

Series 4

No. 28



Vital and Health Statistics

From the CENTERS FOR DISEASE CONTROL / National Center for Health Statistics

The 1989 Revision of the U.S. Standard Certificates and Reports

June 1991



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



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Suggested Citation

Tolson GC, Barnes JM, Gay GA, Kowaleski JL. The 1989 revision of the U.S. standard certificates and reports. National Center for Health Statistics. Vital Health Stat 4(28). 1991.

Library of Congress Cataloging-in-Publication Data

The 1989 revision of the U.S. standard certificates and reports.
p.cm.— (Vital and health statistics. Series 4, Documents and committee reports ; no. 28) (DHHS publication ; no. (PHS) 91-1465)
Authors, George C. Tolson and others.
Supt. of Docs. no.: HE 20.6209:4/28
ISBN 0-8406-0444-0
1. Registers of births, etc.—United States. I. Tolson, George C.
II. National Center for Health Statistics (U.S.) III. Series. IV. Series: DHHS publication ; (PHS) 91-1465.
[DNLM: 1. Birth Certificates. 2. Death Certificates. 3. Divorce. 4. Marriage.
5. Records—standards. W2 A N148vd no. 28]
HA37.U1693 no. 28
[HA38]
362.1'0723 s—dc20
[353.9'3919]
DNLM/LDC
for Library of Congress

90-13655
CIP

Vital and Health Statistics

The 1989 Revision of the U.S. Standard Certificates and Reports

Series 4:
Documents and Committee
Reports
No. 28

This report examines the procedures followed in the 1989 revision of the U.S. Standard Certificates of Live Birth and Death; License and Certificate of Marriage; Certificate of Divorce, Dissolution of Marriage, or Annulment; and Reports of Fetal Death and Induced Termination of Pregnancy. It outlines the history and basic principles of the standard certificates and reports and describes the principal additions, modifications, and deletions of items. In addition, it discusses changes in the format of the standard certificates and reports as well as the implementation of the new certificates and reporting forms.

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service
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Hyattsville, Maryland
July 1991
Reprinted October 1992
DHHS Publication No. (PHS) 91-1465

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Preface

The content and format of this publication closely follow two earlier *Vital and Health Statistics* reports: Series 4, No. 8, “The 1968 Revision of the Standard Certificates,” and Series 4, No. 23, “The 1978 Revision of the U.S. Standard Certificates.” The authors wish to acknowledge the contributions of these publications to the development of this one. Additional information concerning the current revision can be found in the following:

- Science Applications International Corporation, Report of the panel to evaluate the U.S. Standard Certificates and Reports, April 1986.
- Freeman MA, Gay GA, Brockert JE, Potrzebowski PW, Rothwell CJ. The 1989 Revisions of the U.S. Standard Certificates of Live Birth and Death and the U.S. Standard Report of Fetal Death. *Am J Public Health* 78:168–72. 1988.
- Taffel SM, Ventura SJ, Gay GA. Revised U.S. Certificate of Birth—New Opportunities for Research on Birth Outcome. *Birth* 16(4):188–93. 1989.

Acknowledgments

The authors wish to acknowledge, with appreciation, the role of the Association for Vital Records and Health Statistics in the development, promotion, and implementation of the revised U.S. Standard Certificates and Reports by the various States.

The authors are also especially grateful to Judy L. Warwick for her assistance in compiling and verifying information for this report.

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The 1989 Revision of the U.S. Standard Certificates and Reports

by George C. Tolson, Judy M. Barnes, George A. Gay, and Julia L. Kowaleski, Division of Vital Statistics

History

The vital statistics of the United States are collected and published through a decentralized, cooperative system. Responsibility for the registration of births, deaths, fetal deaths, marriages, divorces and annulments, and induced terminations of pregnancy is vested in the individual States and certain independent registration areas. The registration system comprises 57 registration areas: each State, the District of Columbia, New York City, American Samoa, Guam, Northern Mariana Islands, Puerto Rico, and the Virgin Islands. The degree of uniformity necessary for national statistics has been achieved by periodic issuance of recommended standards from the responsible national agency and the cooperative adoption of these standards by the individual registration areas. These standards take the form of recommended laws and regulations (Model State Vital Statistics Act and Regulations), definitions (live birth, fetal death, and so forth), and reporting forms (U.S. Standard Certificates and Reports).

The standard certificates have been the principal means for achieving the uniformity in information on which national vital statistics are based. To date there have been 11 revisions of the Standard Certificate of Live Birth, 10 revisions of the Standard Certificate of Death, 7 revisions of the Standard Report of Fetal Death (formerly Stillbirth), 4 revisions of the Standard Certificate of Marriage, 4 revisions of the Standard Certificate of Divorce or Annulment, and 2 revisions of the Standard Report of Induced Termination of Pregnancy.

The first standard certificates for the registration of vital events were developed in 1900 by the U.S. Bureau of the Census. These certificates were used for the registration of live births and deaths. The 1902 act of Congress that established the Bureau of the Census as a permanent agency of the Federal Government included a provision giving the agency statutory authority for the development of registration areas for births and deaths. The Bureau of the Census developed a system for the annual collection of vital statistics that would produce nationally comparable data. The overall objective was to develop and maintain a system of registration that is uniform in such matters as law, forms, procedures, and statistical methodology. Maintaining such a system meant periodic reviews of recommended standards and revisions to reflect changing social conditions and user demands for data.

The Bureau of the Census retained the authority for producing national vital statistics until 1946, when the function was transferred to the U.S. Public Health Service. It is presently assigned to the Division of Vital Statistics of the National Center for Health Statistics (NCHS). Authority for this activity by NCHS is found in the Public Health Service Act, 42 USC 242k. This law requires that NCHS collect data annually from vital records of the States and provide assistance to the States in achieving comparability of data.

Because the production of national vital statistics is dependent on cooperation between the Federal agency and the individual registration areas, the development of the standard certificates must be a cooperative effort. In the revision process, opinions are solicited from persons involved in preparation, registration, and processing of the records and from consumers of the data to determine whether changes need to be made and, if so, where. This revision process is designed to ensure that the standard certificates meet, as nearly as possible, the uses for which they are intended—not only at the national level but also at the State and local levels.

The standard certificates are an integral part of the Vital Statistics Cooperative Program through which NCHS obtains the data to produce national vital statistics. This program is an endeavor of NCHS to cooperate with the States to improve the quality, timeliness, and utility of health data. The standard certificates represent the minimum basic data set necessary for the collection and publication of comparable national, State, and local vital statistics data.

