	1.22
Homicide and legal intervention	45	38	1.18
All other external causes	8	5	1.60

	United	States '		United S	States '	Bi	rth-registration States	Death-registration States		
Year	Population including Armed Forces abroad	Population residing in area	Year	Population including Armed Forces abroad	Population residing in area	Number of States <sup>a</sup>	Population residing in area	Number of States 1	Population residing in area	
1994 1993 1992 1991 1990 1989	260,650,842 258,119,768 255,457,501 252,688,000 249,225,000 247,342,000	260,340,990 257,783,004 255,077,536 252,177,000 248,709,873 246,819,000	1946 1945 1944 1943 1942	141,389,000 139,928,000 138,397,000 136,739,000 134,860,000	140,054,000 132,481,000 132,885,000 134,245,000 133,920,000	···· ····		···· ···· ····	  	
1988 1987 1986 1985 1984 1983	245,021,000 242,804,000 240,651,000 238,466,000 236,348,000 234,307,000	244,499,000 242,269,000 240,133,000 237,924,000 235,825,000 233,792,000	1941 1940 1939 1938 1937 1936	133,402,000 131,820,000 131,028,000 129,969,000 128,961,000 128,181,000	133,121,000 131,669,275 130,879,718 129,824,939 128,824,829 128,824,829 128,053,180	····	····	· · · · · · · · · · · · · · · · · · ·	····	
1982 1981 1980 1979 1978 1977	232,188,000 229,966,000 227,061,000 225,055,000 222,585,000 220,239,000	231,664,000 229,466,000 226,545,805 224,567,000 222,095,000 219,760,000	1935 1934 1932 1932 1931 1930	127,362,000 126,485,000 125,690,000 124,949,000 124,149,000 123,188,000	127,250,232 126,373,773 125,578,763 124,840,471 124,039,648 123,076,741	47 46 46	118,903,899 117,455,229 116,544,946	···· ··· 47 47 47 47	118,903,895 118,148,987 117,238,278	
1976 1975 1974 1973 1972	218,035,000 215,973,000 213,854,000 211,909,000 209,896,000	217,563,000 215,465,000 213,342,000 211,357,000 209,284,000	1929 1928 1927 1926 1925		121,769,939 120,501,115 119,038,062 117,399,225 115,831,963	46 44 40 35 33	115,317,450 113,636,160 104,320,830 90,400,590 88,294,564	46 44 42 41 40	115,317,450 113,636,160 107,084,532 103,822,683 102,031,555	
971 970 969 968 9667	207,661,000 204,270,000 202,677,000 200,706,000 198,712,000	206,827,000 203,211,926 201,385,000 199,399,000 197,457,000	1924 1923 1922 1921 1920		114,113,463 111,949,945 110,054,778 108,541,489 106,466,420	33 30 30 27 23	87,000,295 81,072,123 79,560,746 70,807,090 63,597,307	39 38 37 34 34	99,318,098 96,788,197 92,702,901 87,814,447 86,079,263	
966 965 964 963 962	196,560,000 194,303,000 191,889,000 189,242,000 186,538,000	195,576,000 193,526,000 191,141,000 188,483,000 185,771,000	1919 1918 1917 1916 1915	105,063,000 104,550,000 103,414,000  	104,512,110 103,202,801 103,265,913 101,865,984 100,549,013	22 20 20 11 10	61,212,076 55,153,782 55,197,952 32,944,013 31,096,697	33 30 27 26 24	83,157,982 79,008,412 70,234,775 66,971,177 61,894,847	
961 960 959 958 957	183,691,000 179,933,000 177,264,000 174,141,000 171,274,000	182,992,000 179,323,175 176,513,000 173,320,000 170,371,000	1914 1913 1912 1911 1910		99,117,567 97,226,814 95,331,300 93,667,814 92,406,536	···· ···	···· ···	24 23 22 22 20	60,963,309 58,156,740 54,847,700 53,929,644 47,470,437	
956 955 954 953 952	168,221,000 165,275,000 162,391,000 159,565,000 156,954,000	167,306,000 164,308,000 161,164,000 158,242,000 155,687,000	1909 1908 1907 1906 1905		90,491,525 88,708,976 87,000,271 85,436,556 83,819,666	::: :::	::: :::	18 17 15 15 10	44,223,513 38,634,759 34,552,837 33,782,288 21,767,980	
951 950 949 948 947	154,287,000 151,132,000 149,188,000 146,631,000 144,126,000	153,310,000 150,697,361 148,665,000 146,093,000 143,446,000	1904 1903 1902 1901 1900		82,164,974 80,632,152 79,160,196 77,585,128 76,094,134			10 10 10 10 10	21,332,076 20,943,222 20,582,907 20,237,453 19,965,446	

# Table F. Population of Birth- and Death-Registration States, 1900-1932, and United States, 1933-1994

[Population enumerated as of April 1 for 1940, 1950, 1960, 1970, 1980, and 1990 and estimated as of July 1 to: all other years]

Alaska included beginning 1959 and Hawaii, 1960.
 The District of Columbia is not included in "Number of States," but it is represented in all data shown for each year.

SOURCE: Published and unpublished data from the U.S. Bureau of the Census; see text.

Table G. Source for resident population and population including Armed Forces abroad:Birth- and death-registration States, 1900-32, and United States, 1933-94

Year	Source
1994	U.S. Bureau of the Census, Electronic Data File, RESD0794, and unpublished data.
1993	U.S. Bureau of the Census, Electronic Data File, RESP0793, and unpublished data.
1992	U.S. Bureau of the Census, Electronic Data File, RESP0792, and unpublished data.
1991	U.S. Bureau of the Census, Current Population Reports, Series P-25, No. 1095, 1993.
1990	U.S. Bureau of the Census, Unpublished data from the 1990 census, 1990 CPH-L-74 and
	unpublished data consistent with Current Population Reports, Series P-25, No. 1095.
1981-89	U.S. Bureau of the Census, Current Population Reports, Series P-25, No. 1095, 1993.
1980	U.S. Bureau of the Census, U.S. Census of Population: 1980, Number of Inhabitants,
	PC-80-1A1, United States Summary, 1983.
1971 <b>-79 .</b>	U.S. Bureau of the Census, Current Population Reports, Series P-25, No. 917, July 1982.
1970	U.S. Bureau of the Census, U.S. Census of Population: 1970, Number of Inhabitants, Final
	Report PC(1)-A1, United States Summary, 1971.
1961-69	U.S. Bureau of the Census, Current Population Reports, Series P-25, No. 519, April 1974.
1960	U.S. Bureau of the Census, U.S. Census of Population: 1960, Number of Inhabitants,
	PC(1)-A1, United States Summary, 1964.
1951-59	U.S. Bureau of the Census, Current Population Reports, Series P-25, No. 310, June 30, 1965.
1940-50	U.S. Bureau of the Census, Current Population Reports, Series P-25, No. 499, May 1973.
1930-39	U.S. Bureau of the Census, Current Population Reports, Series P-25, No. 499, May 1973,
1930	and National Office of Vital Statistics, Vital Statistics Rates in the United States,
	1900-1940, 1947.
1920-29	National Office of Vital Statistics, Vital Statistics Rates in the United States, 1900-1940, 1947.
1917-19	Same as for 1930-39.
1900-16	Same as for 1920-29.

