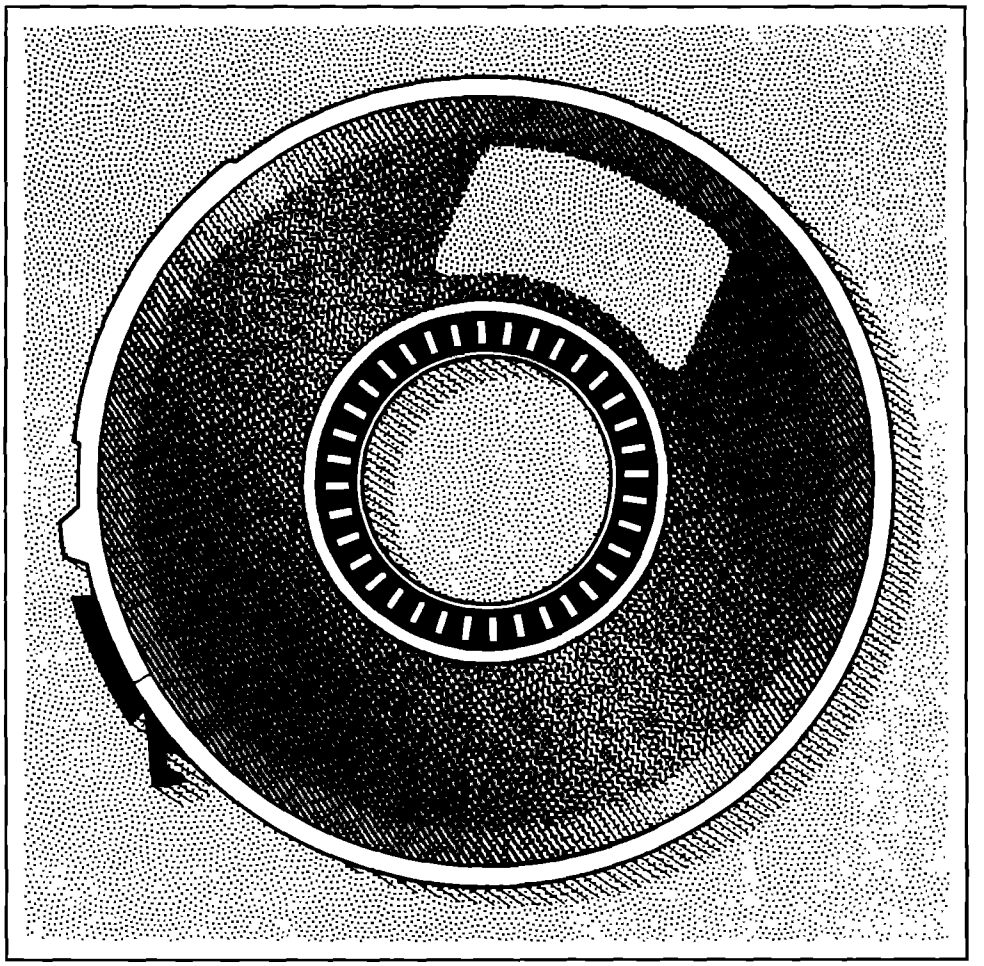
Public Use Data Tape Documentation

Linked Birth/Infant Death Data Set: 1983 Birth Cohort



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

Hyattsville, Maryland
January 1989

Linked Birth/Infant Death (Numerator) File and Birth (Denominator) File

Table of Contents

SYMBOLS USED IN TABLES

Symbol	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

The Linked Birth/Infant Death Data Set consists of two separate data files. The first file includes linked records of live births and infant deaths for the 1983 birth cohort -- also referred to as the numerator file. The second file is the live birth file for 1983 -- referred to as the denominator file. The files are offered as a numerator/denominator data set to give users the means to compute infant mortality rates.

The 1983 linked file is comprised of deaths to infants born in 1983 who died in 1983 or 1984 before their first birthday. Infant death records were extracted from the 1983 and 1984 National Center for Health Statistics (NCHS) mortality statistical files. Linked birth records were extracted from a denominator file that contained the 1983 NCHS natality statistical file, a small number of late-filed birth certificates, and certificates from selected States that were needed to match to an infant death record. Refer to the Methodology section for a more detailed explanation of records added to the statistical file. The denominator file is not identical with the NCHS natality statistical file.

The linked file of live births and infant deaths includes linked records for births and deaths that occurred in the United States to U.S. residents and to U.S. nonresidents. Excluded are deaths that occurred outside the United States to infants born in the U.S.; deaths that occurred in the United States to foreign-born infants; and births and deaths that occurred outside the United States to U.S. residents.

Sources for denominator data and for birth records included in the numerator file are described in detail in the 1983 Technical Appendix from the Natality Annual Volume; sources for death records included in the numerator file are described in detail in the 1983 and 1984 Technical Appendices, from the Mortality Annual Volumes. Copies of these Technical Appendices are included in this tape documentation.

Because of confidentiality concerns, only those counties of 250,000 or more population and only those cities of 250,000 or more population are identified in this data set. The population counts are based on the results of the 1980 census. Users should refer to the geographic code outline in this document for the list of available areas and codes.

In tabulations of linked data and denominator data, events occurring in the United States to U.S. nonresidents are included in tabulations that are by place of occurrence, and excluded from tabulations by place of residence. For linked data, these exclusions are based on the usual place of residence item of the Mother. This item is contained in both the denominator file and the birth section of the numerator (linked) file. U.S. nonresidents are identified by a code 4 in location 11 of these files.

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, linking the two records that are filed in different jurisdictions requires State cooperation for the exchange of records. In accordance with the terms of the "Association for Vital Records and Health Statistics Agreement for Administering the Vital Records Exchange System," 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 computerized linked files from States that had them and extracted only the birth and death certificate numbers for linked records and State and year of occurrence. The States of Alaska, Arizona, Delaware, Indiana, and Nevada provided linkage information by posting birth certificate numbers on a computer-generated list of infant death certificate numbers that was provided by NCHS. A file that contained only State-provided identifiers for linked certificates was then matched to the NCHS mortality and natality 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 of death copies or computer lists of unlinked infant death certificates for followup 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. If the linking birth certificate from another State had been renumbered, the State of death requested the original certificate number from the State of birth. If the linked birth certificate

had been filed after NCHS closed its statistical files, States provided NCHS a copy of the late-filed birth certificate. These certificates were coded, keyed, processed, added to the denominator file and then linked to the infant death record. Approximately 100 late-filed records were added to the denominator.

In addition to late-filed birth records, approximately 3,000 birth records were also added to the denominator file for the five registration areas that did not participate in the VSCP. These birth records were required for matching to death records, but their addition to the denominator file did not change the total occurrence count.

In 1983, the District of Columbia and the four States of Arizona, California, Delaware, and Georgia did not participate in the VSCP. For these five areas, only 50 percent of the birth certificates (the even-numbered birth certificates) were coded for the natality file. Records for odd-numbered birth certificates that were linked to infant death certificates were added to the denominator file.

For the five non-VSCP areas, the addition of odd-numbered birth records to the 50-percent sample of births in the denominator had implications for record weights and sample bias. Routinely, for non-VSCP States even-numbered birth records in the sample are assigned a record weight of 2 to represent two births. For the linked file project, odd-numbered birth records were assigned a record weight of 1, and added to the denominator file. To maintain the correct total occurrence count, record weights were adjusted from 2 to 1 for the same number of even-numbered birth records.

The odd-numbered birth records that were added to the denominator were not a random sample of birth records but rather a select sample of records for infants that died. To minimize the introduction of bias to the denominator, the record weight was adjusted on even-numbered records with a similar birth weight value. Birth weight was the criterion for selecting records for adjustment, because it is strongly correlated with infant death. Record-weight adjustment was implemented by ordering the denominator file by State of occurrence, birth weight, and record number. The record weight was then changed from a "2" to a "1" for the first even-numbered birth record following an odd-numbered birth record in the birth weight sequence.

The birth record in the denominator file includes an item in tape location 1 that identifies whether or not the record is linked to an infant death. This item is included in the denominator record for users who would want to identify individual records for which the infant died in the first year of life, or survived.

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 Statisticial 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, 1983.

C. NCHS Instruction Manual Data Preparation, Part 2b, Vital Statistics Instructions for Classifying Multiple Cause-of-Death, 1983.

D. NCHS Instruction Manual Data Preparation, Part 2c, Vital Statistics ICD-9 ACME Decision Tables for Classifying Underlying Causes-of-Death, 1983.

E. NCHS Instruction Manual Data Preparation, Part 2d, Vital Statistics NCHS Procedures for Mortality Medical Data System File Preparation and Maintenance, Effective 1979.

F. NCHS Instruction Manual Data Tabulation, Part 2f, Vital Statistics ICD-9 TRANSAX Disease Reference Tables for Classifying Multiple Causes-of-Death, 1982-86.

G. NCHS Instruction Manual Data Preparation, Part 3a, Vital Statistics Classification and Coding Instructions for Live Birth Records, 1983.

H. NCHS Instruction Manual Data Preparation, Part 4, Vital Statistics Demographic Classification and Coding Instructions for Death Records, 1983.

I. NCHS Instruction Manual Tabulation, Part 11, Vital Statistics Computer Edits for Mortality Data, Effective 1979.

Volumes 1 and 2 of the ICD-9 may be purchased from WHO Publication Center USA, 49 Sheridan Avenue, Albany, New York, 12210. The remaining documents 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 Vital Statistics of the United States 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 1983 and 1984 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 causes-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 certification 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.

A. 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.

B. 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:	The first four bytes represent the ICD-9 cause code.
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.

Machine/File/Data Characteristics:

I. Denominator File:

A. Machine used:	IBM/3083/E
B. Language used:	PL/I
C. File Organization:	One file, multiple reels
D. Record format:	Blocked, fixed format
E. Record count:	3,341,274
F. Record length:	91
G. Blocksize:	31920
H. Recording mode:	IBM/EBCDIC 8-bit code
J. Last block:	May be a short block
I. Code scheme:	Numeric/Alphabetic/Blank
K. Data counts:	a. By occurrence: 3,643,001
	b. By residence: 3,639,113
	c. To foreign residents: 3,888

II. Numerator File:

A. Machine used:	IBM/3083/E
B. Language used:	PL/I
C. File Organization:	One file, one reel
D. Record format:	Blocked, fixed format
E. Record count:	39,704
F. Record length:	500
G. Blocksize:	32000
H. Recording mode	IBM/EBCDIC 8-bit code
I. Code scheme:	Numeric/Alphabetic/Blank
J. Last block:	Made be a short block
K. Data counts:	a. By occurrence: 39,704
	b. By residence: 39,683
	c. To foreign residents: 21

List of Data Elements and Locations

Data Items	Denominator File	Numerator File Birth	Numerator File Death
1. General			
a. Match status	1	1	-
b. Year of birth	2-5	2-5	-
c. Year of death	-	-	194-197
d. Record type	10	10	198
e. Resident status	11	11	199
f. Record weight	91	91	-
2. Occurrence			
a. Region	12	12	200
b. Division	13	13	201
c. Expanded State	15-16	15-16	203-204
d. State	17-18	17-18	205-206
e. County	19-21	19-21	207-209
3. Residence			
a. Region	22	22	210
b. Division	23	23	211
c. Expanded State	25-26	25-26	213-214
d. State	27-28	27-28	215-216
e. County	29-31	29-31	217-219
f. City	32-34	32-34	220-222
4. Infant			
a. Race	36-37	36-37	-
b. Sex	38	38	-
c. Age	-	-	223-227
d. Gestation	39-42	39-42	-
e. Birth weight	43-49	43-49	-
f. Plurality	50	50	-
g. Apgar score	51-54	51-54	-
5. Mother			
a. Origin or descent	55-56	55-56	-
b. Race	57	57	-
c. Age	58-61	58-61	-
d. Education	62-64	62-64	-
e. Marital status	65	65	-
f. State of birth	66-67	66-67	-

Data Items	Denominator File	Numerator File Birth	Numerator File Death
6. Father			
a. Origin or descent	68-69	68-69	-
b. Race	70	70	-
c. Age	71-72	71-72	-
d. Education	73-74	73-74	-
7. Pregnancy items			
a. Interval since last live birth	75	75	-
b. Outcome of last pregnancy	76	76	-
c. Interval since last pregnancy	77	77	-
d. Month prenatal care began	78-80	78-80	-
e. Number of prenatal visits	81-82	81-82	-
f. Total birth order	83-85	83-85	-
g. Live birth order	86-88	86-88	-
8. Medical data			
a. Underlying cause	-	-	231-237
b. Multiple conditions	-	-	238-481
9. Other items			
a. Place of delivery	89	89	-
b. Attendant at birth	90	90	-
c. Hospital and patient status	-	-	228
d. Autopsy performed	-	-	229
e. Place of accident	-	-	230

Tape Location	Field Size	Item and Code Outline
1	1	Match Status
		1 ... Matched Birth/Infant Death Record
		2 ... Late Filed Matched Birth/Infant Death Record
		3 ... Surviving infant record

Locations 2-91 of the linked file contain data from the Birth 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 Mother; whereas in the mortality section of the Numerator (Linked) Record, these items refer to the residence of the Decedent.

2-5	4	Year of Birth
		1983 ... Born in 1983
6-9	4	Reserved positions
10	1	Record Type
		1 ... RESIDENTS State and County of Occurrence and Residence are the same.
		2 ... NONRESIDENTS State and/or County of Occurrence and Residence are different.
11	1	Resident Status
		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 U.S.
		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 U.S.

Tape Location	Field Size	Item and Code Outline
12-21	10	PLACE OF OCCURRENCE

Refer to the Geographic Code Outline in this document for a list of areas and codes available on the public-use file.

12	1	Region of Occurrence
13-14	2	Division and State Subcode of Occurrence

Location 12 is Region. Location 13 is Division and location 14 identifies States within that Division.

1 ... NORTHEAST
- 1 ... New England
  - 1 ... Maine
  - 2 ... New Hampshire
  - 3 ... Vermont
  - 4 ... Massachusetts
  - 5 ... Rhode Island
  - 6 ... Connecticut
- 2 ... Middle Atlantic
  - 1 ... New York
  - 2 ... New Jersey
  - 3 ... Pennsylvania

2 ... MIDWEST
- 3 ... East North Central
  - 1 ... Ohio
  - 2 ... Indiana
  - 3 ... Illinois
  - 4 ... Michigan
  - 5 ... Wisconsin
- 4 ... West North Central
  - 1 ... Minnesota
  - 2 ... Iowa
  - 3 ... Missouri
  - 4 ... North Dakota
  - 5 ... South Dakota
  - 6 ... Nebraska
  - 7 ... Kansas

3 ... SOUTH
- 5 ... South Atlantic
  - 1 ... Delaware
  - 2 ... Maryland
  - 3 ... District of Columbia
  - 4 ... Virginia
  - 5 ... West Virginia
  - 6 ... North Carolina
  - 7 ... South Carolina
  - 8 ... Georgia
  - 9 ... Florida
- 6 ... East South Central
  - 1 ... Kentucky
  - 2 ... Tennessee
  - 3 ... Alabama
  - 4 ... Mississippi
- 7 ... West South Central
  - 1 ... Arkansas
  - 2 ... Louisiana
  - 3 ... Oklahoma
  - 4 ... Texas

Tape Location	Field Size	Item and Code Outline
12	1	Region - Continued
13-14	2	Division and State Subcode - Continued

4		...	WEST
	8	...	Mountain
	1	...	Montana
	2	...	Idaho
	3	...	Wyoming
	4	...	Colorado
	5	...	New Mexico
	6	...	Arizona
	7	...	Utah
	8	...	Nevada
	9	...	Pacific
	1	...	Washington
	2	...	Oregon
	3	...	California
	4	...	Alaska
	5	...	Hawaii

Tape Location	Field Size	Item and Code Outline
15-16	2	Expanded State of Occurrence

This item is designed to separately identify New York city records from upstate New York records.

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
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	... Ohio
38	... Oklahoma
39	... Oregon
40	... Pennsylvania
41	... Rhode Island
42	... South Carolina
43	... South Dakota
44	... Tennessee
45	... Texas
46	... Utah
47	... Vermont
48	... Virginia
49	... Washington
50	... West Virginia
51	... Wisconsin
52	... Wyoming

Tape Location	Field Size	Item and Code Outline
17-18	2	State of Occurrence

Asterisk indicates data based on a 50% sample. Late filed birth certificates and certificates from 50-percent States that were needed to match to an infant death record, have been included in this data set.

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
29	... Nevada
30	... New Hampshire
31	... New Jersey
32	... New Mexico
33	... New York
34	... North Carolina
35	... North Dakota
36	... Ohio
37	... Oklahoma
38	... Oregon
39	... Pennsylvania
40	... Rhode Island
41	... South Carolina
42	... South Dakota
43	... Tennessee
44	... Texas
45	... Utah
46	... Vermont
47	... Virginia
48	... Washington
49	... West Virginia
50	... Wisconsin
51	... Wyoming

19-21	3	County of Occurrence

Because of confidentiality concerns, counties with a population less than 250,000 cannot be identified on the public-use file.

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

Tape Location	Field Size	Item and Code Outline
22-35	14	PLACE OF RESIDENCE
		Refer to the Geographic Code Outline in this document for a list of areas and codes available on the public-use file.
22	1	Region of Residence
23-24	2	Division and State Subcode of Residence
		Location 22 is Region. Location 23 is Division and location 24 identifies States within that Division.
		000 ... Foreign Resident
		1 ... NORTHEAST
		1 ... New England
		1 ... Maine
		2 ... New Hampshire
		3 ... Vermont
		4 ... Massachusetts
		5 ... Rhode Island
		6 ... Connecticut
		2 ... Middle Atlantic
		1 ... New York
		2 ... New Jersey
		3 ... Pennsylvania
		2 ... MIDWEST
		3 ... East North Central
		1 ... Ohio
		2 ... Indiana
		3 ... Illinois
		4 ... Michigan
		5 ... Wisconsin
		4 ... West North Central
		1 ... Minnesota
		2 ... Iowa
		3 ... Missouri
		4 ... North Dakota
		5 ... South Dakota
		6 ... Nebraska
		7 ... Kansas
		3 ... SOUTH
		5 ... South Atlantic
		1 ... Delaware
		2 ... Maryland
		3 ... District of Columbia
		4 ... Virginia
		5 ... West Virginia
		6 ... North Carolina
		7 ... South Carolina
		8 ... Georgia
		9 ... Florida
		6 ... East South Central
		1 ... Kentucky
		2 ... Tennessee
		3 ... Alabama
		4 ... Mississippi
		7 ... West South Central
		1 ... Arkansas
		2 ... Louisiana
		3 ... Oklahoma
		4 ... Texas

Tape Location	Field Size	Item and Code Outline
22	1	Region - Continued
23-24	2	Division and State Subcode - Continued
		4 ... WEST
		8 ... Mountain
		1 ... Montana
		2 ... Idaho
		3 ... Wyoming
		4 ... Colorado
		5 ... New Mexico
		6 ... Arizona
		7 ... Utah
		8 ... Nevada
		9 ... Pacific
		1 ... Washington
		2 ... Oregon
		3 ... California
		4 ... Alaska
		5 ... Hawaii

Tape Location	Field Size	Item and Code Outline
25-26	2	Expanded State of Residence

This item is designed to separately identify New York city records from upstate New York records.

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
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	... Ohio
38	... Oklahoma
39	... Oregon
40	... Pennsylvania
41	... Rhode Island
42	... South Carolina
43	... South Dakota
44	... Tennessee
45	... Texas
46	... Utah
47	... Vermont
48	... Virginia
49	... Washington
50	... West Virginia
51	... Wisconsin
52	... Wyoming
53-58,60	... Foreign Residents
53	... Puerto Rico
54	... Virgin Island
55	... Guam
56	... Canada
57	... Cuba
58	... Mexico
60	... Remainder of the world

Tape Location	Field Size	Item and Code Outline
27-28	2	State of Residence
		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
		29 ... Nevada
		30 ... New Hampshire
		31 ... New Jersey
		32 ... New Mexico
		33 ... New York
		34 ... North Carolina
		35 ... North Dakota
		36 ... Ohio
		37 ... Oklahoma
		38 ... Oregon
		39 ... Pennsylvania
		40 ... Rhode Island
		41 ... South Carolina
		42 ... South Dakota
		43 ... Tennessee
		44 ... Texas
		45 ... Utah
		46 ... Vermont
		47 ... Virginia
		48 ... Washington
		49 ... West Virginia
		50 ... Wisconsin
		51 ... Wyoming
		52-57,59 ... Foreign Residents
		52 ... Puerto Rico
		53 ... Virgin Islands
		54 ... Guam
		55 ... Canada
		56 ... Cuba
		57 ... Mexico
		59 ... Remainder of the world

Tape Location	Field Size	Item and Code Outline
29-31	3	County of Residence
		Because of confidentiality concerns, counties with a population less than 250,000 cannot be identified on the public-use file.
		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
		ZZZ ... Foreign residents
32-34	3	City of Residence
		Because of confidentiality concerns, cities with a population less than 250,000 cannot be identified on the public-use file.
		001-nnn ... Cities are numbered alphabetically within each State. (Note: To uniquely identify a city, both the State and city codes must be used.)
		999 ... Entire county, Balance of County, or city less than 250,000 population
		ZZZ ... Foreign residents
35	1	Reserved position
36	1	Detail Race of Child
		1 ... White
		2 ... Black
		3 ... American Indian (includes Aleuts and Eskimos)
		4 ... Chinese
		5 ... Japanese
		6 ... Hawaiian (includes Part-Hawaiian)
		7 ... Filipino
		8 ... Other Asian or Pacific Islander
		0 ... Other races
37	1	Race of Child Recode 3
		1 ... White
		2 ... Races other than White or Black
		3 ... Black
38	1	Sex of Child
		1 ... Male
		2 ... Female
39-40	2	Detail Gestation in Weeks
		17-52 ... 17th through 52nd week of gestation
		99 ... Gestation not stated
41-42	2	Gestation Recode 10
		01 ... Under 20 weeks
		02 ... 20 - 27 weeks
		03 ... 28 - 31 weeks
		04 ... 32 - 35 weeks
		05 ... 36 weeks
		06 ... 37 - 39 weeks
		07 ... 40 weeks
		08 ... 41 weeks
		09 ... 42 weeks and over
		10 ... Gestation not stated

Tape Location	Field Size	Item and Code Outline
43-46	4	Birth weight - Detail in Grams
		0227-8165 ... Number of grams
		9999 ... Birth weight not stated
47-48	2	Birth weight Recode 14
		01 ... 499 grams or less
		02 ... 500 - 749 grams
		03 ... 750 - 999 grams
		04 ... 1000 - 1249 grams
		05 ... 1250 - 1499 grams
		06 ... 1500 - 1999 grams
		07 ... 2000 - 2499 grams
		08 ... 2500 - 2999 grams
		09 ... 3000 - 3499 grams
		10 ... 3500 - 3999 grams
		11 ... 4000 - 4499 grams
		12 ... 4500 - 4999 grams
		13 ... 5000 - 8165 grams
		14 ... Birth weight not stated
49	1	Birth weight Recode 3
		1 ... 2499 grams or less
		2 ... 2500 grams or more
		3 ... Birth weight not stated
50	1	Plurality - Detail
		1 ... Single Birth
		2 ... Twin
		3 ... Other Multiple Births
51-52	2	One Minute Apgar Score
		00-10 ... A score of 0-10
		99 ... One minute Apgar score unknown or not stated
53-54	2	Five Minute Apgar Score
		00-10 ... A score of 0-10
		99 ... Five minute Apgar score unknown or not stated

Tape Location	Field Size	Item and Code Outline
55-56	2	Origin or Descent of Mother

The Technical Appendix contains a table that shows which States report Detail Ethnicity (codes 01-24, 99), which States report Hispanic Origin or Descent (codes 00-05, 99), and which States do not report either item (code 88).

00	... Non - Spanish
01	... Mexican
02	... Puerto Rican
03	... Cuban
04	... Central or South American
05	... Other and Unknown Spanish
06	... American
07	... American Indian
08	... British, Scottish, Welsh, Scotch-Irish
09	... Irish
10	... German
11	... French
12	... Norwegian, Swedish, Danish
13	... Polish
14	... Italian
15	... Other North, Central and South American
16	... Other Western European
17	... Other Northern European
18	... Other Eastern European
19	... Other Southern European (excluding Spain)
20	... Southeast Asian and Pacific Islander
21	... South Central Asian
22	... Other Asian
23	... North African
24	... Other African
88	... Origin or descent of Mother not reported
99	... Origin or descent of Mother not classifiable

57	1	Detail Race of Mother

1	... White
2	... Black
3	... American Indian (includes Aleuts and Eskimos)
4	... Chinese
5	... Japanese
6	... Hawaiian (includes Part-Hawaiian)
7	... Filipino
8	... Other Asian or Pacific Islander
0	... Other races
9	... Race of Mother not stated

58-59	2	Detail Age of Mother

10-49	... Age in single years

60-61	2	Age of Mother Recode 12

01	... Under 15 years
03	... 15 years
04	... 16 years
05	... 17 years
06	... 18 years
07	... 19 years
08	... 20 - 24 years
09	... 25 - 29 years
10	... 30 - 34 years
11	... 35 - 39 years
12	... 40 - 44 years
13	... 45 - 49 years

Tape Location	Field Size	Item and Code Outline
62-63	2	Mother's Education - Detail
		00 ... No formal education
		01-08 ... Years of elementary school
		09 ... 1 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 ... Mother's education not stated
64	1	Mother's Education Recode 6
		1 ... 0 - 8 years
		2 ... 9 - 11 years
		3 ... 12 years
		4 ... 13 - 15 years
		5 ... 16 years and over
		6 ... Mother's education not stated
65	1	Marital Status
		1 ... Married
		2 ... Unmarried

Tape Location	Field Size	Item and Code Outline
66-67	2	Mother's Place of Birth
		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
		29 ... Nevada
		30 ... New Hampshire
		31 ... New Jersey
		32 ... New Mexico
		33 ... New York
		34 ... North Carolina
		35 ... North Dakota
		36 ... Ohio
		37 ... Oklahoma
		38 ... Oregon
		39 ... Pennsylvania
		40 ... Rhode Island
		41 ... South Carolina
		42 ... South Dakota
		43 ... Tennessee
		44 ... Texas
		45 ... Utah
		46 ... Vermont
		47 ... Virginia
		48 ... Washington
		49 ... West Virginia
		50 ... Wisconsin
		51 ... Wyoming
		52 ... Puerto Rico
		53 ... Virgin Islands
		54 ... Guam
		55 ... Canada
		56 ... Cuba
		57 ... Mexico
		59 ... Remainder of the world
		99 ... Mother's place of birth not classifiable

Tape Location	Field Size	Item and Code Outline
68-69	2	Origin or Descent of Father

The Technical Appendix contains a table that shows which States report Detail Ethnicity (codes 01-24, 99), which States report Hispanic Origin or Descent (codes 00-05, 99), and which States do not report either item (code 88).

00	... Non - Spanish
01	... Mexican
02	... Puerto Rican
03	... Cuban
04	... Central or South American
05	... Other and Unknown Spanish
06	... American
07	... American Indian
08	... British, Scottish, Welsh, Scotch-Irish
09	... Irish
10	... German
11	... French
12	... Norwegian, Swedish, Danish
13	... Polish
14	... Italian
15	... Other North, Central and South American
16	... Other Western European
17	... Other Northern European
18	... Other Eastern European
19	... Other Southern European (excluding Spain)
20	... Southeast Asian and Pacific Islander
21	... South Central Asian
22	... Other Asian
23	... North African
24	... Other African
88	... Origin or decent of Father not reported
99	... Origin or decent of Father not classifiable

70	1	Detail Race of Father

1	... White
2	... Black
3	... American Indian (includes Aleuts and Eskimos)
4	... Chinese
5	... Japanese
6	... Hawaiian (includes Part-Hawaiian)
7	... Filipino
8	... Other Asian or Pacific Islander
0	... Other races
9	... Race of Father not stated

71-72	2	Detail Age of Father

10-98	... Age in single years
99	... Age of Father not stated

73-74	2	Father's Education - Detail

00	... No formal education
01-08	... Years of elementary school
09	... 1 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	... Father's education not stated

Tape Location	Field Size	Item and Code Outline
75	1	Interval Since Last Live Birth
		0 ... Not applicable (no previous live birth) 1 ... Zero months (plural birth) 2 ... 1 - 11 months 3 ... 12 - 23 months 4 ... 24 - 35 months 5 ... 36 - 47 months 6 ... 48 - 71 months 7 ... 72 months and over 9 ... Interval since last live birth not stated
76	1	Outcome of Last Pregnancy
		0 ... Not applicable (no previous pregnancy) 1 ... Last pregnancy was a live birth 2 ... Last pregnancy was some other termination 9 ... Last pregnancy's outcome is unknown
77	1	Interval Since Termination of Last Pregnancy
		0 ... Not applicable (no previous pregnancy) 1 ... Zero months (plural delivery) 2 ... 1 - 11 months 3 ... 12 - 17 months 4 ... 18 - 23 months 5 ... 24 - 35 months 6 ... 36 - 47 months 7 ... 48 - 59 months 8 ... 60 months and over 9 ... Interval since termination of last pregnancy not stated
78-79	2	Detail Month of Pregnancy Prenatal Care Began
		01 ... 1st month 02 ... 2nd month 03 ... 3rd month 04 ... 4th month 05 ... 5th month 06 ... 6th month 07 ... 7th month 08 ... 8th month 09 ... 9th month 00 ... No prenatal care 99 ... Month of pregnancy prenatal care began not stated
80	1	Month of Pregnancy Prenatal Care Began Recode 6
		1 ... 1st - 2nd month 2 ... 3rd month 3 ... 4th - 6th month 4 ... 7th - 9th month 5 ... No prenatal care 6 ... Month of pregnancy prenatal care began not stated
81-82	2	Total Number of Prenatal Visits
		00 ... No prenatal visits 01-49 ... Stated number of visits 99 ... Number of prenatal visits not stated

Tape Location	Field Size	Item and Code Outline
83-84	2	Detail Total Birth Order
		01-50 ... Total number of live births and other terminations
		99 ... Total birth order unknown or not stated
85	1	Total Birth Order Recode 9
		1 ... First Child
		2 ... Second Child
		3 ... Third Child
		4 ... Fourth Child
		5 ... Fifth Child
		6 ... Sixth Child
		7 ... Seventh Child
		8 ... Eighth Child and over
		9 ... Total birth order not stated
86-87	2	Detail Live Birth Order
		01-50 ... Number of children ever born alive to mother
		99 ... Live birth order unknown or not stated
88	1	Live Birth Order Recode 9
		1 ... First Child
		2 ... Second Child
		3 ... Third Child
		4 ... Fourth Child
		5 ... Fifth Child
		6 ... Sixth Child
		7 ... Seventh Child
		8 ... Eighth Child and over
		9 ... Live birth order not stated
89	1	Place of Delivery
		1 ... Hospital Births
		2 ... Nonhospital Births
		3 ... En route or born on arrival (BOA)
		9 ... Place of delivery not classifiable
90	1	Attendant at Birth
		1 ... Physician
		2 ... Midwife
		3 ... Attendant specified other than physician or midwife
		9 ... Attendant at birth unknown
91	1	Record Weight
		Numerator (Linked) record
		1 ... All records contain a 1
		Denominator record Each record contains a record weight that is used to inflate totals to national birth figures.
		1-2 ... Code range

The denominator record ends in location 91.

Tape Location	Field Size	Item and Code Outline
92-193	102	These positions are contained in the Numerator (Linked) Record only and are reserved for possible additional data. If data are added in the future, they will be included in both files. The record length of the Denominator file would expand, but it is expected that the Numerator record would remain constant.

Documentation for the mortality section of the Numerator (Linked) Record begins on the following page.

Tape Location	Field Size	Item and Code Outline

Locations 194-500 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 Mother; whereas in the the mortality section of the Numerator (Linked) Record, these items refer to the residence of the Decedent.

194-197 4 Year of Death

- 1983 ... Death occurred in 1983
- 1984 ... Death occurred in 1984

198 1 Record Type

- 1 ... RESIDENTS
  State and County of Occurrence and Residence are the same.
- 2 ... NONRESIDENTS
  State and/or County of Occurrence and Residence are different.

199 1 Resident Status

- 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 U.S.
- 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 U.S.

Tape Location	Field Size	Item and Code Outline
200-209	10	PLACE OF OCCURRENCE

Refer to the Geographic Code Outline in this document for a list of areas and codes available on the public-use file.

200	1	Region of Occurrence
201-202	2	Division and State Subcode of Occurrence

Location 200 is Region. Location 201 is Division and location 202 identifies States within that Division.

1 ... NORTHEAST
- 1 ... New England
  - 1 ... Maine
  - 2 ... New Hampshire
  - 3 ... Vermont
  - 4 ... Massachusetts
  - 5 ... Rhode Island
  - 6 ... Connecticut
- 2 ... Middle Atlantic
  - 1 ... New York
  - 2 ... New Jersey
  - 3 ... Pennsylvania

2 ... MIDWEST
- 3 ... East North Central
  - 1 ... Ohio
  - 2 ... Indiana
  - 3 ... Illinois
  - 4 ... Michigan
  - 5 ... Wisconsin
- 4 ... West North Central
  - 1 ... Minnesota
  - 2 ... Iowa
  - 3 ... Missouri
  - 4 ... North Dakota
  - 5 ... South Dakota
  - 6 ... Nebraska
  - 7 ... Kansas

3 ... SOUTH
- 5 ... South Atlantic
  - 1 ... Delaware
  - 2 ... Maryland
  - 3 ... District of Columbia
  - 4 ... Virginia
  - 5 ... West Virginia
  - 6 ... North Carolina
  - 7 ... South Carolina
  - 8 ... Georgia
  - 9 ... Florida
- 6 ... East South Central
  - 1 ... Kentucky
  - 2 ... Tennessee
  - 3 ... Alabama
  - 4 ... Mississippi
- 7 ... West South Central
  - 1 ... Arkansas
  - 2 ... Louisiana
  - 3 ... Oklahoma
  - 4 ... Texas

Tape Location	Field Size	Item and Code Outline
200	1	Region - Continued
201-202	2	Division and State Subcode - Continued
		4 ... WEST
		8 ... Mountain
		1 ... Montana
		2 ... Idaho
		3 ... Wyoming
		4 ... Colorado
		5 ... New Mexico
		6 ... Arizona
		7 ... Utah
		8 ... Nevada
		9 ... Pacific
		1 ... Washington
		2 ... Oregon
		3 ... California
		4 ... Alaska
		5 ... Hawaii

Tape Location	Field Size	Item and Code Outline
203-204	2	Expanded State of Occurrence

This item is designed to separately identify New York city records from upstate New York records.

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
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	... Ohio
38	... Oklahoma
39	... Oregon
40	... Pennsylvania
41	... Rhode Island
42	... South Carolina
43	... South Dakota
44	... Tennessee
45	... Texas
46	... Utah
47	... Vermont
48	... Virginia
49	... Washington
50	... West Virginia
51	... Wisconsin
52	... Wyoming

Tape Location	Field Size	Item and Code Outline
205-206	2	State of 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 ... Mississippi
		26 ... Missouri
		27 ... Montana
		28 ... Nebraska
		29 ... Nevada
		30 ... New Hampshire
		31 ... New Jersey
		32 ... New Mexico
		33 ... New York
		34 ... North Carolina
		35 ... North Dakota
		36 ... Ohio
		37 ... Oklahoma
		38 ... Oregon
		39 ... Pennsylvania
		40 ... Rhode Island
		41 ... South Carolina
		42 ... South Dakota
		43 ... Tennessee
		44 ... Texas
		45 ... Utah
		46 ... Vermont
		47 ... Virginia
		48 ... Washington
		49 ... West Virginia
		50 ... Wisconsin
		51 ... Wyoming
207-209	3	County of Occurrence
		Due to confidentiality requirements, counties with a population less than 250,000 cannot be identified on the public-use file.
		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

Tape Location	Field Size	Item and Code Outline
210-223	14	PLACE OF RESIDENCE

Refer to the Geographic Code Outline in this document for a list of areas and codes available on the public-use file.