The U.S. Standard Certificates and Reports are used as models for the development of State forms for the registration of vital events. Because the State certificates and reports have multiple uses, many factors must be considered and evaluated in deciding what should be included in the recommended standards. Examples of uses are

- The records serve legal and administrative purposes that require such information as name, age, and date and place of occurrence; signatures; and addresses. The individual and numerous public agencies (schools, welfare departments, passport services, Social Security Administration, and Veterans

Administration) have a direct interest in the information for legal and administrative purposes.

- The records provide the statistical information needed by State and local government agencies, particularly health departments, to plan and evaluate their programs.
- The records provide vital statistics for the entire Nation. These statistics are numerous, varied, and in many cases related to major public programs. Statistics of births, deaths, marriages, and divorces are frequently used in public health research and administration to measure and analyze rates of population growth and changes in population composition,

to study social problems (for example, broken families and births to unmarried women), and to measure actual or potential consumers for numerous products and services.

Faced with the many uses of vital records, NCHS and the vital statistics office of each State must make choices regarding the inclusion or exclusion of data elements for each revision of the standard certificates. To ensure that the standard certificates and reports meet current data needs, it is essential that they be reviewed and revised periodically. This has normally been done on an approximately 10-year cycle.

Overview of the 1989 Revision of the U.S. Standard Certificates and Reports

Preparation of the 1989 Revision of the U.S. Standard Certificates and Reports proceeded in much the same way as the 1978 revision. In 1983, NCHS received approval for funding of a project to revise the standard certificates. This activity required a thorough evaluation of the content and format of the 1978 revision of the standards and the development of recommendations for the content and format of the new revisions. A competitive contract for the project was awarded to Science Applications International Corporation (SAIC) in September 1983. The primary responsibility of SAIC was meeting administration, including providing minutes of the meetings and making all necessary logistical arrangements.

In consultation with NCHS, SAIC appointed a panel of consultants to assist in the evaluation. The consultants were divided into a Parent Group and six subgroups (see appendix I). These experts were State vital registration and statistics executives, persons representing those who have responsibilities related to the completion of vital records, and those who use data derived from vital records. The Parent Group, with 10 members, oversaw the entire evaluation process. The subgroups, which reported to the Parent Group, were charged with reviewing the birth certificate, the death certificate, the marriage and divorce certificates, the fetal death and induced termination of pregnancy reports, and the format of all certificates. An additional subgroup was assigned the task of determining whether any of the anticipated changes would necessitate modifications in the Model State Vital Statistics Act and Regulations. The first meeting of the panel was held in December 1983.

The primary responsibilities of the subgroups were to conduct detailed reviews of the current documents and to make recommendations to the Parent Group concerning the items to be included in the 1989 revisions. To gather necessary data for these tasks, the subgroups heard testimony from appropriate witnesses and sought input through questionnaires. They presented minutes of their meetings, specifying major decisions and rationales to the Parent Group. The subgroups also communicated with each other and sometimes met in joint sessions because many of the items under consideration were common to more than one certificate or report and some items were common to all.

To ensure communication between the Format Subgroup and the other subgroups, every certificate subgroup

included a Format Subgroup representative. These persons were responsible for communicating concerns of the certificate subgroup to the Format Subgroup. To ensure communication between the Model Act Subgroup and the certificate subgroups, the chairpersons of the certificate subgroups were members of the Model Act Subgroup.

The panel of consultants was charged with the responsibility of reviewing the content and format of each of the U.S. Standard Certificates and Reports and recommending additions, deletions, and modifications. The panel also had two major tasks: to determine the extent to which information included on the forms reflects current and future needs and to recommend revisions that would enhance the effectiveness of the certificates and reports as data collection instruments. As part of this effort, the panel requested written statements from selected persons who they believed could provide pertinent information on data needs and uses of data from vital records. Also, a series of questionnaires were developed and sent to a wide range of individuals and organizations who collect or use vital statistics data and who have an interest in the content and format of the standard certificates and reports.

Prior to the development of the questionnaires, the Parent Group conducted a preliminary survey of State vital registration and statistics executives. A letter was prepared that asked the council members of the Association for Vital Records and Health Statistics for information on items used in their States that differed from items on the standard certificates and reports. The Parent Group was particularly interested in the effect these differences had on the completeness and quality of data. This information assisted in the development of the questionnaires that were to be sent throughout the country.

Six separate questionnaires were developed to correspond to the 1978 revision of each of the U.S. Standard Certificates and Reports. In final form, each of the six questionnaires followed a similar organization, with four major parts:

- A cover sheet asking for respondent information and allowing respondents the option to indicate whether they were responding for themselves or their organizations and whether they were satisfied with the certificates and reports or had no opinion.
- A section requesting opinions regarding suggested additions to the certificates and reports.

- A section requesting opinions regarding specific items currently on the certificates and reports.
- A section requesting other comments and suggestions regarding the certificates and reports with respect to item content and format.

In all of the sections listed above, a similar question format was used for each of the questionnaires.

With respect to additions, respondents were asked whether items should be added, should not be added, or whether they had no opinion regarding individual items. For items currently on the certificates and reports, respondents were asked whether specific items should continue to be included or not. After each question, respondents were to justify their answers. In many instances, respondents were also asked to suggest how items might be worded.

The mailing list for the questionnaires included Federal and State agencies, schools of medicine and public health, and national organizations, such as the American College of Obstetricians and Gynecologists, the American Epidemiological Society, the American Hospital Association, the American Sociological Association, the American Statistical Association, the National Funeral Directors Association, the National Organization for Women, the Population Association of America, and the Society for Epidemiological Research. The list also included State organizations, such as State funeral directors associations, State hospital associations, and State medical societies. This national list was developed by NCHS with the assistance and cooperation of the panel members.

The national component of the mailing list was developed by NCHS with the assistance of the panel members. In addition, each State vital registration and statistics executive was asked to provide a list of persons and organizations within his or her State who should receive the questionnaires. These State lists helped to ensure that advice on the evaluation would be received from a wide variety of individuals and organizations throughout the country.

The questionnaire responses were compiled for use by the subgroups reviewing potential changes in each individual certificate or report. Members of these groups received tabular summaries of the responses to each question and log books listing the open-ended responses. Correspondence received relative to the individual certificates or reports was also provided to the appropriate subgroups.

As part of a continuing process, the panel was aware of the historical and current uses of the vital registration and statistics system. It had to focus, however, on the future because the certificates and reports implemented in 1989 would be used during most of the 1990's. In its earliest meetings, the Parent Group emphasized the importance of understanding who the major users of vital statistics data will be during the 1990's and the types of issues with which these users will be concerned. The group thought that issues such as environmental health, occupa-

tional health services, control of chronic diseases, and changes in the personal health services delivery system are likely to be important in the coming decade. The panel also considered future data needs of such organizations as the U.S. Bureau of Labor Statistics, the U.S. Bureau of the Census, the Departments of Agriculture and Transportation (at the Federal level), and comparable groups at the State and local level. Such data users were not represented on the panel, and the Parent Group agreed that it was important to solicit their ideas concerning the standard certificates and reports.