# Table H. Estimated Population of the United States, by 5-Year Age Groups, Race, and Sex: July 1, 1994

[Figures include Armed Forces stationed in the United States and exclude those stationed outside the United States]

		All races			White		All other						
Age	Both serves	Mala	Famela	Eath saves		Famela	_	Total			Black		
	Bour sexes	Male	генане	bour sexes	маю	remale	Both sexes	Male	Female	Both sexes	Male	Female	
All ages	260,340,990	127,076,429	133,264,561	216,469,961	106,138,931	110,331,030	43,871,029	20,937,498	22,933,531	32,672,217	15,491,454	17,180,763	
Under 1 year 5-9 years 10-14 years 15-19 years 20-24 years 25-29 years 30-34 years 35-39 years 40-44 years	3,870,185 15,856,964 18,858,601 18,752,722 17,616,398 18,326,487 19,176,882 22,177,231 21,960,620 19,698,738	1,980,754 8,113,681 9,657,111 9,602,417 9,036,127 9,311,333 9,618,804 11,057,956 10,920,180 9,728,390	1,889,431 7,743,283 9,201,490 9,150,305 8,580,271 9,015,154 9,558,076 11,119,275 11,040,440 9,970,348	3,041,063 12,550,842 14,996,992 14,921,052 14,035,447 14,722,038 15,593,101 18,292,421 18,237,462 16,516,349	1,559,695 6,434,998 7,695,193 7,660,715 7,221,620 7,526,853 7,894,278 9,218,027 9,165,149 8,250,168	1,481,368 6,115,844 7,301,799 7,260,337 6,813,827 7,195,185 7,698,823 9,074,394 9,072,313 8,266,161	829,122 3,306,122 3,861,609 3,831,670 3,580,851 3,604,449 3,583,781 3,884,810 3,723,158 3,182,389	421,059 1,678,683 1,961,918 1,941,702 1,814,507 1,784,480 1,724,526 1,839,829 1,755,031 1,478,202	408,063 1,627,439 1,859,968 1,766,444 1,819,969 1,859,255 2,044,881 1,968,127 1,704,187	618,864 2,499,743 2,038,728 2,863,539 2,733,243 2,667,909 2,618,942 2,836,592 2,733,291 2,308,036	313,961 1,267,070 1,480,611 1,451,593 1,384,651 1,312,684 1,250,103 1,329,836 1,279,845 1,269,224	304,903 1,232,673 1,448,117 1,411,946 1,348,592 1,355,225 1,368,839 1,506,756 1,453,446 1,238,612	
45-49 years 50-54 years 55-59 years 60-64 years 65-69 years 70-74 years 70-74 years 80-84 years 80-84 years	16,679,272 13,191,267 10,935,600 10,081,994 9,970,437 8,741,229 6,574,030 4,350,701 3,521,612	8,180,810 6,410,309 5,243,920 4,739,572 4,499,772 3,789,886 2,655,470 1,550,082 979,855	8,496,462 6,780,978 5,691,680 5,342,422 5,470,665 4,951,343 3,018,560 2,560,619 2,541,757	14,248,637 11,354,553 9,436,286 8,772,602 8,791,670 7,839,769 5,948,708 3,961,954 3,209,015	7,063,917 5,572,327 4,573,463 4,172,030 3,998,114 3,420,459 2,414,395 1,412,147 885,363	7,184,720 5,782,226 4,862,823 4,600,572 4,793,556 4,419,310 3,534,313 2,549,807 2,323,652	2,430,635 1,636,734 1,499,314 1,309,392 1,178,767 901,460 625,322 388,747 312,597	1,116,893 837,882 670,457 567,542 501,658 369,427 241,075 137,935 94,492	1,313,742 998,752 626,857 741,850 677,109 532,033 384,247 250,812 218,105	1,739,645 1,339,715 1,110,390 984,064 905,759 693,810 499,085 916,282 264,580	793,262 602,088 487,162 423,640 386,145 278,611 187,827 106,765 76,376	946,383 737,627 623,228 560,424 519,614 415,199 311,258 209,517 188,204	

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SOURCE: Published and unpublished data from the U.S. Bureau of the Census; see text.
## Table I. Estimated Population, by Age, for the United States, Each Division and State, Puerto Rico, Virgin Islands, and Guam: July 1, 1994

Division and State	Total	Under 5 years	5-19 years	20-44 years	45-64 years	65 years and over
Linited States	260 340 990	19 727 149	55 227 721	101 339 956	50,888,153	33,158,009
DINES OWES	200,040,050	1 10,727,154	00,001,00			
Geographic divisions:	12 270 260	000.85	2 692 664	5 201 120	2 617 594	1 848 108
New England	39 125 343	2 760 074	7 523 906	14 644 656	7.806.890	5,389,815
Fast North Central	43 183 850	3 157.071	9,300,374	16.627.550	8,529,300	5,569,555
West North Central	18,210,216	1,287,111	4.070.216	6.806.616	3,508,486	2,537,787
South Atlantic	46,398,204	3,344,692	9,291,465	18,129,816	9,300,566	6,331,665
East South Central	15.689.937	1,135,446	3,430,520	6,055,830	3,236,546	2,031,593
West South Central		2,306,187	6,592,767	10,967,745	5,370,518	3,166,793
Mountain	. 15,214,246	1,228,990	3,576,587	5,790,142	2,892,512	1,726,015
Pacific	41,644,815	3,586,713	8,859,218	17,016,465	7,625,741	4,556,678
New England:	1				050.070	170 700
Maine	1,240,209	77,670	260,458	4/6,002	253,379	135 753
New Hampshire		27 092	122 410	232 150	117 172	70 485
Lizeeschwatte	6 041 123	422.674	1 139 566	2 458 457	1.172.152	849,274
Rhode Island	996.757	71 021	191,789	392,377	186.514	155,056
Connecticut	3,275,251	231,460	631,458	1,275,736	671,757	464,840
Middle Atlantic:		1				
New York	. 18,169,051	1,382,421	3,583,621	7,109,815	3,699,728	2,393,466
New Jersey	7,903,925	578,702	1,543,106	3,062,042	1,642,282	1,077,793
Pennsylvania	. 12,052,367	798,951	2,397,181	4,472,799	2,464,880	1,918,556
East North Central:					0.020 (00	1 400 606
UNIO	. 11,102,198	783,760	2,3/1,761	4,223,553	1 156 622	734 630
Illipoie	11 751 774	407,230	2 480 116	4 580 309	2 295 125	1.481.179
Michican	0 406 147	701 129	2,400,110	3,669,134	1 863 382	1,179,705
Wisconsin	5 081 658	349.900	1 135 484	1 931 096	981,723	683,455
	5,001,000	1 243,000	1,100,404	1,001,000		
West North Central:		000 500	4 000 440	1 775 540	050 551	572 256
Minnesola	4,567,267	326,599	1,033,112	1,775,049	662 607	436.968
Niecoud	5 277 EAD	107,037	1 142 800	1 964 941	1 047 723	745,202
North Dakota	637 098	42760	147,690	235 669	117.984	93,886
South Dakota	721 164	54 111	175 733	254 120	131,236	105,964
Nebraska	1 622 858	115 637	372 482	596,355	308,803	229,581
Kansas	2,554,047	184,433	577,176	958,116	480,492	353,830
Con the Aslandia	· ·					
South Atlantic:	706 261	50 085	141 914	285 360	139 360	89.432
Liendend	5 006 265	976,903	1 1001961	2 059 358	1.006.486	559,470
District of Columbia	570 175	42 655	86,751	252.321	111.471	76,977
Virginia	6.551.522	469.069	1,307,695	2.728.578	1,320,985	725,195
West Virginia	1.822.021	108,249	376,289	655,694	401,679	280,110
North Carolina	7,069,836	509,993	1,435,026	2,806,272	1,433,574	884,971
South Carolina	3,663,984	273,914	784,309	1,439,646	730,866	435,249
Georgia	7,055,336	548,576	1,539,830	2,900,099	1,357,294 2,798,851	2,570,724
	10,000,114					
East South Central:	0 000 704	000.059	e21 770	1 469 262	787 948	488 557
Tennessee	5 175 240	200,000	1 071 737	1 998 044	1.081.449	658,353
Aishama	4 218 702	301 848	901945	1,600,493	862,137	552,369
Mississioni	2 669 111	207 085	635,059	989.041	505.612	332,314
Arkansee	9 489 574	170 040	540 517	874 799	503 112	362 272
	4 3 15 095	997 446	1 031 340	1 629 309	823,364	493.617
Okishame	3 258 060	927 952	736 844	1 181 966	659,236	442.671
Texas	18,378,185	1,559,347	4,284,057	7,281,742	3,384,806	1,868,233
Mountain:						
Montana	856.047	58,834	203,853	301,486	178,036	113,838
idaho	1,133,034	87,443	289,596	407,322	216,694	131,979
Wyoming	475,981	33,055	119,616	175,366	95,309	52,635
Colorado	3,655,647	270,190	796,765	1,482,176	739,063	367,453
New Mexico	1,653,521	139,517	406,675	612,010	314,243	181,076
Arizona	4,075,052	344,032	903,067	1,529,454	752,659	545,840
Nevada	1,907,936 1,457,02A	181,365 114,554	562,217 294,798	577,644	305,170	164,862
	1,701,020	1-100	2011.00			
Pacific: Washington	5343.000	393 061	1,153 742	2.126.472	1.050.714	618,201
Oregon	3.086.189	208.735	655.468	1.164.999	635,049	421,937
California	31,430,697	2,833,355	6,653,996	12,998.690	5,598,225	3,346,431
Alaska	606,276	55,608	154.229	258.007	110,358	28,074
Hawali	1,178,564	95,054	241,783	468,297	231,395	142,035
Puerto Bico	3 687 158				· · [	
Viroin Islands						
Guām	1					