210	1	Region of Residence
211-212	2	Division and State Subcode of Residence

Location 210 is Region. Location 211 is Division and location 212 identifies States within that Division.

000 ... Foreign Resident

1 ... NORTHEAST
- 1 ... New England
  - 1 ... Maine
  - 2 ... New Hampshire
  - 3 ... Vermont
  - 4 ... Massachusetts
  - 5 ... Rhode Island
  - 6 ... Connecticut
- 2 ... Middle Atlantic
  - 1 ... New York
  - 2 ... New Jersey
  - 3 ... Pennsylvania

2 ... MIDWEST
- 3 ... East North Central
  - 1 ... Ohio
  - 2 ... Indiana
  - 3 ... Illinois
  - 4 ... Michigan
  - 5 ... Wisconsin
- 4 ... West North Central
  - 1 ... Minnesota
  - 2 ... Iowa
  - 3 ... Missouri
  - 4 ... North Dakota
  - 5 ... South Dakota
  - 6 ... Nebraska
  - 7 ... Kansas

3 ... SOUTH
- 5 ... South Atlantic
  - 1 ... Delaware
  - 2 ... Maryland
  - 3 ... District of Columbia
  - 4 ... Virginia
  - 5 ... West Virginia
  - 6 ... North Carolina
  - 7 ... South Carolina
  - 8 ... Georgia
  - 9 ... Florida
- 6 ... East South Central
  - 1 ... Kentucky
  - 2 ... Tennessee
  - 3 ... Alabama
  - 4 ... Mississippi
- 7 ... West South Central
  - 1 ... Arkansas
  - 2 ... Louisiana
  - 3 ... Oklahoma
  - 4 ... Texas

Tape Location	Field Size	Item and Code Outline
210	1	Region - Continued
211-212	2	Division and State Subcode - Continued

4		...	WEST
	8	...	Mountain
	1	...	Montana
	2	...	Idaho
	3	...	Wyoming
	4	...	Colorado
	5	...	New Mexico
	6	...	Arizona
	7	...	Utah
	8	...	Nevada
	9	...	Pacific
	1	...	Washington
	2	...	Oregon
	3	...	California
	4	...	Alaska
	5	...	Hawaii

Tape Location	Field Size	Item and Code Outline
213-214	2	Expanded State of Residence

This item is designed to separately identify New York city records from upstate New York records.

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
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	... Ohio
38	... Oklahoma
39	... Oregon
40	... Pennsylvania
41	... Rhode Island
42	... South Carolina
43	... South Dakota
44	... Tennessee
45	... Texas
46	... Utah
47	... Vermont
48	... Virginia
49	... Washington
50	... West Virginia
51	... Wisconsin
52	... Wyoming
53-58,60	... Foreign Residents
53	... Puerto Rico
54	... Virgin Island
55	... Guam
56	... Canada
57	... Cuba
58	... Mexico
60	... Remainder of the world

Tape Location	Field Size	Item and Code Outline
215-216	2	State of Residence
		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
		29 ... Nevada
		30 ... New Hampshire
		31 ... New Jersey
		32 ... New Mexico
		33 ... New York
		34 ... North Carolina
		35 ... North Dakota
		36 ... Ohio
		37 ... Oklahoma
		38 ... Oregon
		39 ... Pennsylvania
		40 ... Rhode Island
		41 ... South Carolina
		42 ... South Dakota
		43 ... Tennessee
		44 ... Texas
		45 ... Utah
		46 ... Vermont
		47 ... Virginia
		48 ... Washington
		49 ... West Virginia
		50 ... Wisconsin
		51 ... Wyoming
		52-57,59 ... Foreign Residents
		52 ... Puerto Rico
		53 ... Virgin Islands
		54 ... Guam
		55 ... Canada
		56 ... Cuba
		57 ... Mexico
		59 ... Remainder of the world

Tape Location	Field Size	Item and Code Outline
217-219	3	County of Residence

Due to confidentiality requirements, counties with a population less than 250,000 cannot be identified on the public-use file.

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
ZZZ	... Foreign residents

220-222	3	City of Residence

Due to confidentiality requirements, cities with a population less than 250,000 cannot be identified on the public-use file.

001-nnn	... Cities are numbered alphabetically within each State. (Note: To uniquely identify a city, both the State and city codes must be used.)
999	... Entire county, Balance of County, or city of less than 250,000 population
ZZZ	... Foreign residents

223-227	5	AGE

Age is as computed using the dates of birth and death. For ages less than 2 days and when age could not be computed, the reported age from the death certificate was used.

223	1	Infant Age Recode 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)

224-225	2	Infant Age Recode 76

00	... Less than 1 day
01-27	... 1 - 27 days
28	... 4th week
29	... 5th week
30	... 6th week
31-76	... 7th - 52nd weeks

226-227	2	Infant Age Recode 38

00	... Less than 1 day
01-27	... 1 - 27 days
28	... 1 month
29	... 2 months
30	... 3 months
31	... 4 months
32	... 5 months
33	... 6 months
34	... 7 months
35	... 8 months
36	... 9 months
37	...10 months
38	...11 months

Tape Location	Field Size	Item and Code Outline
228	1	Hospital and Patient Status
		1 ... Hospital, Clinic or Medical Center - Inpatient
		2 ... Hospital, Clinic or Medical Center - Outpatient or admitted to Emergency Room
		3 ... Hospital, Clinic or Medical Center - Dead on Arrival
		4 ... Hospital, Clinic or Medical Center - Patient status unknown
		5 ... Hospital, Clinic or Medical Center - Patient status not on certificate
		6 ... Other Institution providing patient care
		7 ... All other reported entries
		8 ... Dead on Arrival - Hospital, Clinic or Medical Center name not given
		9 ... Hospital and patient status not stated
229	1	Autopsy Performed
		1 ... Yes
		2 ... No
		8 ... Autopsy performed not on certificate
		9 ... Autopsy performed not stated
230	1	Place of Accident for Causes E850-E929
		Blank ... Causes other than E850-E929
		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
231-237	7	UNDERLYING CAUSE OF DEATH
231-234	4	ICD Code (9th Revision)
		See the "International Classification of Diseases", 1975 Revision, Volume 1. For injuries and poisoning, the external cause is coded (E800-E999) rather than the Nature of Injury (800-999). These positions do not include the letter E for the external cause of injury. For those causes that do not have a 4th digit, location 234 is blank.
235-237	3	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)

Tape Location	Field Size	Item and Code Outline
238-481	244	MULTIPLE CONDITIONS
		See the "International Classification of Diseases", 1975 Revision, Volume 1. Both the entity-axis and record-axis conditions are coded according to this revision (9th).
238-239	2	Number of Entity-Axis Conditions
		00-20 ... Code range
240-379	140	ENTITY - AXIS CONDITIONS
		Space has been provided for a maximum of 20 conditions. Each condition takes 7 positions in the record. Records that do not have 20 conditions are blank in the unused area.
		Position 1: Part/line number on certificate
		1 ... Part I, line 1 (a) 2 ... Part I, line 2 (b) 3 ... Part I, line 3 (c) 4 ... Part I, line 4 (d) 5 ... Part I, line 5 (e) 6 ... Part II
		Position 2: Sequence of condition within part/line
		1-7 ... Code range
		Position 3 - 6: Condition code (ICD 9th Revision)
		Position 7: Nature of Injury Flag
		1 ... Indicates that the code in positions 3-6 is a Nature of Injury code 0 ... All other codes
240-246	7	1st Condition
247-253	7	2nd Condition
254-260	7	3rd Condition
261-267	7	4th Condition
268-274	7	5th Condition
275-281	7	6th Condition
282-288	7	7th Condition
289-295	7	8th Condition
296-302	7	9th Condition
303-309	7	10th Condition
310-316	7	11th Condition
317-323	7	12th Condition
324-330	7	13th Condition
331-337	7	14th Condition
338-344	7	15th Condition
345-351	7	16th Condition

Tape Location	Field Size	Item and Code Outline
		ENTITY - AXIS CONDITIONS - continued
352-358	7	17th Condition
359-365	7	18th Condition
366-372	7	19th Condition
373-379	7	20th Condition
380-381	2	Number of Record-Axis Conditions 00-20 ... Code range
382-481	100	RECORD - AXIS CONDITIONS Space has been provided for a maximum of 20 conditions. Each condition takes 5 positions in the record. Records that do not have 20 conditions are blank in the unused area. Position 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 of Injury code 0 ... All other codes
382-386	5	1st Condition
387-391	5	2nd Condition
392-396	5	3rd Condition
397-401	5	4th Condition
402-406	5	5th Condition
407-411	5	6th Condition
412-416	5	7th Condition
417-421	5	8th Condition
422-426	5	9th Condition
427-431	5	10th Condition
432-436	5	11th Condition
437-441	5	12th Condition
442-446	5	13th Condition
447-451	5	14th Condition
452-456	5	15th Condition
457-461	5	16th Condition
462-466	5	17th Condition
467-471	5	18th Condition
472-476	5	19th Condition
477-481	5	20th Condition
482-500	19	Reserved positions

Linked Birth/Infant Death Data Set

Geographic Code Outline

The following pages show in detail 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. When an event occurs to a nonresident of the United States, residence data are coded only to the "State" level; several western hemisphere countries or the remainder of the world are uniquely identified. The vital statistics codes are effective with the 1982 data year and are based on results of the 1980 Census.

To aid the user in interpreting the geographic codes, a brief explanation of the codes and of the column headings/abbreviations shown on the following pages are:

State: Each State and the District of Columbia are numbered alphabetically. In addition, several unique codes are used to identify nonresidents of the U.S.

County: Counties and county equivalents (independent and coextensive cities) are numbered alphabetically within each State.

City: Cities are numbered alphabetically within each State.

Name: Each State, county, and city name is listed along with its respective code. In addition, places used to identify nonresidents of the U.S. are also listed along with their codes.

Listing of Counties Identified in the Linked Data Set

Vital Statistics Geographic Code Outline Effective With 1982 Data

State	County	State and County Name
01		Alabama
	037	Jefferson
	049	Mobile
02		Alaska
03		Arizona
	007	Maricopa
	010	Pima
04		Arkansas
	060	Pulaski
05		California
	001	Alameda
	007	Contra Costa
	010	Fresno
	015	Kern
	019	Los Angeles
	027	Monterey
	030	Orange
	033	Riverside
	034	Sacramento
	036	San Bernardino
	037	San Diego
	038	San Francisco, coext. with San Francisco city
	039	San Joaquin
	041	San Mateo
	042	Santa Barbara
	043	Santa Clara
	049	Sonoma
	050	Stanislaus
	056	Ventura
06		Colorado
	003	Arapahoe
	016	Denver, coext. with Denver city
	021	El Paso
	030	Jefferson
07		Connecticut
	001	Fairfield
	002	Hartford
	005	New Haven
08		Delaware
	002	New Castle
09		District of Columbia
	001	District of Columbia
10		Florida
	005	Brevard
	006	Broward
	013	Dade
	016	Duval
	029	Hillsborough
	048	Orange
	050	Palm Beach
	052	Pinellas
	053	Polk
	064	Volusia

State	County	State and County Name
11		Georgia
	033	Cobb
	044	De Kalb
	060	Fulton
12		Hawaii
	002	Honolulu
13		Idaho
14		Illinois
	016	Cook
	022	Du Page
	045	Kane
	049	Lake
	082	St. Clair
	099	Will
	101	Winnebago
15		Indiana
	002	Allen
	045	Lake
	049	Marion
16		Iowa
	077	Polk
17		Kansas
	046	Johnson
	087	Sedgwick
18		Kentucky
	056	Jefferson
19		Louisiana
	009	Caddo
	017	East Baton Rouge
	026	Jefferson
	036	Orleans, coext. with New Orleans city
20		Maine
21		Maryland
	002	Anne Arundel
	003	Baltimore
	004	Baltimore city
	016	Montgomery
	017	Prince George's
22		Massachusetts
	003	Bristol
	005	Essex
	007	Hampden
	009	Middlesex
	011	Norfolk
	012	Plymouth
	013	Suffolk
	014	Worcester
23		Michigan
	025	Genesee
	033	Ingham
	041	Kent
	050	Macomb
	063	Oakland
	081	Washtenaw
	082	Wayne

State	County	State and County Name
24		Minnesota
	027	Hennepin
	062	Ramsey
25		Mississippi
	025	Hinds
26		Missouri
	048	Jackson
	096	St. Louis
	097	St. Louis city
27		Montana
28		Nebraska
	028	Douglas
29		Nevada
	003	Clark
30		New Hampshire
	006	Hillsborough
31		New Jersey
	002	Bergen
	003	Burlington
	004	Camden
	007	Essex
	009	Hudson
	011	Mercer
	012	Middlesex
	013	Monmouth
	014	Morris
	015	Ocean
	016	Passaic
	020	Union
32		New Mexico
	001	Bernalillo
33		New York
	014	Erie
	026	Monroe
	028	Nassau
	029	New York city
	031	Oneida
	032	Onondaga
	034	Orange
	040	Rockland
	048	Suffolk
	056	Westchester
34		North Carolina
	041	Guilford
	060	Mecklenburg
	092	Wake
35		North Dakota
36		Ohio
	009	Butler
	018	Cuyahoga
	025	Franklin
	031	Hamilton
	047	Lorain
	048	Lucas
	050	Mahoning
	057	Montgomery
	076	Stark
	077	Summit

State	County	State and County Name
37		Oklahoma
	055	Oklahoma
	072	Tulsa
38		Oregon
	020	Lane
	026	Multnomah
39		Pennsylvania
	002	Allegheny
	006	Berks
	009	Bucks
	015	Chester
	023	Delaware
	025	Erie
	036	Lancaster
	039	Lehigh
	040	Luzerne
	046	Montgomery
	051	Philadelphia, coext. with Philadelphia city
	065	Westmoreland
	067	York
40		Rhode Island
	004	Providence
41		South Carolina
	010	Charleston
	023	Greenville
	040	Richland
42		South Dakota
43		Tennessee
	019	Davidson
	033	Hamilton
	047	Knox
	079	Shelby
44		Texas
	015	Bexar
	057	Dallas
	071	El Paso
	101	Harris
	108	Hidalgo
	123	Jefferson
	178	Nueces
	220	Tarrant
	227	Travis
45		Utah
	018	Salt Lake
46		Vermont
47		Virginia
	040	Fairfax
	088	Norfolk city
	127	Virginia Beach city
48		Washington
	017	King
	027	Pierce
	031	Snohomish
	032	Spokane

State	County	State and County Name
49		West Virginia
50		Wisconsin
	013	Dane
	041	Milwaukee
	068	Waukesha
51		Wyoming

State	County	State and County Name
52	ZZZ	Puerto Rico
53	ZZZ	Virgin Islands
54	ZZZ	Guam
55	ZZZ	Canada
56	ZZZ	Cuba
57	ZZZ	Mexico
59	ZZZ	Remainder of World

Listing of Cities Identified in the Linked Data Set

Vital Statistics Geographic Code Outline Effective With 1982 Data

State	City	State and City Name
01		Alabama
	008	Birmingham
02		Alaska
03		Arizona
	011	Phoenix
	016	Tucson
04		Arkansas
05		California
	112	Long Beach
	115	Los Angeles
	146	Oakland
	186	Sacramento
	194	San Diego
	197	San Francisco
	200	San Jose
06		Colorado
	009	Denver
07		Connecticut
08		Delaware
09		District of Columbia
	001	Washington
10		Florida
	033	Jacksonville
	047	Miami
	086	Tampa
11		Georgia
	004	Atlanta
12		Hawaii
	004	Honolulu
13		Idaho
14		Illinois
	032	Chicago
15		Indiana
	027	Indianapolis
16		Iowa
17		Kansas
	033	Wichita
18		Kentucky
	016	Louisville
19		Louisiana
	024	New Orleans
20		Maine
21		Maryland
	003	Baltimore
22		Massachusetts
	012	Boston
23		Michigan
	023	Detroit

State	City	State and City Name
24		Minnesota
	035	Minneapolis
	055	St. Paul
25		Mississippi
26		Missouri
	026	Kansas City
	044	St. Louis
27		Montana
28		Nebraska
	011	Omaha
29		Nevada
30		New Hampshire
31		New Jersey
	094	Newark
32		New Mexico
	002	Albuquerque
33		New York
	009	Bronx borough, Bronx county
	010	Buffalo
	043	Brooklyn borough, Kings county
	060	Manhattan borough, New York county
	077	Queens borough, Queens county
	078	Staten Island borough, Richmond county
34		North Carolina
	008	Charlotte
35		North Dakota
36		Ohio
	028	Cincinnati
	030	Cleveland
	032	Columbus
	126	Toledo
37		Oklahoma
	023	Oklahoma City
	031	Tulsa
38		Oregon
	023	Portland
39		Pennsylvania
	096	Philadelphia
	098	Pittsburgh
40		Rhode Island
41		South Carolina
42		South Dakota
43		Tennessee
	026	Memphis
	030	Nashville-Davidson
44		Texas
	009	Austin
	036	Dallas
	047	El Paso
	052	Fort Worth
	066	Houston
	121	San Antonio

State	City	State and City Name
45		Utah
46		Vermont
47		Virginia
	021	Norfolk
	032	Virginia Beach
48		Washington
	030	Seattle
49		West Virginia
50		Wisconsin
	032	Milwaukee
51		Wyoming

State	City	State and City Name
52	ZZZ	Puerto Rico
53	ZZZ	Virgin Islands
54	ZZZ	Guam
55	ZZZ	Canada
56	ZZZ	Cuba
57	ZZZ	Mexico
59	ZZZ	Remainder of World

ST: 1 = Subtotal Limited: Sex: 1 = Males; 2 = Females
Length = of Cause Title Age: 1 = 5 & Over; 2 = 10-54; 3 = 28 Days & Over

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

61 Recode	S T	Limited Sex	Age	Len- gth	Cause Title And ICD-9 Codes Included
010				039	Certain intestinal infections (008-009)
020				020	Whooping cough (033)
030				029	Meningococcal infection (036)
040			3	016	Septicemia (038)
050				024	Viral diseases (045-079)
060				025	Congenital syphilis (090)
070				100	Remainder of infectious and parasitic diseases (001-007,010-032,034-035,037,039-041,080-088,091-139)
080				089	Malignant neoplasms, including neoplasms of lymphatic and hematopoietic tissues (140-208)
090				108	Benign neoplasms, carcinoma in situ, and neoplasms of uncertain behavior and of unspecified nature (210-239)
100				030	Diseases of thymus gland (254)
110				023	Cystic fibrosis (277.0)
120				052	Diseases of blood and blood-forming organs (280-289)
130				020	Meningitis (320-322)
140				059	Other diseases of nervous system and sense organs (323-389)
150				044	Acute upper respiratory infections (460-465)
160				042	Bronchitis and bronchiolitis (466,490-491)
170	1			033	Pneumonia and influenza (480-487)
180				021	Pneumonia (480-486)
190				017	Influenza (487)
200				061	Remainder of diseases of respiratory system (470-478,492-519)
210				093	Hernia of abdominal cavity and intestinal obstruction without mention of hernia (550-553,560)
220				075	Gastritis, duodenitis, and noninfective enteritis and colitis (535,555-558)
230				067	Remainder of diseases of digestive system (520-534,536-543,562-579)
240	1			030	Congenital anomalies (740-759)
250				042	Anencephalus and similar anomalies (740)
260				020	Spina bifida (741)
270				034	Congenital hydrocephalus (742.3)
280				092	Other congenital anomalies of central nervous system and eye (742.0-742.2,742.4-742.9,743)
290				041	Congenital anomalies of heart (745-746)
300				056	Other congenital anomalies of circulatory system (747)
310				050	Congenital anomalies of respiratory system (748)
320				052	Congenital anomalies of digestive system (749-751)
330				056	Congenital anomalies of genitourinary system (752-753)
340				058	Congenital anomalies of musculoskeletal system (754-756)
350				025	Down's syndrome (758.0)
360				043	Other chromosomal anomalies (758.1-758.9)
370				062	All other and unspecified congenital anomalies (744,757,759)

ST: 1 = Subtotal Limited: Sex: 1 = Males; 2 = Females
Length = of Cause Title Age: 1 = 5 & Over; 2 = 10-54; 3 = 28 Days & Over

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

61 Recode	S T	Limited Sex	Age	Len-gth	Cause Title And ICD-9 Codes Included
380	1			064	Certain conditions originating in the perinatal period (760-779)
390				091	Newborn affected by maternal conditions which may be unrelated to present pregnancy (760)
400				063	Newborn affected by maternal complications of pregnancy (761)
410				074	Newborn affected by complications of placenta, cord, and membranes (762)
420				069	Newborn affected by other complications of labor and delivery (763)
430				048	Slow fetal growth and fetal malnutrition (764)
440				077	Disorders relating to short gestation 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				088	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)

DOCUMENTATION TABLE 1

LIVE BIRTHS BY STATE OF OCCURRENCE AND BY STATE RESIDENCE AND INFANT DEATHS BY STATE OF OCCURRENCE AND BY STATE OF RESIDENCE: 1983 BIRTH COHORT

(RESIDENCE AT BIRTH IS OF THE MOTHER. RESIDENCE AT DEATH IS OF THE DECEDENT)

AREA	LIVE BIRTHS		INFANT DEATHS			
			AT BIRTH		AT DEATH	
	OCCURRENCE	RESIDENCE	OCCURRENCE	RESIDENCE	OCCURRENCE	RESIDENCE
UNITED STATES	3,643,001	3,639,113	39,704	39,683	39,704	39,684
ALABAMA	58,106	59,064	748	767	777	770
ALASKA	11,868	11,998	139	143	125	140
ARIZONA	53,426	53,745	503	503	503	504
ARKANSAS	34,265	34,999	325	360	332	364
CALIFORNIA	436,096	436,144	4,142	4,149	4,157	4,150
COLORADO	55,015	54,662	546	544	575	546
CONNECTICUT	40,954	41,097	423	410	421	417
DELAWARE	9,546	9,232	99	98	101	98
DISTRICT OF COLUMBIA	19,078	9,332	298	159	332	157
FLORIDA	148,677	149,083	1,756	1,769	1,764	1,766
GEORGIA	91,712	90,031	1,203	1,172	1,189	1,174
HAWAII	19,164	19,122	180	179	178	176
IDAHO	18,481	18,749	194	195	166	198
ILLINOIS	175,648	178,886	2,148	2,212	2,098	2,201
INDIANA	80,815	80,816	925	911	904	915
IOWA	43,840	43,262	379	382	360	379
KANSAS	39,409	40,400	399	404	360	408
KENTUCKY	53,855	54,702	607	639	588	642
LOUISIANA	82,455	82,515	1,047	1,038	1,031	1,030
MAINE	16,048	16,667	142	148	139	149
MARYLAND	57,936	63,956	632	726	602	724
MASSACHUSETTS	77,834	76,161	688	671	724	672
MICHIGAN	131,879	133,160	1,516	1,540	1,516	1,540
MINNESOTA	65,976	65,564	634	633	668	633
MISSISSIPPI	43,689	44,000	627	639	604	641
MISSOURI	77,065	75,602	841	803	929	799

DOCUMENTATION TABLE 1

LIVE BIRTHS BY STATE OF OCCURRENCE AND BY STATE RESIDENCE AND INFANT DEATHS BY STATE OF OCCURRENCE AND BY STATE OF RESIDENCE: 1983 BIRTH COHORT

(RESIDENCE AT BIRTH IS OF THE MOTHER. RESIDENCE AT DEATH IS OF THE DECEDENT)

AREA	LIVE BIRTHS		INFANT DEATHS			
			AT BIRTH		AT DEATH	
	OCCURRENCE	RESIDENCE	OCCURRENCE	RESIDENCE	OCCURRENCE	RESIDENCE
MONTANA	13,739	14,063	118	127	99	123
NEBRASKA	26,599	26,232	272	264	269	261
NEVADA	14,166	14,312	158	153	155	155
NEW HAMPSHIRE	13,680	13,801	101	120	85	120
NEW JERSEY	96,152	99,218	1,044	1,096	967	1,085
NEW MEXICO	27,122	27,618	261	271	251	269
NEW YORK	249,382	248,617	2,720	2,695	2,760	2,701
UPSTATE	137,136	140,011	1,327	1,346	1,302	1,355
CITY	112,246	108,606	1,393	1,349	1,458	1,346
NORTH CAROLINA	84,577	83,894	1,101	1,090	1,108	1,095
NORTH DAKOTA	13,197	12,380	129	119	127	116
OHIO	159,299	158,770	1,782	1,768	1,784	1,765
OKLAHOMA	55,427	56,903	593	597	581	588
OREGON	41,047	39,978	410	395	414	394
PENNSYLVANIA	159,423	158,206	1,689	1,663	1,715	1,673
RHODE ISLAND	13,092	12,595	169	155	162	154
SOUTH CAROLINA	48,484	50,759	723	749	722	752
SOUTH DAKOTA	12,517	12,528	143	141	139	142
TENNESSEE	70,159	65,480	913	828	940	823
TEXAS	299,658	295,257	3,149	3,127	3,148	3,123
UTAH	40,613	39,474	366	346	403	350
VERMONT	7,741	7,954	67	67	63	69
VIRGINIA	77,512	80,737	923	968	909	972
WASHINGTON	68,073	68,680	675	681	707	695
WEST VIRGINIA	26,872	25,882	280	273	300	272
WISCONSIN	72,132	72,558	705	708	699	707
WYOMING	9,501	10,268	72	88	54	87
FOREIGN RESIDENTS	...	3,888	...	21	...	20

DOCUMENTATION TABLE 2

LIVE BIRTHS, INFANT DEATHS, AND INFANT MORTALITY RATES BY RACE OF CHILD, SEX, AND BIRTH WEIGHT: UNITED STATES, 1983 BIRTH COHORT

(RATES ARE PER 1000 LIVE BIRTHS)

RACE OF CHILD 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 OR MORE	NOT STATED
ALL RACES 1/										
BOTH SEXES										
LIVE BIRTHS.....	3,639,113	4,444	7,594	9,004	10,193	12,049	47,325	157,209	3,385,912	5,383
INFANT DEATHS...	39,683	3,937	5,815	3,762	2,145	1,378	2,688	3,438	15,357	1,163
INF.MORT.RATE...	10.9	885.9	765.7	417.8	210.4	114.4	56.8	21.9	4.5	216.1
MALE										
LIVE BIRTHS.....	1,865,887	2,243	3,911	4,706	5,292	6,198	23,296	71,075	1,746,353	2,813
INFANT DEATHS...	22,480	1,972	3,153	2,245	1,375	839	1,490	1,816	8,925	665
INF.MORT.RATE...	12.0	879.2	806.2	477.1	259.8	135.4	64.0	25.6	5.1	236.4
FEMALE										
LIVE BIRTHS.....	1,773,226	2,201	3,683	4,298	4,901	5,851	24,029	86,134	1,639,559	2,570
INFANT DEATHS...	17,203	1,965	2,662	1,517	770	539	1,198	1,622	6,432	498
INF.MORT.RATE...	9.7	892.8	722.8	353.0	157.1	92.1	49.9	18.8	3.9	193.8
WHITE										
BOTH SEXES										
LIVE BIRTHS.....	2,904,381	2,577	4,492	5,593	6,456	7,877	31,313	106,212	2,735,714	4,147
INFANT DEATHS...	27,094	2,295	3,549	2,476	1,545	1,026	1,910	2,406	11,155	732
INF.MORT.RATE...	9.3	890.6	790.1	442.7	239.3	130.3	61.0	22.7	4.1	176.5
MALE										
LIVE BIRTHS.....	1,492,585	1,273	2,344	2,957	3,373	4,132	15,695	48,381	1,412,266	2,164
INFANT DEATHS...	15,454	1,115	1,934	1,493	985	635	1,087	1,267	6,499	439
INF.MORT.RATE...	10.4	875.9	825.1	504.9	292.0	153.7	69.3	26.2	4.6	202.9
FEMALE										
LIVE BIRTHS.....	1,411,796	1,304	2,148	2,636	3,083	3,745	15,618	57,831	1,323,448	1,983
INFANT DEATHS...	11,640	1,180	1,615	983	560	391	823	1,139	4,656	293
INF.MORT.RATE...	8.2	904.9	751.9	372.9	181.6	104.4	52.7	19.7	3.5	147.8
BLACK										
BOTH SEXES										
LIVE BIRTHS.....	586,085	1,749	2,874	3,146	3,393	3,750	14,362	44,379	511,416	1,016
INFANT DEATHS...	11,087	1,534	2,114	1,167	526	308	673	892	3,485	388
INF.MORT.RATE...	18.9	877.1	735.6	370.9	155.0	82.1	46.9	20.1	6.8	381.9
MALE										
LIVE BIRTHS.....	297,130	911	1,438	1,615	1,741	1,836	6,757	19,601	262,687	544
INFANT DEATHS...	6,205	802	1,133	680	341	177	352	472	2,041	207
INF.MORT.RATE...	20.9	880.4	787.9	421.1	195.9	96.4	52.1	24.1	7.8	380.5
FEMALE										
LIVE BIRTHS.....	288,955	838	1,436	1,531	1,652	1,914	7,605	24,778	248,729	472
INFANT DEATHS...	4,882	732	981	487	185	131	321	420	1,444	181
INF.MORT.RATE...	16.9	873.5	683.1	318.1	112.0	68.4	42.2	17.0	5.8	383.5

1/ INCLUDES RACES OTHER THAN WHITE AND BLACK

DOCUMENTATION TABLE 3

LIVE BIRTHS, INFANT DEATHS, AND INFANT MORTALITY RATES BY BIRTH WEIGHT, RACE OF CHILD, AND GESTATIONAL AGE: UNITED STATES, 1983 BIRTH COHORT

(RATES ARE PER 1000 LIVE BIRTHS)

BIRTH WEIGHT AND RACE OF CHILD	GESTATION									
	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/										
TOTAL										
LIVE BIRTHS	3,639,113	26,237	38,608	160,353	109,661	1,318,549	770,410	538,104	520,746	156,445
INFANT DEATHS	39,683	11,329	3,692	3,833	1,309	7,314	3,072	2,432	3,012	3,690
INF.MORT.RATE	10.9	431.8	95.6	23.9	11.9	5.5	4.0	4.5	5.8	23.6
LESS THAN 2,500 GRAMS										
LIVE BIRTHS	247,818	19,656	25,823	66,053	22,161	63,367	14,288	8,497	11,195	16,778
INFANT DEATHS	23,163	10,663	3,451	2,821	620	1,760	433	363	498	2,554
INF.MORT.RATE	93.5	542.5	133.6	42.7	28.0	27.8	30.3	42.7	44.5	152.2
LESS THAN 500 GRAMS										
LIVE BIRTHS	4,444	3,392	153	60	12	67	25	53	40	642
INFANT DEATHS	3,937	3,096	130	46	6	33	7	32	20	567
INF. MORT. RATE	885.9	912.7	849.7	766.7	500.0	492.5	280.0	603.8	500.0	883.2
500-749 GRAMS										
LIVE BIRTHS	7,594	5,346	710	224	40	163	71	68	97	875
INFANT DEATHS	5,815	4,313	486	141	28	55	19	29	50	694
INF. MORT. RATE	765.7	806.8	684.5	629.5	700.0	337.4	267.6	426.5	515.5	793.1
750-999 GRAMS										
LIVE BIRTHS	9,004	4,889	2,083	556	59	207	99	91	103	917
INFANT DEATHS	3,762	2,285	711	199	22	69	24	24	30	398
INF. MORT. RATE	417.8	467.4	341.3	357.9	372.9	333.3	242.4	263.7	291.3	434.0
1,000-1,249 GRAMS										
LIVE BIRTHS	10,193	2,375	4,532	1,482	168	339	121	77	144	955
INFANT DEATHS	2,145	630	842	278	32	76	20	16	30	221
INF. MORT. RATE	210.4	265.3	185.8	187.6	190.5	224.2	165.3	207.8	208.3	231.4
1,250-1,499 GRAMS										
LIVE BIRTHS	12,049	984	5,476	2,945	388	747	142	137	237	993
INFANT DEATHS	1,378	164	597	296	38	83	16	19	18	147
INF. MORT. RATE	114.4	166.7	109.0	100.5	97.9	111.1	112.7	138.7	75.9	148.0
1,500-1,999 GRAMS										
LIVE BIRTHS	47,325	1,363	8,738	19,730	3,406	7,283	1,243	853	1,268	3,441
INFANT DEATHS	2,688	123	543	896	187	453	79	61	96	250
INF. MORT. RATE	56.8	90.2	62.1	45.4	54.9	62.2	63.6	71.5	75.7	72.7
2,000-2,499 GRAMS										
LIVE BIRTHS	157,209	1,307	4,131	41,056	18,088	54,561	12,587	7,218	9,306	8,955
INFANT DEATHS	3,438	52	142	965	307	991	268	182	254	277
INF. MORT. RATE	21.9	39.8	34.4	23.5	17.0	18.2	21.3	25.2	27.3	30.9
2,500-2,999 GRAMS										
LIVE BIRTHS	586,810	1,880	4,616	40,832	38,084	272,819	90,523	51,117	58,301	28,638
INFANT DEATHS	4,997	48	88	555	356	1,963	609	419	625	334
INF.MORT.RATE	8.5	25.5	19.1	13.6	9.3	7.2	6.7	8.2	10.7	11.7
3,000-3,499 GRAMS										
LIVE BIRTHS	1,341,151	2,398	4,812	33,583	32,708	555,551	295,423	183,541	177,815	55,320
INFANT DEATHS	5,797	40	51	236	214	2,200	1,058	765	921	312
INF.MORT.RATE	4.3	16.7	10.6	7.0	6.5	4.0	3.6	4.2	5.2	5.6

DOCUMENTATION TABLE 3

LIVE BIRTHS, INFANT DEATHS, AND INFANT MORTALITY RATES BY BIRTH WEIGHT, RACE OF CHILD, AND GESTATIONAL AGE: UNITED STATES, 1983 BIRTH COHORT

(RATES ARE PER 1000 LIVE BIRTHS)

BIRTH WEIGHT AND RACE OF CHILD	GESTATION									
	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/										
3,500-3,999 GRAMS										
LIVE BIRTHS	1,062,897	1,270	2,465	15,651	13,028	336,108	271,346	201,206	182,142	39,681
INFANT DEATHS	3,290	29	15	106	72	979	684	601	642	162
INF.MORT.RATE	3.1	22.8	6.1	6.8	5.5	2.9	2.5	3.0	3.5	4.1
4,000-4,499 GRAMS										
LIVE BIRTHS	326,599	322	599	3,312	3,027	76,961	82,965	75,984	72,073	11,356
INFANT DEATHS	930	16	4	23	23	246	182	193	205	38
INF.MORT.RATE	2.8	49.7	6.7	6.9	7.6	3.2	2.2	2.5	2.8	3.3
4,500-4,999 GRAMS										
LIVE BIRTHS	60,324	45	93	540	465	11,328	13,794	15,516	16,390	2,153
INFANT DEATHS	229	12	3	9	3	44	52	39	54	13
INF.MORT.RATE	3.8	266.7	32.3	16.7	6.5	3.9	3.8	2.5	3.3	6.0
5,000 GRAMS OR MORE										
LIVE BIRTHS	8,131	63	27	104	82	1,531	1,598	1,905	2,462	359
INFANT DEATHS	114	40	6	6	1	15	8	7	14	17
INF.MORT.RATE	14.0	634.9	222.2	57.7	12.2	9.8	5.0	3.7	5.7	47.4
NOT STATED										
LIVE BIRTHS	5,383	603	173	278	106	884	473	338	368	2,160
INFANT DEATHS	1,163	481	74	77	20	107	46	45	53	260
INF.MORT.RATE	216.1	797.7	427.7	277.0	188.7	121.0	97.3	133.1	144.0	120.4