The following were the objectives of the panel:

- To refine the current vital statistics data collection instruments so that they will meet the needs of the vital statistics system's major users during the 1990's.
- To educate users about basic vital statistics principles, how the system operates, what the system can do, what its limitations are, and to suggest alternative data sources as appropriate.
- To ensure that the certificates meet the needs of the system's legal function, as well as its statistical function.

The National Center for Health Statistics played a key role in the 1989 revision process. The following contributions were made by NCHS:

- Provided staff support for the subgroups and supplied information on data needs at the national level.
- Participated in deliberations with the panel regarding the inclusion and exclusion of information that was significant to the development of each certificate and report.
- Provided input in major decisions made by the panel that were pertinent to the overall format of all certificates and reports and to the Model State Vital Statistics Act and Model State Vital Statistics Regulations.
- Suggested representatives from Federal agencies, national organizations, and individual researchers who should be invited to testify.

From all the input that was provided, as well as its own individual expertise, the panel, in April 1986, presented its final recommendations to NCHS regarding the content and format of the 1989 revisions of the U.S. Standard Certificates and Reports. The Association for Vital Records and Health Statistics reviewed the final certificates at its annual meeting and formally endorsed them in July 1986. In January 1987, copies of the final certificates and reports were sent to the State vital registration and statistics executives by Dr. Manning Feinleib, Director of the National Center for Health Statistics, with the recommendation that they be implemented by January 1, 1989. In addition, Dr. Robert E. Windom, Assistant Secretary for Health, sent copies to each State health officer in February 1987 with the same recommendation.

The implementation date of the revised U.S. Standard Certificates and Reports was originally planned for January 1, 1988. However, at the request of the Association for Vital Records and Health Statistics, the implementation date was delayed until January 1, 1989. The delay was necessitated by the magnitude of the revision and the cost to the States. It was determined that the extra year would give States the time needed to prepare for the revision in their States.

The 1989 revisions to the U.S. Standard Certificates are intended to make the vital statistics system more

responsive to the public health concerns of the 1990's. The success of these documents will require the cooperation and assistance of medical care providers, medical records, other hospital staff, funeral directors, and vital records registrars. Working together, they can assure the availability of an accurate and complete data base that will continue to provide the States and the Nation with the information needed to monitor and improve the health of its citizens.

Recommendations for the 1989 Revision of the U.S. Standard Certificates and Reports

The 1989 revisions of the U.S. Standard Certificates and Reports incorporated some major modifications in both content and format. One of the most significant changes was the inclusion of an Hispanic identifier on the live birth, death, fetal death, and induced termination of pregnancy forms.

The revision panel recommended that an ancestry question be included on these forms. Although the major purpose of the ancestry question would be to collect information on the Hispanic population in the United States, having such a question would also enable those States that have an interest in collecting information on other segments of their population to do so. The panel also recommended that for those States that currently ask a specific Hispanic question on their certificates or those having a large Hispanic population and that do not have an interest in collecting data on other population groups, a specific Hispanic origin question would be acceptable. Therefore, each State was given the option of including either the ancestry question or a specific Hispanic question on their form.

The NCHS staff agreed with the position of the panel that vital statistics data on Hispanics in the United States are needed. They also understood the necessity of giving the States an option on how to obtain the data. It was their opinion, however, that because the emphasis was on the collection of Hispanic data, the specific Hispanic question should appear on the standard forms and the ancestry question should be the option for those States

that cannot adopt the Hispanic question. In addition, the experience of the U.S. Bureau of the Census has shown that a specific Hispanic question produces better data on Hispanics than does a general ancestry question.

Therefore, NCHS recommended that the States include a specific Hispanic question on these certificates and reports to identify persons of Hispanic origin. If the States have such a small Hispanic population that they cannot justify the specific Hispanic question or if they have other segments of their population for whom data are needed, the general ancestry question, as recommended by the panel, was acceptable.

The revision panel did not recommend the inclusion of an Hispanic identifier on the marriage and divorce certificates. The reason for this decision was the difficulty in collecting this information on marriage and divorce.

The most significant change in format was the extensive use of checkboxes on the live birth certificate and fetal death report to obtain detailed medical and health information about the mother and child. Checkboxes had not been used on the U.S. Standard Certificates for many years. The panel recommended the use of checkboxes in an effort to simplify the completion of the forms and to improve the quality and completeness of the reporting of certain items. Although this change has significantly increased the size of some of the forms, it was the opinion of the panel that the improved quality of information would offset the difficulties created by the increased size.

Additions, modifications, and deletions to the U.S. Standard Certificates and Reports

Certificate of Live Birth and Report of Fetal Death

Many of the items needed for legal purposes remain unchanged or slightly modified. However, there were major and significant changes in the “Information for Medical and Health Use Only” section.

The items “Complications of Pregnancy” and “Concurrent Illnesses or Conditions Affecting the Pregnancy” were combined into a two-part item. The first part is “Medical Risk Factors for This Pregnancy,” under which more than 17 specific factors are identified for reporting. The second part is “Other Risk Factors for This Pregnancy,” which identifies specific life-style factors of tobacco and alcohol use and includes information on maternal weight gain during pregnancy. The items “Complications of Labor and/or Delivery” and “Congenital Anomalies of Child” were also reformatted as checkbox items. Three new items were added in checkbox format to obtain information on “Obstetric Procedures,” “Method of Delivery,” and “Abnormal Conditions of the Newborn.” These items will be used to monitor the increased uses of technology in childbirth and to identify babies with specific abnormal conditions.

Two items that were added to the fetal death report but not added to the birth certificate are the “Occupation and Industry Worked During the Last Year” of the mother and father. Recently there has been renewed interest in collecting parents’ occupational data, primarily to assess the impact of work-related environmental exposures on the fetus. Although the panel recognized the importance of obtaining occupational information for births with adverse outcomes, they were reluctant to impose the burden of collecting and coding these data for all births on the States. Therefore, these items were not included on the Standard Certificate of Live Birth. However, NCHS did encourage States to collect and code these data if resources were available, using the format recommended on the fetal death report.

The other modification was the addition of an Hispanic identifier for the mother and father on the Standard Certificate of Live Birth and the Standard Report of Fetal Death. These items will provide information about the fertility and health experience of the Hispanic population.