[Figures include Armed Forces stationed in each area, and exclude Armed Forces stationed outside the United States]

SOURCE: Published and unpublished data from the U.S. Bureau of the Census; see text.

Table J. Estimated Population by 5-Year Age Groups, Specified Hispanic Origin, Race for Non-Hispanic Origin, and Sex: Total of 49 States and the District of Columbia, July 1, 1994

				Hispanic		Non-Hispanic			
Sex and age	All	I		Puerto		Other			
	ongins	Total	<u>Mexican</u>	Rican	Cuban	Hispanic <sup>1</sup>	Total <sup>2</sup>	White	Black
Both sexes									
All ages	257,022,091	25,957,544	16,709,711	2,666,754	1,101,295	5,479,784	231,064,547	189,980,887	30,987,597
Under 1 year	3,826,553	637,225	460,489	52,377	11,626	112,733	3,189,328	2,422,087	577,905
1-4 years	15,649,659	2,439,593	1,730,777	230,102	41,595	437,119	13,210,066	10,152,827	2,345,795
5-9 years	18,612,036	2,512,924	1,770,249	263,081	58,919	420,675	16,099,112	12,518,618	2,771,956
10-14 years	18,458,328	2,341,989	1,589,479	269,921	60,895	421,694	16,116,339	12,544,977	2,716,560
15-19 years	17,378,508	2,190,079	1,453,191	251,386	47,934	437,568	15,188,429	11,834,584	2,596,785
20-24 years	18,125,684	2,329,325	1,576,773	179,682	63,165	509,705	15,796,359	12,444,014	2,513,919
25-29 years	18,937,634	2,473,517	1,625,899	218,263	69,342	560,013	16,464,117	13,136,810	2,466,911
30-34 years	21,927,234	2,446,535	1,558,787	240,023	81,837	565,888	19,480,699	15,845,047	2,685,626
35-39 years	21,702,610	2,051,868	1,251,355	212,596	89,336	498,581	19,650,742	16,157,327	2,595,652
40-44 years	19,449,122	1,624,486	995,465	174,049	75,958	379,014	17,824,636	14,840,160	2,182,925
45-49 years	16,470,278	1,223,038	694,659	156,311	77,009	295,059	15,247,240	12,952,412	1,661,157
50-54 years	13,009,080	909,369	514,562	115,981	67,117	211,709	12,099,711	10,368,235	1,277,790
55-59 years	10,774,948	735,774	411,394	90,474	71,122	162,784	10,039,174	8,618,169	1,061,992
60-64 years	9,954,135	615,071	331,847	72,438	71,724	139,062	9,339,064	8,090,286	946,428
65-69 years	9,844,512	520,245	297,559	42,365	67,188	113,133	9,324,267	8,197,128	874,057
70-74 years	8,625,821	382,199	190,648	44,444	55,336	91,771	8,243,622	7,383,408	666,024
75-79 years	6,488,094	242,418	109,633	21,286	46,292	65,207	6,245,676	5,647,421	480,264
80-84 years	4,291,895	160,094	87,045	17,929	19,753	35,367	4,131,801	3,757,112	307,305
85 years +	3,495,960	121,795	59,900	14,046	25,147	22,702	3,374,165	3,070,265	258,546
Male									
All ages	125,465,333	13,150,296	8,642,375	1,250,872	529,548	2,727,501	112,315,037	92,774,299	14,653,073
č									
Under 1 year	1,958,722	327,484	250,049	21,662	6,648	49,125	1,631,238	1,241,361	293,196
1-4 years	8,010,152	1,245,663	870,605	112,648	23,255	239,155	6,764,489	5,212,612	1,190,782

[Figures include Armed Forces stationed in the United States and exclude those stationed outside the United States]

## Table J. Estimated Population by 5-Year Age Groups, Specified Hispanic Origin, Race for Non-Hispanic Origin, and Sex: Total of 49 States and the District of Columbia, July 1, 1994

			Hispanic					Non-Hispanic		
Sex and age	All			Puerto		Other				
	origins	<u>Total</u>	Mexican	<u>Rican</u>	Cuban	Hispanic <sup>1</sup>	Total <sup>2</sup>	<u>White</u>	<u>Black</u>	
			ł				1			
5-9 years	9,537,937	1,286,710	880,397	146,201	27,381	232,731	8,251,227	6,434,844	1,404,375	
10-14 years	9,453,210	1,194,629	806,861	143,720	26,780	217,268	8,258,581	6,450,658	1,375,747	
15-19 years	8,912,271	1,123,218	747,124	130,009	26,918	219,167	7,789,053	6,087,546	1,316,983	
-										
20-24 years	9,213,696	1,240,355	849,045	81,830	30,809	278,671	7,973,341	6,316,413	1,235,851	
25-29 years	9,503,238	1,328,114	908,570	95,541	32,327	291,676	8,175,124	6,588,179	1,171,633	
30-34 years	10,931,280	1,281,142	839,600	103,950	40,655	296,937	9,650,138	7,937,673	1,251,103	
35-39 years	10,796,885	1,053,394	663,103	94,296	51,415	244,580	9,743,491	8,109,236	1,208,177	
40-44 years	9,602,045	812,197	531,662	72,552	32,749	175,234	8,789,848	7,411,586	1,008,039	
-										
45-49 years	8,089,769	601,040	363,112	69,718	39,036	129,174	7,488,729	6,436,452	753,284	
50-54 years	6,310,983	435,944	251,966	58,450	37,475	88,053	5,875,039	5,089,060	571,562	
55-59 years	5,165,263	345,669	193,160	35,086	35,081	82,342	4,819,594	4,183,550	465,950	
60-64 years	4,679,923	284,601	165,178	28,288	28,403	62,732	4,395,322	3,855,182	407,157	
65-69 years	4,434,137	230,215	133,775	21,734	29,495	45,211	4,203,922	3,724,693	371,594	
70-74 years	3,740,147	166,859	89,149	18,674	27,679	31,357	3,573,288	3,218,024	269,995	
75-79 years	2,621,013	96,046	45,138	6,238	20,462	24,208	2,524,967	2,295,265	178,656	
80-84 years	1,529,641	56,609	33,976	5,057	5,694	11,882	1,473,032	1,339,488	103,854	
85 years +	975,021	40,407	19,905	5,218	7,286	7,998	934,614	842,477	75,135	
Female	1									
									16 224 824	
All ages	131,556,758	12,807,248	8,067,336	1,415,882	571,747	2,752,283	118,749,510	97,206,588	16,334,524	
								1 100 500	004 700	
Under 1 year	1,867,831	309,741	210,440	30,715	4,978	63,608	1,558,090	1,180,726	284,709	
1-4 years	7,639,507	1,193,930	860,172	117,454	18,340	197,964	6,445,577	4,940,215	1,155,013	
5-9 years	9,074,099	1,226,214	889,852	116,880	31,538	187,944	7,847,885	6,083,774	1,367,581	
10-14 years	9,005,118	1,147,360	782,618	126,201	34,115	204,426	7,857,758	6,094,319	1,340,813	
15-19 years	8,466,237	1,066,861	706,067	121,377	21,016	218,401	7,399,376	5,747,038	1,279,802	
	1								1.000.0/0	
20-24 years	8,911,988	1,088,970	727,728	97,852	32,356	231,034	7,823,018	6,127,601	1,278,068	
25-29 years	9,434,396	1,145,403	717,329	122,722	37,015	268,337	8,288,993	6,548,631	1,295,278	