DOCUMENTATION TABLE 3

LIVE BIRTHS, INFANT DEATHS, AND INFANT MORTALITY RATES BY BIRTH WEIGHT, RACE OF CHILD, AND GESTATIONAL AGE: UNITED STATES, 1983 BIRTH COHORT

(RATES ARE PER 1000 LIVE BIRTHS)

BIRTH WEIGHT AND RACE OF CHILD	GESTATION									
	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	2,904,381	15,095	23,781	106,514	78,221	1,029,567	641,091	458,235	431,721	120,156
INFANT DEATHS	27,094	6,987	2,552	2,675	899	5,152	2,307	1,880	2,251	2,391
INF.MORT.RATE	9.3	462.9	107.3	25.1	11.5	5.0	3.6	4.1	5.2	19.9
LESS THAN 2,500 GRAMS										
LIVE BIRTHS	164,520	11,460	16,507	44,995	15,069	42,411	9,846	5,858	7,352	11,022
INFANT DEATHS	15,207	6,622	2,403	2,001	416	1,203	319	254	352	1,637
INF.MORT.RATE	92.4	577.8	145.6	44.5	27.6	28.4	32.4	43.4	47.9	148.5
LESS THAN 500 GRAMS										
LIVE BIRTHS	2,577	1,978	91	27	7	36	22	28	32	356
INFANT DEATHS	2,295	1,825	79	22	3	17	6	17	13	313
INF. MORT. RATE	890.6	922.6	868.1	814.8	428.6	472.2	272.7	607.1	406.3	879.2
500-749 GRAMS										
LIVE BIRTHS	4,492	3,209	401	127	20	81	35	38	56	525
INFANT DEATHS	3,549	2,663	283	86	14	20	10	13	37	423
INF. MORT. RATE	790.1	829.9	705.7	677.2	700.0	246.9	285.7	342.1	660.7	805.7
750-999 GRAMS										
LIVE BIRTHS	5,593	3,017	1,339	349	36	112	50	58	61	571
INFANT DEATHS	2,476	1,489	488	136	10	38	13	17	23	262
INF. MORT. RATE	442.7	493.5	364.5	389.7	277.8	339.3	260.0	293.1	377.0	458.8
1,000-1,249 GRAMS										
LIVE BIRTHS	6,456	1,448	2,943	950	103	198	60	57	90	607
INFANT DEATHS	1,545	449	604	201	26	55	12	12	18	168
INF. MORT. RATE	239.3	310.1	205.2	211.6	252.4	277.8	200.0	210.5	200.0	276.8
1,250-1,499 GRAMS										
LIVE BIRTHS	7,877	515	3,658	1,947	271	498	88	101	145	654
INFANT DEATHS	1,026	112	457	229	28	62	13	15	7	103
INF. MORT. RATE	130.3	217.5	124.9	117.6	103.3	124.5	147.7	148.5	48.3	157.5
1,500-1,999 GRAMS										
LIVE BIRTHS	31,313	674	5,821	13,256	2,259	4,830	854	567	797	2,255
INFANT DEATHS	1,910	58	401	656	123	325	60	49	74	164
INF. MORT. RATE	61.0	86.1	68.9	49.5	54.4	67.3	70.3	86.4	92.8	72.7
2,000-2,499 GRAMS										
LIVE BIRTHS	106,212	619	2,254	28,339	12,373	36,656	8,737	5,009	6,171	6,054
INFANT DEATHS	2,406	26	91	671	212	686	205	131	180	204
INF. MORT. RATE	22.7	42.0	40.4	23.7	17.1	18.7	23.5	26.2	29.2	33.7
2,500-2,999 GRAMS										
LIVE BIRTHS	416,741	919	2,346	26,569	27,119	193,144	66,662	37,998	41,910	20,074
INFANT DEATHS	3,423	20	55	376	250	1,321	418	315	445	223
INF.MORT.RATE	8.2	21.8	23.4	14.2	9.2	6.8	6.3	8.3	10.6	11.1
3,000-3,499 GRAMS										
LIVE BIRTHS	1,055,839	1,259	2,648	21,082	23,284	433,208	239,223	151,139	141,823	42,173
INFANT DEATHS	4,154	22	23	145	143	1,573	779	590	669	210
INF.MORT.RATE	3.9	17.5	8.7	6.9	6.1	3.6	3.3	3.9	4.7	5.0

DOCUMENTATION TABLE 3

LIVE BIRTHS, INFANT DEATHS, AND INFANT MORTALITY RATES BY BIRTH WEIGHT, RACE OF CHILD, AND GESTATIONAL AGE: UNITED STATES, 1983 BIRTH COHORT

(RATES ARE PER 1000 LIVE BIRTHS)

BIRTH WEIGHT AND RACE OF CHILD	GESTATION									
	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										
3,500-3,999 GRAMS										
LIVE BIRTHS	909,563	840	1,633	10,695	9,802	281,886	236,360	177,628	157,786	32,933
INFANT DEATHS	2,567	18	11	74	52	733	554	487	523	115
INF.MORT.RATE	2.8	21.4	6.7	6.9	5.3	2.6	2.3	2.7	3.3	3.5
4,000-4,499 GRAMS										
LIVE BIRTHS	291,730	223	456	2,460	2,428	67,072	74,721	69,237	65,224	9,909
INFANT DEATHS	751	9	3	17	15	194	150	167	169	27
INF.MORT.RATE	2.6	40.4	6.6	6.9	6.2	2.9	2.0	2.4	2.6	2.7
4,500-4,999 GRAMS										
LIVE BIRTHS	54,700	34	72	450	378	9,889	12,503	14,348	15,111	1,915
INFANT DEATHS	184	7	2	6	3	33	46	32	44	11
INF.MORT.RATE	3.4	205.9	27.8	13.3	7.9	3.3	3.7	2.2	2.9	5.7
5,000 GRAMS OR MORE										
LIVE BIRTHS	7,141	39	17	69	63	1,285	1,385	1,742	2,243	298
INFANT DEATHS	76	23	4	5	1	12	5	6	10	10
INF.MORT.RATE	10.6	589.7	235.3	72.5	15.9	9.3	3.6	3.4	4.5	33.6
NOT STATED										
LIVE BIRTHS	4,147	321	102	194	78	672	391	285	272	1,832
INFANT DEATHS	732	266	51	51	19	83	36	29	39	158
INF.MORT.RATE	176.5	828.7	500.0	262.9	243.6	123.5	92.1	101.8	143.4	86.2

DOCUMENTATION TABLE 3

LIVE BIRTHS, INFANT DEATHS, AND INFANT MORTALITY RATES BY BIRTH WEIGHT, RACE OF CHILD, AND GESTATIONAL AGE: UNITED STATES, 1983 BIRTH COHORT

(RATES ARE PER 1000 LIVE BIRTHS)

BIRTH WEIGHT AND RACE OF CHILD	GESTATION									
	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	586,085	10,382	13,487	46,988	26,628	230,072	100,630	62,130	71,222	21,546
INFANT DEATHS	11,087	4,032	1,023	1,020	352	1,814	640	457	652	1,097
INF.MORT.RATE	18.9	388.4	75.9	21.7	13.2	7.9	6.4	7.4	9.2	44.7
LESS THAN 2,500 GRAMS										
LIVE BIRTHS	73,653	7,653	8,479	18,745	6,136	18,214	3,895	2,327	3,399	4,805
INFANT DEATHS	7,214	3,748	941	717	175	501	102	95	129	806
INF.MORT.RATE	97.9	489.7	111.0	38.3	28.5	27.5	26.2	40.8	38.0	167.7
LESS THAN 500 GRAMS										
LIVE BIRTHS	1,749	1,324	62	30	4	29	3	25	7	265
INFANT DEATHS	1,534	1,189	51	21	3	14	1	15	7	233
INF. MORT. RATE	877.1	898.0	822.6	700.0	750.0	482.8	333.3	600.0	1000.0	879.2
500-749 GRAMS										
LIVE BIRTHS	2,874	1,998	284	93	16	77	27	29	35	315
INFANT DEATHS	2,114	1,543	186	53	11	35	8	16	13	249
INF. MORT. RATE	735.6	772.3	654.9	569.9	687.5	454.5	296.3	551.7	371.4	790.5
750-999 GRAMS										
LIVE BIRTHS	3,146	1,725	692	192	19	91	45	33	36	313
INFANT DEATHS	1,167	725	200	59	10	31	9	7	6	120
INF. MORT. RATE	370.9	420.3	289.0	307.3	526.3	340.7	200.0	212.1	166.7	383.4
1,000-1,249 GRAMS										
LIVE BIRTHS	3,393	857	1,443	476	56	125	58	19	48	311
INFANT DEATHS	526	161	214	63	6	18	7	4	10	43
INF. MORT. RATE	155.0	187.9	148.3	132.4	107.1	144.0	120.7	210.5	208.3	138.3
1,250-1,499 GRAMS										
LIVE BIRTHS	3,750	442	1,639	902	97	216	51	35	77	291
INFANT DEATHS	308	47	123	59	7	20	3	3	10	36
INF. MORT. RATE	82.1	106.3	75.0	65.4	72.2	92.6	58.8	85.7	129.9	123.7
1,500-1,999 GRAMS										
LIVE BIRTHS	14,362	651	2,629	5,845	1,003	2,181	357	257	423	1,016
INFANT DEATHS	673	60	121	208	52	118	17	9	20	68
INF. MORT. RATE	46.9	92.2	46.0	35.6	51.8	54.1	47.6	35.0	47.3	66.9
2,000-2,499 GRAMS										
LIVE BIRTHS	44,379	656	1,730	11,207	4,941	15,495	3,354	1,929	2,773	2,294
INFANT DEATHS	892	23	46	254	86	265	57	41	63	57
INF. MORT. RATE	20.1	35.1	26.6	22.7	17.4	17.1	17.0	21.3	22.7	24.8
2,500-2,999 GRAMS										
LIVE BIRTHS	140,894	909	2,077	12,450	9,320	65,548	19,699	10,797	14,002	6,092
INFANT DEATHS	1,352	28	30	165	90	550	165	86	160	78
INF.MORT.RATE	9.6	30.8	14.4	13.3	9.7	8.4	8.4	8.0	11.4	12.8
3,000-3,499 GRAMS										
LIVE BIRTHS	224,341	1,066	1,966	10,797	7,929	96,126	43,637	25,328	29,145	8,377
INFANT DEATHS	1,350	17	26	80	61	500	226	146	218	76
INF.MORT.RATE	6.0	15.9	13.2	7.4	7.7	5.2	5.2	5.8	7.5	9.1

DOCUMENTATION TABLE 3

LIVE BIRTHS, INFANT DEATHS, AND INFANT MORTALITY RATES BY BIRTH WEIGHT, RACE OF CHILD, AND GESTATIONAL AGE: UNITED STATES, 1983 BIRTH COHORT

(RATES ARE PER 1000 LIVE BIRTHS)

BIRTH WEIGHT AND RACE OF CHILD	GESTATION									
	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										
3,500-3,999 GRAMS										
LIVE BIRTHS	116,112	379	754	4,137	2,664	41,367	26,258	17,813	18,714	4,026
INFANT DEATHS	564	10	4	26	17	190	103	91	92	31
INF.MORT.RATE	4.9	26.4	5.3	6.3	6.4	4.6	3.9	5.1	4.9	7.7
4,000-4,499 GRAMS										
LIVE BIRTHS	25,355	81	123	688	469	7,434	5,964	4,872	4,896	828
INFANT DEATHS	143	7	1	5	8	45	26	19	28	4
INF.MORT.RATE	5.6	86.4	8.1	7.3	17.1	6.1	4.4	3.9	5.7	4.8
4,500-4,999 GRAMS										
LIVE BIRTHS	3,987	9	18	72	73	1,021	966	827	874	127
INFANT DEATHS	39	3	1	3	-	9	6	7	8	2
INF.MORT.RATE	9.8	333.3	55.6	41.7	-	8.8	6.2	8.5	9.2	15.7
5,000 GRAMS OR MORE										
LIVE BIRTHS	727	22	9	25	16	189	143	129	147	47
INFANT DEATHS	37	16	2	1	-	3	3	1	4	7
INF.MORT.RATE	50.9	727.3	222.2	40.0	-	15.9	21.0	7.8	27.2	148.9
NOT STATED										
LIVE BIRTHS	1,016	263	61	74	21	173	68	37	75	244
INFANT DEATHS	388	203	18	23	1	16	9	12	13	93
INF.MORT.RATE	381.9	771.9	295.1	310.8	47.6	92.5	132.4	324.3	173.3	381.1

1/ INCLUDES RACES OTHER THAN WHITE AND BLACK

DOCUMENTATION TABLE 4

LIVE BIRTHS, INFANT DEATHS, AND INFANT MORTALITY RATES BY BIRTH WEIGHT, RACE OF CHILD, AND AGE AT DEATH: UNITED STATES, 1983 BIRTH COHORT

(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)

BIRTH WEIGHT AND RACE OF CHILD		LIVE BIRTHS	INFANT DEATHS	TOTAL NEONATAL	EARLY NEONATAL	LATE NEONATAL	POST-NEONATAL
ALL RACES 1/							
TOTAL (ALL BIRTH WEIGHTS)	NUMBER	3,639,113	39,683	25,830	21,689	4,141	13,853
	RATE		10.9	7.1	6.0	1.1	3.8
LESS THAN 2,500 GRAMS	NUMBER	247,818	23,163	18,726	16,479	2,247	4,437
	RATE		93.5	75.6	66.5	9.1	17.9
LESS THAN 500 GRAMS	NUMBER	4,444	3,937	3,916	3,889	27	21
	RATE		885.9	881.2	875.1	6.1	4.7
500-749 GRAMS	NUMBER	7,594	5,815	5,411	5,012	399	404
	RATE		765.7	712.5	660.0	52.5	53.2
750-999 GRAMS	NUMBER	9,004	3,762	3,070	2,585	485	692
	RATE		417.8	341.0	287.1	53.9	76.9
1,000-1,249 GRAMS	NUMBER	10,193	2,145	1,669	1,326	343	476
	RATE		210.4	163.7	130.1	33.7	46.7
1,250-1,499 GRAMS	NUMBER	12,049	1,378	987	797	190	391
	RATE		114.4	81.9	66.1	15.8	32.5
1,500-1,999 GRAMS	NUMBER	47,325	2,688	1,791	1,468	323	897
	RATE		56.8	37.8	31.0	6.8	19.0
2,000-2,499 GRAMS	NUMBER	157,209	3,438	1,882	1,402	480	1,556
	RATE		21.9	12.0	8.9	3.1	9.9
2,500-2,999 GRAMS	NUMBER	586,810	4,997	2,068	1,471	597	2,929
	RATE		8.5	3.5	2.5	1.0	5.0
3,000-3,499 GRAMS	NUMBER	1,341,151	5,797	2,086	1,421	665	3,711
	RATE		4.3	1.6	1.1	.5	2.8
3,500-3,999 GRAMS	NUMBER	1,062,897	3,290	1,235	818	417	2,055
	RATE		3.1	1.2	.8	.4	1.9
4,000-4,499 GRAMS	NUMBER	326,599	930	390	263	127	540
	RATE		2.8	1.2	.8	.4	1.7
4,500-4,999 GRAMS	NUMBER	60,324	229	130	108	22	99
	RATE		3.8	2.2	1.8	.4	1.6
5,000 GRAMS OR MORE	NUMBER	8,131	114	99	90	9	15
	RATE		14.0	12.2	11.1	1.1	1.8
NOT STATED	NUMBER	5,383	1,163	1,096	1,039	57	67
	RATE		216.1	203.6	193.0	10.6	12.4

DOCUMENTATION TABLE 4

LIVE BIRTHS, INFANT DEATHS, AND INFANT MORTALITY RATES BY BIRTH WEIGHT, RACE OF CHILD, AND AGE AT DEATH: UNITED STATES, 1983 BIRTH COHORT

(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

BIRTH WEIGHT AND RACE OF CHILD		LIVE BIRTHS	INFANT DEATHS	TOTAL NEONATAL	EARLY NEONATAL	LATE NEONATAL	POST-NEONATAL
WHITE							
TOTAL (ALL BIRTH WEIGHTS)...	NUMBER..	2,904,381	27,094	17,786	14,858	2,928	9,308
	RATE..		9.3	6.1	5.1	1.0	3.2
LESS THAN 2,500 GRAMS.....	NUMBER..	164,520	15,207	12,535	11,009	1,526	2,672
	RATE..		92.4	76.2	66.9	9.3	16.2
LESS THAN 500 GRAMS.....	NUMBER..	2,577	2,295	2,284	2,262	22	11
	RATE..		890.6	886.3	877.8	8.5	4.3
500-749 GRAMS.....	NUMBER..	4,492	3,549	3,353	3,139	214	196
	RATE..		790.1	746.4	698.8	47.6	43.6
750-999 GRAMS.....	NUMBER..	5,593	2,476	2,111	1,794	317	365
	RATE..		442.7	377.4	320.8	56.7	65.3
1,000-1,249 GRAMS.....	NUMBER..	6,456	1,545	1,261	995	266	284
	RATE..		239.3	195.3	154.1	41.2	44.0
1,250-1,499 GRAMS.....	NUMBER..	7,877	1,026	763	624	139	263
	RATE..		130.3	96.9	79.2	17.6	33.4
1,500-1,999 GRAMS.....	NUMBER..	31,313	1,910	1,336	1,101	235	574
	RATE..		61.0	42.7	35.2	7.5	18.3
2,000-2,499 GRAMS.....	NUMBER..	106,212	2,406	1,427	1,094	333	979
	RATE..		22.7	13.4	10.3	3.1	9.2
2,500-2,999 GRAMS.....	NUMBER..	416,741	3,423	1,551	1,129	422	1,872
	RATE..		8.2	3.7	2.7	1.0	4.5
3,000-3,499 GRAMS.....	NUMBER..	1,055,839	4,154	1,560	1,073	487	2,594
	RATE..		3.9	1.5	1.0	.5	2.5
3,500-3,999 GRAMS.....	NUMBER..	909,563	2,567	985	659	326	1,582
	RATE..		2.8	1.1	.7	.4	1.7
4,000-4,499 GRAMS.....	NUMBER..	291,730	751	308	208	100	443
	RATE..		2.6	1.1	.7	.3	1.5
4,500-4,999 GRAMS.....	NUMBER..	54,700	184	98	81	17	86
	RATE..		3.4	1.8	1.5	.3	1.6
5,000 GRAMS OR MORE.....	NUMBER..	7,141	76	65	57	8	11
	RATE..		10.6	9.1	8.0	1.1	1.5
NOT STATED.....	NUMBER..	4,147	732	684	642	42	48
	RATE..		176.5	164.9	154.8	10.1	11.6

DOCUMENTATION TABLE 4

LIVE BIRTHS, INFANT DEATHS, AND INFANT MORTALITY RATES BY BIRTH WEIGHT, RACE OF CHILD, AND AGE AT DEATH: UNITED STATES, 1983 BIRTH COHORT

(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

BIRTH WEIGHT AND RACE OF CHILD		LIVE BIRTHS	INFANT DEATHS	TOTAL NEONATAL	EARLY NEONATAL	LATE NEONATAL	POST-NEONATAL
BLACK							
TOTAL (ALL BIRTH WEIGHTS)	NUMBER	586,085	11,087	7,202	6,151	1,051	3,885
	RATE		18.9	12.3	10.5	1.8	6.6
LESS THAN 2,500 GRAMS	NUMBER	73,653	7,214	5,620	4,976	644	1,594
	RATE		97.9	76.3	67.6	8.7	21.6
LESS THAN 500 GRAMS	NUMBER	1,749	1,534	1,524	1,520	4	10
	RATE		877.1	871.4	869.1	2.3	5.7
500-749 GRAMS	NUMBER	2,874	2,114	1,926	1,752	174	188
	RATE		735.6	670.1	609.6	60.5	65.4
750-999 GRAMS	NUMBER	3,146	1,167	867	713	154	300
	RATE		370.9	275.6	226.6	49.0	95.4
1,000-1,249 GRAMS	NUMBER	3,393	526	353	285	68	173
	RATE		155.0	104.0	84.0	20.0	51.0
1,250-1,499 GRAMS	NUMBER	3,750	308	188	146	42	120
	RATE		82.1	50.1	38.9	11.2	32.0
1,500-1,999 GRAMS	NUMBER	14,362	673	384	304	80	289
	RATE		46.9	26.7	21.2	5.6	20.1
2,000-2,499 GRAMS	NUMBER	44,379	892	378	256	122	514
	RATE		20.1	8.5	5.8	2.7	11.6
2,500-2,999 GRAMS	NUMBER	140,894	1,352	429	277	152	923
	RATE		9.6	3.0	2.0	1.1	6.6
3,000-3,499 GRAMS	NUMBER	224,341	1,350	440	294	146	910
	RATE		6.0	2.0	1.3	.7	4.1
3,500-3,999 GRAMS	NUMBER	116,112	564	209	139	70	355
	RATE		4.9	1.8	1.2	.6	3.1
4,000-4,499 GRAMS	NUMBER	25,355	143	70	50	20	73
	RATE		5.6	2.8	2.0	.8	2.9
4,500-4,999 GRAMS	NUMBER	3,987	39	29	24	5	10
	RATE		9.8	7.3	6.0	1.3	2.5
5,000 GRAMS OR MORE	NUMBER	727	37	33	32	1	4
	RATE		50.9	45.4	44.0	1.4	5.5
NOT STATED	NUMBER	1,016	388	372	359	13	16
	RATE		381.9	366 1	353.3	12.8	15.7

1/ INCLUDES RACES OTHER THAN WHITE AND BLACK

DOCUMENTATION TABLE 5

LIVE BIRTHS BY BIRTH WEIGHT AND RACE OF CHILD AND INFANT DEATHS AND INFANT MORTALITY RATES BY AGE AT DEATH, BIRTH WEIGHT, AND RACE OF CHILD FOR 10 LEADING CAUSES OF INFANT DEATH: UNITED STATES, 1983 BIRTH COHORT

(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 100,000 LIVE BIRTHS)

CAUSE OF DEATH, BIRTH WEIGHT, AND RACE OF CHILD		LIVE BIRTHS	INFANT DEATHS	TOTAL NEONATAL	EARLY NEONATAL	LATE NEONATAL	POST-NEONATAL
ALL RACES 1/, ALL BIRTH WEIGHTS							
... ALL CAUSES	NUMBER..	3,639,113	39,683	25,830	21,689	4,141	13,853
	RATE..		1,090.5	709.8	596.0	113.8	380.7
1 CONGENITAL ANOMALIES (740-759)	NUMBER..		8,568	6,326	5,143	1,183	2,242
	RATE..		235.4	173.8	141.3	32.5	61.6
2 SUDDEN INFANT DEATH SYNDROME (798.0)	NUMBER..		5,271	389	38	351	4,882
	RATE..		144.8	10.7	1.0	9.6	134.2
3 RESPIRATORY DISTRESS SYNDROME (769)	NUMBER..		3,596	3,362	2,852	510	234
	RATE..		98.8	92.4	78.4	14.0	6.4
4 PREMATURITY (765)	NUMBER..		3,235	3,201	3,169	32	34
	RATE..		88.9	88.0	87.1	.9	.9
5 MATERNAL COMPLICATIONS (761)	NUMBER..		1,433	1,424	1,415	9	9
	RATE..		39.4	39.1	38.9	.2	.2
6 HYPOXIA AND ASPHYXIA (768)	NUMBER..		1,180	1,108	957	151	72
	RATE..		32.4	30.4	26.3	4.1	2.0
7 ACCIDENTS (E800-E949)	NUMBER..		870	69	22	47	801
	RATE..		23.9	1.9	.6	1.3	22.0
8 INFECTIONS (771)	NUMBER..		845	808	557	251	37
	RATE..		23.2	22.2	15.3	6.9	1.0
9 COMPLICATIONS OF PLACENTA,ETC. (762)	NUMBER..		842	838	818	20	4
	RATE..		23.1	23.0	22.5	.5	.1
10 PNEUMONIA AND INFLUENZA (480-487)	NUMBER..		732	158	83	75	574
	RATE..		20.1	4.3	2.3	2.1	15.8
... ALL OTHER CAUSES (RESIDUAL)	NUMBER..		1,840	599	381	218	1,241
	RATE..		50.6	16.5	10.5	6.0	34.1

DOCUMENTATION TABLE 5

LIVE BIRTHS BY BIRTH WEIGHT AND RACE OF CHILD AND INFANT DEATHS AND INFANT MORTALITY RATES BY AGE AT DEATH, BIRTH WEIGHT, AND RACE OF CHILD FOR 10 LEADING CAUSES OF INFANT DEATH: UNITED STATES, 1983 BIRTH COHORT

(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 100,000 LIVE BIRTHS)

CAUSE OF DEATH, BIRTH WEIGHT, AND RACE OF CHILD		LIVE BIRTHS	INFANT DEATHS	TOTAL NEONATAL	EARLY NEONATAL	LATE NEONATAL	POST-NEONATAL
ALL RACES 1/, LESS THAN 2,500 GRAMS							
... ALL CAUSES	NUMBER..	247,818	23,163	18,726	16,479	2,247	4,437
	RATE..		9,346.8	7,556.4	6,649.6	906.7	1,790.4
1 CONGENITAL ANOMALIES (740-759)	NUMBER..		3,801	3,048	2,647	401	753
	RATE..		1,533.8	1,229.9	1,068.1	161.8	303.9
2 SUDDEN INFANT DEATH SYNDROME (798.0)	NUMBER..		1,076	60	3	57	1,016
	RATE..		434.2	24.2	1.2	23.0	410.0
3 RESPIRATORY DISTRESS SYNDROME (769)	NUMBER..		3,379	3,158	2,683	475	221
	RATE..		1,363.5	1,274.3	1,082.6	191.7	89.2
4 PREMATURITY (765)	NUMBER..		2,912	2,880	2,853	27	32
	RATE..		1,175.1	1,162.1	1,151.2	10.9	12.9
5 MATERNAL COMPLICATIONS (761)	NUMBER..		1,286	1,279	1,270	9	7
	RATE..		518.9	516.1	512.5	3.6	2.8
6 HYPOXIA AND ASPHYXIA (768)	NUMBER..		673	648	590	58	25
	RATE..		271.6	261.5	238.1	23.4	10.1
7 ACCIDENTS (E800-E949)	NUMBER..		138	23	9	14	115
	RATE..		55.7	9.3	3.6	5.6	46.4
8 INFECTIONS (771)	NUMBER..		598	569	391	178	29
	RATE..		241.3	229.6	157.8	71.8	11.7
9 COMPLICATIONS OF PLACENTA,ETC. (762)	NUMBER..		665	664	656	8	1
	RATE..		268.3	267.9	264.7	3.2	.4
10 PNEUMONIA AND INFLUENZA (480-487)	NUMBER..		228	66	37	29	162
	RATE..		92.0	26.6	14.9	11.7	65.4
... ALL OTHER CAUSES (RESIDUAL)	NUMBER..		815	322	212	110	493
	RATE..		328.9	129.9	85.5	44.4	198.9

DOCUMENTATION TABLE 5

LIVE BIRTHS BY BIRTH WEIGHT AND RACE OF CHILD AND INFANT DEATHS AND INFANT MORTALITY RATES BY AGE AT DEATH, BIRTH WEIGHT, AND RACE OF CHILD FOR 10 LEADING CAUSES OF INFANT DEATH: UNITED STATES, 1983 BIRTH COHORT

(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 100,000 LIVE BIRTHS)

CAUSE OF DEATH, BIRTH WEIGHT, AND RACE OF CHILD		LIVE BIRTHS	INFANT DEATHS	TOTAL NEONATAL	EARLY NEONATAL	LATE NEONATAL	POST-NEONATAL
ALL RACES 1/, 2,500 GRAMS OR MORE							
... ALL CAUSES	NUMBER..	3,385,912	15,357	6,008	4,171	1,837	9,349
	RATE..		453.6	177.4	123.2	54.3	276.1
1 CONGENITAL ANOMALIES (740-759)	NUMBER..		4,538	3,069	2,300	769	1,469
	RATE..		134.0	90.6	67.9	22.7	43.4
2 SUDDEN INFANT DEATH SYNDROME (798.0)	NUMBER..		4,189	329	35	294	3,860
	RATE..		123.7	9.7	1.0	8.7	114.0
3 RESPIRATORY DISTRESS SYNDROME (769)	NUMBER..		141	129	102	27	12
	RATE..		4.2	3.8	3.0	.8	.4
4 PREMATURITY (765)	NUMBER..		81	79	75	4	2
	RATE..		2.4	2.3	2.2	.1	.1
5 MATERNAL COMPLICATIONS (761)	NUMBER..		30	28	28	-	2
	RATE..		.9	.8	.8	-	.1
6 HYPOXIA AND ASPHYXIA (768)	NUMBER..		452	407	320	87	45
	RATE..		13.3	12.0	9.5	2.6	1.3
7 ACCIDENTS (E800-E949)	NUMBER..		729	43	10	33	686
	RATE..		21.5	1.3	.3	1.0	20.3
8 INFECTIONS (771)	NUMBER..		236	228	156	72	8
	RATE..		7.0	6.7	4.6	2.1	.2
9 COMPLICATIONS OF PLACENTA,ETC. (762)	NUMBER..		124	121	110	11	3
	RATE..		3.7	3.6	3.2	.3	.1
10 PNEUMONIA AND INFLUENZA (480-487)	NUMBER..		499	90	44	46	409
	RATE..		14.7	2.7	1.3	1.4	12.1
.. ALL OTHER CAUSES (RESIDUAL)	NUMBER..		1,005	264	159	105	741
	RATE..		29.7	7.8	4.7	3.1	21.9

DOCUMENTATION TABLE 5

LIVE BIRTHS BY BIRTH WEIGHT AND RACE OF CHILD AND INFANT DEATHS AND INFANT MORTALITY RATES BY AGE AT DEATH, BIRTH WEIGHT, AND RACE OF CHILD FOR 10 LEADING CAUSES OF INFANT DEATH: UNITED STATES, 1983 BIRTH COHORT

(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 100,000 LIVE BIRTHS)

CAUSE OF DEATH, BIRTH WEIGHT, AND RACE OF CHILD	LIVE BIRTHS	INFANT DEATHS	TOTAL NEONATAL	EARLY NEONATAL	LATE NEONATAL	POST-NEONATAL
ALL RACES 1/, NOT STATED BIRTH WEIGHT						
... ALL CAUSES.....NUMBER..	5,383	1,163	1,096	1,039	57	67
RATE..		21,605.1	20,360.4	19,301.5	1,058.9	1,244.7
1 CONGENITAL ANOMALIES (740-759).....NUMBER..		229	209	196	13	20
RATE..		4,254.1	3,882.6	3,641.1	241.5	371.5
2 SUDDEN INFANT DEATH SYNDROME (798.0)..NUMBER..		6	-	-	-	6
RATE..		111.5	-	-	-	111.5
3 RESPIRATORY DISTRESS SYNDROME (769)...NUMBER..		76	75	67	8	1
RATE..		1,411.9	1,393.3	1,244.7	148.6	18.6
4 PREMATURITY (765).....NUMBER..		242	242	241	1	-
RATE..		4,495.6	4,495.6	4,477.1	18.6	-
5 MATERNAL COMPLICATIONS (761).....NUMBER..		117	117	117	-	-
RATE..		2,173.5	2,173.5	2,173.5	-	-
6 HYPOXIA AND ASPHYXIA (768).....NUMBER..		55	53	47	6	2
RATE..		1,021.7	984.6	873.1	111.5	37.2
7 ACCIDENTS (E800-E949).....NUMBER..		3	3	3	-	-
RATE..		55.7	55.7	55.7	-	-
8 INFECTIONS (771).....NUMBER..		11	11	10	1	-
RATE..		204.3	204.3	185.8	18.6	-
9 COMPLICATIONS OF PLACENTA,ETC. (762)..NUMBER..		53	53	52	1	-
RATE..		984.6	984.6	966.0	18.6	-
10 PNEUMONIA AND INFLUENZA (480-487).....NUMBER..		5	2	2	-	3
RATE..		92.9	37.2	37.2	-	55.7
... ALL OTHER CAUSES (RESIDUAL).....NUMBER..		20	13	10	3	7
RATE..		371.5	241.5	185.8	55.7	130.0

DOCUMENTATION TABLE 5

LIVE BIRTHS BY BIRTH WEIGHT AND RACE OF CHILD AND INFANT DEATHS AND INFANT MORTALITY RATES BY AGE AT DEATH, BIRTH WEIGHT, AND RACE OF CHILD FOR 10 LEADING CAUSES OF INFANT DEATH: UNITED STATES, 1983 BIRTH COHORT

(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 100,000 LIVE BIRTHS)

CAUSE OF DEATH, BIRTH WEIGHT, AND RACE OF CHILD		LIVE BIRTHS	INFANT DEATHS	TOTAL NEONATAL	EARLY NEONATAL	LATE NEONATAL	POST-NEONATAL
WHITE, ALL BIRTH WEIGHTS							
... ALL CAUSES	NUMBER..	2,904,381	27,094	17,786	14,858	2,928	9,308
	RATE..		932.9	612.4	511.6	100.8	320.5
1 CONGENITAL ANOMALIES (740-759)	NUMBER..		6,751	5,043	4,118	925	1,708
	RATE..		232.4	173.6	141.8	31.8	58.8
2 SUDDEN INFANT DEATH SYNDROME (798.0)	NUMBER..		3,533	247	24	223	3,286
	RATE..		121.6	8.5	.8	7.7	113.1
3 RESPIRATORY DISTRESS SYNDROME (769)	NUMBER..		2,561	2,414	2,034	380	147
	RATE..		88.2	83.1	70.0	13.1	5.1
4 PREMATURITY (765)	NUMBER..		1,833	1,815	1,794	21	18
	RATE..		63.1	62.5	61.8	.7	.6
5 MATERNAL COMPLICATIONS (761)	NUMBER..		975	969	962	7	6
	RATE..		33.6	33.4	33.1	.2	.2
6 HYPOXIA AND ASPHYXIA (768)	NUMBER..		804	756	654	102	48
	RATE..		27.7	26.0	22.5	3.5	1.7
7 ACCIDENTS (E800-E949)	NUMBER..		573	42	14	28	531
	RATE..		19.7	1.4	.5	1.0	18.3
8 INFECTIONS (771)	NUMBER..		589	563	386	177	26
	RATE..		20.3	19.4	13.3	6.1	.9
9 COMPLICATIONS OF PLACENTA,ETC. (762)	NUMBER..		599	595	583	12	4
	RATE..		20.6	20.5	20.1	.4	.1
10 PNEUMONIA AND INFLUENZA (480-487)	NUMBER..		438	102	55	47	336
	RATE..		15.1	3.5	1.9	1.6	11.6
... ALL OTHER CAUSES (RESIDUAL)	NUMBER..		1,214	428	276	152	786
	RATE..		41.8	14.7	9.5	5.2	27.1

DOCUMENTATION TABLE 5

LIVE BIRTHS BY BIRTH WEIGHT AND RACE OF CHILD AND INFANT DEATHS AND INFANT MORTALITY RATES BY AGE AT DEATH, BIRTH WEIGHT, AND RACE OF CHILD FOR 10 LEADING CAUSES OF INFANT DEATH: UNITED STATES, 1983 BIRTH COHORT

(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 100,000 LIVE BIRTHS)