The “Attendant” and “Type of Place of Birth” items on the Standard Certificate of Live Birth and the Standard

Report of Fetal Death were reformatted using check-boxes. The new format will permit better identification of the type of attendant, including separate identification of certified nurse midwives and other midwives. It will also facilitate the identification of home births, births in free-standing birthing centers, and births in clinics or physician offices. This will permit the analysis of the number and characteristics of births by type of facility and the comparison of differences in outcomes.

Certificate of Death

The death certificate had very few changes. The major revisions recommended for the death certificate involved changes designed to improve the medical certification of cause of death, the addition of an Hispanic identifier, and the inclusion of the item “Decedent’s Education” as a measure of socioeconomic status.

A combined certificate for physicians, coroners, and medical examiners was recommended. The panel believed that the combined certificate adequately met the needs of all certifiers and that there was no need to design separate certificates for physicians and medical examiners or coroners. Those States that must do so can easily modify the standard certificate to accommodate their need.

Improved instructions for completing the medical certification section were added on both the front and back of the certificate. Additional lines were added to parts I and II of the “Cause of Death” section to encourage more complete reporting of all conditions that may coexist and contribute to death. The new instructions were designed to eliminate confusion, especially when parallel conditions could have led to the immediate cause.

A provision for two physician signatures was added to the certificate. If the attending physician is unavailable and the death is clearly not a medical-legal case, another physician may pronounce and certify to the time and place of death and sign the certificate so that the body can be released to the funeral director. The funeral director must then contact the attending physician to obtain the medical certification at a later time.

Two significant statistical items were added to the death certificate. An Hispanic identifier was added to obtain more detailed data on mortality of Hispanics, a group for whom data were available for only a limited number of States. “Decedent’s Education” was the other

item added to the certificate. The panel believed that this information would be useful as a measure of socioeconomic status, a factor closely associated with mortality. It is a more reliable measure of socioeconomic status than occupation and is easier to collect and code. Including education will also be valuable because studies have shown that mortality as related to education is changing.

The following other significant changes were made to the death certificate:

- An item was added to ascertain whether autopsy findings were used in determining the cause of death to assist in evaluating the quality of cause-of-death data.
- The “Manner of Death” item was reworded to include specific categories with checkboxes. “Natural” was added to the list. The item will now have to be completed for all deaths, not just those resulting from external causes. This addition should result in more complete information on the manner of death.
- The item “Citizen of What Country” was deleted because there appeared to be no significant uses for the information, either by the State or NCHS. The Immigration and Naturalization Service and the U.S. Department of State had earlier indicated that they are no longer interested in these data.
- The changes that were made to the certification section should increase the proportion of cases where the attending physician is the certifier. Therefore, the item “Name of Attending Physician If Other Than Certifier” was deleted because the certifier would be contacted for query and followback purposes.

Report of Induced Termination of Pregnancy

The Induced Termination of Pregnancy report remained almost unchanged in content and format. The few changes that were made included the addition of an item on Hispanic origin of the patient. This item was added to obtain information about the incidence of abortions among Hispanics. Also, “Dilation and Evacuation” was added to the list of termination procedures.

The “Complications of Pregnancy Termination” item was deleted from the report. Underreporting was the major problem with this item because most complications are not evident until a day or two after the procedure, after the report has been filed.

License and Certificate of Marriage

Changes to the marriage certificate were minor. The item “Expiration Date” (of the marriage license) was added to the license portion of the certificate. The item was added to help ensure that ministers and magistrates do not perform illegal marriages by mistake. It was also added to alert the couple to legal deadlines and eliminate pending records.

“Type of Ceremony” was the only item that the panel deleted from the 1978 revision. Because there is no uniform interpretation of a religious ceremony, this item provided data that were not comparable from location to location. The heading for the “Information for Statistical Purposes Only” section was changed to “Confidential Information. The information below will not appear on certified copies of the record.” The panel decided that this wording was more understandable.

Certificate of Divorce, Dissolution of Marriage, or Annulment

The most important changes made in the divorce certificate concerned the items about children. The 1978 revision had two items: “Number of Children Ever Born Alive of This Marriage,” and “Children Under 18 in This Family.” The new certificate has “Number of Children Under 18 in This Household as of the Date in Item 11” (“Date Couple Last Resided in Same Household”). A new item added to the divorce certificate is “Number of Children Under 18 Whose Physical Custody Was Awarded To: Husband, Wife, Joint, or Other.”

The item “Number of Children Ever Born Alive of This Marriage” was deleted from the certificate because there was confusion as to what was actually being measured by the item.

Items considered but not recommended on the U.S. Standard Certificates and Reports

Certificate of Live Birth

“Occupation and Industry of Mother and Father” was considered for inclusion on the live birth certificate because of its value in detecting and monitoring potential workplace hazards adversely affecting pregnancy outcome. It was rejected because a majority of States would be unable to utilize the information collected. Those States that have an interest in this information can add it on their State certificates.

Certificate of Death

The Death Subgroup discussed a number of items suggested as additions or modifications to the certificate. Some of the items suggested but not included were “Maiden Name of Female Decedent,” “Length of Time Worked in Usual Occupation,” “Smoking History of Decedent,” and “Alcohol Use by Decedent.”

Report of Fetal Death

Several additional items were considered for inclusion. Some of these may be included on some State forms.

The items suggested were “Name of Fetus,” “Type of Facility,” and “Mother’s Birthplace.”

Report of Induced Termination of Pregnancy

A few of the items that were considered for inclusion on the induced termination of pregnancy report but were rejected were “Type of Facility” and “Reason for Abortion.”

License and Certificate of Marriage

The following items were considered but rejected: “Children Born Previously to Remarrying Brides and Grooms,” “Surname To Be Used by Groom and Bride,” and “Education of Parents.”

Certificate of Divorce, Dissolution of Marriage, or Annulment

The following items were considered for inclusion but rejected: “Surnames To Be Used After Divorce,” “Legal Grounds,” “Religion,” and “Address of the Court That Issued the Judgment of Divorce.”

Recommendations for the format of all 1989 certificates and reports

The Format Subgroup was responsible for taking the content and format suggestions from each of the other subgroups and transforming them into acceptable certificates and reports. It was also their responsibility to make the wording and format of similar items consistent between forms for different vital events. Much time and effort were spent by all the subgroups on issues related to the format of the various certificates and reports. The following specific format recommendations relate to more than one certificate and report:

- Item numbers are to be located at the top of the box, preceding the item name.
- In the checkbox items, the checkboxes are placed on the right side of the item name, and numbers for coding purposes are added. The checkbox for “None” on all checkbox items appears above the “Other (Specify)” item in the listing. The rationale for this decision was to make it more difficult to use “None” as a response.
- The headings of the certificates and reports are to be in the same type size and style as used in the 1978 revision.
- All instructions in the margins are to be done as they were on the 1978 revision.
- The spacing of lines and items are to be compatible with typewriters, word processors, and personal computers.