[Figures include Armed Forces stationed in the United States and exclude those stationed outside the United States]

Table J. Estimated Population by 5-Year Age Groups, Specified Hispanic Origin, Race for Non-Hispanic Origin, and Sex: Total of 49 States and the District of Columbia, July 1, 1994

				Hispanic			1	Ion-Hispanic	
Sex and age	All origins	Total	Mexican	Puerto Rican	Cuban	Other Hispanic <sup>1</sup>	Total <sup>2</sup>	White	Black
30-34 years	10,995,954	1,165,393	719,187	136,073	41,182	268,951	9,830,561	7,907,374	1,434,523
35-39 years	10,905,725	998,474	588,252	118,300	37,921	254,001	9,907,251	8,048,091	1,387,475
40-44 years	9,847,077	812,289	463,803	101,497	43,209	203,780	9,034,788	7,428,574	1,174,886
					I				
45-49 years	8,380,509	621,998	331,547	86,593	37,973	165,885	7,758,511	6,515,960	907,873
50-54 years	6,698,097	473,425	262,596	57,531	29,642	123,656	6,224,672	5,279,175	706,228
55-59 years	5,609,685	390,105	218,234	55,388	36,041	80,442	5,219,580	4,434,619	596,042
60-64 years	5,274,212	330,470	166,669	44,150	43,321 <sup>-</sup>	76,330	4,943,742	4,235,104	539,271
65-69 years	5,410,375	290,030	163,784	20,631	37,693	67,922	5,120,345	4,472,435	502,463
70-74 years	4,885,674	215,340	101,499	25,770	27,657	60,414	4,670,334	4,165,384	396,029
75-79 years	3,867,081	146,372	64,495	15,048	25,830	40,999	3,720,709	3,352,156	301,608
80-84 years	2,762,254	103,485	53,069	12,872	14,059	23,485	2,658,769	2,417,624	203,451
85 years +	2,520,939	81,388	39,995	8,828	17,861	14,704	2,439,551	2,227,788	183,411

[Figures include Armed Forces stationed in the United States and exclude those stationed outside the United States]

1/ Includes Central and South American and Other and unknown Hispanic.

2/ Includes races other than white and black.

## Table K. Estimated Population for Ages 15 Years and Over, by 5-Year Age Groups, Marital Status, Race, and Sex: United States, 1994

			those stationed o	utside the United a	States]				
	15 усага	15-17	18-19	20-24	25-29	30-34	35-39	40-44	45-49
Race, sex, and marital status	and over	усал	yeans	усал	years	years	усал	усал	усля
Never married	73 717 985	4 350 767	2 767 381	5 060 411	3 777 003	2 417 462	1 597 356	005 114	677 676
Married	50 819 177	19.096	73 038	3,505,411	3,772,993	2,417,403 6 079 705	1,367,330	593,114 6 167 931	032,033 6 477 873
Widowed	1 085 108	15,050	1 429	1 461	3,733,322	0,028,735 2 979	36 396	0,107,631	J,4//,822
Divorced	6,266,022	5,564	3,166	82,531	354,207	764, <b>8</b> 90	1,005,735	26,922 1,060,323	43,702 907,742
White female									
Never married	18.053.554	4 051 454	7 477 466	4 520 240	2 262 162	1 462 616	805 704	602.070	206.264
Married	\$1 261 741	4,031,434 54 077	250 718	3 453 004	4 740 333	1,433,313	893,790	592,070	380,204
Widowad	10 376 316	54,027	20,718	2,433,504	4,740,333	59 109	0,837,030	103 600	3,439,431
Dissoned	8 430 081	7048	17216	3,520 201 410	577 104	36,106	1 747 469	1 211 260	1 136 937
Divorcal	0,430,081	7,048	17,510	201,419	572,104	930,203	1,243,408	1,211,300	1,130,827
Black, male									
Never married	5,168,827	845,522	529,081	1,166,265	820,870	659,942	470,878	262,348	160,603
Married	4,622,817	2,851	4,392	134,688	386,288	575,367	665,503	642,607	493,484
Widowed	314,577	-	-	2,097		-	7,110	8,573	11,875
Divorced	861,998	2,807	-	9,634	42,946	94,527	136,352	155,700	127,301
Black, female									
Never married	5,032,523	815,495	515,406	1,109,548	819,810	630,367	449,095	268,948	159,430
Married	4,838,822	4,457	11,532	221,934	480,286	673,653	718,645	666,507	538,057
Widowed	1,418,268	-	1,335	2,749	-	13 <b>,846</b>	24,920	38,164	47,821
Divorced	1,493,510	-	368	20,993	68,742	188,892	260,791	265,195	201,077
American Indian, male									
Never married	286,566	60,738	34,309	74,383	41,436	30,311	18,649	10,726	6,391
Married	366,642	1,074	1,648	21,526	43,577	48,515	53,101	49,705	39 <b>,985</b>
Widowed	12,908	-	-	-	-	476	-	-	-
Divorced	90,555	-	-	447	6,670	13,999	13,563	12,947	11,739
American Indian, female									
Never married	234,316	59,156	32,277	48,230	40,989	24.616	11.674	5,965	4,760
Married	379,786	580	2,590	34,464	39,660	52,993	61,127	53,719	34,168
Widowed	74,711	-	728	-	-	2,149	300	3,732	3,916
Divorced	99,712	-	-	7,909	5,884	14,045	15,310	14,435	18,762
Asian or Pacific Islander, male									
Never married	1,183,397	202.043	128.837	339.209	251.935	129.650	67.295	25.248	12.818
Married	1.916.604	759	445	36,239	125.833	279.595	306,480	295.591	241.987
Widged	30 780	-	-			,		,	1.170
Divorced	78,492	-	-	-	4,964	7,552	16,103	14,760	9,546
Asian or Pacific Islander, female									
Never married	943.086	194.005	120.416	286.742	148.711	64.399	47.686	27.188	13.878
Married	2 157 757	968	5 966	84 645	250.667	358 862	338.000	326.621	243 276
Widowed	259.568	961	-	496		1.509	8,222	4,486	17.217
Divorsed	176 329	-	199	2.254	4.504	19.558	32.367	29,246	31_320
				_ <del>,</del> .	-,	/			~

(Figures may be subject to large sampling variability. Figures include Armed Forces stationed in the United States and exclude

#### Table K. Estimated Population for Ages 15 Years and Over, by 5-Year Age Groups, Marital Status, Race, and Sex: United States, 1994 – Con.