CAUSE OF DEATH, BIRTH WEIGHT, AND RACE OF CHILD		LIVE BIRTHS	INFANT DEATHS	TOTAL NEONATAL	EARLY NEONATAL	LATE NEONATAL	POST-NEONATAL
WHITE, LESS THAN 2,500 GRAMS							
... ALL CAUSES	NUMBER..	164,520	15,207	12,535	11,009	1,526	2,672
	RATE..		9,243.3	7,619.1	6,691.6	927.5	1,624.1
1 CONGENITAL ANOMALIES (740-759)	NUMBER..		2,936	2,401	2,104	297	535
	RATE..		1,784.6	1,459.4	1,278.9	180.5	325.2
2 SUDDEN INFANT DEATH SYNDROME (798.0)	NUMBER..		607	31	1	30	576
	RATE..		369.0	18.8	.6	18.2	350.1
3 RESPIRATORY DISTRESS SYNDROME (769)	NUMBER..		2,415	2,276	1,920	356	139
	RATE..		1,467.9	1,383.4	1,167.0	216.4	84.5
4 PREMATURITY (765)	NUMBER..		1,669	1,652	1,634	18	17
	RATE..		1,014.5	1,004.1	993.2	10.9	10.3
5 MATERNAL COMPLICATIONS (761)	NUMBER..		880	875	868	7	5
	RATE..		534.9	531.9	527.6	4.3	3.0
6 HYPOXIA AND ASPHYXIA (768)	NUMBER..		425	412	376	36	13
	RATE..		258.3	250.4	228.5	21.9	7.9
7 ACCIDENTS (E800-E949)	NUMBER..		75	13	6	7	62
	RATE..		45.6	7.9	3.6	4.3	37.7
8 INFECTIONS (771)	NUMBER..		395	376	258	118	19
	RATE..		240.1	228.5	156.8	71.7	11.5
9 COMPLICATIONS OF PLACENTA,ETC. (762)	NUMBER..		479	478	472	6	1
	RATE..		291.2	290.5	286.9	3.6	.6
10 PNEUMONIA AND INFLUENZA (480-487)	NUMBER..		111	33	19	14	78
	RATE..		67.5	20.1	11.5	8.5	47.4
... ALL OTHER CAUSES (RESIDUAL)	NUMBER..		517	224	150	74	293
	RATE..		314.2	136.2	91.2	45.0	178.1

DOCUMENTATION TABLE 5

LIVE BIRTHS BY BIRTH WEIGHT AND RACE OF CHILD AND INFANT DEATHS AND INFANT MORTALITY RATES BY AGE AT DEATH, BIRTH WEIGHT, AND RACE OF CHILD FOR 10 LEADING CAUSES OF INFANT DEATH: UNITED STATES, 1983 BIRTH COHORT

(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 100,000 LIVE BIRTHS)

CAUSE OF DEATH, BIRTH WEIGHT, AND RACE OF CHILD		LIVE BIRTHS	INFANT DEATHS	TOTAL NEONATAL	EARLY NEONATAL	LATE NEONATAL	POST-NEONATAL
WHITE, 2,500 GRAMS OR MORE							
... ALL CAUSES	NUMBER..	2,735,714	11,155	4,567	3,207	1,360	6,588
	RATE..		407.8	166.9	117.2	49.7	240.8
1 CONGENITAL ANOMALIES (740-759)	NUMBER..		3,631	2,475	1,858	617	1,156
	RATE..		132.7	90.5	67.9	22.6	42.3
2 SUDDEN INFANT DEATH SYNDROME (798.0)	NUMBER..		2,923	216	23	193	2,707
	RATE..		106.8	7.9	.8	7.1	99.0
3 RESPIRATORY DISTRESS SYNDROME (769)	NUMBER..		94	87	68	19	7
	RATE..		3.4	3.2	2.5	.7	.3
4 PREMATURITY (765)	NUMBER..		47	46	44	2	1
	RATE..		1.7	1.7	1.6	.1	.0
5 MATERNAL COMPLICATIONS (761)	NUMBER..		18	17	17	-	1
	RATE..		.7	.6	.6	-	.0
6 HYPOXIA AND ASPHYXIA (768)	NUMBER..		339	306	244	62	33
	RATE..		12.4	11.2	8.9	2.3	1.2
7 ACCIDENTS (E800-E949)	NUMBER..		495	26	5	21	469
	RATE..		18.1	1.0	.2	.8	17.1
8 INFECTIONS (771)	NUMBER..		186	179	121	58	7
	RATE..		6.8	6.5	4.4	2.1	.3
9 COMPLICATIONS OF PLACENTA,ETC. (762)	NUMBER..		85	82	77	5	3
	RATE..		3.1	3.0	2.8	.2	.1
10 PNEUMONIA AND INFLUENZA (480-487)	NUMBER..		324	68	35	33	256
	RATE..		11.8	2.5	1 3	1 2	9.4
... ALL OTHER CAUSES (RESIDUAL)	NUMBER..		685	197	120	77	488
	RATE..		25.0	7.2	4.4	2.8	17.8

DOCUMENTATION TABLE 5

LIVE BIRTHS BY BIRTH WEIGHT AND RACE OF CHILD AND INFANT DEATHS AND INFANT MORTALITY RATES BY AGE AT DEATH, BIRTH WEIGHT, AND RACE OF CHILD FOR 10 LEADING CAUSES OF INFANT DEATH: UNITED STATES, 1983 BIRTH COHORT

(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 100,000 LIVE BIRTHS)

CAUSE OF DEATH, BIRTH WEIGHT, AND RACE OF CHILD		LIVE BIRTHS	INFANT DEATHS	TOTAL NEONATAL	EARLY NEONATAL	LATE NEONATAL	POST-NEONATAL
WHITE, NOT STATED BIRTH WEIGHT							
... ALL CAUSES	NUMBER..	4,147	732	684	642	42	48
	RATE..		17,651.3	16,493.9	15,481.1	1,012.8	1,157.5
1 CONGENITAL ANOMALIES (740-759)	NUMBER..		184	167	156	11	17
	RATE..		4,436.9	4,027.0	3,761.8	265.3	409.9
2 SUDDEN INFANT DEATH SYNDROME (798.0)	NUMBER..		3	-	-	-	3
	RATE..		72.3	-	-	-	72.3
3 RESPIRATORY DISTRESS SYNDROME (769)	NUMBER..		52	51	46	5	1
	RATE..		1,253.9	1,229.8	1,109.2	120.6	24.1
4 PREMATURITY (765)	NUMBER..		117	117	116	1	-
	RATE..		2,821.3	2,821.3	2,797.2	24.1	-
5 MATERNAL COMPLICATIONS (761)	NUMBER..		77	77	77	-	-
	RATE..		1,856.8	1,856.8	1,856.8	-	-
6 HYPOXIA AND ASPHYXIA (768)	NUMBER..		40	38	34	4	2
	RATE..		964.6	916.3	819.9	96.5	48.2
7 ACCIDENTS (E800-E949)	NUMBER..		3	3	3	-	-
	RATE..		72.3	72.3	72.3	-	-
8 INFECTIONS (771)	NUMBER..		8	8	7	1	-
	RATE..		192.9	192.9	168.8	24.1	-
9 COMPLICATIONS OF PLACENTA,ETC. (762)	NUMBER..		35	35	34	1	-
	RATE..		844.0	844.0	819.9	24.1	-
10 PNEUMONIA AND INFLUENZA (480-487)	NUMBER..		3	1	1	-	2
	RATE..		72.3	24.1	24.1	-	48.2
... ALL OTHER CAUSES (RESIDUAL)	NUMBER..		12	7	6	1	5
	RATE..		289.4	168.8	144.7	24.1	120.6

DOCUMENTATION TABLE 5

LIVE BIRTHS BY BIRTH WEIGHT AND RACE OF CHILD AND INFANT DEATHS AND INFANT MORTALITY RATES BY AGE AT DEATH, BIRTH WEIGHT, AND RACE OF CHILD FOR 10 LEADING CAUSES OF INFANT DEATH: UNITED STATES, 1983 BIRTH COHORT

(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 100,000 LIVE BIRTHS)

CAUSE OF DEATH, BIRTH WEIGHT, AND RACE OF CHILD		LIVE BIRTHS	INFANT DEATHS	TOTAL NEONATAL	EARLY NEONATAL	LATE NEONATAL	POST-NEONATAL
BLACK, ALL BIRTH WEIGHTS							
... ALL CAUSES	NUMBER..	586,085	11,087	7,202	6,151	1,051	3,885
	RATE..		1,891.7	1,228.8	1,049.5	179.3	662.9
1 CONGENITAL ANOMALIES (740-759)	NUMBER..		1,455	1,030	827	203	425
	RATE..		248.3	175.7	141.1	34.6	72.5
2 SUDDEN INFANT DEATH SYNDROME (798.0)	NUMBER..		1,480	122	12	110	1,358
	RATE..		252.5	20.8	2.0	18.8	231.7
3 RESPIRATORY DISTRESS SYNDROME (769)	NUMBER..		928	853	739	114	75
	RATE..		158.3	145.5	126.1	19.5	12.8
4 PREMATURITY (765)	NUMBER..		1,328	1,312	1,301	11	16
	RATE..		226.6	223.9	222.0	1.9	2.7
5 MATERNAL COMPLICATIONS (761)	NUMBER..		425	422	420	2	3
	RATE..		72.5	72.0	71.7	.3	.5
6 HYPOXIA AND ASPHYXIA (768)	NUMBER..		332	314	272	42	18
	RATE..		56.6	53.6	46.4	7.2	3.1
7 ACCIDENTS (E800-E949)	NUMBER..		263	24	8	16	239
	RATE..		44.9	4.1	1.4	2.7	40.8
8 INFECTIONS (771)	NUMBER..		218	208	141	67	10
	RATE..		37.2	35.5	24.1	11.4	1.7
9 COMPLICATIONS OF PLACENTA,ETC. (762)	NUMBER..		212	212	206	6	-
	RATE..		36.2	36.2	35.1	1.0	-
10 PNEUMONIA AND INFLUENZA (480-487)	NUMBER..		252	52	27	25	200
	RATE..		43.0	8.9	4.6	4.3	34 1
... ALL OTHER CAUSES (RESIDUAL)	NUMBER..		539	144	88	56	395
	RATE..		92.0	24.6	15.0	9.6	67.4

DOCUMENTATION TABLE 5

LIVE BIRTHS BY BIRTH WEIGHT AND RACE OF CHILD AND INFANT DEATHS AND INFANT MORTALITY RATES BY AGE AT DEATH, BIRTH WEIGHT, AND RACE OF CHILD FOR 10 LEADING CAUSES OF INFANT DEATH: UNITED STATES, 1983 BIRTH COHORT

(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 100,000 LIVE BIRTHS)

CAUSE OF DEATH, BIRTH WEIGHT, AND RACE OF CHILD		LIVE BIRTHS	INFANT DEATHS	TOTAL NEONATAL	EARLY NEONATAL	LATE NEONATAL	POST-NEONATAL
BLACK, LESS THAN 2,500 GRAMS							
... ALL CAUSES	NUMBER..	73,653	7,214	5,620	4,976	644	1,594
	RATE..		9,794.6	7,630.4	6,756.0	874.4	2,164.2
1 CONGENITAL ANOMALIES (740-759)	NUMBER..		700	517	432	85	183
	RATE..		950.4	701.9	586.5	115.4	248.5
2 SUDDEN INFANT DEATH SYNDROME (798.0)	NUMBER..		425	26	2	24	399
	RATE..		577.0	35.3	2.7	32.6	541.7
3 RESPIRATORY DISTRESS SYNDROME (769)	NUMBER..		868	798	694	104	70
	RATE..		1,178.5	1,083.5	942.3	141.2	95.0
4 PREMATURITY (765)	NUMBER..		1,175	1,160	1,151	9	15
	RATE..		1,595.3	1,575.0	1,562.7	12.2	20.4
5 MATERNAL COMPLICATIONS (761)	NUMBER..		377	375	373	2	2
	RATE..		511.9	509.1	506.4	2.7	2.7
6 HYPOXIA AND ASPHYXIA (768)	NUMBER..		220	210	192	18	10
	RATE..		298.7	285.1	260.7	24.4	13.6
7 ACCIDENTS (E800-E949)	NUMBER..		58	8	3	5	50
	RATE..		78.7	10.9	4.1	6.8	67.9
8 INFECTIONS (771)	NUMBER..		171	162	108	54	9
	RATE..		232.2	220.0	146.6	73.3	12.2
9 COMPLICATIONS OF PLACENTA,ETC. (762)	NUMBER..		166	166	165	1	-
	RATE..		225.4	225.4	224.0	1.4	-
10 PNEUMONIA AND INFLUENZA (480-487)	NUMBER..		108	32	18	14	76
	RATE..		146.6	43.4	24.4	19.0	103.2
... ALL OTHER CAUSES (RESIDUAL)	NUMBER..		274	89	54	35	185
	RATE..		372.0	120.8	73.3	47.5	251.2

DOCUMENTATION TABLE 5

LIVE BIRTHS BY BIRTH WEIGHT AND RACE OF CHILD AND INFANT DEATHS AND INFANT MORTALITY RATES BY AGE AT DEATH, BIRTH WEIGHT, AND RACE OF CHILD FOR 10 LEADING CAUSES OF INFANT DEATH: UNITED STATES, 1983 BIRTH COHORT

(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 100,000 LIVE BIRTHS)

CAUSE OF DEATH, BIRTH WEIGHT, AND RACE OF CHILD		LIVE BIRTHS	INFANT DEATHS	TOTAL NEONATAL	EARLY NEONATAL	LATE NEONATAL	POST-NEONATAL
BLACK, 2,500 GRAMS OR MORE							
... ALL CAUSES	NUMBER..	511,416	3,485	1,210	816	394	2,275
	RATE..		681.4	236.6	159.6	77.0	444.8
1 CONGENITAL ANOMALIES (740-759)	NUMBER..		721	481	364	117	240
	RATE..		141.0	94.1	71.2	22.9	46.9
2 SUDDEN INFANT DEATH SYNDROME (798.0)	NUMBER..		1,053	96	10	86	957
	RATE..		205.9	18.8	2.0	16.8	187.1
3 RESPIRATORY DISTRESS SYNDROME (769)	NUMBER..		42	37	30	7	5
	RATE..		8.2	7.2	5.9	1.4	1.0
4 PREMATURITY (765)	NUMBER..		31	30	28	2	1
	RATE..		6.1	5.9	5.5	.4	.2
5 MATERNAL COMPLICATIONS (761)	NUMBER..		11	10	10	-	1
	RATE..		2.2	2.0	2.0	-	.2
6 HYPOXIA AND ASPHYXIA (768)	NUMBER..		97	89	67	22	8
	RATE..		19.0	17.4	13.1	4.3	1.6
7 ACCIDENTS (E800-E949)	NUMBER..		205	16	5	11	189
	RATE..		40.1	3.1	1.0	2.2	37.0
8 INFECTIONS (771)	NUMBER..		44	43	30	13	1
	RATE..		8.6	8.4	5.9	2.5	.2
9 COMPLICATIONS OF PLACENTA,ETC. (762)	NUMBER..		31	31	26	5	-
	RATE..		6.1	6.1	5.1	1.0	-
10 PNEUMONIA AND INFLUENZA (480-487)	NUMBER..		142	19	8	11	123
	RATE..		27.8	3.7	1.6	2.2	24.1
... ALL OTHER CAUSES (RESIDUAL)	NUMBER..		260	52	32	20	208
	RATE..		50.8	10.2	6.3	3.9	40.7

DOCUMENTATION TABLE 5

LIVE BIRTHS BY BIRTH WEIGHT AND RACE OF CHILD AND INFANT DEATHS AND INFANT MORTALITY RATES BY AGE AT DEATH, BIRTH WEIGHT, AND RACE OF CHILD FOR 10 LEADING CAUSES OF INFANT DEATH: UNITED STATES, 1983 BIRTH COHORT

(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 100,000 LIVE BIRTHS)

CAUSE OF DEATH, BIRTH WEIGHT, AND RACE OF CHILD		LIVE BIRTHS	INFANT DEATHS	TOTAL NEONATAL	EARLY NEONATAL	LATE NEONATAL	POST-NEONATAL
BLACK, NOT STATED BIRTH WEIGHT							
... ALL CAUSES	NUMBER..	1,016	388	372	359	13	16
	RATE..		38,189.0	36,614.2	35,334.6	1,279.5	1,574.8
1 CONGENITAL ANOMALIES (740-759)	NUMBER..		34	32	31	1	2
	RATE..		3,346.5	3,149.6	3,051.2	98.4	196.9
2 SUDDEN INFANT DEATH SYNDROME (798.0)	NUMBER..		2	-	-	-	2
	RATE..		196.9	-	-	-	196.9
3 RESPIRATORY DISTRESS SYNDROME (769)	NUMBER..		18	18	15	3	-
	RATE..		1,771.7	1,771.7	1,476.4	295.3	-
4 PREMATURITY (765)	NUMBER..		122	122	122	-	-
	RATE..		12,007.9	12,007.9	12,007.9	-	-
5 MATERNAL COMPLICATIONS (761)	NUMBER..		37	37	37	-	-
	RATE..		3,641.7	3,641.7	3,641.7	-	-
6 HYPOXIA AND ASPHYXIA (768)	NUMBER..		15	15	13	2	-
	RATE..		1,476.4	1,476.4	1,279.5	196.9	-
7 ACCIDENTS (E800-E949)	NUMBER..		-	-	-	-	-
	RATE..		-	-	-	-	-
8 INFECTIONS (771)	NUMBER..		3	3	3	-	-
	RATE..		295.3	295.3	295.3	-	-
9 COMPLICATIONS OF PLACENTA,ETC. (762)	NUMBER..		15	15	15	-	-
	RATE..		1,476.4	1,476.4	1,476.4	-	-
10 PNEUMONIA AND INFLUENZA (480-487)	NUMBER..		2	1	1	-	1
	RATE..		196.9	98.4	98.4	-	98.4
... ALL OTHER CAUSES (RESIDUAL)	NUMBER..		5	3	2	1	2
	RATE..		492.1	295.3	196.9	98.4	196.9

1/ INCLUDES RACES OTHER THAN WHITE AND BLACK

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] as follows:

> 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 section on fetal deaths in the Technical Appendix of volume II of this report). In the interest of comparable natality statistics, both the Statistical Commission of the United Nations and the National Center for Health Statistics 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. At present 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 Trust Territory of the Pacific 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. Tabulations for Puerto Rico, the Virgin Islands, and Guam are shown separately in section 3 of this volume.

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 the period 1909–34[4] (table 1–1). These estimates include adjustments both for underregistration and for States that were not part of the birth-registration area before 1933.

SOURCES OF DATA

Natality statistics

Natality statistics for 1983 are based on information from two sources. Statistics for 46 States are based on the total file of records received on computer data tapes coded by the States and provided to the National Center for Health Statistics (NCHS) through the Vital Statistics Cooperative Program. Statistics for the remaining States (Arizona, California, Delaware, and Georgia) and the District of Columbia are based on information obtained from a 50-percent sample of microfilm copies of all live-birth certificates filed in these States. NCHS receives these tapes and microfilm copies from the registration offices of each State, the District of Columbia, and New York City.

Records from the Virgin Islands are received in the form of microfilm copies of birth certificates; those from Guam are received as photocopies of original birth certificates; and those from Puerto Rico are received as computer tapes through the Vital Statistics Cooperative Program. Natality data for 1983 for these areas are based on the total file of records. Before 1977 Puerto Rican records were sampled on a 50-percent basis. Information for previous years for these three areas 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.

When the microfilmed data are received from the various registration offices, the information on the sampled microfilm records is coded onto magnetic tape for the computer, which then edits all the taped records and produces tabulations of natality statistics adjusted for sampling factors.

U.S. natality data are limited to births occurring within the United States, including those occurring to U.S. resi-

dents and nonresidents. Births to nonresidents of the United States are excluded from all tabulations by place of residence beginning in 1970. (See "Classification by occurrence and residence" for further discussion.) 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 the fields of 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.

1978 revision—Effective January 1, 1978, a revised U.S. Standard Certificate of Live Birth (figure 4–A) replaced the 1968 revision. Changes on the 1978 standard certificate include a new item on 1- and 5-minute Apgar

FIGURE 4–A.

Form Approved
OMB No. 68R 1900

TYPE OR PRINT IN PERMANENT INK FOR INSTRUCTIONS SEE HANDBOOK

U.S. STANDARD

CERTIFICATE OF LIVE BIRTH

LOCAL FILE NUMBER

BIRTH NUMBER

CHILD

1. CHILD—NAME (First, Middle, Last) | 2. SEX | 3a. DATE OF BIRTH (Mo., Day, Yr.) | 3b. HOUR

4a. HOSPITAL—NAME (If not in hospital, give street and number) | 4b. CITY, TOWN OR LOCATION OF BIRTH | 4c. COUNTY OF BIRTH

CERTIFIER

I certify that the stated information concerning this child is true to the best of my knowledge and belief.

5a. (Signature) ▶ | 5b. DATE SIGNED (Mo., Day, Yr.) | 5c. NAME AND TITLE OF ATTENDANT AT BIRTH IF OTHER THAN CERTIFIER (Type or print)

5d. CERTIFIER—NAME AND TITLE (Type or print) | 5e. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)

6a. REGISTRAR (Signature) ▶ | 6b. DATE RECEIVED BY REGISTRAR (Month, Day, Year)

MOTHER

7a. MOTHER—MAIDEN NAME (First, Middle, Last) | 7b. AGE (At time of this birth) | 7c. STATE OF BIRTH (If not in U.S.A., name country)

8a. RESIDENCE—STATE | 8b. COUNTY | 8c. CITY, TOWN OR LOCATION | 8d. STREET AND NUMBER OF RESIDENCE | 8e. INSIDE CITY LIMITS (Specify yes or no)

9. MOTHER'S MAILING ADDRESS—If same as above, enter Zip Code only

FATHER

10a. FATHER—NAME (First, Middle, Last) | 10b. AGE (At time of this birth) | 10c. STATE OF BIRTH (If not in U.S.A., name country)

11a. I certify that the personal information provided on this certificate is correct to the best of my knowledge and belief. (Signature of Parent or other informant) ▶ | 11b. RELATION TO CHILD

INFORMATION FOR MEDICAL AND HEALTH USE ONLY

12. RACE—MOTHER (e.g., White, Black, American Indian, etc.) (Specify)

13. RACE—FATHER (e.g., White, Black, American Indian, etc.) (Specify)

14. BIRTH WEIGHT

15a. THIS BIRTH—Single, twin, triplet, etc. (Specify)

15b. IF NOT SINGLE BIRTH—Born first, second, third, etc. (Specify)

16. IS MOTHER MARRIED? (Specify yes or no)

PREGNANCY HISTORY (Complete each section)

LIVE BIRTHS (Do not include this Child)		OTHER TERMINATIONS (Spontaneous and Induced)	
17a. Now living	17b. Now dead	17d. Before 20 weeks	17e. After 20 weeks
Number	Number	Number	Number
None ☐	None ☐	None ☐	None ☐

17c. DATE OF LAST LIVE BIRTH (Month, Year)

17f. DATE OF LAST OTHER TERMINATION (Month, Year)

18. EDUCATION—MOTHER (Specify only highest grade completed)

Elementary or Secondary (0-12)	College (1-4 or 5+)

19. EDUCATION—FATHER (Specify only highest grade completed)

Elementary or Secondary (0-12)	College (1-4 or 5+)

20. DATE LAST NORMAL MENSES BEGAN (Month, Day, Year)

21a. MONTH OF PREGNANCY PRENATAL CARE BEGAN (First, second, etc.) (Specify)

21b. PRENATAL VISITS Total number (If none, so state)

22. APGAR SCORE | 1 min | 5 min | 22a. | 23b.

23. COMPLICATIONS OF PREGNANCY (Describe or write "none")

24. CONCURRENT ILLNESSES OR CONDITIONS AFFECTING THE PREGNANCY (Describe or write "none")

25. COMPLICATIONS OF LABOR AND/OR DELIVERY (Describe or write "none")

26. CONGENITAL MALFORMATIONS OR ANOMALIES OF CHILD (Describe or write "none")

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE—PUBLIC HEALTH SERVICE—NATIONAL CENTER FOR HEALTH STATISTICS

DEATH UNDER ONE YEAR OF AGE Enter State File Number of death certificate for this child

MULTIPLE BIRTHS Enter State File Number for mate(s)

LIVE BIRTH(S)

FETAL DEATH(S)

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Rev. 1/78

scores, the deletion of the item on birth injuries, and revisions of the items on legitimacy status and previous pregnancies.

The item on legitimacy status was changed to read "Is mother married?" This is now a factual piece of information about the mother rather than an attribute ascribed to the child, and the person completing the record does not have the responsibility for making what may be a legal determination.

The item on previous deliveries was changed to pregnancy history and expanded to include two categories of fetal loss, before and after 20 completed weeks of gestation. This change provides information on two groups that are of interest in medical research and emphasizes the fact that all previous fetal losses should be included, both spontaneous and induced, regardless of length of gestation. 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 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, 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, 1983," *NCHS Instruction Manual*, Part 3a. The classification of certain important items is discussed in the following pages.

Classification by occurrence and residence

All but three tabulations for States and other areas within the United States are by place of mother's residence. These three tabulations (1–49, 1–50, and 2–1) show births by place of occurrence. 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 had 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. In 1983 births to residents of Mexico constituted 84.7 percent of the 3,888 nonresident births in the United States. No evaluation of the effect of the change in procedure between 1965 and 1966 has been made.

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 1983 is given in another manual, "Vital Records Geographic Classification, 1982."

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.

Standard metropolitan statistical areas—The standard metropolitan statistical areas (SMSA's) used in this report are those established by the U.S. Office of Management and Budget from final 1980 census population counts[5] and used by the U.S. Bureau of the Census except in the New England States.

Except in the New England States, an SMSA is a county or a group of contiguous counties containing either a city of 50,000 inhabitants or more or an urbanized area of 50,000 with a total metropolitan population of at least

100,000. In addition to the county or counties containing such a city or urbanized area, contiguous counties are included in an SMSA if, according to specified criteria, they are essentially metropolitan in character and are socially and economically integrated with the central city or urbanized area.[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 SMSA's. The National Center for Health Statistics cannot, however, use the SMSA 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 and are made up of county units.[6,7]

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

Population-size groups—Beginning in 1982 vital statistics data for cities and certain other urban places are classified according to the population enumerated in the 1980 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 the years 1970–81 was determined by the population enumerated in the 1970 Census of Population. As a result of changes in the enumerated population between 1970 and 1980, 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, as there are no incorporated cities in the State.

Race or national origin

The race or national origin shown in a tabulation is that of the newborn child. Classification of the child's race or national origin for statistical purposes is based on the race or national origin of the parents. The categories are "White," "Black," "American Indian," "Chinese," "Japanese," "Hawaiian," "Filipino," "Other Asian or Pacific Islander," and "Other." 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" with Chinese, Japanese, Hawaiian, and Filipino.

If the parents are of different races or national origins, the following rules are used to assign race or national origin to the newborn child. When only one parent is white, the child is assigned the other parent's race or national origin. When neither parent is white, the child is assigned the father's race or national origin with one exception; if the mother is Hawaiian or part-Hawaiian, the child is assigned to Hawaiian. If race is missing for one parent, the child is assigned the race of the parent for whom race is given. When information on race is missing for both parents, the race of the child is considered not stated and the birth is allocated according to rules discussed in the section "Race or national origin not stated."

White—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.")

All other—The category "All Other" comprises black, American Indian, Chinese, Japanese, Hawaiian and part-Hawaiian, Filipino, other Asian or Pacific Islander including Asian Indian, and "Other." Aleuts and Eskimos are included in "American Indian."

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 from the entry for place of birth. If the birthplace is China, Japan, or the Philippines, the parent's race 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—The race of a child is considered not stated in those cases in which information for both parents is missing. Before 1964 all such cases were tabulated as white. From 1964 through 1968 the race of the child was allocated by the computer as follows. If the race on the preceding record were white the assignment was to white; otherwise the assignment was to black. Beginning in 1969 the race of the child has been allocated electronically according to the specific race of the child on the preceding record. Consequently, some of the not-stated frequencies that had previously been assigned to the black category may now be assigned to one of the other race or national origin categories.

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 parents' race in those years. Birth rates by race for those years are computed on a population base that excludes New Jersey. (For the method of estimating the U.S. population by age, sex, and race excluding New Jersey in 1962 and 1963, see *Vital Statistics of the United States, 1963*, Volume I, page 4–8.) Estimates of births to unmarried mothers by race for the United States, which include special estimates for New Jersey for 1962 and 1963, have been prepared and are shown in table 1–31.

Interracial parentage—The number of births for each racial or national origin group classified according to the child's race by the preceding rules differs from the number of births if classification were by the mother's race because of interracial parentage. For white and black births, the differences are relatively small. In 1983 there were 1.4 percent more white mothers than there were births classified as white and 4.0 percent fewer black mothers than births classified as black. The number of mothers of other racial and national origin groups was considerably lower than the number of births classified according to the child's race: American Indian, 20.6 percent; Chinese, 8.4 percent; Japanese, 17.3 percent; Hawaiian, 31.0 percent; Filipino, 6.9 percent; Other Asian and Pacific Islander, 6.4 percent; and Other, 24.3 percent.

Age of mother

The birth certificate asks for "Age (at time of this birth)." The age of the mother is edited for upper and lower limits. When mothers are reported to be under 10 years of age or 50 years and over, the age of the mother is considered not stated and is assigned as described below.

Age-specific birth rates shown in this report are based on populations of women by age, which are 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 1980 Census of Population derived age in completed years as of April 1, 1980, from the responses to questions on age at last birthday and month and year of birth, with the latter given preference. In the 1960 and the 1970 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 birth certificate question, which the 1950 test of matched birth and census records confirms by showing a high degree of consistency in the reporting of age in these two sources.[8]

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 age of mother—Beginning in 1964 birth records with age of mother not stated have been allocated 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 fetal deaths and live births). 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 and unknown 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 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 father's age is often missing on birth certificates of children born to unwed 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 which 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

Birth order and parity classifications shown in this volume refer to the total number of live births the mother has had including the 1983 birth. Fetal deaths are excluded.

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 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.

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 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.

Dates of last live birth and last fetal death

Date of last live birth and date of last fetal death were added to the U.S. Standard Certificate of Live Birth in 1968 for the purpose of providing information on child spacing and pregnancy intervals. Tabulations of these items were presented for the first time in 1969. In 1978 the item "Date of last fetal death" was reworded to "Date of last other termination" to ensure inclusion of both spontaneous fetal deaths and induced terminations of pregnancy. In 1983 this information was obtained from all States except Texas.

Intervals since last live birth and last other termination—These data are computed from the date of birth, date of last live birth, and date of last other termination. The interval since last live birth is the difference between the date of last live birth and the date of present birth; the interval since last other termination is the difference between the date of last other termination and the date of present birth. For an interval to be computed, both the month and year of the last live birth or the last other termination must be valid. These intervals are computed only for events to mothers who have had at least one previous delivery.

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

Interval since last pregnancy and outcome of last pregnancy—These data are derived from the computed intervals since the last live birth and the last other termination.

Before 1982, the outcome of the last pregnancy was considered not stated if the interval since either the last live birth or the last fetal death was not computed because only the year of the event was recorded. Beginning in 1982, the outcome of the last pregnancy was derived for such records if the year of the last live birth and the year of the last fetal death were not the same. The effect of this revised procedure is to reduce substantially the number of records with outcome of last pregnancy not stated.

In addition, for such records, the interval since the termination of the last pregnancy was determined if both the month and year were reported for the event immediately preceding the current live birth. Before 1982, the interval since the termination of the last pregnancy was considered not stated for such births.

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

Zero interval—An interval of zero months since the last live birth or fetal death 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. In 1983, data on education were obtained from 47 States and the District of Columbia, as indicated in table A.

The educational attainment of either parent is defined as "the number of years of school completed." Only those years completed in "regular" schools, that is, a formal educational system of public schools or the equivalent in accredited private or parochial schools, are counted. 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. For 41 States and the District of Columbia marital status of the mother was reported directly on the birth certificate in 1983 (see table A); for the remaining 9 States that lack this item, marital status was inferred from a comparison of the child's and parents' surnames. This procedure represents a substantial departure from the previous method used to prepare national estimates, which assumed that the inci-

Table A. Areas reporting selected items on the live-birth certificate: Each State, 1982

Area	Educational attainment of parents	Dates of last live birth and fetal death	Date last normal menstrual period began (LMP)	Number of prenatal visits	Marital status of mother	1-minute Apgar score	5-minute Apgar score	Ethnic origin	Hispanic origin
Alabama	X	X	X	X	X	X	X		
Alaska	X	X	X	X	X	X	X		
Arizona	X	X	X	X	X	X	X		X
Arkansas	X	X	X	X	X	X	X		X
California		X	X						X
Colorado	X	X	X	X	X	X	X	X	
Connecticut	X	X	X	X		X	X		
Delaware	X	X	X	X	X				
District of Columbia	X	X	X	X	X	X	X		X
Florida	X	X	X	X	X	X	X	X	
Georgia	X	X	X	X	X	X	X	X	
Hawaii	X	X	X	X	X	X	X		X
Idaho	X	X	X	X	X	X	X		
Illinois	X	X	X	X	X	X	X	X	
Indiana	X	X	X	X	X	X	X		X
Iowa	X	X	X	X	X	X	X		
Kansas	X	X	X	X	X	X	X	X	
Kentucky	X	X	X	X	X	X	X		
Louisiana	X	X	X	X	X	X	X		
Maine	X	X	X	X	X	X	X	X	
Maryland	X	X	X	X		X	X		
Massachusetts	X	X	X	X	X	X	X		
Michigan	X	X	X	X		X	X		
Minnesota	X	X	X	X	X	X	X		
Mississippi	X	X	X	X	X	X	X	X	
Missouri	X	X	X	X	X	X	X		
Montana	X	X	X	X		X	X		
Nebraska	X	X	X	X	X	X	X	X	
Nevada	X	X	X	X		X	X	X	
New Hampshire	X	X	X	X	X	X	X		
New Jersey	X	X	X	X	X	X	X	X	
New Mexico	X	X		X	X	X	X		X
New York	X	X	X	X		X	X	[1]X	[2]X
North Carolina	X	X	X	X	X	X	X		
North Dakota	X	X	X	X	X	X	X	X	
Ohio	X	X	X	X		X	X	X	
Oklahoma	X	X	X	X	X				
Oregon	X	X	X	X	X	X	X		
Pennsylvania	X	X	X	X	X	X	X		
Rhode Island	X	X	X	X	X	X	X		
South Carolina	X	X	X	X	X	X	X		
South Dakota	X	X	X	X	X	X	X		
Tennessee	X	X	X	X	X	X	X		X
Texas			X	X					X
Utah	X	X	X	X	X	X	X		X
Vermont	X	X	X	X	X	X	X		
Virginia	X	X	X	X	X	X	X		
Washington		X	X	X	X	X	X		
West Virginia	X	X	X	X	X	X	X		
Wisconsin	X	X	X	X	X	X	X		
Wyoming	X	X	X	X	X	X	X	X	

[1] New York City only.
[2] Excludes New York City.

dence 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. Ratios of births to unmarried women were computed by race for the reporting States in each geographic division, applied to all births in the division, and then summed to obtain national estimates by race. The figures by race were summed to yield the totals for the United States.

The new method attempts to use 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 and child's surnames are different and the mother's current surname is missing.

No adjustments are made during the data processing for errors in the reporting of marital status on the birth records of the 41 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 out-of-wedlock births are reported as second or higher order births, it is not known whether the mother's previous deliveries occurred out of wedlock, 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. In this volume, rates for 1955–83 are based on a smoothed series of population estimates.[9] Because of sampling error, the original Bureau of the Census population estimates fluctuate erratically from year to year; therefore, they have been smoothed so that the rates do not show similar variations. The rates shown in this volume differ from those published in issues of *Vital Statistics of the United States* before 1969, which were based on the original estimates provided annually by the Bureau of the Census. Birth rates by marital status for 1971–79 have been revised and differ from rates published before 1980 in issues of *Vital Statistics of the United States* (see "Computation of Rates and Other Measures").

Place of delivery and attendant at birth

Births occurring in hospitals, institutions, clinics, centers, or homes are 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 unwed mothers. 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. Tables 1–37 and 1–38 of this report present this more detailed information for the years 1975–83.

Data shown in this volume for the "In hospital" category for the years 1975–83 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 in tables 1–37 and 1–38 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 is 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.