The following format recommendations were made for specific certificates and reports:

- Certificate of Live Birth—Size 8 1/2" x 14"

A review of a special survey sent to the State vital registration executives showed that a number of States had expressed concern about the size of the certificates and the impact that a larger document would have on their binders and shelves. Two possibilities for dealing

with this problem of the birth certificate were:

- Use a multicopy document with the first copy containing only the legal section. The second copy would be the long form and would include both the “Legal” and the “Medical and Health Information” items. This would provide a legal document that would fit State binders and shelves.
- Use perforation between the “Legal” and the “Medical and Health Use Only” sections. The lower section could be detached after data entry and only the legal section filed.
- Certificate of Death—Size 8 1/2" x 11"
 - Instructions for the completion of certain items should be placed on the back of the form.
 - The instructions on the back of the form should be in a type of ink that does not show through. The quality of the paper is a factor in ensuring that the instructions do not show through.
 - In those States that use multicopy sets, the instructions should be placed on the back of the last copy of the set with marginal notes indicating the locations of the instructions. Black carbon inserts are recommended for multicopy sets.
- Report of Fetal Death—Size 8 1/2" x 14"
- Report of Induced Termination of Pregnancy—Size 8 1/2" x 11"
- License and Certificate of Marriage—Size 8 1/2" x 11"
- Certificate of Divorce, Dissolution of Marriage, or Annulment—Size 8 1/2" x 11"

States were encouraged to include on each form a date, specifying month and year, whenever forms are revised. This date should be the date the new certificate or report will be put into use.

Instructional materials

A number of training materials were developed for use with the 1989 revisions of the U.S. Standard Certificates and Reports. Instructional handbooks were prepared on each of the certificates and reports and were directed at specific individuals responsible for completing vital records. Information on how the registration system operates, item-by-item instructions for completing each item, and rationale for collecting the information were included. The eight handbooks developed are listed below:

- *Hospitals' and Physicians' Handbook on Birth Registration and Fetal Death Reporting*
- *Funeral Directors' Handbook on Death Registration and Fetal Death Reporting*
- *Guidelines for Reporting Occupation and Industry on Death Certificates*
- *Physicians' Handbook on Medical Certification of Death*
- *Medical Examiners' and Coroners' Handbook on Death Registration and Fetal Death Reporting*
- *Handbook on Marriage Registration*
- *Handbook on Divorce Registration*
- *Handbook on the Reporting of Induced Termination of Pregnancy*

The handbooks were provided to all 57 registration areas for distribution to the appropriate persons within their State or for use as guides in the development of their own handbooks. Computer discs containing the text of the handbooks were also made available to the States to expedite the development of their own handbooks.

Four videotapes were developed to be used as training tools: One videotape addressed completing the birth certificate; and three addressed completing the death

certificate, each aimed at a different group of individuals—physicians, medical examiners or coroners, and funeral directors. The physician and medical examiner or coroner videotapes concentrated on how to complete the medical certification of the cause of death, whereas the funeral director videotape concentrated on how to complete the nonmedical items on the death certificate. Two copies of each of the videotapes were provided to each registration area in the format they chose: VHS, Beta, or 3/4-inch. The States were encouraged to use these instructional materials for training purposes and in the development of other instructional materials.

Reaction to the handbooks and videotapes was very favorable. An announcement about the availability of the funeral directors' handbook was placed in two funeral director periodicals and sparked numerous requests for copies. The American Medical Record Association was so pleased with the handbooks and videotapes that they decided to make them available to all educational institutions that have a medical record program. The Indian Health Service also elected to provide the videotapes to medical records branch chiefs and chief medical officers both at the area offices and the hospital and service units.

The final training tool developed by NCHS was an audio cassette tape titled, "How to Complete the Medical Certification of Cause of Death." The cassette tape was distributed to all registration areas so that it could be widely distributed to physicians to listen to while driving or on break, similar to journals or books on tape. The focus of the tape was on the proper completion of the medical certification of the cause of death.

Implementation by the States

The 1989 revisions of the U.S. Standard Certificates and Reports were officially recommended to the States by NCHS in January 1987. At that point the States began a process similar to the one followed by NCHS in the development of the standards. As with the standards, the States attempted to seek input from representatives of those responsible for completing the forms and those who utilize the data derived from the documents. Out of this process emerged the certificates and reports that each of the States would be implementing.

The level of comparability between the forms used by the States and the 1989 revisions of the U.S. Standard Certificates and Reports is among the highest that has ever been achieved. Almost all registration areas for which data are published by NCHS (the 50 States, the District of Columbia, New York City, Guam, Puerto Rico, and the Virgin Islands) implemented revised forms by the recommended date of January 1, 1989. A few areas encountered delays and did not make the January 1 goal, but they did revise early enough during 1989 for NCHS to include information from its revised forms in its final 1989 data. Several other areas revised too late in 1989 for their data to be included, but it will be included in 1990. Beginning in 1990, NCHS included birth data from revised forms for all registration areas except one, and death data for all but two. Because revision activity is under way in the remaining areas, it is hoped that in 1991 NCHS will be able to publish birth and death data from revised forms for all of the 55 registration areas. Five areas have not revised their fetal death form, but it is expected that several of these will implement revisions by 1991. The changes made in the marriage, divorce, and induced termination of pregnancy forms were relatively minor. Most of the States did, however, revise their forms, and NCHS has been able to continue publication of data in these areas uninterrupted.

The extremely close cooperation between the States and NCHS in the revision process and the active involvement of others directly affected by the revisions resulted in the development of standards that, as nearly as possible, represent a nationwide consensus of what should be included on the forms. This has contributed significantly to the acceptance of the forms by the States, by those who must complete them, and by those who use the data.

The successful and smooth implementation of the forms in individual States required extensive communication between the State vital statistics office and those within that State who would be affected by the revisions. The most successful implementations were in States that actively involved these groups in the development of the forms. Successful implementation also required training programs for those who would have to complete the forms prior to the implementation of the revisions. This training included not only instruction on how to complete the items but also information about why the changes were made and how the data that is obtained will be used.

Several system type changes have also contributed to the successful implementation of the revisions, especially of the birth certificate. First, hospitals are using worksheets more to obtain the information needed to complete the form. This has proved to be especially helpful for the medical and health checkbox items. There also have been efforts to facilitate the transfer of information needed for the birth certificate from physician office records to the hospital medical records. In addition, a number of States have begun to develop systems that will automate the birth preparation process in the hospitals. This should significantly speed up the registration process and improve the quality and completeness of the information collected.