those stationed outside the United States] 50-54 70-74 75-79 80-84 55-59 60-64 65-69 85 усаля Race, sex, and marital status and over years yean усап усыл усаль усаль усал White, male Never married 285,979 244,573 139,366 90,735 164,278 201,004 51,310 48,125 Married 4,627,808 3,723,592 3,480,440 3,250,493 2,766,177 1,887,829 1,021,051 514,808 Widowed 64,519 91,693 146,566 276,894 342,165 345,012 298,943 303,095 Divorced 594,031 513,602 380,752 269,729 172,756 90,815 40,843 19,336 White, female Never married 260,042 180,538 167,205 147,682 181,064 106,940 166,899 139,117 Married 4,332,516 3,553,752 3,204,032 2,919,262 2,278,829 1,332,015 656,212 338,009 Widowed 287,589 447,085 711,524 1,348,047 1,665,495 1,904,190 1,688,835 1,759,106 Divorced 902,083 681,452 517,806 378,564 293,922 158,988 97,828 -59,631 Black, male 79,548 60,075 21,054 8,809 Never married 51,145 16,109 13,127 3,451 Married 399,263 359,021 264,706 287,218 189,630 120,256 66,959 30,584 Widowed 17,761 11,445 53,726 45,952 41,649 44,378 33,033 36,978 Divorced 105,508 56,618 54,067 36,870 26,280 10,069 3,319 Black, female Never married 73,922 57,803 43,653 31,984 28,806 8,383 8,752 11,121 Married 417,270 347,047 270,203 219,570 133,130 78,705 42,134 15,692 Widowed 86.693 121.562 161,159 201,859 203.388 212,512 146.032 156,228 49,877 Divorced 159,738 96,813 85,404 66,199 11,658 12,602 5,161 American Indian, male Never married 3,155 4,045 1,173 783 467 Married 966 33,418 23,415 14,043 16,671 12,844 5,728 426 Widowed 808 1,206 946 493 3,418 2,817 2,744 Divorced 6,866 10,782 5,346 3,355 1,320 749 2,772 American Indian, female Never married 1,899 2,114 333 478 1,825 Married 29,539 24,061 15,732 11.625 8.734 6,382 4,412 Widowed 8,368 3,301 11,859 11,893 10,311 7,311 5,695 5,148 Divorced 7,379 7,714 1,577 1,440 575 218 2,003 2,461 Asian or Pacific Islander, male 1,088 6,951 1,674 Never married 6,287 2,967 3,206 4.189 60,864 Married 174,463 135,249 110,673 84,605 34,097 21,159 8,565 Widowed 4,354 1,058 2,992 8,124 7,585 3,996 869 632 Divorced 11,074 8,991 2,706 2,796 Asian or Pacific Islander, female Never married 12,465 2,816 1,227 4,738 1,080 9,490 3,147 5,098 Married 164,253 139,715 99,130 78,018 37,839 18,849 7,050 3,898 Widowed 19,688 13,961 33,409 48,236 19,374 15,610 40,158 36,241 Divorced 17,531 11,951 17,271 4,254 5,534 280

[Figures may be subject to large sampling variability. Figures include Armed Forces stationed in the United States and exclude

SOURCE: Population estimates based on unpublished tabulations prepared by the Housing and Household Economic Statistics Division, U.S. Bureau of the Census; see text.

Table L. Estimated Population for Ages 15 Years and Over, by 5-Year Age Groups, Marital Status, Specified HispanicOrigin, Race for Non-Hispanic Origin, and Sex: Total of 49 States and the District of Columbia, 1994

		those st	ationed outside	the United States)	3				
Hispanic origin, race for non-Hispanic	15 years	15-17	18-19	20-24	25-29	30-34	35-39	40-44	45-49
origin, sex, and marital status	and over	years	years	усага	усага	years	years	years	years
Mexican, male								~~	07.460
Never married	2,265,009	431,881	289,458	622,418	431,488	204,559	130,495	66,581	37,463
Married	3,124,230	9,604	14,182	223,916	439,383	579,241	456,784	420,346	279,113
Widowed	99,318	-	-	-	193	1,146	2,528	2,404	4,623
Divorced	345,902	2,000	-	2,718	37,506	54,645	73,296	42,326	41,914
Mexican, female									
Never matried	1,540,797	410,501	215,300	371,069	210,398	140,681	71,441	36,678	20,061
Married	3,101,182	17,408	61,705	341,667	473,500	526,328	433,777	357,219	258,838
Widowed	313,158	-	524	1,433	670	3,714	9,783	13,987	14,383
Divorced	369,106	-	625	13,556	32,765	48,464	73,254	55,915	38,267
Puerto Rican, male									
Never married	344,487	77,626	48,937	64,380	45,831	43,343	20,239	13,644	16,456
Married	396,797	-	2,199	16,788	45,233	54,355	63,725	49,104	46,629
Widowed	22,291	-	-	-	897	-	-	-	-
Divorced	63,059	1,249	-	663	3,582	6,251	10,331	9,802	6,633
Puerto Rican, female									
Never married	341,754	75,688	35,051	64,902	47,961	41,760	24,456	17,249	12,743
Married	498,270	3,574	7,065	29,991	69,514	75,081	72,221	65,947	59,985
Widowed	77,317	•	-	562	408	3,331	1,018	2,640	3,983
Divorced	107,280	-	-	2,399	4,840	15,899	20,602	15,662	9,881
Cuban, male									
Never married	124,140	14,672	11,362	24,653	17,211	12,561	15,474	5,441	7,676
Married	275,144	-	883	6,156	12,330	26,210	32,816	23,499	26,265
Widowed	13,101	-	-	-	-	-	-	-	-
Divorced	33,102	-	-	-	2,786	1, <b>88</b> 6	3,126	3,806	5,095
Cuban, female									
Never married	78,066	14,401	6,402	20,772	10,273	5,129	3,297	366	3,044
Married	270.034	•	213	9,787	22,719	28,129	28,029	32,230	27,071
Widowed	61.783	-	-	-	-	846	-	1,398	2,504
Divorced	72,895	-	-	1,798	4,023	7,079	6,594	9,214	5,355
Other Hispanic, male									
Never married	835,780	134,549	80,826	233,524	165,065	100,154	60,129	20,048	17,386
Married	1,025,419	360	1,904	43,551	117,826	175,981	169,785	132,605	103,719
Widowed	27,622	-	-	-	-	-	360	-	1,696
Divorced	100,404	-	1,527	1,593	8,781	20,804	14,306	<b>22,58</b> 6	6,373
Other Hispanic, female									
Never married	614,816	113,682	89,808	149,679	91, <b>762</b>	51,288	30,765	27,247	17,804
Married	1,147,602	2,486	11,964	74,625	162,775	198,021	185,548	146,163	113,284
Widowed	149,884	-	-	572	552	1,931	7,123	2,945	8,054
Divorced	186,042	317	144	6,158	13,254	17,707	30,564	27,424	26,745

[Figures may be subject to large sampling variability. Figures include Armed Forces stationed in the United States and exclude

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Table L. Estimated Population for Ages 15 Years and Over, by 5-Year Age Groups, Marital Status, Specified Hispanic Origin, Race for Non-Hispanic Origin, and Sex: Total of 49 States and the District of Columbia, 1994 -- Con.