For births occurring outside of hospitals, separate classifications are shown for physicians, midwives, and "Other" attendants. The "Out-of-hospital" category also includes births for which no information is reported on place of birth. Before 1975, the category "In hospital" included births for which the stated place of birth was a "doctor's office" and delivery was by a physician. Beginning in 1975, births that were delivered by physicians in a "doctor's office" 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.

The percent distributions by attendant at birth for 1975–81 shown in table 1–38 have been revised to exclude births for which the attendant was unspecified. In recent years, the number of births with unspecified attendant has fluctuated substantially. Excluding these births from the percent distributions allows for a more meaningful year-to-year comparison in the proportion of births for each specified attendant.

Birth weight

Birth weight 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 birth weight were changed in 1979 to be consistent with the recommendations in the Ninth Revision of the International Classification of Diseases (ICD–9). The revised 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 birth weight 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 by the World Health Organization in the Sixth Revision of the International Lists of Diseases and Causes of Death (1948).

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 3½ oz–3 lb 4½ oz.

Births for which birth weight 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 as it can be more accurately determined than the date of conception, which usually occurs 2 weeks after the LMP.

For 1983 the computation of period of gestation is based entirely on LMP data from the 49 States and the District of Columbia reporting LMP; gestation data for New Mexico, which reports period of gestation in terms of weeks or months, are excluded from the tabulations in this report.

Births occurring before 37 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 weeks and over, "post term." These distinctions are according to the ICD–9 definitions.

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 birth weight interval. The effect of the imputation procedure is to increase slightly the proportion of premature 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.[10]

The calculated period of gestation in completed weeks is edited for upper and lower limits. If the interval between date of last normal menstrual period and date of birth is 16 weeks or less, or 53 weeks or more, the period of gestation is considered not stated.

Because of post-conception 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 on the certificate or 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. In 1983 these data were collected from the birth certificates of 49 States and the District of Columbia (see table A).

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 1983 the 1- and 5-minute Apgar scores were included on the birth certificates of 46 States and the District of Columbia. See table A for a listing of reporting areas.

Hispanic parentage

Concurrent with the 1978 revision of the U.S. Standard Certificate of Live Birth, NCHS recommended that States

add items to identify the Hispanic or ethnic origin of the newborn's parents. Two formats were used: An open-ended item to obtain the specific origin or descent of each parent, for example, Italian, Mexican, or English; and an item directed toward the Hispanic population, requesting only the specific Hispanic origin (Mexican, Puerto Rican, Cuban, and so forth). In 1983 items requesting Hispanic or ethnic origin were included on the birth certificates of 23 States and the District of Columbia (see table A).

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 vitiate the value of the data for most general purposes.

Completeness of registration

An estimated 99.3 percent of all births occurring in the United States in 1983 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 1983 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.[11]

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. The figures for 1951–68 shown in table 1–21 differ slightly from those shown in annual reports for years prior to 1969.

Data adjusted for underregistration for 1951–59 shown in tables 1–1, 1–3, 1–4, 1–6, and 1–8 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 *Vital Statistics of the United States, 1963*, Volume I, page 4–11.)

The age-specific rates used in the cohort fertility tables (tables 1–12 through 1–19) 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 births 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.

Quality control procedures

Natality data coded by NCHS are simultaneously coded and entered onto magnetic tape for input to the computer. Errors are controlled by an independent replication of the original coding by verification clerks and by resolution of any discrepancies. Original coding entries are subject to total verification except for work by coders who maintain an error rate of 2.5 percent or less. For these qualified coders the original coding is verified on the basis of a 10-percent sample of the coded natality records until the allowable rate is exceeded. Then their coding is verified on

a 100-percent basis until it requalifies for sample verification. Errors detected by any method of verification are reviewed to determine coding bias.

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 through independent verification of a sample of records to ensure that the item error rate is not more than approximately 4 percent. In addition, there is verification at the State level before NCHS is sent the data.

After completion of coding, 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 the computer processing or by statistical clerks.

Small frequencies

The numbers of births reported for an area represent complete counts, except for those States where data are based on a 50-percent sample. 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 time period 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 standard error, expressed as a percent of the number or rate, 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 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[a] and R is the corresponding rate, the chances are 19 in 20 that

1. The "true" number of events lies between

$$N - 2\sqrt{N} \text{ and } N + 2\sqrt{N}$$

2. The "true" rate lies between

$$R - 2\frac{R}{\sqrt{N}} \text{ and } R + 2\frac{R}{\sqrt{N}}$$

If the rate R corresponding to N events is compared with the rate S corresponding to M events, the difference between the two rates may be regarded as statistically significant if it exceeds

$$2\sqrt{\frac{R^2}{N} + \frac{S^2}{M}}$$

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.

Sampling of birth records

Birth statistics presented in this report for years before 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 with the exception of data for Guam and the Virgin Islands, which are based on all the records filed. During the course of processing 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 *Vital Statistics of the United States, 1967*, Volume I, pages 3–9 to 3–11.

Beginning in 1972 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. In 1983 the total file of birth records was used for 46 States (see "Sources of Data"), which accounted for 84 percent of all births in the country. The total file of records was also used for Puerto Rico, the Virgin Islands, and Guam.

In the four States (Arizona, California, Delaware, and Georgia) and the District of Columbia where a sample was used, the sampling design is essentially a stratified random sample. The sampling frame consists of births that occur in the State during a calendar year and that are re-

[a]For States for which birth data are based on a 50-percent sample of births, N should be taken as one-half of the number of births given in the tables.

corded by State registrars of vital statistics. Each month the birth certificates that have been filed during the month are sent by local registrars to the State registrars, where the records are numbered sequentially as they are received. Therefore the records for each local registration area, usually a county, are numbered sequentially, and births in the total file for each State are grouped by month of filing and county of occurrence. Microfilm copies of the birth records filed in the State are forwarded to the National Center for Health Statistics, where even-numbered records are selected for the 50-percent sampling rate.

Reliability of estimates

There is no sampling error in the total number of births occurring in a State, whether the total file or a 50-percent sample is used. Characteristics such as race and month of birth when shown by place of occurrence are subject to sampling error only for the sampled States. All data by place of residence, for all States, are subject to sampling error.

Sampling error is the difference between an estimate based on a sample and the true value (assuming there is no measurement error). As calculated for this report the standard error reflects this error as well as random measurement errors that may have been made in data collection and processing. However, it does not include any systematic biases in the data. The chances are about 2 out of 3 that the difference between the estimate and the value that would have been obtained from all births is less than 1 standard error. The chances are about 19 out of 20 that the difference is less than twice the standard error and about 99 out of 100 that it is less than 2½ times as large.

The approximate standard errors for 1983 for total births in an area and for numbers of births with a specific characteristic can be obtained using table B in conjunction with table C. To use table B, both the total number of births in the area and the estimated number of births with a specific characteristic must be known. For estimated births with a specified characteristic other than geographic area, the appropriate "Total births in the area" in table B is the number in the relevant area—for example, city, county, State, or United States. When the specified characteristic is a substate geographic area, the number of births in the State is used as the "Total births in the area." Linear interpolation may be used to obtain standard errors for estimated numbers of births not shown in table B. After the standard error is determined from table B, it is multiplied by the appropriate factor from table C. If the multiplier is zero ("–"), there is no standard error. For substate geographic areas, the multiplier shown for the State should be used.

For example, consider an estimate of 10,000 births to women with a particular characteristic residing in Oregon, which has a total of 39,977 births to residents. Table B shows that the standard error for an estimate of 10,000 births is 70.7 for an area having 20,000 total births and 89.4 for an area having 50,000 total births. Linear interpolation yields a value of 83.2 for the appropriate standard error for an area having 39,977 births. According to table C, the multiplier for resident births for Oregon is 0.28. Hence, the standard error for the estimate of 10,000 births to women with a particular characteristic residing in Oregon is approximately $23.3 = (83.2)(0.28)$.

The multiplier in table C for a nonsampled State is based on the estimated proportion of births to that State's residents occurring in adjacent sampled States. When the multiplier is zero ("–"), there are no adjacent sampled States. The proportion of births to that State's residents occurring in nonadjacent sampled States is small, with only a negligible effect on the standard error.

Table B. Standard errors of estimated births for specified size of estimate and total births in the area

[Standard errors shown must be used in conjunction with multipliers in table C. See text]

Number of births with a specified characteristic (*X*)[1]	Total births in the area (*B*)									
	250	500	1,000	2,000	5,000	10,000	20,000	50,000	500,000	3,600,000
10	3.1	3.1	3.1	3.2	3.2	3.2	3.2	3.2	3.2	3.2
20	4.3	4.4	4.4	4.5	4.5	4.5	4.5	4.5	4.5	4.5
30	5.2	5.3	5.4	5.4	5.5	5.5	5.5	5.5	5.5	5.5
50	6.4	6.7	6.9	7.0	7.0	7.1	7.1	7.1	7.1	7.1
125	7.9	9.7	10.5	10.8	11.0	11.1	11.1	11.2	11.2	11.2
250	0.0	11.2	13.7	14.8	15.4	15.6	15.7	15.8	15.8	15.8
500	–	0.0	15.8	19.4	21.2	21.8	22.1	22.2	22.3	22.4
1,000	–	–	0.0	22.4	28.3	30.0	30.8	31.3	31.6	31.6
2,500	–	–	–	0.0	35.4	43.3	46.8	48.7	49.9	50.0
5,000	–	–	–	–	0.0	50.0	61.2	67.1	70.4	70.7
10,000	–	–	–	–	–	0.0	70.7	89.4	99.0	99.9
25,000	–	–	–	–	–	–	0.0	111.8	154.1	157.6
50,000	–	–	–	–	–	–	–	0.0	212.1	222.0
100,000	–	–	–	–	–	–	–	–	282.8	311.8
250,000	–	–	–	–	–	–	–	–	353.6	482.3
500,000	–	–	–	–	–	–	–	–	0.0	656.2
1,000,000	–	–	–	–	–	–	–	–	–	849.8
2,000,000	–	–	–	–	–	–	–	–	–	942.8
3,000,000	–	–	–	–	–	–	–	–	–	707.1

[1] Standard errors for *B* minus *X* are the same as those shown for *X*.

Table C. Multipliers for approximating maximum standard errors, by place of occurrence and place of residence: United States, each division and State, 1983

Division and State	Place of occurrence	Place of residence	Division and State	Place of occurrence	Place of residence
United States	0.41	0.41	South Atlantic:		
Geographic divisions:			Delaware	1.00	1.00
New England	–	–	Maryland	–	0.62
Middle Atlantic	–	0.08	District of Columbia	1.00	1.00
East North Central	–	–	Virginia	–	0.50
West North Central	–	–	West Virginia	–	–
South Atlantic	0.46	0.46	North Carolina	–	0.39
East South Central	–	0.24	South Carolina	–	0.51
West South Central	–	–	Georgia	1.00	1.00
Mountain	0.48	0.49	Florida	–	0.29
Pacific	0.87	0.87	East South Central:		
New England:			Kentucky	–	–
Maine	–	–	Tennessee	–	0.42
New Hampshire	–	–	Alabama	–	0.47
Vermont	–	–	Mississippi	–	–
Massachusetts	–	–	West South Central:		
Rhode Island	–	–	Arkansas	–	–
Connecticut	–	–	Louisiana	–	–
Middle Atlantic:			Oklahoma	–	–
New York	–	–	Texas	–	–
New Jersey	–	0.18	Mountain:		
Pennsylvania	–	0.14	Montana	–	–
East North Central:			Idaho	–	–
Ohio	–	–	Wyoming	–	–
Indiana	–	–	Colorado	–	0.20
Illinois	–	–	New Mexico	–	0.29
Michigan	–	–	Arizona	1.00	1.00
Wisconsin	–	–	Utah	–	0.24
West North Central:			Nevada	–	0.63
Minnesota	–	–	Pacific:		
Iowa	–	–	Washington	–	–
Missouri	–	–	Oregon	–	0.28
North Dakota	–	–	California	1.00	1.00
South Dakota	–	–	Alaska	–	–
Nebraska	–	–	Hawaii	–	–
Kansas	–	–			

The approximate relative standard error for rates is equivalent to the relative standard error of the numerator obtained using tables B and C. This is because the denominators are estimates that are considered to be without sampling errors (for example, populations by age, race, and sex or by month for the United States; or populations for States or for SMSA's).

The standard error for estimates of the difference between two estimates X_1 and X_2 may be calculated using

$$SE(d) = \sqrt{SE^2(X_1) + SE^2(X_2)}$$

This formula represents the standard error quite accurately for the difference between separate and uncorrelated characteristics. When the characteristics are correlated, however, this formula overstates the standard error.

The standard error for an estimate of the ratio $R = X/Y$ may be approximated if the sample sizes are large enough for the ratio's variance to be valid. As a working rule, the variance formula may be used if Y exceeds 60 *and* is also large enough that the relative standard errors (RSE's) for both X and Y are less than 0.10[12] or if RSE(Y) is less than 0.05.[13] The RSE of an estimate (X or Y) is approximated by dividing the standard error by the estimate itself. In the following it is assumed that Y exceeds 60 and that at least one of the two conditions of the RSE's is satisfied.

The standard error for percent estimates where X is a subclass of the denominator Y may be calculated using

$$SE(R) = R\sqrt{RSE^2(X) - RSE^2(Y)}$$

The standard error for estimates of means and other ratios where the numerator X is not a subclass of the denominator Y may be calculated using

$$SE(R) = R\sqrt{RSE^2(X) + RSE^2(Y)}$$

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, and 1980 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 SMSA's 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 1900–1932 and for the United States for 1900–1983 is shown in table 4–1. In addition, the population including Armed Forces abroad is shown for the United States. Table D shows the sources for these populations.

Population estimates for 1981–83—The population of the United States by age, race, and sex for 1983 is shown in table 4–2. The population for each State is shown in table 4–3 and the monthly population figures were published in *Current Population Reports,* Series P–25, Number 961. Comparable data for 1981 and 1982 were shown in tables 4–2 and 4–3 of *Vital Statistics of the United States,* Volume I, for those years and in *Current Population Reports,* Series P–25, Numbers 931 and 949. Population data by race are consistent with the modified 1980 populations by race.

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 *Vital Statistics of the United States, 1980,* Volume I. The figures by race have been modified as described below. Monthly population figures were published in *Current Population Reports,* Series P–25, Number 899.

The racial counts in the 1980 census are affected by changes in racial reporting practices, particularly by the Hispanic population, and in coding and classifying racial groups in the 1980 census. One particular change has created a major inconsistency between the 1980 census data and historical data series, including censuses and vital statistics. About 40 percent of the Hispanic population counted in 1980, over 5.8 million persons, did not mark one of the specified races listed on the census questionnaire but instead marked the "Other" category. In the 1980 census, coding procedures were modified for persons who marked "Other" race and wrote in a national origin designation of a Latin American country or a specific Hispanic origin group in response to the racial question. These persons remained in the "Other" racial category in 1980 census data; in previous censuses and in vital statistics such responses were almost always coded into the "White" category.

In order to maintain comparability, the "Other" racial category in the 1980 census was reallocated to be consistent with previous procedures. Persons who marked the "Other" racial category and reported any Spanish origin on the Spanish origin question (5,840,648 persons) were distributed to white and black races in proportion to the distribution of persons of Hispanic origin who reported their race to be white or black. This was done for each age-sex group.

As a result of this procedure, 5,705,155 persons were added to the white population and 135,493 persons to the black population. Persons who marked the "Other" racial category and reported that they were not of Spanish origin (916,338 persons) were distributed as follows: 20 percent in each age-sex group were added to the "Asian and Pacific Islander" category (183,268 persons), and 80 percent were added to the "White" category (733,070 persons). The count of American Indians, Eskimos, and Aleuts was not affected by these procedures. Unpublished tabulations of these modified census counts were obtained from the Bureau of the Census and used to compute the 1980 rates for this report, except for tables 1–12 through 1–19.

Population estimates for 1971–79—Birth rates for 1971–79 (except those for cohorts of women in tables 1–12 through 1–19) have been revised, based on revised population estimates that are consistent with the 1980 census levels. The 1980 census counted approximately 5.5

Table D. Sources for resident population and population including Armed Forces abroad: Birth- and death-registration States, 1900–1932, and United States, 1900–1983

Year	Source
1983	U.S. Bureau of the Census, *Current Population Reports,* Series P–25, No. 965, Dec. 1984.
1982	U.S. Bureau of the Census, *Current Population Reports,* Series P–25, No. 949, May 1984.
1981	U.S. Bureau of the Census, *Current Population Reports,* Series P–25, No. 929, May 1983.
1980	U.S. Bureau of the Census, *U.S. Census of Population: 1980, Number of Inhabitants,* PC80–1–A1, United States Summary, 1983.
1971–79	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, 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.
1900–1916	Same as for 1920–29.

million more persons than had earlier been estimated for April 1, 1980.[14] The revised estimates for the United States by age, race, and sex were published by the Bureau of the Census in the *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 Bureau of the Census.

Population estimates for 1961–69—Birth rates in this volume for 1961–69 (except for those shown in tables 1–4 and 1–5) 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 shown in tables 1–4 and 1–5 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 *Vital Statistics of the United States, 1966,* Volume I. 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 Bureau of the Census has conducted extensive research to evaluate the coverage of the United States population (including undercount and overcount and misstatement of age, race, and sex) in the last four decennial censuses—1950, 1960, 1970, and 1980. These studies provide estimates of the national population that was not enumerated or overenumerated in the respective censuses, by age, race, and sex.[15–17] The report for 1980[17] 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 *Populations for 1980.*

These studies indicate that there is differential coverage 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 over- 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.[16] 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 the unadjusted populations are more accurate than those based on adjusted populations since 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 1980 can be computed by multiplying the reported rates by ratios of the 1980 census-level population adjusted for the estimated net census miscounts, which are shown in table E. 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.

Table E. Ratio of census-level population to population adjusted for estimated net census undercount, by age, sex, and race: April 1, 1980

Age	All races			White			All other					
							Total			Black		
	Both sexes	Male	Female	Both sexes	Male	Female	Both sexes	Male	Female	Both sexes	Male	Female
All ages	0.9912	0.9822	0.9999	0.9960	0.9888	1.0029	0.9628	0.9425	0.9821	0.9458	0.9189	0.9716
10–14 years	1.0047	1.0052	1.0042	1.0071	1.0077	1.0066	0.9931	0.9932	0.9930	0.9858	0.9855	0.9861
15–19 years	1.0082	1.0070	1.0094	1.0068	1.0052	1.0084	1.0153	1.0163	1.0143	1.0042	1.0028	1.0056
20–24 years	0.9970	0.9876	1.0067	1.0004	0.9924	1.0088	0.9786	0.9614	0.9957	0.9504	0.9233	0.9775
25–29 years	0.9840	0.9694	0.9989	0.9885	0.9767	1.0007	0.9588	0.9269	0.9894	0.9264	0.8816	0.9705
30–34 years	0.9908	0.9739	1.0079	0.9964	0.9828	1.0104	0.9568	0.9179	0.9935	0.9214	0.8668	0.9746
35–39 years	0.9722	0.9535	0.9910	0.9815	0.9673	0.9961	0.9149	0.8666	0.9608	0.8828	0.8190	0.9448
40–44 years	0.9843	0.9646	1.0041	0.9933	0.9784	1.0083	0.9299	0.8783	0.9791	0.8992	0.8334	0.9623
45–49 years	0.9788	0.9600	0.9974	0.9891	0.9751	1.0029	0.9132	0.8597	0.9629	0.8930	0.8280	0.9548
50–54 years	...	0.9678	...	...	0.9778	...	...	0.8920	...	...	0.8620	...
55 years and older	...	0.9896	...	...	0.9892	...	...	0.9935	...	...	0.9771	...
15–44 years	...	...	1.0035	...	...	1.0057	...	...	0.9919	...	...	0.9763
15–54 years	...	0.9761	...	...	0.9838	...	...	0.9302	...	...	0.8939	...

SOURCE: U.S. Bureau of the Census: Estimates of the population of the United States, by age, sex, and race: 1980 to 1984. Current Population Reports, Series P–25, No. 965. Washington, U.S. Government Printing Office, March 1985.

Enumeration of females in the childbearing ages was at least 99 percent complete for all ages; the underenumerated age groups were 25–29 years, 35–39 years, and 45–49 years. Only one white female age group was underenumerated (35–39 years). Among women of races other than white, all age groups but one (15–19 years) were underenumerated, with undercounts ranging up to 4 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 in tables 1–12 through 1–19 are computed from births adjusted for underregistration and population estimates corrected for underenumeration and misstatement of age. The data shown in this volume are not consistent with data published in annual reports before 1974. These data use revised population estimates prepared by the Bureau of the Census and have been expanded to include data for the two major racial groups. A detailed description of the methods used in deriving these measures as well as more detailed data for earlier years were published in a separate report.[18]

Age-sex-adjusted birth rates

The age-sex-adjusted birth rates shown in table 1–3 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 birth rates by age of mother and race that are used to compute these adjusted rates are shown in table 1–6. 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. In table 1–6 the rate of 1,803 in 1983, 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 1983, they would have a total of 1,803 children by the time they reached the end of the reproductive period (taken here as age 50), assuming that all of the women survived to that age.

Intrinsic vital rates

The intrinsic vital rates shown in table 1–5 are calculated from a stable population. A stable population is that hypothetical population, closed to external migration, which 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 *Vital Statistics of the United States, 1962*, Volume I, pages 4–13 and 4–14. The technique of calculating intrinsic vital rates is described elsewhere.[19]

Parity distribution

The percent distribution of women by parity (number of children ever born alive to mother) shown in tables 1–13 and 1–17 is derived from cumulative birth rates by order of birth, which are shown in tables 1–15 and 1–19. 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:

$$\text{Percent at } N \text{ parity} = \frac{(\text{cum. rate, order } N) - (\text{cum. rate, order } N+1)}{10}$$

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

Seasonal adjustment of rates

The seasonally adjusted birth and fertility rates shown in table 1–23 are computed from the X–11 variant of Census Method II.[20] This method of seasonal adjustment used since 1964 differs slightly from the U.S. Bureau of Labor Statistics 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.

SYMBOLS USED IN TABLES

Data not available	---
Category not applicable	...
Quantity zero	-
Quantity more than 0 but less than 0.05	0.0
Figure does not meet standards of reliability or precision	

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[19]G. W. Barclay. *Techniques of Population Analysis* New York John Wiley and Sons, Inc., 1958, pp. 216–222.

[20]U.S. Bureau of the Census *The X–11 Variant of the Census Method II Seasonal Adjustment Program.* Technical Paper No 15 Washington U.S. Government Printing Office, 1965.

SOURCES OF DATA

Death and fetal-death statistics

Mortality statistics for 1984 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 Trust Territory of the Pacific Islands. In the statistical tabulations of this publication, *United States* refers only to the aggregate of the 50 States (including New York City) and the District of Columbia. Tabulations for Guam, Puerto Rico, and the Virgin Islands are shown separately in this volume. No data have ever been included for American Samoa or the Trust Territory of the Pacific Islands.

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 the annual volumes of *Vital Statistics of the United States* from the year of their admission through 1971 except for the years 1967 through 1969, and tabulations for Guam were included for 1970 and 1971. Death statistics for Puerto Rico, the Virgin Islands, and Guam were not included in the 1972 volume but have been included in section 8 of the volumes for each of the years 1973–78 and in section 9 beginning with 1979. 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 with computer tapes of data coded according to NCHS specifications and provided to NCHS through the Vital Statistics Cooperative Program. The year in which State-coded demographic data were first transmitted to NCHS is shown below for New York City, Puerto Rico, and each of the 46 States now furnishing demographic data.

1971
- Florida

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

1976—Con.
- Minnesota
- Nevada
- Texas
- West Virginia

1977
- Alaska
- Idaho
- Massachusetts
- New York City
- Ohio
- Puerto Rico

1978
- Indiana
- Utah
- Washington

1979
- Connecticut
- Hawaii
- Mississippi
- New Jersey
- Pennsylvania
- Wyoming

1980
- Arkansas
- New Mexico
- South Dakota

1982
- North Dakota

For the remaining four States, the District of Columbia, the Virgin Islands, and Guam, mortality statistics for 1984 are based on information obtained directly by NCHS from copies of the original certificates received from the registration offices.

In 1974, States began coding medical (cause-of-death) data on computer tapes according to NCHS specifications. The year in which State-coded medical data were first trans-

mitted to NCHS is shown below for the 19 States now furnishing such data.

1974
- Iowa
- Michigan

1975
- Louisiana
- Nebraska
- North Carolina
- Virginia
- Wisconsin

1980
- Colorado
- Kansas
- Massachusetts
- Mississippi
- New Hampshire

1980—Con.
- Pennsylvania
- South Carolina

1981
- Maine

1983
- Minnesota

1984
- Maryland
- New York State (except New York City)
- Vermont

For 1984 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, it was necessary to change these procedures because of a backlog in coding and processing that resulted 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 below in the section "Estimates of errors arising from 50-percent sample for 1972."

Fetal-death data are obtained directly from copies of original reports of fetal deaths received by NCHS, except New York State (excluding New York City), which submitted State-coded data in 1984. For Oklahoma in 1984, fetal-death data were obtained partly from copies of original reports of fetal deaths received by NCHS, and partly from State-coded data (See section Quality control procedures). Fetal-death data are not published by NCHS for the Virgin Islands and Guam.

Standard certificates and reports

The U.S. Standard Certificate of Death and the U.S. Standard Report of Fetal Death, issued by the Public Health Service, have served for many years as the principal means of attaining uniformity in the content 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 assured 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 have been dropped when their usefulness appeared to be limited.

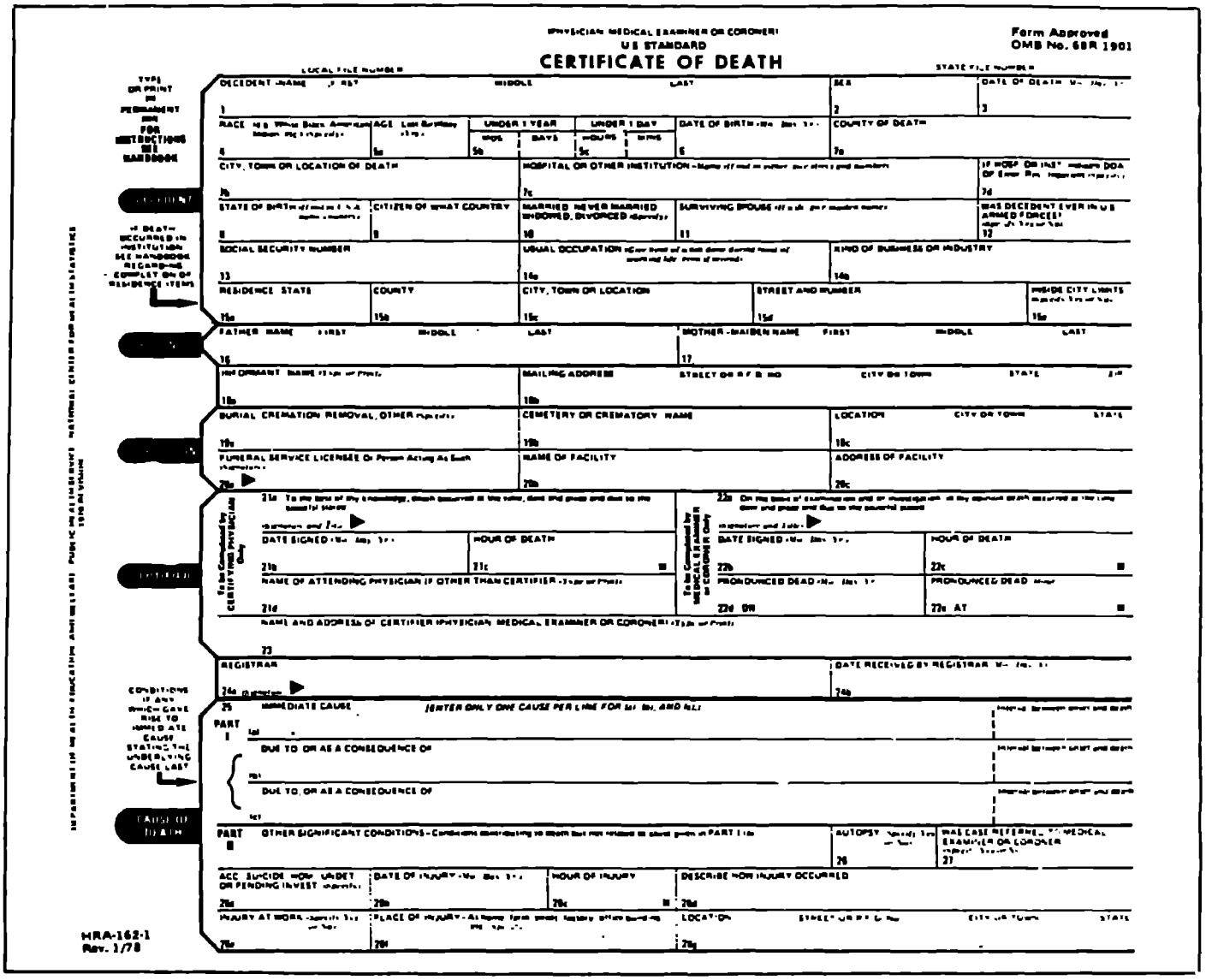
New revisions of the U.S. Standard Certificate of Death and the U.S. Standard Report of Fetal Death were recommended for State use beginning January 1, 1978. The U.S. Standard Certificate of Death and the U.S. Standard Report of Fetal Death are shown in figures 7–A and 7–B. The certificate of death shown in figure 7–A is for use by a physician, a medical examiner, or a coroner. Two other forms of the U.S. Standard Certificate of Death are available; they are similar to the one shown except that the section on certification is designed for the physician's signature on one, and for the medical examiner's or coroner's signature on the other.

Among the changes in the new revision were the addition of (1) an item asking "If Hosp. or Inst., Indicate DOA, OP/Emer. Rm., Inpatient" and (2) an item "Was Decedent Ever in U.S. Armed Forces?" The latter item was previously on the certificate but was deleted during 1968 through 1977. An item on whether autopsy findings were considered for determining cause of death was dropped.

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 consisting of two States (Massachusetts and New Jersey), the District of Columbia, and several large cities having efficient systems for death registrations, the death-registration area continued to expand until 1933, when it included the entire United States for the first time. Tables that show 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 the Technical Appendix in *Vital Statistics of the United States, 1979,* Volume

FIGURE 7-A.



US STANDARD
CERTIFICATE OF DEATH

Form Approved
OMB No. 68R 1901

HRA-162-1
Rev. 1/78

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.

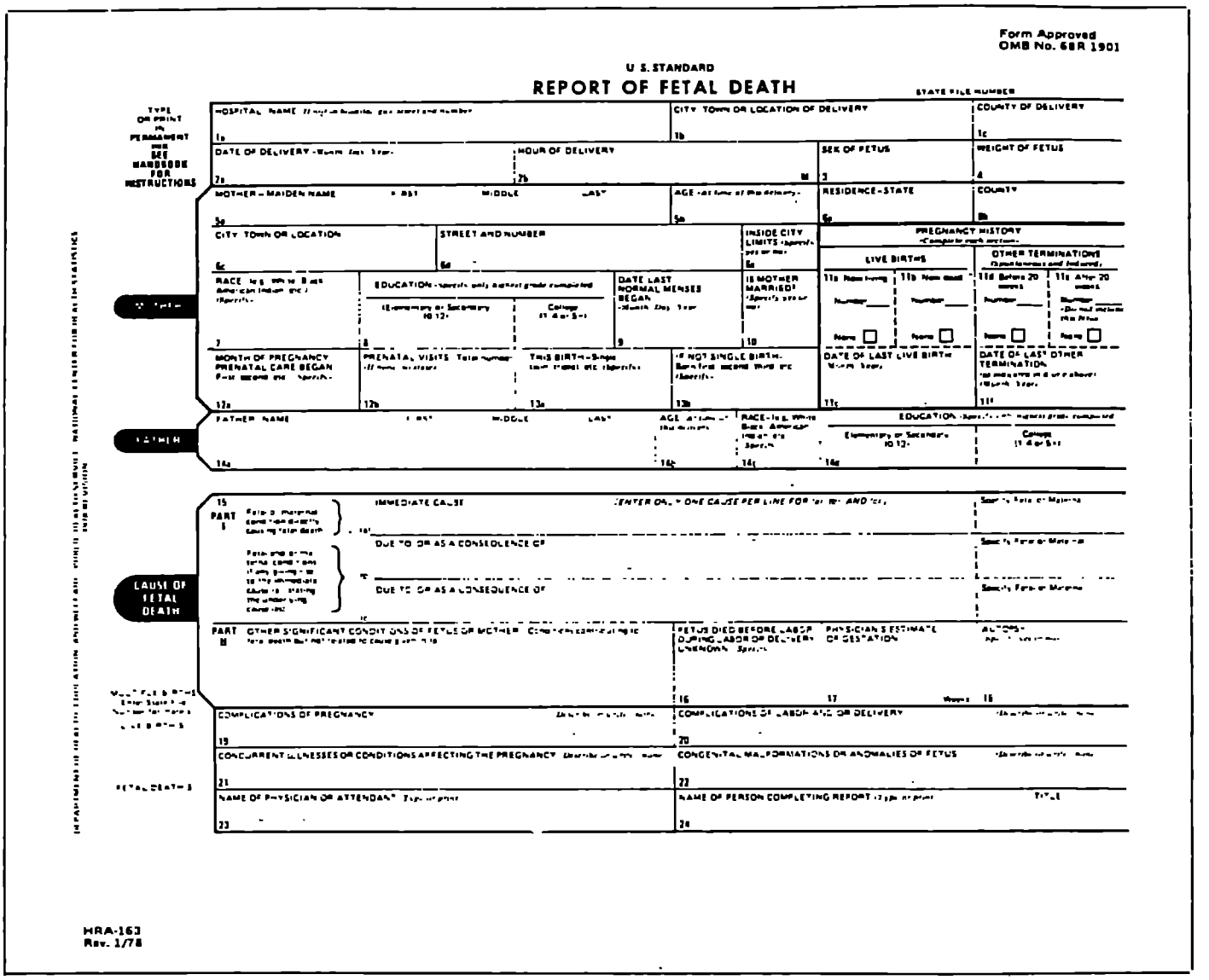
The general rules used in the classification of geographic and personal items for deaths and fetal deaths are set forth in two NCHS instruction manuals.[1,2]

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 in this report are 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 United States, with deaths of "nonresidents of the United States" assigned to place of death. Deaths of

FIGURE 7-B.



Form Approved
OMB No. 68R 1901

U.S. STANDARD

REPORT OF FETAL DEATH

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT INK. SEE HANDBOOK FOR INSTRUCTIONS

HOSPITAL NAME — CITY, TOWN OR LOCATION OF DELIVERY — COUNTY OF DELIVERY

DATE OF DELIVERY — HOUR OF DELIVERY — SEX OF FETUS — WEIGHT OF FETUS

MOTHER — MAIDEN NAME — AGE — RESIDENCE — STATE — COUNTY

CITY, TOWN OR LOCATION — STREET AND NUMBER — INSIDE CITY LIMITS

RACE — EDUCATION — DATE LAST NORMAL MENSES BEGAN — IS MOTHER MARRIED?

PREGNANCY HISTORY

LIVE BIRTHS — OTHER TERMINATIONS

MONTH OF PREGNANCY PRENATAL CARE BEGAN — PRENATAL VISITS — THIS BIRTH — IF NOT SINGLE BIRTH — DATE OF LAST LIVE BIRTH — DATE OF LAST OTHER TERMINATION

FATHER — NAME — AGE — RACE — EDUCATION

CAUSE OF FETAL DEATH

PART I — IMMEDIATE CAUSE — DUE TO, OR AS A CONSEQUENCE OF — DUE TO, OR AS A CONSEQUENCE OF

PART II — OTHER SIGNIFICANT CONDITIONS OF FETUS OR MOTHER — FETUS DIED BEFORE LABOR / DURING LABOR / OR DELIVERY / UNKNOWN — PHYSICIAN'S ESTIMATE OF GESTATION — AUTOPSY

COMPLICATIONS OF PREGNANCY — COMPLICATIONS OF LABOR AND/OR DELIVERY

CONCURRENT ILLNESSES OR CONDITIONS AFFECTING THE PREGNANCY — CONGENITAL MALFORMATIONS OR ANOMALIES OF FETUS

NAME OF PHYSICIAN OR ATTENDANT — NAME OF PERSON COMPLETING REPORT — TITLE

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nonresidents of the United States" 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. Beginning with 1970, deaths of nonresidents of the United States are not included in tables by place of residence.