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Appendix I. Technical Consultant Panel on the 1989 Revision of the U.S. Standard Certificates and Reports

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Appendix II. Exhibits

TYPE/PRINT OR PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

CHILD

CERTIFIER/ ATTENDANT
DEATH UNDER ONE YEAR OF AGE
Enter State Fee Number at birth certificate for this child

MOTHER

FATHER

INFORMANT

MOTHER

FATHER

MULTIPLE BIRTHS
(Enter State Fee Number for Multiple LIVE BIRTHS)

FETAL DEATH(S)

PH-1-001 REV. 1-88

U.S. STANDARD CERTIFICATE OF LIVE BIRTH

LOCAL FILE NUMBER		BIRTH NUMBER	
1. CHILD'S NAME (First, Middle, Last)		2. DATE OF BIRTH (Month, Day, Year)	3. TIME OF BIRTH M
4. SEX	5. CITY, TOWN, OR LOCATION OF BIRTH	6. COUNTY OF BIRTH	
7. PLACE OF BIRTH: <input type="checkbox"/> Hospital <input type="checkbox"/> Free-standing Birth Center <input type="checkbox"/> Clinic/Doctor's Office <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)		8. FACILITY NAME (If not Institution, give street and number)	
9. I certify that this child was born alive at the place and time and on the date stated.		10. DATE SIGNED (Month, Day, Year)	11. ATTENDANT'S NAME AND TITLE (If other than certified, Type, Rank)
Signature		Name <input type="checkbox"/> M.D. <input type="checkbox"/> D.O. <input type="checkbox"/> C.N.M. <input type="checkbox"/> Other Midwife <input type="checkbox"/> Other (Specify)	
12. CERTIFIER'S NAME AND TITLE (Type, Rank)		13. ATTENDANT'S MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)	
Name <input type="checkbox"/> M.D. <input type="checkbox"/> D.O. <input type="checkbox"/> Hospital Admin. <input type="checkbox"/> C.N.M. <input type="checkbox"/> Other Midwife <input type="checkbox"/> Other (Specify)			
14. REGISTRAR'S SIGNATURE		15. DATE FILED BY REGISTRAR (Month, Day, Year)	
16a. MOTHER'S NAME (First, Middle, Last)		16b. MAIDEN SURNAME	17. DATE OF BIRTH (Month, Day, Year)
18. BIRTHPLACE (State or Foreign Country)	19a. RESIDENCE—STATE	19b. COUNTY	19c. CITY, TOWN, OR LOCATION
19d. STREET AND NUMBER		19e. INSIDE CITY LIMITS? (Yes or No)	20. MOTHER'S MAILING ADDRESS (If same as residence, enter Zip Code only)
21. FATHER'S NAME (First, Middle, Last)		22. DATE OF BIRTH (Month, Day, Year)	23. BIRTHPLACE (State or Foreign Country)
24. I certify that the personal information provided on this certificate is correct to the best of my knowledge and belief. Signature of Parent or Other Informant			