[Figures may be subject to large sampling variability. Figures include Armed Forces stationed in the United States and exclude

		those	ntationed outside	the United State	•]	_			
Hispanic origin, race for non-Hispanic	15 years	15-17	18-19	20-24	25-29	30-34	35-39	40-44	45-49
origin, sex, and marital status	and over	years	years	years	years	years	years	years	years
White Non-Hispanic, male									
Never married	20,230,558	3,690,101	2,329,720	5,061,451	3,142,157	2,063,960	1,380,493	888,035	559,993
Married	45,709,925	8,965	52,606	1,176,028	3,142,367	5,193,272	5,804,008	5,515,487	4,994,121
Widowed	1,807,579	786	1,460	1,495	6,812	5,183	20,382	24,747	39,230
Divorced	5,686,736	2,247	1,667	77,433	296,843	675,261	904,353	983,321	843,088
White Non-Hispanic, female									
Never married	15,573,971	3,432,840	2,090,026	3,964,787	2,021,326	1,227,769	778,881	510,771	336,098
Married	46,070,210	29,317	170,608	1,980,180	3,998,041	5,776,790	6,096,721	5,743,533	4,931,961
Widowed	9,636,051	-	818	6,542	22,975	49,455	76,503	. 81,411	190,993
Divorced	7,627,307	6,834	16,606	176,092	506,287	853,356	1,095,980	1,092,861	1,056,903
Black Non-Hispanic, male									
Never married	4,883,203	803,650	503,591	1,101,595	771,288	622,143	442,368	246,565	149,530
Married	4,383,425	2,772	4,243	122,793	360,308	539,753	629,570	606,364	470,355
Widowed	305,610	•	-	2,048	-	-	6,940	8,318	11,549
Divorced	816,737	2,727	-	9,409	40,035	89,206	129,294	146,796	121,859
Black Non-Hispanic, female									
Never married	4,771,374	772,575	492,501	1,042,293	777,196	602,576	427,164	250,444	155,625
Married	4,612,320	4,292	8,763	212,641	451,625	638,505	684,669	630,954	513,802
Widowed	1,370,164	•	1,310	2,679	-	11,777	24,275	36,453	46,784
Divorced	1,432,554	-	361	20,456	66,457	181,662	251,366	257,040	191,660
Other Non-Hispanic, male									
Never married	1,322,941	234,415	146,363	373,176	251,406	154,306	78,732	33,028	17,457
Married	2,066,767	1,509	2,234	47,383	152,535	285,355	321,496	313,336	261,897
Widowed	40,868	•	-	-	-	523	-	-	386
Divorced	155,117	-	-	517	11,368	21,177	25,847	23,861	19,252
Other Non-Hispanic, female									
Never married	1,070,678	224,918	138,372	300,572	177,823	83,872	53,707	35,563	13,150
Married	2,319,074	1,253	7,152	111,642	260,522	365,513	368,513	346,871	260,505
Widowed	307,405	843	-	445	-	3,494	7,942	7,623	18,353
Divorced	249,088	-	-	4,694	6,741	35,780	41,523	41,278	42,667

Table L. Estimated Population for Ages 15 Years and Over, by 5-Year Age Groups, Marital Status, Specified Hispanic Origin, Race for Non-Hispanic Origin, and Sex: Total of 49 States and the District of Columbia, 1994 -- Con.

[Figures may be subject to large sampling variability. Figures include Armed Forces stationed in the United States and exclude

those stationed outside the United States] 80-84 85 усага 70-74 75-79 50-54 60-64 65-69 55-59 Hispanic origin, race for non-Hispanic and over years years усагя years years origin, sex, and marital status усага years Mexican, male 3,352 1.949 952 7.178 4,440 5,858 Never married 13,320 13,617 27,060 20,136 6,664 65,397 132,492 96,874 201,178 151,860 Married 10,892 10,853 6,065 12,001 15.036 17,365 10,533 5,679 Widowed 3,032 5,237 2.033 17,427 26,936 22,006 14,826 Divorced Mexican, female 2,286 5,138 7,022 4.386 6,893 7.981 15,434 15,528 Never married 3,676 15,291 96,353 98,305 50,673 14,301 195.804 156,337 Married 29,813 41,910 44,065 35,342 41,148 34,496 28,534 13,356 Widowed 4,659 **99**6 1,367 8,458 37.998 17,837 21,515 13,430 Divorced Puerto Rican, male 771 3,641 Never married 6.342 1,951 1,326 1.281 3,631 7,140 4.032 39,924 25,698 24,917 12.141 Married 1,426 3,937 4,741 7.619 1.099 Widowed 1,946 626 1,105 7,436 1,974 3,525 271 Divorced 10,237 Puerto Rican, female 1.599 1,756 1,980 421 4.972 4,252 3,693 3,271 Never married 2,283 8,239 6,435 1,137 28,582 22,951 7.226 38,039 Married 10,169 6,094 5,881 7,918 8,292 11,122 3,364 12,535 Widowed 4,651 750 10,013 9,590 1,841 11,152 Divorced Cuban, male 1,339 371 362 6,774 2.184 4,060 Never married 13,436 5,089 5,184 23,564 20,188 27,279 23,759 Married 28,486 4,191 5,243 605 1,579 1,483 Widowed 524 2,937 446 4,077 4.929 1.028 2,462 Divorced Cuban, female 3,492 1,670 970 2,332 1.203 1.498 1,336 1,881 Never married 3,346 2,565 9,301 8,697 28,102 30,330 19.917 Married 19,598 9.744 13,964 8,003 13,249 Widowed 536 6,059 5,480 2,198 3,099 5,598 10,415 2,777 8,306 6,439 Divorced Other Hispanic, male 3,423 741 305 923 9,552 3,971 5,184 Never married 5,421 25,713 15,901 10,729 36,650 74,440 59,602 51,232 Married 2,578 6,039 2,425 2,818 8,544 3,162 Widowed 1,962 229 2,715 2,085 4,371 4,645 Divorced 8,427 Other Hispanic, female 636 1,289 6,159 6.881 Never married 11,632 3,531 8,609 4,044 12,039 7,636 1,465 23,957 80,015 45,167 44,633 37,824 Married 12,601 18,966 14,115 14,581 15,430 16,977 24,967 11,070 Widowed 445 7,659 9,078 4,611 3,836 20,937 17,163 Divorced

Table L. Estimated Population for Ages 15 Years and Over, by 5-Year Age Groups, Marital Status, Specified HispanicOrigin, Race for Non-Hispanic Origin, and Sex: Total of 49 States and the District of Columbia, 1994 -- Con.

[Figures may be subject to large sampling variability. Figures include Armed Forces stationed in the United States and exclude

		those	tationed outside the	United States]				
Hispanic origin, race for non-Hispanic	50-54	55-59	60-64	65-69	70-74	75-79	80-84	85 years
origin, sex, and marital status	years	years	years	years	усагэ	years	years	and over
White Non-Hispanic, male								
Never married	255,767	212,022	154,229	187,205	129,466	87,460	49,045	39,454
Married	4,241,554	3,423,774	3,220,550	3,044,615	2,622,093	1,803,306	970,178	497,001
Widowed	51,943	76,460	127,454	250,781	306,791	321,982	285,041	287,032
Divorced	539,792	471,298	352,940	242,091	159,670	82,518	35,221	18,993
White Non-Hispanic, female								
Never married	227,842	158,698	146,102	130,841	164,228	127,292	99,156	157,314
Married	3,969,981	3,263,924	2,985,549	2,735,492	2,161,417	1,276,415	622,241	328,040
Widowed	260,435	390,686	635,907	1,263,628	1,567,036	1,800,285	1,601,700	1,687,677
Divorced	820,907	621,312	467,543	342,474	272,706	148,170	94,521	54,755
Black Non-Hispanic, male								
Never married	76,952	56,166	48,269	15,369	20,811	12,824	3,415	8,667
Married	377,018	345,829	254,457	276,175	184,775	113,618	65,306	30,089
Widowed	17,396	11,258	52,143	45,006	39,500	42,381	32,693	36,378
Divorced	100,191	52,698	52,292	35,041	24,912	9,836	2,441	-
Black Non-Hispanic, female								
Never married	69,438	54,458	41,407	30,968	26,916	7,933	8,706	11,174
Married	401,769	331,840	260,882	213,066	126,591	77,869	40,040	15,012
Widowed	83,642	115,235	153,988	196,204	196,914	205,164	143,698	152,041
Divorced	151,377	94,510	82,991	62,229	45,615	10,641	11,004	5,185
Other Non-Hispanic, male								
Never married	8,370	4,679	3,107	5,764	6,192	1,643	-	4,303
Married	189,014	147,628	113,745	93,752	66,777	39,112	23,064	7,930
Widowed	566	4,797	2,081	4,983	7,547	9, <del>7</del> 77	5,440	4,768
Divorced	16,465	12,990	14,051	3,136	4,755	512	1,186	-
Other Non-Hispanic, female								
Never married	13,428	3,458	1,481	8,974	4,491	4,641	4,908	1,320
Married	176,333	151,066	105,545	85,729	41,119	23,414	9,134	4,763
Widowed	25,776	14,386	42,061	45,379	57,439	38,611	23,470	21,583
Divorced	23,734	20,006	20,278	5,368	5,870	280	182	687