Tables 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 1983 this difference amounted to 2,989 deaths. Mortality statistics by place of occurrence are shown in tables 1–10, 1–18, 1–19, 1–28, 1–29, 3–1, 3–8, 8–1, and 8–7.

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 balance 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.[3]

A comparison of the results of this study of deaths with those for a previous matched record study of births[4] showed that the quality of residence data had considerably improved 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 if 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.

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.[1,2]

The geographic codes assigned by the National Center for Health Statistics during data reduction of source information on birth, death, and fetal-death records are given in another instruction manual.[5] For 1982–83, geographic codes were modified to reflect results of the 1980 census. For 1980–81, codes are based on results of the 1970 census.

Standard metropolitan statistical areas—The standard metropolitan statistical areas (SMSA's) used in this report are those established by the U.S. Office of Management and Budget from final 1980 census population counts[6] and used by the U.S. Bureau of the Census, except in the New England States.

Except in the New England States, an SMSA is a county or a group of contiguous counties containing a city of 50,000 inhabitants or more or an urbanized area of 50,000 with a total metropolitan population of at least 100,000. In addition to the county or counties containing such a city or urbanized area, contiguous counties are included in an SMSA if, according to specified criteria, they are essentially metropolitan in character and are socially and economically integrated with the central city or urbanized area.[7]

In the New England States the U.S. Office of Management and Budget uses towns and cities rather than counties as geographic components of SMSA's. The National Center for Health Statistics cannot, however, use the SMSA classification for these States because its data are not coded to identify all towns. Instead, NCHS uses New England County Metropolitan Areas (NECMA's). These areas, established by the U.S. Office of Management and Budget, are made up of county units.[7,8]

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

Population-size groups—Vital statistics data for cities and certain other urban places in 1983 are classified according to the population enumerated in the 1980 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." For the years 1970–81, classification of areas was determined by the population enumerated in the 1970 Census of Population. Beginning 1982, as a result of changes in the enumerated population between 1970 and 1980, 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, as there are no incorporated cities in the State

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

State or country of birth

Mortality statistics by State or country of birth (table 1–32) 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 1983, about 0.5 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. With respect to the computation of death rates, the age classification used by the U.S. Bureau of the Census is also based on the age of the person in completed years.

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 1983, deaths are classified by race—white, black, Indian, Chinese, Japanese, Filipino, Other Asian or Pacific Islander, and 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 as Mexican, Puerto Rican, Cuban, and all other Caucasians. The Indian category includes American, Alaskan, Canadian, 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 other 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 in use 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.

Most of the tables in this report, however, do not show data for this detailed classification by race. In about half of all the tables the divisions are white, all other (including black), and black separately. In other tables by race, where the main purpose is to isolate the major groups, the classifications are simply white and all other.

Race not stated—For 1983 the number of death records for which race was unknown, not stated, or not classifiable was 2,729, or less than 0.1 percent of the total deaths. Death records with race entry not stated are assigned to a racial designation as follows: If the preceding record is coded white, the code assignment is made to white; if the code is other than white, the assignment is 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 use 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, 6.7 percent of the death records in use for residents of New Jersey did not contain the race item.

Adjustments made in vital statistics to take into account the omission of the race item in New Jersey for part of the certificates filed during 1962 through 1964 are described in the Technical Appendix of *Vital Statistics of the United States* for each of those data years.

Marital status

Mortality statistics by marital status (table 1–31) were published in 1979 for the first time since 1961. (Previously they had been published only in the annual reports for the years 1949–51 and 1959–61.) Several reports analyzing mortality by marital status have been published, including the special study based on 1959–61 data.[9] Reference to earlier reports may be found 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 in 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 1,961,007 resident deaths 15 years of age and over in 1983, 8,442 certificates (0.4 percent) had marital status not stated.

Place of death and status of decedent

Mortality statistics by place of death were published in 1979 for the first time since 1958 (tables 1–28 and 1–29). In addition, mortality data were also available for the first time in 1979 for the status of decedent when death occurred in a hospital or medical center (table 1–28). These data were obtained from the following two items that appear on the U.S. Standard Certificate of Death:

- Item 7c. Hospital or Other Institution—Name (If not in either, give street and number)
- Item 7d. If Hosp. or Inst. Indicate DOA, OP/Emer. Rm., Inpatient (Specify)

All of the States and the District of Columbia have item 7c (or its equivalent) on the death certificate. For 46 States in the Vital Statistics Cooperative Program, NCHS accepts the State definition, classification, or codes for hospitals, medical centers, or other institutions. For the remaining four States not in the Program, and the District of Columbia, NCHS classifies and codes to a hospital or medical center according to whether the terms "hospital" or "medical center" are entered as part of the name in item 7c or its equivalent. If the terms "hospital" or "medical center" are not entered as part of the name, the entry is coded to one of the following according to the information entered in item 7c on the certificate: (1) other institutions, (2) all other reported entries, or (3) unknown, not stated.

Table 1–28 shows mortality data for the total of the following 42 States (including New York City) that have item 7d or its equivalent on their death certificates:

Alaska	Louisiana	Ohio
Arizona	Maine	Oregon
Arkansas	Michigan	Pennsylvania
Colorado	Mississippi	Rhode Island
Connecticut	Missouri	South Carolina
Florida	Montana	South Dakota
Georgia	Nebraska	Tennessee
Hawaii	Nevada	Utah
Idaho	New Hampshire	Vermont
Illinois	New Jersey	Virginia
Indiana	New Mexico	Washington
Iowa	New York	West Virginia
Kansas	North Carolina	Wisconsin
Kentucky	North Dakota	Wyoming

Effective with data for 1980, the coding of place of death and status of decedent was changed. A new coding category was added: "Dead on arrival—hospital, clinic, medical center name not given." Deaths coded to this category are tabulated in table 1–28 as "Dead on arrival" and in table 1–29 as "Not in hospital or medical center." Had the 1979 coding categories been used, these deaths would have been tabulated as "Place unknown."

Mortality by month and date of death

Deaths by month have been regularly tabulated and published in the annual report for each year beginning with data year 1900. For 1983, deaths by month are shown in tables 1–19, 1–20, 1–23, 1–30, 2–12, 2–13, 2–14, and 3–9.

Date of death was first published for data year 1972. In addition, unpublished data for selected causes by date of death for 1962 are available from NCHS.

Number of deaths by date of death in this report are shown in table 1–30 for the total number of deaths and for the number 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. For 1972–83, all registration areas requested information on the death certificate as to whether autopsies were performed. For 1983, autopsies were reported on 266,362 death certificates, 13.2 percent of the total (table 1–27).

Information as to whether the autopsy findings were used in determining the causes of death were tabulated for 1972–73 for all but nine registration areas and from 1974–77 for all but eight registration areas. The item "autopsy findings used" was deleted from the 1978 U.S. Standard Certificate of Death.

For six of the cause-of-death categories shown in table 1–27, autopsies were reported as performed for 50 percent or more of all deaths (Whooping cough; Meningococcal infection; Pregnancy with abortive outcome; Other complications of pregnancy, childbirth, and the puerperium; Homicide and legal intervention; and All other external causes).

There were five other categories for which 40 percent or more of the death certificates reported autopsies. Autopsies were reported for only 8.3 percent of the Major cardiovascular diseases. Among all causes other than major cardiovascular diseases, autopsies were reported for 17.8 percent of all deaths.

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."[10]

For a given death the underlying cause is selected from an array of conditions given in the cause-of-death section on the death certificate. These conditions are translated into medical codes through use of the classification structure and 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 in terms of the format of reported conditions and their causal relationship. 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 or more conditions on the certificate into a single classification category.

As a statistical datum, the 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 start of the chain of events leading to death. The rules for coding underlying causes of death are included with the ICD as a means of standardizing classification, which contributes toward uniformity in mortality medical statistics among countries.

Beginning with data year 1979 the cause-of-death statistics published by the National Center for Health Statistics have been classified according to the Ninth Revision of the *International Classification of Diseases* (ICD–9).[10] In addition to specifying that the Classification be used, WHO also recommends how the data should be tabulated in order to promote international comparability. The recommended system for tabulating data in the Ninth Revision allows countries to construct their own mortality and morbidity tabulation lists from the rubrics of the WHO Basic Tabulation List as long as 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 Basic Tabulation List (BTL) recommended under the Ninth Revision consists of 57 two-digit rubrics that add to the "all causes" total. Within each two-digit rubric, up to 9 three-digit rubrics numbered from 0 to 8 are identified, but these do not add to the total of the two-digit rubric. The residual of each two-digit rubric, the difference between the two-digit total and the sum of its three-digit rubrics, is given the number 9. The WHO Mortality List, a subset of the titles contained in the BTL, consists of 50 rubrics, which are a minimum for the national display of

mortality data. The two-digit rubrics of the BTL 01 through 46 provide for the tabulation of nonviolent deaths to ICD categories 001–799. Rubrics relating to chapter 17 (nature-of-injury causes 47 through 56) are not used by NCHS for selecting underlying cause of death; rather, preference is given to rubrics E47 through E56. The 57th two-digit rubric V0 is the Supplementary Classification of Factors Influencing Health Status and Contact with Health Services and is not appropriate for the tabulation of mortality data.

Five lists of causes have been developed for tabulation and publication of mortality data in this volume. The Each-Cause List, List of 282 Selected Causes, List of 72 Selected Causes, 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 more recently in use 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 and each four-digit subcategory to which deaths may be validly assigned. The list is used for tabulation for the entire United States. The published Each-Cause table does not show the four-digit subcategories provided for Motor vehicle accidents (E810–E825); however, these subcategories, which identify persons injured, are shown in the accident tables of this report (section 5). Special fifth-digit subcategories are also used in the accident tables to identify place of accident when deaths from nontransport accidents are shown. These are not shown in the Each-Cause table.

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 Death. The List is used in tables published for the United States and each State.

The List of 72 Selected Causes of Death was constructed by combining titles in the List of 282 Selected Causes of Death. It is used in tables published for the United States and each State, and for standard metropolitan statistical areas.

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.

The List of 34 Selected Causes of Death was created by combining titles in the List of 72 Selected Causes. A table using this list is published to show detailed geographic areas.

Effect of list revisions—The International Lists, in use in this country since 1900, have been revised approximately every 10 years so that the disease classification 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 the ICD–9.[10] For a discussion of each of the classifications used with death statistics since 1900, see the Technical Appendix in *Vital Statistics of the United States, 1979*, Volume II, Mortality, Part A, section 7, pages 9–14.

A dual coding study was undertaken between the Ninth and the Eighth Revisions to measure the extent of discontinuity in cause-of-death statistics resulting from introducing the new Revision. An initial study has been published for the list of 72 causes and the list of 10 infant causes, both of which appear in the *Monthly Vital Statistics Report*.[11] The 72-cause list is also a basic list used in this volume. Comparability studies were also undertaken between the Eighth and Seventh, Seventh and Sixth, and Sixth and Fifth Revisions. For additional information about these studies, again see the 1979 Technical Appendix.

Significant coding changes during the Ninth Revision—Coding changes have been introduced since the implementation of ICD–9 in the United States, effective with mortality data for 1979. Among the more important changes are the following. For 1981, a change was made in the coding of Acquired Immunity Deficiency Syndrome (AIDS), described below. For 1982, a change was made in the procedures for coding poliomyelitis; in the definition of child (which affects the classification of deaths to a number of categories, including child battering and other maltreatment); and in guidelines for coding deaths to the category Child battering and other maltreatment (ICD No. E967). Detailed discussion of these changes may be found in the technical appendixes of the respective volumes.

Coding in 1983—The National Center for Health Statistics prepares for its cause-of-death coding clerks instruction manuals that contain decisions and interpretations that apply each year.[12–16] These manuals are revised annually, chiefly to bring coding procedures into alignment with new developments in reporting practices and in medical opinions as to the etiology and causal relationship of diseases and to eliminate inconsistencies in coding procedures. *Part 2e, Non-Indexed Terms, Standard Abbreviations, and State Geographic Codes Used in Mortality Data Classification, 1983 (Including WHO Amendments to ICD–9)*[16] was added to the vital statistics instruction manual series in 1983. The major reason for development of Part 2e was to provide a published source of code assignments for terms not indexed in Volume 2 of ICD–9. The rules for coding the 1983 mortality data essentially remained the same as the previous year except for the coding of Acquired Immunity Deficiency Syndrome (AIDS).

AIDS—In early 1983, during the processing of the 1981, 1982, and 1983 mortality files, the code assignment for the Acquired Immunity Deficiency Syndrome (AIDS) was changed from ICD No. 279.3 to ICD No. 279.1, both subcategories of Disorders involving the immune mechanism (ICD No. 279). This change was made in accordance with the World Health Organization's recommendation.

Prior to early 1983, AIDS had been assigned to Unspecified immunity deficiency (ICD No. 279.3). (It was not included as an entry in the index to ICD–9.) As a result of the change, all AIDS deaths from the 1983 mortality file were assigned to ICD No. 279.1. For 1982, approximately 25 percent were assigned to ICD No. 279.1 and 75 percent to ICD No. 279.3. For 1981, approximately 10 percent were assigned to ICD No. 279.1 and 90 percent to ICD No. 279.3.

Medical certification—The use of a standard classification list, although essential for State, regional, and international comparison, does not assure strict comparability of the tabulated figures. A high degree of comparability between 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 certifier to make the proper diagnosis and by the care with which he or she completes the death 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, covering 128 references over a period of 23 years indicates that no definitive conclusions have been reached about the quality of medical certification on the death certificate.[17] 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 rubrics for Symptoms, signs, and ill-defined conditions (ICD–9 Nos. 780–799). While there are cases for which it is not possible to determine the causes of death, this proportion indicates the care and consideration given to the certification by the medical certifier. It may also be used as a rough measure of the specificity of the medical diagnoses made by the certifier in various areas. In 1983, 1.5 percent of all reported deaths in the United States were assigned to ill-defined or unknown causes. However, this percentage varied among the States, from 0.2 percent to 6.8 percent.

Automated selection of underlying cause of death—Beginning with data year 1968, NCHS began using a computer system for assigning the underlying cause of death. It has been used every year since to select the underlying cause of death. The system is called "Automated Classification of Medical Entities" (ACME).

The ACME system applies the same rules for selecting the underlying cause as applied 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 international rules. The decision tables provide not only a comprehensive relationship between the conditions classifiable by ICD when applying the rules of selection and modification, but also decisions used when the underlying cause of death is assigned by ACME.

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 are periodically updated to reflect additional new information on the relationship among medical conditions. For 1983, the content of these tables was identical to that in the 1982 tables.[14]

Cause-of-death ranking—Cause-of-death ranking (except for infants) is based on the List of 72 Selected Causes of Death. Cause-of-death ranking for infants is based on the List of 61 Selected Causes of Infant Death. The group titles Major cardiovascular diseases and Symptoms, signs, and ill-defined conditions are not ranked from the List of 72 Selected Causes, and Certain conditions originating in the perinatal period and Symptoms, signs, and ill-defined conditions are not ranked from the List of 61 Selected Causes of Infant Death. In addition, category titles that begin with the words "Other" or "All other" are not ranked to determine the leading causes of death. When one of the titles that represents 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.[10]

Under the Eighth Revision, maternal deaths were assigned to category title "Complications of pregnancy, childbirth, and the puerperium" (ICDA–8 Nos. 630–678). Although WHO did not define maternal mortality, there was an NCHS classification rule that limited a maternal death to a death 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 of time for the condition was given. If no duration was specified

and the underlying cause of death was a maternal condition, then 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 on duration used in the Eighth Revision to an under-42-days limitation used in the Ninth Revision is not expected to have much effect on the comparability of maternal mortality statistics. However, comparability is affected by the following classification change. Under the Ninth Revision, maternal causes have been expanded to include Indirect obstetric causes (ICD–9 Nos. 647–648). These causes include Infective and parasitic conditions and other current conditions in the mother that are classifiable elsewhere but which 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 that a pregnant woman will die from 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.

Infant deaths

An infant death is defined as a death under 1 year of age. The term excludes fetal deaths. Infant deaths are usually divided into two categories according to age, neonatal and postneonatal. Neonatal deaths are those that occur during the first 27 days of life, and postneonatal deaths are those that occur between 28 days and 1 year of age. It has generally 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; and 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.

Infant mortality rates shown in section 2 and section 8 are the most commonly used index 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 of the risk of dying in infancy because some of the live births will not have been exposed to a full year's risk of dying and some of the infants that 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.[15,19] 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.[20,21]

In contrast to infant mortality rates based on live births, infant death rates shown in section 1 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 period. 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 through June, the denominator for the infant mortality rate is a count of births occurring during the 12 months of January through December. The difference in the time reference period can result in different trends between the two indices during periods when birth rates are moving up or down markedly.

In addition, the infant death rate is also subject to greater imprecision than is the infant mortality rate because of problems of enumerating and estimating the population under 1 year of age.[20]

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 section "Effect of list revisions.")

Infant and neonatal mortality for Wyoming, 1951—The 1951 data on infant and neonatal mortality shown in tables 2–8 and 2–9 for Wyoming are incorrect because of NCHS processing errors. The correct numbers for Wyoming are 124 infant deaths and 76 neonatal deaths; the corresponding infant mortality rates are 11.2 and 7.0 deaths under 1 year of age per 1,000 live births.

Fetal deaths

In May 1950 the World Health Organization 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.[22]

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

Shortly thereafter, this definition of fetal death was adopted by the National Center for Health Statistics as the nationally recommended standard. Currently all registration areas except Puerto Rico have definitions similar to the standard definition.[23] Puerto Rico has no formal definition.

As another step toward increasing the comparability of data on fetal deaths for different countries, the World Health Organization 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 III
Gestation period not classifiable in groups I, II, and III	Group IV

Note that in table 3–13, group IV consists of fetal deaths with gestation not stated but presumed to be 20 weeks or more gestation.

Until 1939 the nationally recommended procedure for registration of a fetal death required the filing of both a live-birth 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, 1955, 1956, and 1965. In 1975 the Standard Certificate of Fetal Death was replaced by the Standard Report of Fetal Death (figure 7–B).

The 1977 revision of the *Model State Vital Statistics Act and Model State Vital Statistics Regulations*[24] recommended that spontaneous fetal deaths of 20 weeks or more gestation, or a weight of 350 grams or more, and all induced terminations of pregnancy regardless of gestational age be reported and further that they be reported on separate forms. These forms are to be considered legally required statistical reports rather than legal documents.

Beginning with 1970 fetal deaths, 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 are different for spontaneous fetal deaths and induced terminations of pregnancy. These procedures are still in use.

Comparability and completeness of data—Registration area requirements for reporting fetal deaths vary. Most of these areas require reporting fetal deaths of gestations of 20 weeks or more. Table 3–1 shows the minimum period of gestation required by each State for fetal-death reporting. There is substantial evidence that not all fetal deaths for which reporting is required are reported.[25]

For registration areas not requiring the reporting of fetal deaths of all periods of gestation, underreporting is more likely to occur in the earlier gestational periods. This is illustrated by the fact that for most areas requiring reporting of fetal deaths of 20 weeks or more, the total number reported for 20–23 weeks is lower than the numbers reported for 24–27 and 28–31 weeks. For areas requiring the reporting of all fetal deaths, however, the opposite is generally true.

Another type of reporting problem arises from the inconsistent application of the definition of fetal death by individual registration areas. For example, some live-born infants who die shortly after birth, particularly those born prematurely who die before the umbilical cord is severed or while the placenta is still attached, may be erroneously reported as fetal deaths.

To maximize the comparability of data by year and by State, most of the tables in section 3 are based on fetal deaths occurring at gestations of 20 weeks or more. These tables also include fetal deaths of not stated gestation for those States requiring reporting at 20 weeks 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 birth weight of 500 grams or more. In 1983 this rule was applied to the following States: Colorado, Georgia, Hawaii, New York (including New York City), Rhode Island, and Virginia. Each year there are some exceptions to this procedure. Arkansas was one such exception in 1983, requiring the reporting of fetal deaths of all periods of gestation; however, all fetal deaths of not stated gestation were assumed to be of 20 weeks or more gestation.

The data in table 3–3 include only fetal deaths to residents of those areas in the United States that report all periods of gestation. The areas are Colorado, Georgia, Hawaii, New York (including New York City), Rhode Island and Virginia. Although Arkansas reports all periods of gestation, it is excluded from this table because of a noncomparable reporting practice explained below. This reporting practice results in undercounts of fetal deaths of less than 28 weeks gestation.

Arkansas—Arkansas has been using two reporting forms for fetal deaths. A confidential Spontaneous Abortion form and a Fetal Death Certificate. Beginning with data year 1981, Arkansas specified that fetal deaths of less than 28 weeks gestation or weighing less than 1,000 grams could be reported on the Spontaneous Abortion form rather than on their report of fetal death. Although the National Center for Health Statistics receives their certificates of fetal death, it does not receive their confidential abortion reports. Accordingly, counts of fetal deaths of gestational age 20 to 27 weeks declined sharply from 100 in 1980 to 39 in 1981 to 7 in 1982 and increased to 24 in 1983. This reporting practice results in noncomparability of fetal death data for fetal deaths under 28 weeks gestation between Arkansas and other reporting areas.

District of Columbia—Beginning in 1981, the District of Columbia changed its reporting requirements for spontaneous fetal deaths from "passed the fifth month of utero-gestation" to "20 completed weeks or more or a weight of 500 grams or more."

Kentucky—Beginning in 1981, Kentucky changed its reporting requirements for spontaneous fetal deaths from "20 weeks gestation or more" to "a weight of 350 grams or more or a gestational age of 20 weeks or more."

Maine—Beginning with data year 1978, Maine changed its reporting requirements for spontaneous fetal deaths from "all periods of gestation" to "20 weeks or more." This change affects the tabulation of fetal deaths with not stated gestational age. Data for 1978–83 include all fetal deaths of not stated gestational age.

New Mexico—Beginning in 1980, New Mexico changed its reporting requirements for spontaneous fetal deaths from "20 completed weeks" to "500 grams or more."

South Dakota—Beginning in 1979, South Dakota changed its reporting requirements for spontaneous fetal deaths from "20 weeks or more gestation" to a weight of "more than 500 grams."

Tennessee—Beginning in 1979, Tennessee changed its reporting requirements for spontaneous fetal deaths from "20 weeks or more gestation" to "500 grams or more, or, in the absence of weight, of 22 completed weeks' gestation or more."

Period of gestation—The period of gestation is the number of completed weeks elapsed between the first day of the last normal menstrual period and the date of delivery. The first day of the last normal menstrual period (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 the calculated gestation falls beyond a duration considered biologically plausible, "gestation in weeks" or "Physician's estimate of gestation" is used. 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 1983 except Delaware, New Mexico, Puerto Rico, and South Dakota.

Birth weight—Of the 55 registration areas (including the 50 States, the District of Columbia, New York City, Puerto Rico, the Virgin Islands, and Guam), 27 do not specify how weight should be given; 16 specify that weight should be given in pounds and ounces; 5 specify grams; and the remaining 7 areas indicate weight can be given either in pounds and ounces or in grams. Data on fetal deaths for the Virgin Islands and Guam are not published by NCHS.

In the tabulation and presentation of these data, the metric system (grams) has been used to facilitate comparison with other data published in the United States and internationally. The equivalents of the gram intervals in pounds and ounces are 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 the Ninth Revision, International Classification of Diseases, the birth-weight 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; etc.

Race—The race of the fetus is ordinarily classified based on the race of the parents. If the parents are of different races, the following rules apply. (1) When only one parent is white, the fetus is assigned the other parent's race. (2) When neither parent is white, the fetus is assigned the father's race with one exception: If the mother is Hawaiian or Part-Hawaiian, the fetus is classified as Hawaiian.

When the race of one parent is missing or ill defined, the race of the other determines that of the fetus. When race of both parents is missing, the race of the fetus is allocated to the specific race of the fetus on the preceding record.

Total-birth order—Total-birth order refers to the sum of the live births and other terminations (including both spontaneous fetal deaths and induced terminations of pregnancy) that a woman has had including the fetal death being recorded. For example, if a woman has previously 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.

In the 1989 revision of the Standard Report of Fetal Death, total-birth order is calculated from four items on pregnancy history: Number of previous live births, now living; number of previous live births, now dead; number of other terminations before 20 weeks; and number of other terminations after 20 weeks.

All registration areas use the two standard items pertaining to the number of previous live births. Thirty areas use the two standard items pertaining to the number of "other terminations" before and after 20 weeks gestation; 4 report "other terminations" of 20 weeks or more; 14 do not differentiate "other terminations" by gestational age; 6 areas use other criteria for differentiating spontaneous and induced terminations; and 1 area reports "other terminations" before and after 16 weeks gestation. Total-birth order for all areas is calculated from the sum of available infor-

mation. Thus, information on total-birth order may not be completely comparable among the registration areas.

Marital status—Table 3–4 shows fetal deaths and fetal-death ratios by mother's marital status. States excluded from this table are as follows: California, Connecticut, Maryland, Michigan, Montana, New York (including New York City), Ohio, Texas, and Vermont. Because live births comprise the denominator of the ratio, marital status must also be reported for mothers of live births. Starting in 1980, marital status of the mother of the live birth was inferred for States that did not report it on the birth certificate.

There are no quantitative data on the characteristics of unmarried women who may misreport their marital status or who fail to register fetal deaths. Underreporting may be greater for the unmarried group than for the married group.

Age of mother—The fetal-death report asks for the mother's "age (at time of delivery)," and the ages are edited in NCHS for upper and lower limits. When mothers are reported to be under 10 years of age or 50 years 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 allocated 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).

Perinatal mortality

Perinatal definitions—Beginning with data year 1979, perinatal mortality data for the United States and each State have been published in section 4. The World Health Organization in the Ninth Revision of the International Classification of Diseases (ICD–9) recommended that "national perinatal statistics should include all fetuses and infants delivered weighing at least 500 grams (or when birth weight is unavailable, the corresponding gestational age (22 weeks) or body length (25 cm crown-heel)), whether alive or dead. . . ." It was further recommended that "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 birth weight is unavailable, the corresponding gestational age (28 weeks) or body length (35 cm crown-heel))." Because birth weight and gestational age are not reported on the death certificate in the United States, NCHS was unable to recommend adopting these definitions. Three definitions of perinatal mortality are currently used by NCHS: Perinatal Definition I, generally used for international comparisons, which includes fetal deaths of 28 weeks or more gestation and infant deaths of less than 7 days; Perinatal Definition II, which includes fetal deaths of 20 weeks or more gestation and infant deaths of less than 28 days; and Perinatal Definition III, which includes fetal deaths of 20 weeks or more gestation and infant deaths of less than 7 days.

Variations in fetal death reporting requirements and practices have implications for comparing perinatal rates among States. Since reporting is generally poorer 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 of 20 weeks or more than are other States. The larger number of fetal deaths reported by these "all periods" States may result in higher perinatal rates compared with 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 of 20–27 weeks.

Not stated—Fetal deaths with gestational age not stated are presumed to be of 20 weeks gestation or more if (1) the State requires reporting of all fetal deaths of gestational age 20 weeks or more or (2) 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 with gestation not stated but presumed to be 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 with presumed gestation of 20 weeks or more are included with those of stated gestation of 20 weeks or more.

For all three definitions, following the distribution of gestation not stated described above, fetal deaths with not-stated sex are allocated within gestational age groups on the basis of the distribution of stated cases. The allocation of not-stated gestational age and sex for fetal deaths is made individually for each State, for metropolitan and nonmetropolitan areas, and separately for the United States as a whole. 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.

QUALITY OF DATA

Completeness of registration

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

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

Massachusetts data

The 1964 statistics for deaths exclude approximately 6,000 events 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 also somewhat affected.

Quality control procedures

Demographic items on the death certificate—As previously indicated, for 1983 the mortality data for these items were obtained from two sources: (1) Microfilm images of the original certificates furnished by 4 States, the District of Columbia, and the Virgin Islands, and photocopies from Guam, and (2) records on data tape furnished by the remaining 46 States, New York City, and Puerto Rico. For the four States, the District of Columbia, the Virgin Islands, and Guam that sent only copies of the original certificates, the demographic items were coded for 100 percent of the death certificates. The demographic coding for a 10-percent sample of the certificates was independently verified.

As part of the quality control procedures for mortality data, each registration area has to go through a calibration period during which it must achieve the specified error tolerance level of 2 percent per item for 3 consecutive months, based on NCHS independent verification of a 50-percent sample of that area's records. Once the area has achieved the required error tolerance level, a sample of 70–80 records per month is used to monitor quality of coding.

All of the areas had achieved the specified tolerance error before 1983; accordingly, for these areas the demographic items on about 70–80 records per area per month were independently verified by NCHS. These areas include New York City, Puerto Rico, and the 46 States that furnished data on computer tape to NCHS. The estimated average error rate for all demographic items in the entire 1983 mortality file was 0.25 percent.

These verification procedures involve controlling two types of error (coding and entering into the data record tape) at the same time, and the error rates are a combined measure of both types. While it may be assumed that the entering errors are randomly distributed across all items on the record, this assumption cannot be made as readily for coding errors. Although systematic errors in coding infrequent events may escape detection during sample verification, it is probable that some of these errors were detected during the initial period when 50 percent of the file was being verified, thus providing an opportunity to retrain the coders.

Medical items on the death certificate—As for demographic data, mortality medical data are also subject to quality control procedures which control for errors of both coding and data entry. Each of the 16 registration areas that furnished NCHS with coded medical information according to NCHS specifications first had to qualify for sample verification. During an initial calibration period, the area had to achieve a specified error tolerance level of less than 5 percent for coding all medical items for 3 consecutive months, based on independent verification by NCHS, for all records. After the area has achieved the required error tolerance level, a sample of 70–80 records per month is used to monitor quality of medical coding. For these 16 States, the average coding error rate in 1983 was just over 3 percent.

For the remaining 39 registration areas—34 States, the District of Columbia, New York City, Puerto Rico, the Virgin Islands, and Guam—NCHS coded the medical items for 100 percent of the death records. A 1-percent sample of the records was independently coded for quality control purposes. The estimated average error rate for these areas was about 3 percent.

The ACME system for selecting the underlying cause of death through computer application contributes to the quality control of medical items on the death certificate (see the section "Automated selection of underlying cause of death").

Demographic items on the report of fetal death—For 1983, all data on fetal deaths were coded under contract by the U.S. Bureau of the Census except New York State (excluding New York City), which submitted State-coded data. Coding and entering information on data tapes were verified on a 100-percent basis because of the relatively small number of records involved.

Other control procedures—After coding and entering on data tape 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, where there is 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.[26] 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 in this report (excluding fetal-death 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 of *Vital Statistics of the United States, 1972*, Volume II, Mortality, Part A.

COMPUTATION OF RATES AND OTHER MEASURES

Population bases

The population bases from which death rates shown in this report are computed are prepared by the U.S. Bureau

Table A. Sources for resident population and population including Armed Forces abroad: Birth- and death-registration States, 1900–1932, and United States, 1900–1983

Year	Source
1983 -----	U.S. Bureau of the Census, *Current Population Reports*, Series P–25, No. 965, Mar. 1985.
1982 -----	U.S. Bureau of the Census, *Current Population Reports*, Series P–25, No. 949, May 1984.
1981 -----	U.S. Bureau of the Census, *Current Population Reports*, Series P–25, No. 929, May 1983.
1980 -----	U.S. Bureau of the Census, *U.S. Census of Population: 1980, Number of Inhabitants*, PC80–1–A1, United States Summary, 1983
1971–79 ---	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, 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.

of the Censtis. Rates for 1940, 1950, 1960, 1970, and 1980 are based on the population enumerated as of April 1 in the censuses of those years. Rates for all other years use the estimated midyear (July 1) population for the respective years. Death rates for the United States, individual States, and SMSA's 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 1900–83 are shown in table 7–1. In addition, the population including Armed Forces abroad is shown for the United States. Table A shows the sources for these populations.

Population estimates for 1981–83—The population of the United States estimated by age, race, and sex for 1983 is shown in table 7–2, and the population for each State by broad age groups follows in table 7–3. Comparable data for 1981 and 1982 were shown in tables 7–2 and 7–3 of *Vital Statistics of the United States*, Volume II, for those years. Population data by race are consistent with the modified (see below) 1980 population by race.

Population for 1980—The population of the United States by age, race, and sex and the population for each State by age are shown in tables 7–2 and 7–3, respectively, of *Vital Statistics of the United States, 1980*, Volume II. The figures by race have been modified as described below.

The racial counts in the 1980 census are affected by changes in reporting practices, particularly of the Hispanic population, and in coding and classifying. One particular change created a major inconsistency between the 1980 census data and historical data series, including censuses and vital statistics. About 40 percent of the Hispanic population counted in 1980, over 5.8 million persons, did not mark one of the specified races listed on the census questionnaire but instead marked the "Other" category.

In the 1980 census, coding procedures were modified for persons who marked "Other" race and wrote in a national origin designation of a Latin American country or a specific Hispanic origin group in response to the racial question. These persons remained in the "Other" racial category in 1980 census data; in previous censuses and in vital statistics, such responses had almost always been coded into the "White" category.

In order to maintain comparability, the "Other" racial category in the 1980 census was reallocated to be consistent with previous procedures. Persons who marked the "Other" racial category and reported any Spanish origin on the Spanish origin question (5,840,648 persons) were distributed to white and black races in proportion to the distribution of persons of Hispanic origin who actually reported their race as "White" or "Black." This was done for each age-sex group.

As a result of this procedure, 5,705,155 persons (98 percent) were added to the white population and 135,493 persons (2 percent) to the black population. Persons who marked the "Other" racial category and reported that they were not of Spanish origin (916,338 persons) were distributed as follows: 20 percent in each age-sex group were added to the "Asian and Pacific Islander" category (183,268 persons), and 80 percent were added to the "White" category (733,070 persons). The count of American Indians, Eskimos, and Aleuts was not affected by these procedures. Unpublished tabulations of these modified census counts were obtained from the U.S. Bureau of the Census and used to compute the rates for this report.

Population estimates for 1971–79—Death rates in this volume 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 previously been estimated for April 1, 1980.[27] 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 in this volume for 1961–69 are based on revised estimates of the population and thus may differ slightly from rates published before 1976. The rates shown in tables 1–1 and 1–2, the life table values in table 6–5, and the population estimates in table 7–1 for each year in the period 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–25, Number 519. The data shown in table 1–10 for 1961–69 have not been revised.

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*, Volume I, Natality.

New Jersey—As previously indicated, data by race are not available for New Jersey for 1962 and 1963. Therefore for 1962 and 1963 the National Center for Health Statistics estimated a population by age, race, and sex excluding 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 reports.

Net census undercount

Just as the underenumeration of deaths and the misreporting of demographic characteristics on the death certificate can introduce error into the annual rates, errors in the latest decennial census such as undercount or overcount can also adversely affect mortality statistics. 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.[25] Net census undercount is determined by miscounting and misreporting of demographic characteristics such as age. Age-specific death rates are affected by both the net census undercount and the misreporting of age on the death certificate.[29] 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.

Although death rates based on a population adjusted for net census undercount may be more accurate than rates based on an unadjusted population, rates in this volume are not adjusted; rather, they are computed using population estimates that preserve the age pattern of the net census undercount across the postcensal interval. Thus, it is important to consider the possible impact of net census undercount on death rates.