INFORMATION FOR MEDICAL AND HEALTH USE ONLY			
25. OF HISPANIC ORIGIN? (Specify No or Yes—If Yes, specify Cuban, Mexican, Puerto Rican, etc.)		26. RACE—American Indian, Black, White, etc. (Specify below)	27. EDUCATION (Specify only highest grade completed) Elementary/Secondary (10-12) College (1-4 or 5+)
25a. <input type="checkbox"/> No <input type="checkbox"/> Yes Specify:	26a.	27a.	
25b. <input type="checkbox"/> No <input type="checkbox"/> Yes Specify:	26b.	27b.	
28. PREGNANCY HISTORY (Complete each section)		29. MOTHER MARRIED? (At birth, conception, or any time between) (Yes or No)	30. DATE LAST NORMAL MENSES BEGAN (Month, Day, Year)
LIVE BIRTHS (Do not include this child)		31. MONTH OF PREGNANCY PRENATAL CARE BEGAN—First, Second, Third, etc. (Specify)	32. PRENATAL VISITS—Total Number (If none, so state)
28a. Now Living Number	28b. Now Dead Number	33. BIRTH WEIGHT (Specify units)	34. CLINICAL ESTIMATE OF GESTATION (Weeks)
<input type="checkbox"/> None	<input type="checkbox"/> None	35a. PLURALITY—Single, Twin, Triplet, etc. (Specify)	35b. IF NOT SINGLE BIRTH—Born First, Second, Third, etc. (Specify)
28c. DATE OF LAST LIVE BIRTH (Month, Year)	28d. DATE OF LAST OTHER TERMINATION (Month, Year)	36. APGAR SCORE	37a. MOTHER TRANSFERRED PRIOR TO DELIVERY? <input type="checkbox"/> No <input type="checkbox"/> Yes (If Yes, enter name of facility transferred to:)
36a. 1 Minute	36b. 5 Minutes	37b. INFANT TRANSFERRED? <input type="checkbox"/> No <input type="checkbox"/> Yes (If Yes, enter name of facility transferred to:)	
38a. MEDICAL RISK FACTORS FOR THIS PREGNANCY (Check all that apply)		40. COMPLICATIONS OF LABOR AND/OR DELIVERY (Check all that apply)	
Anemia (Hct. <30/Hgb. <10) 01 <input type="checkbox"/>	Cardiac disease 02 <input type="checkbox"/>	Febrile (>100°F. or 38°C.) 01 <input type="checkbox"/>	Meconium, moderate/heavy 02 <input type="checkbox"/>
Acute or chronic lung disease 03 <input type="checkbox"/>	Diabetes 04 <input type="checkbox"/>	Placental rupture of membranes (>12 hours) 03 <input type="checkbox"/>	Abnormal placenta 04 <input type="checkbox"/>
Genital herpes 05 <input type="checkbox"/>	Hypertension/diagnosed 06 <input type="checkbox"/>	Placenta previa 05 <input type="checkbox"/>	Other excessive bleeding 06 <input type="checkbox"/>
Hypertension/pregnancy-associated 07 <input type="checkbox"/>	Eclampsia 08 <input type="checkbox"/>	Seizures during labor 07 <input type="checkbox"/>	Other circulatory/respiratory anomalies 08 <input type="checkbox"/>
Incompetent cervix 09 <input type="checkbox"/>	Previous infant >4000+ grams 10 <input type="checkbox"/>	Pre-eclampsia 08 <input type="checkbox"/>	Other circulatory/respiratory anomalies (Specify) 09 <input type="checkbox"/>
Previous preterm or small-for-gestational age infant 11 <input type="checkbox"/>	Rh disease 12 <input type="checkbox"/>	Pre-eclampsia 09 <input type="checkbox"/>	Rectal atresia/stenosis 09 <input type="checkbox"/>
Other (Specify) 17 <input type="checkbox"/>	Rh sensitization 13 <input type="checkbox"/>	Pre-eclampsia 10 <input type="checkbox"/>	Tracheo-esophageal fistula/Esophageal atresia 10 <input type="checkbox"/>
	Uterine bleeding 14 <input type="checkbox"/>	Pre-eclampsia 11 <input type="checkbox"/>	Omphalocele/Gastrochisis 11 <input type="checkbox"/>
	Other (Specify) 15 <input type="checkbox"/>	Pre-eclampsia 12 <input type="checkbox"/>	Other gastrointestinal anomalies (Specify) 12 <input type="checkbox"/>
	Other (Specify) 16 <input type="checkbox"/>	Pre-eclampsia 13 <input type="checkbox"/>	Malformed genitalia 13 <input type="checkbox"/>
	Other (Specify) 17 <input type="checkbox"/>	Pre-eclampsia 14 <input type="checkbox"/>	Renal agenesis 14 <input type="checkbox"/>
	Other (Specify) 18 <input type="checkbox"/>	Pre-eclampsia 15 <input type="checkbox"/>	Other urogenital anomalies (Specify) 15 <input type="checkbox"/>
	Other (Specify) 19 <input type="checkbox"/>	Pre-eclampsia 16 <input type="checkbox"/>	Other urogenital anomalies (Specify) 16 <input type="checkbox"/>
	Other (Specify) 20 <input type="checkbox"/>	Pre-eclampsia 17 <input type="checkbox"/>	Other urogenital anomalies (Specify) 17 <input type="checkbox"/>
	Other (Specify) 21 <input type="checkbox"/>	Pre-eclampsia 18 <input type="checkbox"/>	Other urogenital anomalies (Specify) 18 <input type="checkbox"/>
	Other (Specify) 22 <input type="checkbox"/>	Pre-eclampsia 19 <input type="checkbox"/>	Other urogenital anomalies (Specify) 19 <input type="checkbox"/>
	Other (Specify) 23 <input type="checkbox"/>	Pre-eclampsia 20 <input type="checkbox"/>	Other urogenital anomalies (Specify) 20 <input type="checkbox"/>
	Other (Specify) 24 <input type="checkbox"/>	Pre-eclampsia 21 <input type="checkbox"/>	Other urogenital anomalies (Specify) 21 <input type="checkbox"/>
	Other (Specify) 25 <input type="checkbox"/>	Pre-eclampsia 22 <input type="checkbox"/>	Other urogenital anomalies (Specify) 22 <input type="checkbox"/>
	Other (Specify) 26 <input type="checkbox"/>	Pre-eclampsia 23 <input type="checkbox"/>	Other urogenital anomalies (Specify) 23 <input type="checkbox"/>
	Other (Specify) 27 <input type="checkbox"/>	Pre-eclampsia 24 <input type="checkbox"/>	Other urogenital anomalies (Specify) 24 <input type="checkbox"/>
	Other (Specify) 28 <input type="checkbox"/>	Pre-eclampsia 25 <input type="checkbox"/>	Other urogenital anomalies (Specify) 25 <input type="checkbox"/>
	Other (Specify) 29 <input type="checkbox"/>	Pre-eclampsia 26 <input type="checkbox"/>	Other urogenital anomalies (Specify) 26 <input type="checkbox"/>
	Other (Specify) 30 <input type="checkbox"/>	Pre-eclampsia 27 <input type="checkbox"/>	Other urogenital anomalies (Specify) 27 <input type="checkbox"/>
	Other (Specify) 31 <input type="checkbox"/>	Pre-eclampsia 28 <input type="checkbox"/>	Other urogenital anomalies (Specify) 28 <input type="checkbox"/>
	Other (Specify) 32 <input type="checkbox"/>	Pre-eclampsia 29 <input type="checkbox"/>	Other urogenital anomalies (Specify) 29 <input type="checkbox"/>
	Other (Specify) 33 <input type="checkbox"/>	Pre-eclampsia 30 <input type="checkbox"/>	Other urogenital anomalies (Specify) 30 <input type="checkbox"/>
	Other (Specify) 34 <input type="checkbox"/>	Pre-eclampsia 31 <input type="checkbox"/>	Other urogenital anomalies (Specify) 31 <input type="checkbox"/>
	Other (Specify) 35 <input type="checkbox"/>	Pre-eclampsia 32 <input type="checkbox"/>	Other urogenital anomalies (Specify) 32 <input type="checkbox"/>
	Other (Specify) 36 <input type="checkbox"/>	Pre-eclampsia 33 <input type="checkbox"/>	Other urogenital anomalies (Specify) 33 <input type="checkbox"/>
	Other (Specify) 37 <input type="checkbox"/>	Pre-eclampsia 34 <input type="checkbox"/>	Other urogenital anomalies (Specify) 34 <input type="checkbox"/>