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440		All races			White		L	Black	
	Both sexes	Male	Female	Both sexes	Male	Female	Both sexes	Male	Female
All ages	0.9815	0.9721	0.9906	0.9802	0,9728	0 9673	0.9432	0.9151	0.9699
Under 5 years	. 0.9632	0.9634	0.9629	0.9677	0.9685	0.9669	0,9160	0.9139	0.9182
Under 1 year	9686	.9684	.9689	.9730	.9734	.9725	.9239	.9214	.9264
1-4 years	9617	.9621	.9613	.9664	_9672	.9654	_9139	.9119	.9159
5-14 years	9761	.9768	.9753	.9740	.9750	_9730	.9410	_9402	_9418
5-9 years	.9649	.9655	.9642	.9657	.9665	_9649	.9241	.9230	_9252
10-14 years	.9882	.9891	.9873	.9630	.9641	_9618	.9591	.9586	_9595
15-24 years	. 1.0081	1.0068	1.0073	1.0032	1.0053	1.0010	.9789	_9723	.9855
15-19 years	1.0166	1.0198	1.0133	1.0094	1.0128	1.0059	.9988	1.0016	.9959
20-24 years	1.0002	_9967	1.0017	_9975	_9965	.9966	.9593	_9432	.9753
25-34 years	9639	.9463	.9821	.9614	.9480	.9755	.9126	.8666	.9580
25-29 years	9591	.9439	.9748	.9558	.9441	.9681	,9123	.8732	.9510
30-34 years	9687	.9487	.9892	.9669	.9518	.9828	.9129	.8599	.9651
35-44 years	.9842	_9689	.9996	_9616	.9700	.9935	.9350	.8867	_9810
35-39 years	,9790	_9628	.9954	_9764	.9643	_9888	.9303	.8808	_9778
40-44 years	.9901	_9758	1.0044	_9875	.9764	_9988	.9410	.8943	_9850
45-54 years	.9760	.9628	.9929	.9772	.9649	.9894	.9322	.8805	.9799
45-49 years	.9775	.9633	.9916	.9762	.9648	.9877	,9302	.8807	.9762
50-54 years	.9765	.9623	.9944	.9764	.9651	.9914	.9346	.8802	.9844
55-64 years	.9824	.9640	.9995	_9826	.9684	.9962	.9545	.8875	1.0138
55-59 years	.9794	.9609	.9968	_9601	.9656	.9941	.9426	.8790	_9999
60-64 years	.9854	.9671	1.0020	_9653	.9712	.9982	.9675	.8969	1.0287
55-74 years	.9960	_9784	1.0101	.9935	_9781	1.0060	1,0211	.9704	1.0596
65-69 years	.9980	_9776	1.0152	.9943	_9762	1.0096	1,0336	.9786	1.0773
70-74 years	.9934	_9795	1.0040	.9926	_9807	1.0017	1,0049	.9589	1 0376
/5-84 years	1.0021	1.0046	1.0006	1.0038	1.0066	1.0021	.9971	.9913	1.0004
75-79 years	1.0082	1.0064	1.0094	1.0077	1.0065	1.0085	1.0258	1.0126	1.0337
80-84 years	_9927	1.0015	_9881	_9976	1.0068	.9931	.9524	.9547	.9512
15 years and over	.9411	.9592	.9342	.9512	.9696	.9444	.8503	.8627	.6373

# Table M. Ratio of Census-Level Resident Population to Resident Population Adjusted for Estimated net Census Undercount by Age, Sex, and Race: April 1, 1990

SOURCE: Unpublished data from the U.S. Bureau of the Census.

# Table N. Age-adjusted death rates for selected causes by race and sex, unadjusted and adjusted for estimated net census undercount: United States, 1990

[Based on age-specific death rates per 100,000 population in specified group. Age-adjusted death rates per 100,000 U.S. standard population. Numbers after causes of deaths are numbers of the Ninth Revision, International Classification of Diseases, 1975. Beginning 1987 includes category numbers \*042-\*044. See section "Cause of death"]

Race, sex, and adjustment for net census undercount	All causes	Human immunodeficiency virus infection (*042-*044)	Malignant neoplasms, including neoplasms of lymphatic and hematopoietic tissues (140-208)	Diabetes mellitus (250)	Diseases of heart (390-398,402, 404-429)	Cerebrovascular diseases (430-438)	Homicide and legal intervention (E960-E978)
All races							
Both sexes:							
Unadjusted	520.2	9.8	135.0	11.7	152.0	27.7	10.2
Adjusted	512.7	9.6	133.3	11.5	149.9	27.3	10.1
Male:							
Unadjusted	680.2	17.7	166.3	12.3	206.7	30.2	16.3
Adjusted	664.3	17.0	162.4	12.1	202.1	29.6	15.9
Female:							
Unadjusted	390.6	2.1	112.7	11.1	108.9	25.7	4.2
Adjusted	387.9	2.1	112.6	11.0	107.9	25.4	4.2
White							
Both sexes:							
Unadjusted	492.8	8.0	131.5	10.4	146.9	25.5	5.9
Adjusted	485.9	7.8	129.9	10.2	145.0	25.2	5.7
Male:							
Unadjusted	644.3	15.0	160.3	11.3	202.0	27.7	8.9
Adjusted	631.0	14.4	156.9	11.1	198.2	27.3	8.7
Female:							
Unadjusted	369.9	1.1	111.2	9.5	103.1	23.8	2.8
Adjusted	367.0	1.0	110.8	9.5	102.2	23.5	2.7
Black							
Both sexes:							
Unadjusted	789.2	25.7	182.0	24.8	213.5	48.4	39.5
Adjusted	760.0	23.9	177.0	24.1	207.2	46.9	37.4
Male:							
Unadjusted	1,061.3	44.2	248.1	23.6	275.9	56.1	68.7
Adjusted	980.8	39.0	230.9	21.9	256.7	52.3	62.9
Female:							
Unadjusted	581.6	9.9	137.2	25.4	168.1	42.7	13.0
Adjusted	579.4	9.7	138.4	25.7	16 <b>8.2</b>	42.7	12.7