The U.S. Bureau of the Census has conducted extensive research on completeness of coverage of the U.S. population (including underenumeration and misstatement of age, race, and sex) in the last four decennial censuses—1950, 1960, 1970, and 1980. From this work have come estimates of the national population that was not counted by age, race, and sex.[25,30,31] The reports for 1980 include estimates of net census undercount using alternative methodological assumptions for age, race, and sex subgroups of the national population.[25,32]

These studies indicate that, although coverage was improved over previous censuses, there was differential coverage in the 1980 census among the population subgroups; that is, some age, race, and sex groups were more completely counted than others.

Net census undercounts can affect (1) levels of the observed vital rates, (2) differences among groups, and (3) levels and group differences shown by summary measures such as age-adjusted death rates and life expectancy.

Levels and differentials—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. Assuming net census undercounts remained consistent by age after the 1980 census, the estimated rates for 1983 can be computed by multiplying the reported rates by ratios of the census-level population to the population adjusted for the estimated net census undercount (table 7–4). 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—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 than the population of all other races. The black population was counted less completely than the total population of all other races.

For the total population, underenumeration varied by age group, with the greatest undercount found for persons aged 80–84, and 85 years and over. All other age groups were overcounted or undercounted by less than three percent.

Among the age-sex-race groups, coverage was lowest for black males aged 35–39, 40–44, and 45–49 years. Underenumeration for these groups averaged 17.3 percent. In contrast, white females in these age groups were essentially completely enumerated. For black females and white males in these same age groups, the undercount ranged from 2 to 6 percent. For the under-1-year age group the white population was overenumerated by about 2 percent, whereas infants of other races were underenumerated by about 8 percent.

If vital statistics measures were calculated with adjust-

ments 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. As a consequence, the ratio of mortality between the rates for males and females, and between the rates for the white population and the population of other races, or 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, for the age group 35–39 years in 1983, the ratio of the death rate for Homicide and legal intervention for black males to that for white males is 7.0, whereas the ratio of the death rates adjusted for net census undercount in 1983 is 5.9, a reduction of about 16 percent. For Ischemic heart disease for males aged 40–44 years, the ratio of the death rate for the population of all other races to that for the white population is 1.2 using the unadjusted rates, but it is 1.1 when adjusted for estimated underenumeration.

Summary measures—The effect of net census undercount on age-adjusted death rates depends on the underenumeration of each age group and on the distribution of deaths by age. In 1983, the age-adjusted death rate for All causes would decrease from 551.0 to 546.0 per 100,000 population if the age-specific death rates were corrected for net census undercount.

For Diseases of the heart, the age-adjusted death rate for white males would decrease from 258 to 255 per 100,000 population, a decline of 1.2 percent. For black males the change, from an unadjusted rate of 308 to an adjusted rate of 296, would amount to 3.9 percent.

If death rates by age were adjusted, then the corresponding life expectancy at birth computed from these rates would change. The importance of adjustments varies by age, that is, 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. Differential underenumeration among race-sex groups would lead to greater changes in life expectancy for some groups than for others. For white females who were completely enumerated in 1980, revised estimates of life expectancy would remain roughly constant; those for black males would show the greatest increase.

Age-adjusted death rates

Age-adjusted death rates shown in this report are computed by using the distribution in 10-year age intervals of the enumerated population of the United States in 1940 as the standard population. Each figure represents the rate that would have existed if the age-specific rates of the particular year prevailed in a population whose age distribution was the same as that of the United States in 1940. The rates for the total population and for each race-sex group were adjusted using the same standard population. It is important not to compare age-adjusted death rates with crude rates. The standard 1940 population, on the basis of one million total population, is as follows:

Age	*Number*
All ages	1,000,000
Under 1 year	15,343
1–4 years	64,718
5–14 years	170,355
15–24 years	181,677
25–34 years	162,066
35–44 years	139,237
45–54 years	117,811
55–64 years	80,294
65–74 years	48,426
75–84 years	17,303
85 years and over	2,770

Life tables

U.S. abridged life tables are constructed by reference to a standard table.[33] Life tables for the decennial period 1979–81 are used as the standard life tables in constructing the 1980–83 abridged life tables. With the availability of the 1979–81 standard life tables, revised life table values were computed for 1980–82, these appear for the first time in this volume. Life table values appearing in *Vital Statistics of the United States* for 1980–82 were constructed using the 1969–71 decennial life tables.

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 appearing in this publication are based on revised intercensal estimates of the populations for those years. As such, these life table values may differ from the life table values for those years published in previous volumes.

There has been an increasing interest in data on average length of life ($\mathring{e}_0$) for single calendar years before the initiation of the annual abridged life table series for selected race-sex groups in 1945. The figures in table 6–5 for the race and sex groups for the following years were estimated to meet these needs.[34]

Years	*Race and sex groups*
1900–45	Total
1900–47	Male
1900–47	Female
1900–50	White
1900–44	White, male
1900–44	White, female
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 1900–1902 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 both Alaska and Hawaii for each year (table 6–4). Data for each year shown in table 6–5 include Alaska beginning in 1959 and Hawaii beginning in 1960. It is not believed that the inclusion of these two States materially affects life table values.

Random variation in numbers of deaths, death rates, and mortality rates and ratios

Deaths and population-based rates—Except for 1972, the numbers of deaths reported for a community represent complete counts of such events. 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 time period 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.[35] 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 error and tests of significance under this assumption are described in most standard statistics texts. When the number of events is large, the standard error, expressed as a percent of the number or rate, 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 conditions described by the figures. This is particularly true for infant mortality rates, cause-specific death rates, and death rates for counties. Events of a rare nature may be assumed to follow a Poisson probability distribution. For this distribution, a simple approximation may be used to estimate a confidence interval, as follows.

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

1. $N - 2\sqrt{N}$ and $N + 2\sqrt{N}$

   covers the "true" number of events.

2. $R - 2\frac{R}{\sqrt{N}}$ and $R + 2\frac{R}{\sqrt{N}}$

   covers the "true" rate.

If the rate R corresponding to N events is compared with the rate S corresponding to M events, the difference between the two rates may be regarded as statistically significant, if it exceeds

$$2\sqrt{\frac{R^2}{N} + \frac{S^2}{M}}$$

For example, if the observed death rate for Community A were 10.0 per 1,000 population and if this rate were based on 20 recorded deaths, then the chances are 19 in 20 that the "true" death rate for that community lies between 5.5 and 14.5 per 1,000 population. If the death rate for Community A of 10.0 per 1,000 population were being compared with a rate of 20.0 per 1,000 population for Community B, which is based on 10 recorded deaths, then the difference between the rates for the two communities is 10.0. This difference is less than twice the standard error of the difference

$$2\sqrt{\frac{(10.0)^2}{20} + \frac{(20.0)^2}{10}}$$

of the two rates, which is computed to be 13.4. From this, it is concluded that the difference between the rates for the two communities is not statistically significant.

SYMBOLS USED IN TABLES

Data not available	---
Category not applicable	...
Quantity zero	-
Quantity more than zero but less than 0.05	0.0
Quantity more than zero but less than 500 where numbers are rounded to thousands	Z
Figure does not meet standards of reliability or precision	*

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SOURCES OF DATA

Death and fetal-death statistics

Mortality statistics for 1983 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 Trust Territory of the Pacific Islands. In the statistical tabulations of this publication, *United States* refers only to the aggregate of the 50 States (including New York City) and the District of Columbia. Tabulations for Guam, Puerto Rico, and the Virgin Islands are shown separately in this volume. No data have ever been included for American Samoa or the Trust Territory of the Pacific Islands.

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 the annual volumes of *Vital Statistics of the United States* from the year of their admission through 1971 except for the years 1967 through 1969, and tabulations for Guam were included for 1970 and 1971. Death statistics for Puerto Rico, the Virgin Islands, and Guam were not included in the 1972 volume but have been included in section 8 of the volumes for each of the years 1973–78 and in section 9 beginning with 1979. 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 with computer tapes of data coded according to NCHS specifications and provided to NCHS through the Vital Statistics Cooperative Program. The year in which State-coded demographic data were first transmitted to NCHS is shown below for New York City, Puerto Rico, and each of the 46 States now furnishing demographic data.

1971
- Florida

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

1976—Con.
- Minnesota
- Nevada
- Texas
- West Virginia

1977
- Alaska
- Idaho
- Massachusetts
- New York City
- Ohio
- Puerto Rico

1978
- Indiana
- Utah
- Washington

1979
- Connecticut
- Hawaii
- Mississippi
- New Jersey
- Pennsylvania
- Wyoming

1980
- Arkansas
- New Mexico
- South Dakota

1982
- North Dakota

For the remaining four States, the District of Columbia, the Virgin Islands, and Guam, mortality statistics for 1983 are based on information obtained directly by NCHS from copies of the original certificates received from the registration offices.

In 1974, States began coding medical (cause-of-death) data on computer tapes according to NCHS specifications. The year in which State-coded medical data were first trans-

mitted to NCHS is shown below for the 16 States now furnishing such data.

1974
- Iowa
- Michigan

1975
- Louisiana
- Nebraska
- North Carolina
- Virginia
- Wisconsin

1980
- Colorado
- Kansas

1980—Con.
- Massachusetts
- Mississippi
- New Hampshire
- Pennsylvania
- South Carolina

1981
- Maine

1983
- Minnesota

For 1983 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, it was necessary to change these procedures because of a backlog in coding and processing that resulted 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 below in the section "Estimates of errors arising from 50-percent sample for 1972."

Fetal-death data are obtained directly from copies of original reports of fetal deaths received by NCHS, except New York State (excluding New York City), which began submitting State-coded data in 1980. Fetal-death data are not published by NCHS for the Virgin Islands and Guam.

Standard certificates and reports

The U.S. Standard Certificate of Death and the U.S. Standard Report of Fetal Death, issued by the Public Health Service, have served for many years as the principal means of attaining uniformity in the content 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 assured 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 have been dropped when their usefulness appeared to be limited.

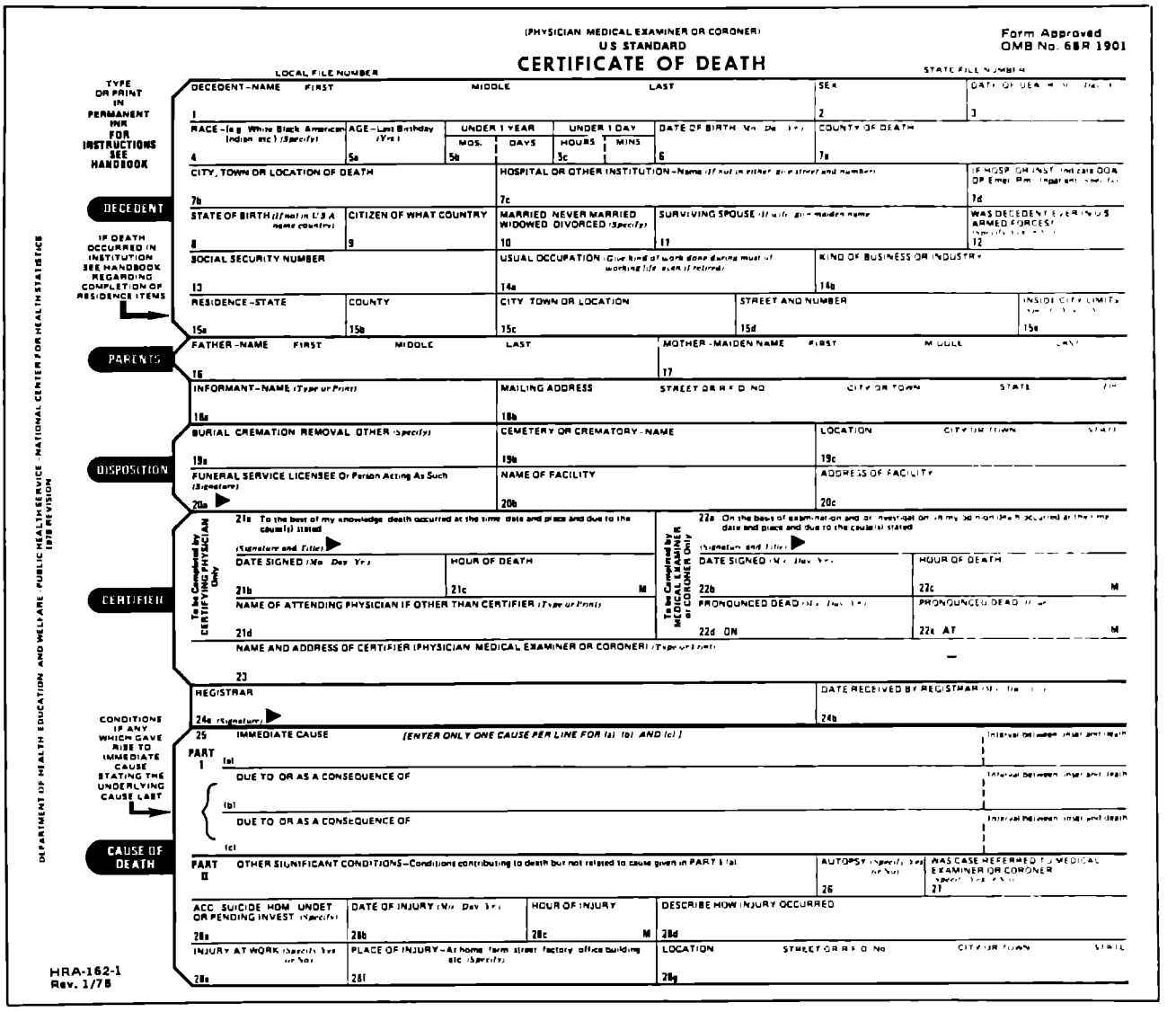
New revisions of the U.S. Standard Certificate of Death and the U.S. Standard Report of Fetal Death were recommended for State use beginning January 1, 1978. The U.S. Standard Certificate of Death and the U.S. Standard Report of Fetal Death are shown in figures 7–A and 7–B. The certificate of death shown in figure 7–A is for use by a physician, a medical examiner, or a coroner. Two other forms of the U.S. Standard Certificate of Death are available; they are similar to the one shown except that the section on certification is designed for the physician's signature on one, and for the medical examiner's or coroner's signature on the other.

Among the changes in the new revision were the addition of (1) an item asking "If Hosp. or Inst., Indicate DOA, OP/Emer. Rm., Inpatient" and (2) an item "Was Decedent Ever in U.S. Armed Forces?" The latter item was previously on the certificate but was deleted during 1968 through 1977. An item on whether autopsy findings were considered for determining cause of death was dropped.

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 consisting of two States (Massachusetts and New Jersey), the District of Columbia, and several large cities having efficient systems for death registrations, the death-registration area continued to expand until 1933, when it included the entire United States for the first time. Tables that show 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 the Technical Appendix in *Vital Statistics of the United States, 1979,* Volume II, Mortality, Part A, Section 7, pages 3–4, and the section "History and Organization of the Vital Statistics System," chapter 1, *Vital Statistics of the United States, 1950,* Volume I, pages 2–19.

FIGURE 7-A.


(PHYSICIAN MEDICAL EXAMINER OR CORONER)
US STANDARD
CERTIFICATE OF DEATH
Form Approved
OMB No. 68R 1901
LOCAL FILE NUMBER
STATE FILE NUMBER
TYPE OR PRINT IN PERMANENT INK FOR INSTRUCTIONS SEE HANDBOOK
DECEDENT
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS
PARENTS
DISPOSITION
CERTIFIER
CAUSE OF DEATH
DECEDENT—NAME FIRST MIDDLE LAST
SEX
DATE OF DEATH
RACE—(e.g. White Black American Indian etc.) (Specify)
AGE—Last Birthday (Yrs.)
UNDER 1 YEAR MOS. DAYS
UNDER 1 DAY HOURS MINS
DATE OF BIRTH
COUNTY OF DEATH
CITY, TOWN OR LOCATION OF DEATH
HOSPITAL OR OTHER INSTITUTION—Name (If not in either give street and number)
IF HOSP OR INST: Inpatient ER DOA or Emer Rm Inpatient Other (Specify)
STATE OF BIRTH (If not in U.S.A. name country)
CITIZEN OF WHAT COUNTRY
MARRIED NEVER MARRIED WIDOWED DIVORCED (Specify)
SURVIVING SPOUSE (If wife give maiden name)
WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No)
SOCIAL SECURITY NUMBER
USUAL OCCUPATION (Give kind of work done during most of working life even if retired)
KIND OF BUSINESS OR INDUSTRY
RESIDENCE—STATE
COUNTY
CITY TOWN OR LOCATION
STREET AND NUMBER
INSIDE CITY LIMITS? (Yes or No)
FATHER—NAME FIRST MIDDLE LAST
MOTHER—MAIDEN NAME FIRST MIDDLE LAST
INFORMANT—NAME (Type or Print)
MAILING ADDRESS STREET OR R F D NO CITY OR TOWN STATE ZIP
BURIAL CREMATION REMOVAL OTHER (Specify)
CEMETERY OR CREMATORY—NAME
LOCATION CITY OR TOWN STATE
FUNERAL SERVICE LICENSEE Or Person Acting As Such (Signature)
NAME OF FACILITY
ADDRESS OF FACILITY
To be Completed by CERTIFYING PHYSICIAN Only
21a To the best of my knowledge death occurred at the time date and place and due to the cause(s) stated (Signature and Title)
DATE SIGNED (Mo Day Yr)
HOUR OF DEATH
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)
To be Completed by MEDICAL EXAMINER or CORONER Only
22a On the basis of examination and or investigation in my opinion death occurred at the time date and place and due to the cause(s) stated (Signature and Title)
DATE SIGNED
HOUR OF DEATH
PRONOUNCED DEAD
PRONOUNCED DEAD AT
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN MEDICAL EXAMINER OR CORONER) (Type or Print)
REGISTRAR (Signature)
DATE RECEIVED BY REGISTRAR
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST
IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a) (b) AND (c).)
PART I
DUE TO OR AS A CONSEQUENCE OF
Interval between onset and death
PART II
OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)
AUTOPSY (Specify Yes or No)
WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER (Specify Yes or No)
ACC SUICIDE HOM UNDET OR PENDING INVEST (Specify)
DATE OF INJURY
HOUR OF INJURY
DESCRIBE HOW INJURY OCCURRED
INJURY AT WORK (Specify Yes or No)
PLACE OF INJURY—At home farm street factory office building etc. (Specify)
LOCATION STREET OR R F D No CITY OR TOWN STATE
DEPARTMENT OF HEALTH EDUCATION AND WELFARE · PUBLIC HEALTH SERVICE · NATIONAL CENTER FOR HEALTH STATISTICS
1978 REVISION
HRA-162-1
Rev. 1/78

II, Mortality, Part A, Section 7, pages 3–4, and the section "History and Organization of the Vital Statistics System," chapter 1, *Vital Statistics of the United States, 1950,* Volume I, pages 2–19.

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.

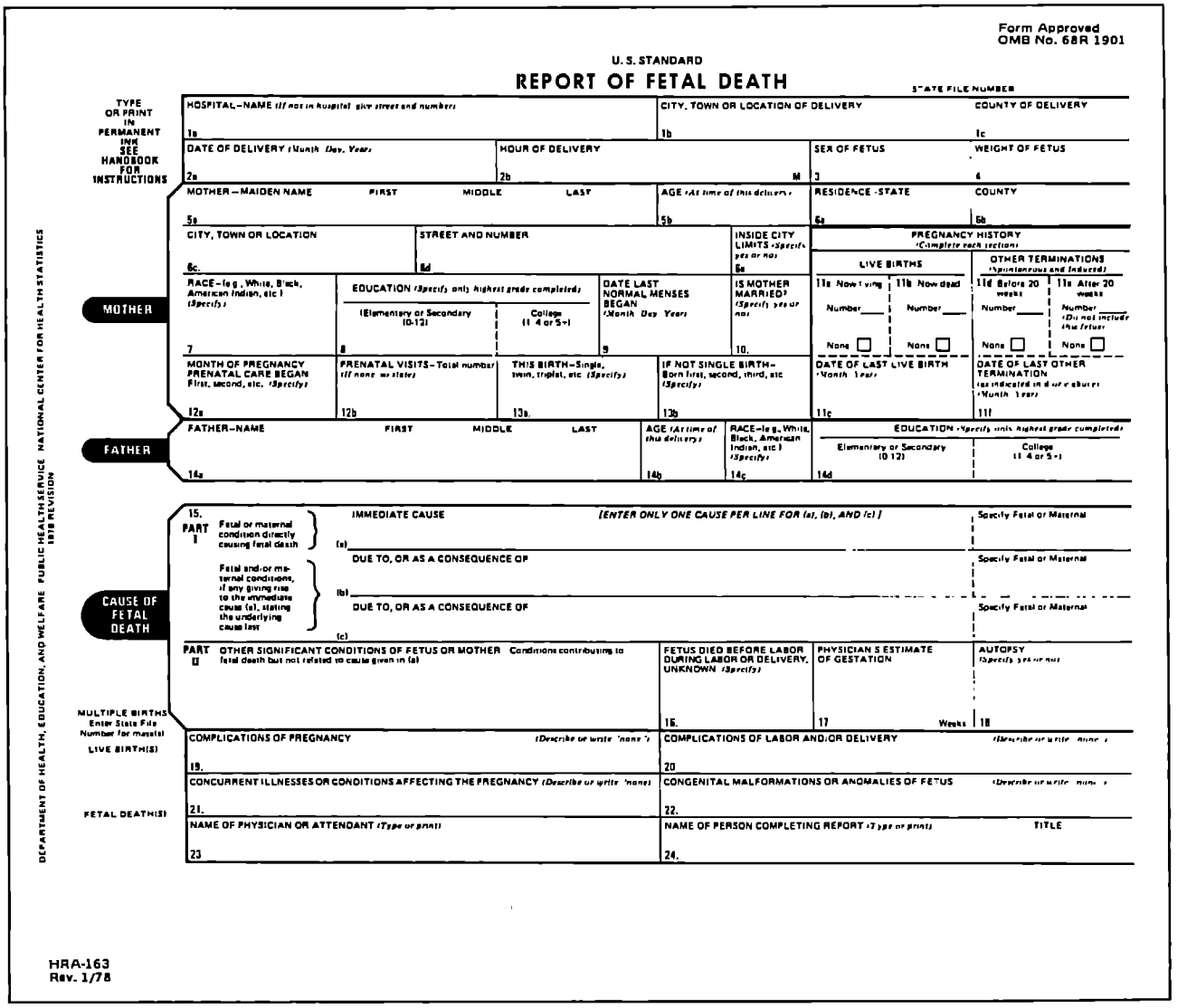
The general rules used in the classification of geographic and personal items for deaths and fetal deaths are set forth in two NCHS instruction manuals.[1,2]

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 in this report are by place of residence unless

FIGURE 7–B.



Form Approved
OMB No. 68R 1901

U. S. STANDARD

REPORT OF FETAL DEATH

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT INK SEE HANDBOOK FOR INSTRUCTIONS

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE PUBLIC HEALTH SERVICE NATIONAL CENTER FOR HEALTH STATISTICS 1978 REVISION

1a HOSPITAL—NAME (If not in hospital give street and number)
1b CITY, TOWN OR LOCATION OF DELIVERY
1c COUNTY OF DELIVERY
2a DATE OF DELIVERY (Month Day Year)
2b HOUR OF DELIVERY
3 SEX OF FETUS
4 WEIGHT OF FETUS

MOTHER

5a MOTHER—MAIDEN NAME FIRST MIDDLE LAST
5b AGE (At time of this delivery)
6a RESIDENCE—STATE
6b COUNTY
6c CITY, TOWN OR LOCATION
6d STREET AND NUMBER
6e INSIDE CITY LIMITS (Specify yes or no)
PREGNANCY HISTORY (Complete each section)
LIVE BIRTHS
11a Now living Number None
11b Now dead Number None
OTHER TERMINATIONS (Spontaneous and Induced)
11d Before 20 weeks Number None
11e After 20 weeks Number None (Do not include this fetus)
7 RACE—(e.g., White, Black, American Indian, etc.) (Specify)
8 EDUCATION (Specify only highest grade completed) Elementary or Secondary (0-12) College (1-4 or 5+)
9 DATE LAST NORMAL MENSES BEGAN (Month Day Year)
10. IS MOTHER MARRIED? (Specify yes or no)
12a MONTH OF PREGNANCY PRENATAL CARE BEGAN First, second, etc. (Specify)
12b PRENATAL VISITS—Total number (If none, so state)
13a THIS BIRTH—Single, twin, triplet, etc. (Specify)
13b IF NOT SINGLE BIRTH—Born first, second, third, etc. (Specify)
11c DATE OF LAST LIVE BIRTH (Month Year)
11f DATE OF LAST OTHER TERMINATION (as indicated in d or e above) (Month Year)

FATHER

14a FATHER—NAME FIRST MIDDLE LAST
14b AGE (At time of this delivery)
14c RACE—(e.g., White, Black, American Indian, etc.) (Specify)
14d EDUCATION (Specify only highest grade completed) Elementary or Secondary (0-12) College (1-4 or 5+)

CAUSE OF FETAL DEATH

15. PART I Fetal or maternal condition directly causing fetal death — IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) (a) — Specify Fetal or Maternal
Fetal and/or maternal conditions, if any giving rise to the immediate cause (a), stating the underlying cause last — DUE TO, OR AS A CONSEQUENCE OF (b) — Specify Fetal or Maternal
DUE TO, OR AS A CONSEQUENCE OF (c) — Specify Fetal or Maternal

PART II OTHER SIGNIFICANT CONDITIONS OF FETUS OR MOTHER Conditions contributing to fetal death but not related to cause given in (a)
16. FETUS DIED BEFORE LABOR DURING LABOR OR DELIVERY, UNKNOWN (Specify)
17 PHYSICIAN'S ESTIMATE OF GESTATION Weeks
18 AUTOPSY (Specify yes or no)

MULTIPLE BIRTHS Enter State File Number for mate(s) LIVE BIRTH(S)

19. COMPLICATIONS OF PREGNANCY (Describe or write "none")
20 COMPLICATIONS OF LABOR AND/OR DELIVERY (Describe or write "none")
21. CONCURRENT ILLNESSES OR CONDITIONS AFFECTING THE PREGNANCY (Describe or write "none")
22. CONGENITAL MALFORMATIONS OR ANOMALIES OF FETUS (Describe or write "none")

FETAL DEATH(S)

23 NAME OF PHYSICIAN OR ATTENDANT (Type or print)
24. NAME OF PERSON COMPLETING REPORT (Type or print) TITLE

HRA-163
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stated as by place of occurrence. Before 1970, resident mortality statistics for the United States included all deaths occurring in the United States, with deaths of "nonresidents of the United States" assigned to place of death. "Deaths of nonresidents of the United States" 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. Beginning with 1970, deaths of nonresidents of the United States are not included in tables by place of residence.

Tables 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 1984 this difference amounted to 2,935 deaths. Mortality statistics by place of occurrence are shown in tables 1–10, 1–18, 1–19, 1–28, 1–29, 3–1, 3–8, 8–1, and 8–7.

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 balance 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.[3]

A comparison of the results of this study of deaths with those for a previous matched record study of births[4] showed

that the quality of residence data had considerably improved 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 if 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.

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.[1,2]

The geographic codes assigned by the National Center for Health Statistics during data reduction of source information on birth, death, and fetal-death records are given in another instruction manual.[5] Beginning with 1982 data, the geographic codes were modified to reflect results of the 1980 census. For 1980–81, codes are based on results of the 1970 census.

Standard metropolitan statistical areas—The standard metropolitan statistical areas (SMSA's) used in this report are those established by the U.S. Office of Management and Budget from final 1980 census population counts[6] and used by the U.S. Bureau of the Census, except in the New England States.

Except in the New England States, an SMSA is a county or a group of contiguous counties containing a city of 50,000 inhabitants or more or an urbanized area of 50,000 with a total metropolitan population of at least 100,000. In addition to the county or counties containing such a city or urbanized area, contiguous counties are included in an SMSA if, according to specified criteria, they are essentially metropolitan in character and are socially and economically integrated with the central city or urbanized area.[7]

In the New England States the U.S. Office of Management and Budget uses towns and cities rather than counties as geographic components of SMSA's. The National Center for Health Statistics cannot, however, use the SMSA classification for these States because its data are not coded to identify all towns. Instead, NCHS uses New England County Metropolitan Areas (NECMA's). These areas, established by the U.S. Office of Management and Budget, are made up of county units.[7,8]

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

Population-size groups—Vital statistics data for cities and certain other urban places in 1984 are classified according to the population enumerated in the 1980 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." For the years 1970–81, classification of areas was determined by the population enumerated in the 1970 Census of Population. Beginning with 1982, as a result of changes in the enumerated population between 1970 and 1980, 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, as there are no incorporated cities in the State.

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

State or country of birth

Mortality statistics by State or country of birth (table 1–32) 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 1984, about 0.5 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. With respect to the computation of death rates,

the age classification used by the U.S. Bureau of the Census is also based on the age of the person in completed years.

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 1984, deaths are classified by race—white, black, Indian, Chinese, Japanese, Filipino, Other Asian or Pacific Islander, and 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 as Mexican, Puerto Rican, Cuban, and all other Caucasians. The Indian category includes American, Alaskan, Canadian, 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 other 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 in use 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.

Most of the tables in this report, however, do not show data for this detailed classification by race. In about half of all the tables the divisions are white, all other (including black), and black separately. In other tables by race, where the main purpose is to isolate the major groups, the classifications are simply white and all other.

Race not stated—For 1984 the number of death records for which race was unknown, not stated, or not classifiable was 3,172, or less than 0.2 percent of the total deaths. Death records with race entry not stated are assigned to a racial designation as follows: If the preceding record is coded white, the code assignment is made to white; if the code is other than white, the assignment is 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 use 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 in use for residents of New Jersey did not contain the race item.

Adjustments made in vital statistics to take into account the omission of the race item in New Jersey for part of the certificates filed during 1962 through 1964 are described in the Technical Appendix of *Vital Statistics of the United States* for each of those data years.

Hispanic origin

Mortality statistics for the Hispanic-origin population are published in this report for the first time. They 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 were obtained from the District of Columbia and the following 22 States: Arizona, Arkansas, California, Colorado, Georgia, Hawaii, Illinois, Indiana, Kansas, Maine, Mississippi, Nebraska, Nevada, New Jersey, New Mexico, New York (including New York City), North Dakota, Ohio, Tennessee, Texas, Utah, and Wyoming. Generally, the reporting States used items similar to one of two basic formats recommended by NCHS: the first format is open-ended to obtain the specific origin or descent of the decedent (for example, Italian, Mexican, Puerto Rican, English, and Cuban). The second format is directed specifically toward the Hispanic population and asks whether the decedent is of Spanish origin. If so, the specific origin—Mexican, Puerto Rican, and Cuban—is to be indicated.

For 1984, mortality data in tables 1–33 and 2–18 are based on deaths to residents of all 22 reporting States and the District of Columbia. In tables 1–34, 2–19, 2–20, and 2–21 mortality data for the Hispanic-origin population are based on deaths to residents of 15 reporting States whose data were at least 90 percent complete and considered to be sufficiently comparable to be used for analysis. The 15 States are as follows: Arizona, Colorado, Georgia, Hawaii, Illinois, Indiana, Kansas, Mississippi, Nebraska, New York (including New York City), North Dakota, Ohio, Texas, Utah, and Wyoming. Excluded from these tables are data for New Mexico because the format for the Hispanic item on the New Mexico death certificate departs sufficiently from that of other areas to result in non-comparable data. In addition, in tables 1–33 and 1–34 for New Mexico, no deaths are shown for the category "not stated" origin. Because of the way in which the item on the death certificate for New Mexico is worded, it was not possible to determine if a blank entry represented a response of "non-Hispanic origin" or of "unknown origin." Accordingly, blank entries were coded to "non-Hispanic." Also excluded from the tables are data for California because, according to information from registration officials in California, coding procedures resulted in undercounts of deaths for the categories total "Hispanic origin" and "Mexican origin" as well as overcounts of deaths for the categories "Hispanic origins other than Mexican origin" and "not stated origin." The data for five other States—Arkansas, Maine, Nevada New Jersey, and Tennessee—and the District of Columbia are excluded from these tables because of the large proportion of deaths (in excess of 10 percent) occurring in these States for which Hispanic origin was not stated or unknown.

In 1980 the 15 reporting States accounted for about 45 percent of the Hispanic population in the United States, including about 47 percent of the Mexican population, 61 percent of the Puerto Rican population, 16 percent of the Cuban population, and 38 percent of the "Other Hispanic"

population.[9] Accordingly, caution should be exercised in generalizing mortality patterns from the reporting area to the Hispanic-origin population (especially Cubans) of the entire U.S. For qualifications regarding infant mortality of the Hispanic-origin population, see section Infant deaths.

Marital status

Mortality statistics by marital status (table 1–31) were published in 1979 for the first time since 1961. (Previously they had been published in the annual reports for the years 1949–51 and 1959–61.) Several reports analyzing mortality by marital status have been published, including the special study based on 1959–61 data.[10] Reference to earlier reports may be found 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 in 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 1,982,817 resident deaths 15 years of age and over in 1984, 8,580 certificates (0.4 percent) had marital status not stated.

Place of death and status of decedent

Mortality statistics by place of death were published in 1979 for the first time since 1958 (tables 1–28 and 1–29). In addition, mortality data were also available for the first time in 1979 for the status of decedent when death occurred in a hospital or medical center (table 1–28). These data were obtained from the following two items that appear on the U.S. Standard Certificate of Death:

- Item 7c. Hospital or Other Institution—Name (If not in either, give street and number)
- Item 7d. If Hosp. or Inst. Indicate DOA, OP/Emer. Rm., Inpatient (Specify)

All of the States and the District of Columbia have item 7c (or its equivalent) on the death certificate. For 46 States in the Vital Statistics Cooperative Program, NCHS accepts the State definition, classification, or codes for hospitals, medical centers, or other institutions. For the remaining four States not in the Program, and the District of Columbia, NCHS classifies and codes to a hospital or medical center according to whether the terms "hospital" or "medical center" are entered as part of the name in item 7c or its equivalent. If the terms "hospital" or "medical center" are not entered as part of the name, the entry is coded to one of the following according to the information entered in item 7c on the certificate: (1) other institutions, (2) all other reported entries, or (3) unknown, not stated.

Table 1–28 shows mortality data for the total of the following 42 States (including New York City) that have item 7d or its equivalent on their death certificates.

Alaska	Nevada
Arizona	New Hampshire
Arkansas	New Jersey
Colorado	New Mexico
Connecticut	New York
Florida	North Carolina
Georgia	North Dakota
Hawaii	Ohio
Idaho	Oregon
Illinois	Pennsylvania
Indiana	Rhode Island
Iowa	South Carolina
Kansas	South Dakota
Kentucky	Tennessee
Louisiana	Utah
Maine	Vermont
Michigan	Virginia
Mississippi	Washington
Missouri	West Virginia
Montana	Wisconsin
Nebraska	Wyoming

Effective with data for 1980, the coding of place of death and status of decedent was changed. A new coding category was added: "Dead on arrival—hospital, clinic, medical center name not given." Deaths coded to this category are tabulated in table 1–28 as "Dead on arrival" and in table 1–29 as "Not in hospital or medical center." Had the 1979 coding categories been used, these deaths would have been tabulated as "Place unknown."

Mortality by month and date of death

Deaths by month have been regularly tabulated and published in the annual report for each year beginning with data year 1900. For 1984, deaths by month are shown in tables 1–19, 1–20, 1–23, 1–30, 2–12, 2–13, 2–14, and 3–9.

Date of death was first published for data year 1972. In addition, unpublished data for selected causes by date of death for 1962 are available from NCHS.

Number of deaths by date of death in this report are shown in table 1–30 for the total number of deaths and for the number 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 autopsies were performed. For 1984, autopsies were reported on 259,187 death certificates, 12.7 percent of the total (table 1–27).

Information as to whether the autopsy findings were used in determining the cause of death was tabulated for 1972–73 for all but nine registration areas and from 1974–77 for all but eight registration areas. The item "autopsy findings used" was deleted from the 1978 U.S. Standard Certificate of Death.

For five of the cause-of-death categories shown in table 1–27, autopsies were reported as performed for 50 percent or more of all deaths (Meningococcal infection; Pregnancy with abortive outcome; Other complications of pregnancy, childbirth, and the puerperium; Homicide and legal intervention; and All other external causes).

There were five other categories for which 40 percent or more of the death certificates reported autopsies. Autopsies were reported for only 8.0 percent of the Major cardiovascular diseases. Among all causes other than Major cardiovascular diseases, autopsies were reported for 17.0 percent of all deaths.

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."[11]

For a given 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 causes of death in a sequential order. These conditions are translated into medical codes through use of the classification structure and 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 or more conditions on the certificate into a single classification category.

As a statistical datum, the 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 start of the chain of events leading to death. The rules for selecting the underlying cause of death are included with the ICD as a means of standardizing classification, which contributes toward comparability and uniformity in mortality medical statistics among countries.

Beginning with data year 1979 the cause-of-death statistics published by the National Center for Health Statistics have been classified according to the Ninth Revision of the *International Classification of Diseases* (ICD–9).[11] In addition to specifying that the Classification be used, WHO also recommends how the data should be tabulated in order to promote international comparability. The recommended system for tabulating data in the Ninth Revision allows countries to construct their own mortality and morbidity tabulation lists from the rubrics of the WHO Basic Tabulation List as long as 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 Basic Tabulation List (BTL) recommended under the Ninth Revision consists of 57 two-digit rubrics that add to the "all causes" total. Within each two-digit rubric, up to 9 three-digit rubrics numbered from 0 to 8 are identified, but these do not add to the total of the two-digit rubric. The two-digit rubrics of the BTL 01 through 46 provide for the tabulation of nonviolent deaths to ICD categories 001–799. Rubrics relating to chapter 17 (nature-of-injury causes 47 through 56) are not used by NCHS for selecting underlying cause of death; rather, preference is given to rubrics E47 through E56. The 57th two-digit rubric V0 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 which are a minimum for the national display of mortality data.

Five lists of causes have been developed for tabulation and publication of mortality data in this volume: 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 more recently in use 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. The list is used for tabulation for the entire United States. The published Each-Cause table does not show the four-digit subcategories provided for Motor vehicle accidents (E810–E825); however, these subcategories, which identify persons injured, are shown in the accident tables of this report (section 5). Special fifth-digit subcategories are also used in the accident tables to identify place of accident when deaths from nontransport accidents are shown. These are not shown in the Each-Cause table.

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 Death.

The List of 72 Selected Causes of Death was constructed by combining titles in the List of 282 Selected Causes of Death. It is used in tables published for the United States and each State, and for standard metropolitan statistical areas.

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.

The List of 34 Selected Causes of Death was created by combining titles in the List of 72 Selected Causes. A table using this list is published for detailed geographic areas.

Effect of list revisions—The International Lists or adaptations of them, in use in this country since 1900, have been revised approximately every 10 years so that the disease classification 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 the ICD–9.[11] For a discussion of each of the classifications used with death statistics since 1900, see the Technical Appendix in *Vital Statistics of the United States, 1979*, Volume II, Mortality, Part A, section 7, pages 9–14.

A dual coding study was undertaken between the Ninth and the Eighth Revisions to measure the extent of discontinuity in cause-of-death statistics resulting from introducing the new Revision. An initial study for the List of 72 Selected Causes of Death and the List of 10 Selected Causes of Infant Death has been published in the *Monthly Vital Statistics Report* (MVSR).[12] The List of 10 Selected Causes of Infant Death is a basic NCHS tabulation list but is not used in this volume. Comparability studies were also undertaken between the Eighth and Seventh, Seventh and Sixth, and Sixth and Fifth Revisions. For additional information about these studies, again see the 1979 Technical Appendix.

Significant coding changes during 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 will be discussed below. In early 1983, a change was made in the coding of Acquired Immunodeficiency Syndrome (AIDS), which affected data from 1981 onward. Also effective with data year 1981 was a coding change for poliomyelitis. For data year 1982, a change was made in the definition of child (which affects the classification of deaths to a number of categories, including Child battering and other maltreatment), and in guidelines for coding deaths to the category Child battering and other maltreatment (ICD No. E967). Detailed discussion of these changes may be found in the technical appendix for previous volumes.

Coding in 1984—The rules for coding the 1984 mortality data remained essentially the same as the previous year.

Medical certification—The use of a standard classification list, although essential for State, regional, and international comparison, does not assure strict comparability of the tabulated figures. A high degree of comparability between 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 certifier to make the proper diagnosis and by the care with which he or she records this information on the death 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, covering 128 references over a period of 23 years indicates that no definitive conclusions have been reached about the quality of medical certification on the death certificate.[13] 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 Nos. 780–799). While there are cases for which it is not possible to determine the cause of death, this proportion indicates the care and consideration given to the certification by the medical certifier. It may also be used as a rough measure of the specificity of the medical diagnoses made by the certifier in various areas. In 1984, 1.5 percent of all reported deaths in the United States were assigned to ill-defined or unknown causes. However, this percentage varied among the States, from 0.4 percent to 6.0 percent.

Automated selection of underlying cause of death—Beginning with data year 1968, NCHS began using a computer system for assigning the underlying cause of death. It has been used every year since to select the underlying cause of death. The system is called "Automated Classification of Medical Entities" (ACME).

The ACME system applies the same rules for selecting the underlying cause as 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 between 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 are periodically updated to reflect additional new information on the relationship among medical conditions. For 1984, the content of these tables was identical to that in the 1983 tables.[14]

Cause-of-death ranking—Cause-of-death ranking (except for infants) is based on the List of 72 Selected Causes of Death. Cause-of-death ranking for infants is based on the List of 61 Selected Causes of Infant Death. The group titles Major cardiovascular diseases and Symptoms, signs, and ill-defined conditions are not ranked from the List of 72 Selected Causes; and Certain conditions originating in the perinatal period and Symptoms, signs, and ill-defined conditions are not ranked from the List of 61 Selected Causes of Infant Death. In addition, category titles that begin with the words "Other" or "All other" are not ranked to determine the leading causes of death. When one of the titles that represents 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.[11]

Under the Eighth Revision, maternal deaths were assigned to category title "Complications of pregnancy, childbirth, and the puerperium" (ICDA–8 Nos. 630–678). Although WHO did not define maternal mortality, there was an NCHS classification rule that limited a maternal death to a death 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 of time for the condition was given. If no duration was specified and the underlying cause of death was a maternal condition, then 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 on duration used in the Eighth Revision to an under-42-days limitation used in the Ninth Revision is not expected to have much effect on the comparability of maternal mortality statistics. However, comparability is affected by the following classification change. Under the Ninth Revision, maternal causes have been expanded to include Indirect obstetric causes (ICD–9 Nos. 647–648). These causes include Infective and parasitic conditions and other current conditions in the mother that are classifiable elsewhere but which 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 that a pregnant woman will die from 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.

Infant deaths

Age—An infant death is defined as a death under 1 year of age. The term excludes fetal deaths. Infant deaths are usually divided into two categories according to age, neonatal and postneonatal. Neonatal deaths are those that occur during the first 27 days of life, and postneonatal deaths are those that occur between 28 days and 1 year of age. It has generally 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; and 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 shown in section 2 and section 8 are the most commonly used index 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 of the risk of dying in infancy because some of the live births will not have been exposed to a full year's risk of dying and some of the infants that 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.[15,16] 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.[17,18]

In contrast to infant mortality rates based on live births, infant death rates shown in section 1 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 per-

sons 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 period. 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 through June, the denominator for the infant mortality rate is a count of births occurring during the 12 months of January through December. The difference in the time reference period can result in different trends between the two indices during periods when birth rates are moving up or down markedly.

In addition, the infant death rate is also subject to greater imprecision than is the infant mortality rate because of problems of enumerating and estimating the population under 1 year of age.[17]

Race—Infant mortality rates for specified races other than white or black may be underestimated, based on results of studies in which race on the birth and death certificates for the same infant were compared.[19] The figures should be interpreted with caution because of possible inconsistencies in reporting of race between the numerator and denominator of the rates. This reflects differences in the nature of reporting and processing race on these two vital records. On the birth certificate, race of parents is reported by the mother at the time of delivery. On the death certificate, race of the deceased infant is reported by the funeral director based on observation or on information supplied by an informant, such as a parent. With respect to processing, race of infant at birth is coded using coding rules that take account of the race of each parent (see the Technical Appendix in *Vital Statistics of the United States, 1984*, Volume I, Natality, section entitled Race or national origin). For infant deaths, the race of child is coded directly from the race reported on the death certificate.

Hispanic origin—Infant mortality rates for the Hispanic-origin population are based on numbers of resident infant deaths reported as of Hispanic origin (See section Hispanic origin) and numbers of resident live births by Hispanic origin of mother for the 15 reporting States. In computing infant mortality rates, deaths and live births of unknown origin are not distributed among the specified Hispanic and non-Hispanic groups. Because for 1984 the percent of deaths of unknown origin was 7.0 percent and the percent of live births of unknown origin was 3.1 percent, infant mortality rates by Hispanic origin may be somewhat underestimated.

Small numbers of infant deaths to specific Hispanic-origin groups can result in infant mortality rates subject to relatively large random variation (See section on Random variation in numbers of deaths, death rates, and mortality rates and ratios).

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 section "Cause-of-death classification.")

Infant and neonatal mortality for Wyoming, 1981—The 1981 data on infant and neonatal mortality shown in tables 2–8 and 2–9 for Wyoming are incorrect because of NCHS processing errors. The correct numbers for Wyoming are 124 infant deaths and 76 neonatal deaths, the corresponding infant mortality rates are 11.2 and 7.0 deaths under 1 year of age per 1,000 live births.

Fetal deaths

In May 1950 the World Health Organization 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.[20]

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

Shortly thereafter, this definition of fetal death was adopted by the National Center for Health Statistics as the nationally recommended standard. Currently all registration areas except Puerto Rico have definitions similar to the standard definition.[21] Puerto Rico has no formal definition.

As another step toward increasing the comparability of data on fetal deaths for different countries, the World Health Organization 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 III
Gestation period not classifiable in groups I, II, and III	Group IV

Note that in table 3–13, group IV consists of fetal deaths with gestation not stated but presumed to be 20 weeks or more gestation.

Until 1939 the nationally recommended procedure for registration of a fetal death required the filing of both a live-birth 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, 1953,

1956, and 1968. In 1978 the Standard Certificate of Fetal Death was replaced by the Standard Report of Fetal Death (figure 7–B).

The 1977 revision of the *Model State Vital Statistics Act and Model State Vital Statistics Regulations*[22] recommended that spontaneous fetal deaths of 20 weeks or more gestation, or a weight of 350 grams or more, and all induced terminations of pregnancy regardless of gestational age be reported and further that they be reported on separate forms. These forms are to be considered legally required statistical reports rather than legal documents.

Beginning with 1970 fetal deaths, 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 are different for spontaneous fetal deaths and induced terminations of pregnancy. These procedures are still in use.

Comparability and completeness of data—Registration area requirements for reporting fetal deaths vary. Most of these areas require reporting fetal deaths of gestations of 20 weeks or more. Table 3–1 shows the minimum period of gestation required by each State for fetal-death reporting. There is substantial evidence that not all fetal deaths for which reporting is required are reported.[23]

For registration areas not requiring the reporting of fetal deaths of all periods of gestation, underreporting is more likely to occur in the earlier gestational periods. This is illustrated by the fact that for most areas requiring reporting of fetal deaths of 20 weeks or more, the total number reported for 20–23 weeks is lower than the numbers reported for 24–27 and 28–31 weeks. For areas requiring the reporting of all fetal deaths, however, the opposite is generally true.

Another type of reporting problem arises from the inconsistent application of the definition of fetal death by individual registration areas. For example, some live-born infants who die shortly after birth, particularly those born prematurely who die before the umbilical cord is severed or while the placenta is still attached, may be erroneously reported as fetal deaths.

To maximize the comparability of data by year and by State, most of the tables in section 3 are based on fetal deaths occurring at gestations of 20 weeks or more. These tables also include fetal deaths of not stated gestation for those States requiring reporting at 20 weeks 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 birth weight of 500 grams or more. In 1984 this rule was applied to the following States: Colorado, Georgia, Hawaii, New York (including New York City), Rhode Island, and Virginia. Each year there are some exceptions to this procedure.

The data in table 3–3 include only fetal deaths to residents of those areas in the United States that report all periods of gestation. The areas are Colorado, Georgia, Hawaii, New York (including New York City), Rhode Island, and Virginia.

Arkansas—Arkansas has been using two reporting forms for fetal deaths: A confidential Spontaneous Abortion form and a Fetal Death Certificate. From 1981 through 1983 Arkansas specified that fetal deaths of less than 28 weeks gestation or weighing less than 1,000 grams could be reported on the Spontaneous Abortion form rather than on its report of fetal death; for 1984 Arkansas specified that fetal deaths of 20 weeks gestation or weighing 500 grams be reported on its certificate of fetal death. The National Center for Health Statistics receives the Arkansas certificates of fetal death, but not the confidential abortion reports. Accordingly, counts of fetal deaths of gestational age 20 to 27 weeks were not comparable between Arkansas and other reporting areas for 1981 to 1983.

District of Columbia—Beginning in 1981, the District of Columbia changed its reporting requirements for spontaneous fetal deaths from "passed the fifth month of utero-gestation" to "20 completed weeks or more or a weight of 500 grams or more."

Idaho—Beginning in 1983, Idaho changed its reporting requirements for spontaneous fetal deaths from "after 20 weeks" to "after 20 weeks or a weight of 350 grams or more."

Kentucky—Beginning in 1981, Kentucky changed its reporting requirements for spontaneous fetal deaths from "20 weeks gestation or more" to "a weight of 350 grams or more or a gestational age of 20 weeks or more."

Massachusetts—Beginning in 1981, Massachusetts changed its reporting requirements for spontaneous fetal deaths from "20 weeks or more" to "20 weeks or more or a weight of 350 grams or more."

Michigan—Beginning in 1981, Michigan changed its reporting requirements for spontaneous fetal deaths from "advanced through 20th week" to "completed 20 weeks gestation or weighs at least 400 grams."

Missouri—Beginning in 1984, Missouri changed its reporting requirements for spontaneous fetal deaths from "after 20 weeks" to "after 20 weeks or a weight of 350 grams or more."

New Hampshire—Beginning in 1981, New Hampshire changed its reporting requirements for spontaneous fetal deaths from "advanced to 20 weeks" to "completed 20 weeks or weighing at least 350 grams."

New Mexico—Beginning in 1982, New Mexico changed its reporting requirements for spontaneous fetal deaths from "20 completed weeks" to "500 grams or more."

Tennessee—Beginning in 1981, Tennessee changed its reporting requirements for spontaneous fetal deaths from "22 weeks or more (500 grams weight)" to "a weight of 500 grams or more or if weight is unknown but fetus is of 22 completed weeks or more."

Period of gestation—The period of gestation is the number of completed weeks elapsed between the first day of the last normal menstrual period and the date of delivery. The first day of the last normal menstrual period (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 com-

puted from information on "date of delivery" and "date last normal menses began." If "date last normal menses began" is not on the record or the calculated gestation falls beyond a duration considered biologically plausible, "gestation in weeks" or "Physician's estimate of gestation" is used. 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 1984 except Delaware, New Mexico, Puerto Rico, and South Dakota.

Birth weight—Of the 55 registration areas (including the 50 States, the District of Columbia, New York City, Puerto Rico, the Virgin Islands, and Guam), 27 do not specify how weight should be given; 16 specify that weight should be given in pounds and ounces; 5 specify grams; and the remaining 7 areas indicate weight can be given either in pounds and ounces or in grams. Data on fetal deaths for the Virgin Islands and Guam are not published by NCHS.

In the tabulation and presentation of these data, the metric system (grams) has been used to facilitate comparison with other data published in the United States and internationally. The equivalents of the gram intervals in pounds and ounces are 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 the Ninth Revision, International Classification of Diseases, the birth-weight 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; etc.

Race—The race of the fetus is ordinarily classified based on the race of the parents. If the parents are of different races, the following rules apply. (1) When only one parent is white, the fetus is assigned the other parent's race. (2) When neither parent is white, the fetus is assigned the father's race with one exception: If the mother is Hawaiian or Part-Hawaiian, the fetus is classified as Hawaiian.

When the race of one parent is missing or ill defined, the race of the other determines that of the fetus. When race of both parents is missing, the race of the fetus is allocated to the specific race of the fetus on the preceding record.

Total-birth order—Total-birth order refers to the sum of the live births and other terminations (including both spontaneous fetal deaths and induced terminations of pregnancy) that a woman has had including the fetal death being recorded. For example, if a woman has previously 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.

In the 1978 revision of the Standard Report of Fetal Death, total-birth order is calculated from four items on pregnancy history: Number of previous live births, now living; number of previous live births, now dead, number of other terminations before 20 weeks; and number of other terminations after 20 weeks.

All registration areas use the two standard items pertaining to the number of previous live births. Thirty areas use the two standard items pertaining to the number of "other terminations" before and after 20 weeks gestation, 4 report "other terminations" of 20 weeks or more, 14 do not differentiate "other terminations" by gestational age; 6 areas use other criteria for differentiating spontaneous and induced terminations; and 1 area reports "other terminations" before and after 16 weeks gestation. 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.

Marital status—Table 3–4 shows fetal deaths and fetal-death ratios by mother's marital status. States excluded from this table are as follows: California, Connecticut, Maryland, Michigan, Montana, New York (including New York City), Ohio, Texas, and Vermont. Because live births comprise the denominator of the ratio, marital status must also be reported for mothers of live births. Starting in 1980, marital status of the mother of the live birth was inferred for States that did not report it on the birth certificate.

There are no quantitative data on the characteristics of unmarried women who may misreport their marital status or who fail to register fetal deaths. Underreporting may be greater for the unmarried group than for the married group

Age of mother—The fetal-death report asks for the mother's "age (at time of delivery)," and the ages are edited in NCHS for upper and lower limits. When mothers are reported to be under 10 years of age or 50 years 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 allocated 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).

Perinatal mortality

Perinatal definitions—Beginning with data year 1979, perinatal mortality data for the United States and each State

have been published in section 4. The World Health Organization in the Ninth Revision of the International Classification of Diseases (ICD–9) recommended that "national perinatal statistics should include all fetuses and infants delivered weighing at least 500 grams (or when birth weight is unavailable, the corresponding gestational age (22 weeks) or body length (25 cm crown-heel)), whether alive or dead. . . ." It was further recommended that "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 birth weight is unavailable, the corresponding gestational age (28 weeks) or body length (35 cm crown-heel))." Because birth weight and gestational age are not reported on the death certificate in the United States, NCHS was unable to recommend adopting these definitions. Three definitions of perinatal mortality are currently used by NCHS: Perinatal Definition I, generally used for international comparisons, which includes fetal deaths of 28 weeks or more gestation and infant deaths of less than 7 days; Perinatal Definition II, which includes fetal deaths of 20 weeks or more gestation and infant deaths of less than 28 days; and Perinatal Definition III, which includes fetal deaths of 20 weeks or more gestation and infant deaths of less than 7 days.

Variations in fetal death reporting requirements and practices have implications for comparing perinatal rates among States. Since reporting is generally poorer 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 of 20 weeks or more than are other States. The larger number of fetal deaths reported by these "all periods" States may result in higher perinatal rates compared with 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 of 20–27 weeks.

Not stated—Fetal deaths with gestational age not stated are presumed to be of 20 weeks gestation or more if (1) the State requires reporting of all fetal deaths of gestational age 20 weeks or more or (2) 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 with gestation not stated but presumed to be 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 with presumed gestation of 20 weeks or more are included with those of stated gestation of 20 weeks or more.

For all three definitions, following the distribution of gestation not stated described above, fetal deaths with not-stated sex are allocated within gestational age groups on the basis of the distribution of stated cases. The allocation of not-stated gestational age and sex for fetal deaths is made individually for each State, for metropolitan and nonmetropolitan areas, and separately for the United States as a whole. 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.

QUALITY OF DATA

Completeness of registration

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

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

Massachusetts data

The 1964 statistics for deaths exclude approximately 6,000 events 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 also somewhat affected.

Quality control procedures

Demographic items on the death certificate—As previously indicated, for 1984 the mortality data for these items were obtained from two sources: (1) Microfilm images of the original certificates furnished by 4 States, the District of Columbia, and the Virgin Islands, and photocopies from Guam; and (2) records on data tape furnished by the remaining 46 States, New York City, and Puerto Rico. For the four States, the District of Columbia, the Virgin Islands, and Guam that sent only copies of the original certificates, the demographic items were coded for 100 percent of the death certificates. The demographic coding for a 10-percent sample of the certificates was independently verified.

As part of the quality control procedures for mortality data, each registration area has to go through a calibration period during which it must achieve the specified error tolerance level of 2 percent per item for 3 consecutive months, based on NCHS independent verification of a 50-percent sample of that area's records. Once the area has achieved the required error tolerance level, a sample of 70–80 records per month is used to monitor quality of coding.

All of the areas had achieved the specified error toler-

ance before 1984; accordingly, for these areas the demographic items on about 70–80 records per area per month were independently verified by NCHS. These areas include New York City, Puerto Rico, and the 46 States that furnished data on computer tape to NCHS. The estimated average error rate for all demographic items in the entire 1984 mortality file was 0.25 percent.

These verification procedures involve controlling two types of error (coding and entering into the data record tape) at the same time, and the error rates are a combined measure of both types. While it may be assumed that the entering errors are randomly distributed across all items on the record, this assumption cannot be made as readily for coding errors. Although systematic errors in coding infrequent events may escape detection during sample verification, it is probable that some of these errors were detected during the initial period when 50 percent of the file was being verified, thus providing an opportunity to retrain the coders.

Medical items on the death certificate—As for demographic data, mortality medical data are also subject to quality control procedures which control for errors of both coding and data entry. Each of the 19 registration areas that furnished NCHS with coded medical information according to NCHS specifications first had to qualify for sample verification. During an initial calibration period, the area had to demonstrate that its staff could achieve a specified error tolerance level of less than 5 percent for coding all medical items. After the area has achieved the required error tolerance level, a sample of 70–80 records per month is used to monitor quality of medical coding. For these 19 States, the average coding error rate in 1984 was estimated at just over 4 percent.

For the remaining 36 registration areas—31 States, the District of Columbia, New York City, Puerto Rico, the Virgin Islands, and Guam—NCHS coded the medical items for 100 percent of the death records. A 1-percent sample of the records was independently coded for quality control purposes. The estimated average error rate for these areas was about 3 percent.

The ACME system for selecting the underlying cause of death through computer application contributes to the quality control of medical items on the death certificate (see the section on Automated selection of underlying cause of death).

Demographic items on the report of fetal death—For 1984, all data on fetal deaths, except for New York State (excluding New York City), were coded under contract by the U.S. Bureau of the Census. For Oklahoma, portions of the data were coded under contract by the U.S. Bureau of the Census, and other portions were coded by the State. The combination coding was necessary because the medical and confidential portions of the fetal death report, which contain some of the essential statistical information, became detached from the other part of the fetal death report prior to receipt by NCHS. Coding and entering information on data tapes were verified on a 100-percent basis because of the relatively small number of records involved.

Other control procedures—After coding and entering on data tape 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, where there is 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.[24] 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 in this report (excluding fetal-death 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 of *Vital Statistics of the United States, 1972*, Volume II, Mortality, Part A.

COMPUTATION OF RATES AND OTHER MEASURES

Population bases

The population bases from which death rates shown in this report are computed are prepared by the U.S. Bureau of the Census. Rates for 1940, 1950, 1960, 1970, and 1980 are based on the population enumerated as of April 1 in the censuses of those years. Rates for all other years use the estimated midyear (July 1) population. Death rates for the United States, individual States, and SMSA's 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 1900–84 are shown in table 7–1. In addition, the population including Armed Forces abroad is shown for the United States. Table A lists the sources for these populations.

Population estimates for 1984—The population of the United States estimated by age, race, and sex for 1984 is shown in table 7–2, and the population for each State by broad age groups follows in table 7–3. Population estimates for 1984 incorporate new estimates for net migration and net undocumented immigration; and, thus, are not comparable with the postcensal estimates for 1981–83 shown in tables 7–2 and 7–3 of *Vital Statistics of the United States,*

Table A. Sources for resident population and population including Armed Forces abroad: Birth- and death-registration States, 1900–1932, and United States, 1900–1984

Year	Source
1984 -----	U.S. Bureau of the Census, *Current Population Reports,* Series P–25, No. 985, Apr. 1986.
1983 -----	U.S. Bureau of the Census, *Current Population Reports,* Series P–25, No. 965, Mar. 1985.
1982 -----	U.S. Bureau of the Census, *Current Population Reports,* Series P–25, No. 949, May 1984.
1981 -----	U.S. Bureau of the Census, *Current Population Reports,* Series P–25, No. 929, May 1983.
1980 -----	U.S. Bureau of the Census, *U.S. Census of Population: 1980, Number of Inhabitants,* PC80–1–A1 United States Summary, 1983.
1971–79 ---	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, 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.

Volume II, for those years. A comparison of population estimates based on the new migration assumptions with estimates based on the old assumption, by 5- and 10-year age-race-sex groups, produced differences of less than 2 percent in all age groups except 40–44 years and 85 years and over for the black population. The 1984 population estimates for the black populations based on the new assumptions were about 4 percent smaller for ages 40–44 years and about 3 percent smaller for ages 85 years and over. Death rates and estimates of life expectancy for 1984, therefore, are not strictly comparable with those for previous years, although trends for the total population and most age-race-sex groups are not substantially affected. Additional information has been published by the U.S. Bureau of the Census.[25] Population data by race are consistent with the modified (see below) 1980 population by race.

Population for 1980—The population of the United States by age, race, and sex and the population for each State by age are shown in tables 7–2 and 7–3, respectively, of *Vital Statistics of the United States, 1980,* Volume II. The figures by race have been modified as described below.

The racial counts in the 1980 census are affected by changes in reporting practices, particularly of the Hispanic population, and in coding and classifying. One particular change created a major inconsistency between the 1980 census data and historical data series, including censuses and vital statistics. About 40 percent of the Hispanic population counted in 1980, over 5.8 million persons, did not mark one of the specified races listed on the census questionnaire but instead marked the "Other" category.

In the 1980 census, coding procedures were modified for persons who marked "Other" race and wrote in a national origin designation of a Latin American country or a specific Hispanic-origin group in response to the racial question. These persons remained in the "Other" racial category in 1980 census data; in previous censuses and in vital statistics such responses had almost always been coded into the "White" category.

In order to maintain comparability, the "Other" racial category in the 1980 census was reallocated to be consistent with previous procedures. Persons who marked the "Other" racial category and reported any Spanish origin on the Spanish origin question (5,840,648 persons) were distributed to white and black races in proportion to the distribution of persons of Hispanic origin who actually reported their race as "White" or "Black." This was done for each age-sex group.

As a result of this procedure, 5,705,155 persons (98 percent) were added to the white population and 135,493 persons (2 percent) to the black population. Persons who marked the "Other" racial category and reported that they were not of Spanish origin (916,338 persons) were distributed as follows: 20 percent in each age-sex group were added to the "Asian and Pacific Islander" category (183,268 persons), and 80 percent were added to the "White" category (733,070 persons). The count of American Indians, Eskimos, and Aleuts was not affected by these procedures. Unpublished tabulations of these modified census counts were obtained from the U.S. Bureau of the Census and used to compute the rates for this report.

Population estimates for 1971–79—Death rates in this volume 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 previously been estimated for April 1, 1980.[26] 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 in this volume for 1961–69 are based on revised estimates of the population and thus may differ slightly from rates published before 1976. The rates shown in tables 1–1 and 1–2, the life table values in table 6–5, and the population estimates in table 7–1 for each year in the period 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–25, Number 519. The data shown in table 1–10 for 1961–69 have not been revised.

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*, Volume I, Natality.

New Jersey—As previously indicated, data by race are not available for New Jersey for 1962 and 1963. Therefore for 1962 and 1963 the National Center for Health Statistics estimated a population by age, race, and sex excluding 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 reports.

Net census undercount

Just as the underenumeration of deaths and the misreporting of demographic characteristics on the death certificate can introduce error into the annual rates, so can 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.[25] Net census undercount is the result of miscounting and misreporting of demographic characteristics such as age. Age-specific death rates are affected by both the net census undercount and the misreporting of age on the death certificate.[27] 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.

Although death rates based on a population adjusted for net census undercount may be more accurate than rates based on an unadjusted population, rates in this volume are not adjusted; rather, they are computed using population estimates that preserve the age pattern of the net census undercount across the postcensal interval. Thus, it is important to consider the possible impact of net census undercount on death rates.

The U.S. Bureau of the Census has conducted extensive research on completeness of coverage of the U.S. population (including underenumeration and misstatement of age, race, and sex) in the last four decennial censuses—1950, 1960, 1970, and 1980. From this work have come estimates of the national population that was not counted by age, race, and sex.[22,28,29] The reports for 1980 include estimates of net census undercount using alternative methodological assumptions for age, race, and sex subgroups of the national population.[22,30] These studies indicate that, although coverage was improved over previous censuses, there was differential coverage in the 1980 census among the population subgroups; that is, some age, race, and sex groups were more completely counted than others.

Net census undercounts can affect (1) levels of the observed vital rates, (2) differences among groups, and (3) levels and group differences shown by summary measures such as age-adjusted death rates and life expectancy.

Levels and differentials—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. Assuming undercounts remained consistent by age after the 1980 census, the estimated rates for 1984 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 7–4). 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—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 than the population of all other races. The black population was undercounted relative to the total population of all other races.

For the total population, underenumeration varied by age group with the greatest differences found for persons aged 80–84 and 85 years and over. All other age groups were overcounted or undercounted by less than 3 percent.

Among the age-sex-race groups, coverage was lowest for black males aged 40–44 and 45–49 years. Underenumeration for these groups was 19 percent. In contrast, white females in these age groups were essentially completely enumerated. For black females and white males in these same age groups, the undercount ranged from 3 to 6 percent. For the under-1-year age group the white population was overenumerated by 2 percent, whereas infants of other races were underenumerated by 9 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. As a consequence, the ratio of mortality between the rates for males and females, and between the rates for the white population and the population of other races, or 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, for the age group 35–39 years in 1984, the ratio of the death rate for Homicide and legal intervention for black males to that for white males is 6.9, whereas the ratio of the death rates adjusted for net census undercount in 1984 is 5.4, a reduction of 22 percent. For Ischemic heart disease for males aged 40–44 years, the ratio of the death rate for the population of all other races to that for the white population is 1.3 using the unadjusted rates, but it is 1.1 when adjusted for estimated underenumeration.

Summary measures—The effect of net census undercount on age-adjusted death rates depends on the underenumeration of each age group and on the distribution of deaths by age. In 1984, the age-adjusted death rate for All causes would decrease from 545.9 to 538.4 per 100,000 population if the age-specific death rates were corrected for net census undercount.

For Diseases of the heart, the age-adjusted death rate for white males would decrease from 249.5 to 245.5 per 100,000 population, a decline of 1.6 percent. For black males the change, from an unadjusted rate of 300.1 to an adjusted rate of 273.2, would amount to 9.0 percent.

If death rates by age were adjusted, then the corresponding life expectancy at birth computed from these rates would change. The importance of adjustments varies by age; that is, 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. Differential underenumeration among race-sex groups would lead to greater changes in life expectancy for some groups than for others. For white females who were completely enumerated in 1980 revised estimates of life expectancy would remain roughly constant; those for black males would show the greatest increase.

Age-adjusted death rates

Age-adjusted death rates shown in this report are computed by using the distribution in 10-year age intervals of the enumerated population of the United States in 1940 as the standard population. Each figure represents the rate that would have existed if the age-specific rates of the particular year prevailed in a population whose age distribution was the same as that of the United States in 1940. The rates for the total population and for each race-sex group were adjusted using the same standard population. It is important not to compare age-adjusted death rates with crude rates. The standard 1940 population, on the basis of one million total population, is as follows:

Age	*Number*
All ages	1,000,000
Under 1 year	15,343
1–4 years	64,718
5–14 years	170,355
15–24 years	181,677
25–34 years	162,066
35–44 years	139,237
45–54 years	117,811
55–64 years	80,294
65–74 years	48,426
75–84 years	17,303
85 years and over	2,770

Life tables

U.S. abridged life tables are constructed by reference to a standard table.[31] Life tables for the decennial period 1979–81 are used as the standard life tables in constructing the 1980–84 abridged life tables. With the availability of the 1979–81 standard life tables, revised life table values were computed for 1980–82; these appeared for the first time in *Vital Statistics of the United States, 1983.*

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 appearing in this publication are based on revised intercensal estimates of the populations for those years. As such, these life table values may differ from the life table values for those years published in previous volumes.

The change in the population estimation methodology (see above section on Population bases) results in life expectancies at certain 5-year age intervals for 1984 that are lower than those that would have occurred had they been based on the same methodology used to compute 1983 life expectancies. In particular, life expectancies at every age for white males and females, at ages 80 years and under for black males, and at age 65 years and under for black females, are lower by 0.1 year or are unchanged; also, life expectancies at 85 years for black males and at age 70 years and over for black females are lower by 0.2 years.

There has been an increasing interest in data on average length of life ($\mathring{e}_0$) for single calendar years before the initiation of the annual abridged life table series for selected race-sex groups in 1945. The figures in table 6–5 for the race and sex groups for the following years were estimated to meet these needs.[32]

Years	*Race and sex groups*
1900–45	Total
1900–47	Male
1900–47	Female
1900–50	White
1900–44	White, male
1900–44	White, female
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 1900–1902 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 both Alaska and Hawaii for each year (table 6–4). Data for each year shown in table 6–5 include Alaska beginning in 1959 and Hawaii beginning in 1960. It is not believed that the inclusion of these two States materially affects life table values.

Random variation in numbers of deaths, death rates, and mortality rates and ratios

Deaths and population-based rates—Except for 1972, the numbers of deaths reported for a community represent complete counts of such events. 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 time period 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.[33] 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 error and tests of significance under this assumption are described in most standard statistics texts. When the number of events is large, the standard error, expressed as a percent of the number or rate, 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 conditions described by the figures. This is particularly true for infant mortality rates, cause-specific death rates, and death rates for counties. Events of a rare nature may be assumed to follow a Poisson probability distribution. For this distribution, a simple approximation may be used to estimate a confidence interval, as follows.

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

1. $N - 2\sqrt{N}$ and $N + 2\sqrt{N}$

   covers the "true" number of events.

2. $R - 2\frac{R}{\sqrt{N}}$ and $R + 2\frac{R}{\sqrt{N}}$

   covers the "true" rate.

If the rate R corresponding to N events is compared with the rate S corresponding to M events, the difference between the two rates may be regarded as statistically significant, if it exceeds

$$2\sqrt{\frac{R^2}{N} + \frac{S^2}{M}}$$

For example, if the observed death rate for Community A were 10.0 per 1,000 population and if this rate were based on 20 recorded deaths, then the chances are 19 in 20 that the "true" death rate for that community lies between 5.5 and 14.5 per 1,000 population. If the death rate for Community A of 10.0 per 1,000 population were being compared with a rate of 20.0 per 1,000 population for Community B, which is based on 10 recorded deaths, then the difference between the rates for the two communities is 10.0. This difference is less than twice the standard error of the difference

$$2\sqrt{\frac{(10.0)^2}{20} + \frac{(20.0)^2}{10}}$$

of the two rates, which is computed to be 13.4. From this, it is concluded that the difference between the rates for the two communities is not statistically significant.

SYMBOLS USED IN TABLES

Data not available	---
Category not applicable	...
Quantity zero	-
Quantity more than zero but less than 0.05	0 0
Quantity more than zero but less than 500 where numbers are rounded to thousands	Z
Figure does not meet standards of reliability or precision	*

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★U.S. GOVERNMENT PRINTING OFFICE: 1989 240-952/ 00024