D	L(1 - 05 D)	U(1 - 05 D)	L(1- a =.96,D)	U(1-a=.96,D)
or D <sub>adi</sub>	L(1- a93,L)	U(1- a93,D)	L(1- a =.96,D <sub>adj</sub> )	U(1- a = .96, D <sub>adt</sub> )
1	0.02532	5.57164	0.02020	5.83392
2	0.12110	3.61234	0.10735	3.75830
3	0.20622	2.92242	0.18907	3.02804
4	0.27247	2.56040	0.25406	2.64510
5	0.32470	2.33367	0.30591	2.40540
6	0.36698	2.17658	0.34819	2.23940
7	0.40205	2.06038	0.38344	2.11666
8	0.43173	1.97040	0.41339	2.02164
9	0.45726	1:89831	0.43923	1.94553
10	0.47954	1.83904	0.46183	1.88297
11	0.49920	1.78928	0.48182	1.83047
1 <b>2</b>	0.51671	1.74680	0.49966	1.78566
13	0.53246	1.71003	0.51571	1.74688
14	0.54671	1.67783	0.53027	1.71292
15	0.55969	1.64935	0.54354	1.68289
16	0.57159	1.62394	0.55571	1.65610
17	0.58254	1.60110	0.56692	1.63203
18	0.59266	1.58043	0.57730	1.61024
19	0.60207	1.56162	0.58695	1.59042
20	0.61083	1.54442	0.59594	1.57230
21	0.61902	1.52861	0.60435	1.55563
22	0.62669	1.51401	0.61224	1.54026

Table O. Lower and upper 95% and 96% confidence limit factors for a death rate based on a Poisson variable of 1 through 99 deaths, D or  $D_{adj}$ 

D or D <sub>adj</sub>	L(1- a=.95,D)	U(1- a =.95, <i>D</i> )	L(1- a =.96,D) or L(1- a =.96,D <sub>adj</sub> )	U(1- a =.96, <i>D</i> ) or U(1- a =.96, <i>D</i> <sub>adj</sub> )
23	0.63391	1.50049	0.61966	1.52602
24	0.64072	1.48792	0.62666	1.51278
25	0.64715	1.47620	0.63328	1.50043
26	0.65323	1.46523	0.63954	1.48888
27	0.65901	1.45495	0.64549	1.47805
28	0.66449	1.44528	0.65114	1.46787
29	0.66972	1.43617	0.65652	1.45827
30	0.67470	1.42756	0.66166	1.44922
31	0.67945	1.41942	0.66656	1.44064
32	0.68400	1.41170	0.67125	1.43252
33	0.68835	1.40437	0.67575	1.42480
34	0.69253	1.39740	0.68005	1.41746
35	0.69654	1.39076	0.68419	1.41047
36	0.70039	1.38442	0.68817	1.40380
37	0.70409	1.37837	0.69199	1.39743
38	0.70766	1.37258	0.69568	1.39134
39	0.71110	1.36703	0.69923	1.38550
40	0.71441	1.36172	0.70266	1.37991
41	0.7176 <b>2</b>	1.35661	0.70597	1.37454
42	0.72071	1.35171	0.70917	1.36938
43	0.72370	1.34699	0.71227	1.36442
44	0.72660	1.34245	0.71526	1.35964

Table O. Lower and upper 95% and 96% confidence limit factors for a death rate based on a Poisson variable of 1 through 99 deaths, D or  $D_{adj}$ 

-				
D or D <sub>adij</sub>	L(1- a=.95,D)	U(1- a =.95,D)	L(1- a =.96,D) or L(1- a =.96,D <sub>adi</sub> )	U(1- a =.96,D) or U(1- a =.96,D <sub>add</sub> )
				· · · · · ·
45	0.72941	1.33808	0.71816	1.35504
46	0.73213	1.33386	0.72098	1.35060
47	0.73476	1.32979	0.72370	1.34632
48	0.73732	1.32585	0.72635	1.34218
49	0.73981	1.32205	0.72892	1.33818
50	0.74222	1.31838	0.73142	1.33431
51	0.74457	1.31482	0.73385	1.33057
52	0.74685	1.31137	0.73621	1.32694
53	0.74907	1.30802	0.73851	1.32342
54	0.75123	1.30478	0.74075	1.32002
55	0.75334	1.30164	0.74293	1.31671
56	0.75539	1.29858	0.74506	1.31349
57	0.75739	1.29562	0.74713	1.31037
58	0.75934	1.29273	0.74916	1.30734
59	0.76125	1.28993	0.75113	1.30439
60	0.76311	1.28720	0.75306	1.30152
61	0.7649 <b>2</b>	1.28454	0.75494	1.29873
62	0.76669	1.28195	0.75678	1.29601
63	0.76843	1.27943	0.75857	1.29336
64	0.77012	1.27698	0.76033	1.29077
65	0.77178	1.27458	0.76205	1.28826
66	0.77340	1.27225	0.76373	1.28580

Table O. Lower and u	pper 95% and 96% confidence limit f	factors for a death rate based on a
1	Poisson variable of 1 through 99 deat	hs, $D$ or $D_{adj}$

D or D <sub>adj</sub>	L(1- a=.95, <i>D</i> )	U(1- a =.95,D)	L(1- a =.96,D) or L(1- a =.96,D <sub>adj</sub> )	U(1- a =.96, <i>D</i> ) or U(1- a =.96, <i>D<sub>adj</sub></i> )
			<u>-</u>	-
67	0.77499	1. <b>26996</b>	0.76537	1.28340
68	0.77654	1.26774	0.76698	1.28106
69	0.77806	1.26556	0.76856	1.27877
70	0.77955	1.26344	0.77011	1.27654
71	0.78101	1.26136	0.77162	1.27436
72	0.78244	1.25933	0.77310	1.27223
73	0.78384	1.25735	0.77456	1.27014
74	0.78522	1.25541	0.77598	1.26810
75	0.78656	1,25351	0.77738	1.26610
76	0.78789	1.25165	0.77876	1.26415
77	0.78918	1.24983	0.78010	1.26223
78	0.79046	1.24805	0.78143	1.26036
79	0.79171	1.24630	0.78272	1.25852
80	0.79294	1.24459	0.78400	1.25672
81	0.79414	1.24291	0.78525	1.25496
82	0.79533	1.24126	0.78648	1.25323
83	0.79649	1.23965	0.78769	1.25153
84	0.79764	1.23807	0.78888	1.24987
85	0.79876	1.23652	0.79005	1.24824
86	0.79987	1.23499	0.79120	1.24664
87	0.80096	1.23350	0.79233	1.24507
88	0.80203	1.23203	0.79344	1.24352

Table O. Lower and upper 95% and 96% confidence limit factors for a death rate based on a Poisson variable of 1 through 99 deaths, D or  $D_{adi}$ 

D or D <sub>adj</sub>	L(1- a=.95,D)	U(1- a =.95,D)	L(1- a =.96,D) or L(1- a =.96,D <sub>adj</sub> )	U(1- a =.96, <i>D</i> ) or U(1- a =.96, <i>D<sub>adj</sub></i> )
89	0.80308	1.23059	0.79453	1.24201
90	0.80412	1.22917	0.79561	1.24052
91	0.80514	1.22778	0.79667	1.23906
92	0.80614	1.22641	0.79771	1.23762
93	0.80713	1.22507	0.79874	1.23621
94	0.80810	1.22375	0.79975	1.23482
95	0.80906	1.22245	0.80074	1.23345
96	0.81000	1.22117	0.80172	1.23211
97	0.81093	1、21992	0.80269	1.23079
98	0.811 <b>85</b>	1.21868	0.80364	1.22949
99	0.81275	1.21746	0.80458	1.22822

Table O. Lower and upper 95% and 96% confidence limit factors for	or a death rate based on a
Poisson variable of 1 through 99 deaths, $D$ or	Dady

NOTE: Table O was generated using the SAS<sup>®</sup> code below. Users can compute other level Confidence Intervals by changing the alpha-value. Table O is a modified version of Table 40 (60).

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\* Program to compute confidence intervals for expectations of Poisson variables; \* Specify alpha for alpha\*100% Confidence Interval; %let alpha = .95; data CI; alo = (1-&alpha)/2; ahi = (&alpha+1)/2; do n = 1 to 99; L = Gaminv ( alo,n )/n; U = Gaminv ( ahi,n+1)/n; output; end; proc print data= CI; var n L U; run;

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