	Other (Specify) 38 <input type="checkbox"/>	Pre-eclampsia 35 <input type="checkbox"/>	Other urogenital anomalies (Specify) 35 <input type="checkbox"/>
	Other (Specify) 39 <input type="checkbox"/>	Pre-eclampsia 36 <input type="checkbox"/>	Other urogenital anomalies (Specify) 36 <input type="checkbox"/>
	Other (Specify) 40 <input type="checkbox"/>	Pre-eclampsia 37 <input type="checkbox"/>	Other urogenital anomalies (Specify) 37 <input type="checkbox"/>
	Other (Specify) 41 <input type="checkbox"/>	Pre-eclampsia 38 <input type="checkbox"/>	Other urogenital anomalies (Specify) 38 <input type="checkbox"/>
	Other (Specify) 42 <input type="checkbox"/>	Pre-eclampsia 39 <input type="checkbox"/>	Other urogenital anomalies (Specify) 39 <input type="checkbox"/>
	Other (Specify) 43 <input type="checkbox"/>	Pre-eclampsia 40 <input type="checkbox"/>	Other urogenital anomalies (Specify) 40 <input type="checkbox"/>
	Other (Specify) 44 <input type="checkbox"/>	Pre-eclampsia 41 <input type="checkbox"/>	Other urogenital anomalies (Specify) 41 <input type="checkbox"/>
	Other (Specify) 45 <input type="checkbox"/>	Pre-eclampsia 42 <input type="checkbox"/>	Other urogenital anomalies (Specify) 42 <input type="checkbox"/>
	Other (Specify) 46 <input type="checkbox"/>	Pre-eclampsia 43 <input type="checkbox"/>	Other urogenital anomalies (Specify) 43 <input type="checkbox"/>
	Other (Specify) 47 <input type="checkbox"/>	Pre-eclampsia 44 <input type="checkbox"/>	Other urogenital anomalies (Specify) 44 <input type="checkbox"/>
	Other (Specify) 48 <input type="checkbox"/>	Pre-eclampsia 45 <input type="checkbox"/>	Other urogenital anomalies (Specify) 45 <input type="checkbox"/>
	Other (Specify) 49 <input type="checkbox"/>	Pre-eclampsia 46 <input type="checkbox"/>	Other urogenital anomalies (Specify) 46 <input type="checkbox"/>
	Other (Specify) 50 <input type="checkbox"/>	Pre-eclampsia 47 <input type="checkbox"/>	Other urogenital anomalies (Specify) 47 <input type="checkbox"/>
	Other (Specify) 51 <input type="checkbox"/>	Pre-eclampsia 48 <input type="checkbox"/>	Other urogenital anomalies (Specify) 48 <input type="checkbox"/>
	Other (Specify) 52 <input type="checkbox"/>	Pre-eclampsia 49 <input type="checkbox"/>	Other urogenital anomalies (Specify) 49 <input type="checkbox"/>
	Other (Specify) 53 <input type="checkbox"/>	Pre-eclampsia 50 <input type="checkbox"/>	Other urogenital anomalies (Specify) 50 <input type="checkbox"/>
	Other (Specify) 54 <input type="checkbox"/>	Pre-eclampsia 51 <input type="checkbox"/>	Other urogenital anomalies (Specify) 51 <input type="checkbox"/>
	Other (Specify) 55 <input type="checkbox"/>	Pre-eclampsia 52 <input type="checkbox"/>	Other urogenital anomalies (Specify) 52 <input type="checkbox"/>
	Other (Specify) 56 <input type="checkbox"/>	Pre-eclampsia 53 <input type="checkbox"/>	Other urogenital anomalies (Specify) 53 <input type="checkbox"/>
	Other (Specify) 57 <input type="checkbox"/>	Pre-eclampsia 54 <input type="checkbox"/>	Other urogenital anomalies (Specify) 54 <input type="checkbox"/>
	Other (Specify) 58 <input type="checkbox"/>	Pre-eclampsia 55 <input type="checkbox"/>	Other urogenital anomalies (Specify) 55 <input type="checkbox"/>
	Other (Specify) 59 <input type="checkbox"/>	Pre-eclampsia 56 <input type="checkbox"/>	Other urogenital anomalies (Specify) 56 <input type="checkbox"/>
	Other (Specify) 60 <input type="checkbox"/>	Pre-eclampsia 57 <input type="checkbox"/>	Other urogenital anomalies (Specify) 57 <input type="checkbox"/>
	Other (Specify) 61 <input type="checkbox"/>	Pre-eclampsia 58 <input type="checkbox"/>	Other urogenital anomalies (Specify) 58 <input type="checkbox"/>
	Other (Specify) 62 <input type="checkbox"/>	Pre-eclampsia 59 <input type="checkbox"/>	Other urogenital anomalies (Specify) 59 <input type="checkbox"/>
	Other (Specify) 63 <input type="checkbox"/>	Pre-eclampsia 60 <input type="checkbox"/>	Other urogenital anomalies (Specify) 60 <input type="checkbox"/>
	Other (Specify) 64 <input type="checkbox"/>	Pre-eclampsia 61 <input type="checkbox"/>	Other urogenital anomalies (Specify) 61 <input type="checkbox"/>
	Other (Specify) 65 <input type="checkbox"/>	Pre-eclampsia 62 <input type="checkbox"/>	Other urogenital anomalies (Specify) 62 <input type="checkbox"/>
	Other (Specify) 66 <input type="checkbox"/>	Pre-eclampsia 63 <input type="checkbox"/>	Other urogenital anomalies (Specify) 63 <input type="checkbox"/>
	Other (Specify) 67 <input type="checkbox"/>	Pre-eclampsia 64 <input type="checkbox"/>	Other urogenital anomalies (Specify) 64 <input type="checkbox"/>
	Other (Specify) 68 <input type="checkbox"/>	Pre-eclampsia 65 <input type="checkbox"/>	Other urogenital anomalies (Specify) 65 <input type="checkbox"/>
	Other (Specify) 69 <input type="checkbox"/>	Pre-eclampsia 66 <input type="checkbox"/>	Other urogenital anomalies (Specify) 66 <input type="checkbox"/>
	Other (Specify) 70 <input type="checkbox"/>	Pre-eclampsia 67 <input type="checkbox"/>	Other urogenital anomalies (Specify) 67 <input type="checkbox"/>
	Other (Specify) 71 <input type="checkbox"/>	Pre-eclampsia 68 <input type="checkbox"/>	Other urogenital anomalies (Specify) 68 <input type="checkbox"/>
	Other (Specify) 72 <input type="checkbox"/>	Pre-eclampsia 69 <input type="checkbox"/>	Other urogenital anomalies (Specify) 69 <input type="checkbox"/>
	Other (Specify) 73 <input type="checkbox"/>	Pre-eclampsia 70 <input type="checkbox"/>	Other urogenital anomalies (Specify) 70 <input type="checkbox"/>
	Other (Specify) 74 <input type="checkbox"/>	Pre-eclampsia 71 <input type="checkbox"/>	Other urogenital anomalies (Specify) 71 <input type="checkbox"/>
	Other (Specify) 75 <input type="checkbox"/>	Pre-eclampsia 72 <input type="checkbox"/>	Other urogenital anomalies (Specify) 72 <input type="checkbox"/>
	Other (Specify) 76 <input type="checkbox"/>	Pre-eclampsia 73 <input type="checkbox"/>	Other urogenital anomalies (Specify) 73 <input type="checkbox"/>
	Other (Specify) 77 <input type="checkbox"/>	Pre-eclampsia 74 <input type="checkbox"/>	Other urogenital anomalies (Specify) 74 <input type="checkbox"/>
	Other (Specify) 78 <input type="checkbox"/>	Pre-eclampsia 75 <input type="checkbox"/>	Other urogenital anomalies (Specify) 75 <input type="checkbox"/>
	Other (Specify) 79 <input type="checkbox"/>	Pre-eclampsia 76 <input type="checkbox"/>	Other urogenital anomalies (Specify) 76 <input type="checkbox"/>
	Other (Specify) 80 <input type="checkbox"/>	Pre-eclampsia 77 <input type="checkbox"/>	Other urogenital anomalies (Specify) 77 <input type="checkbox"/>
	Other (Specify) 81 <input type="checkbox"/>	Pre-eclampsia 78 <input type="checkbox"/>	Other urogenital anomalies (Specify) 78 <input type="checkbox"/>
	Other (Specify) 82 <input type="checkbox"/>	Pre-eclampsia 79 <input type="checkbox"/>	Other urogenital anomalies (Specify) 79 <input type="checkbox"/>
	Other (Specify) 83 <input type="checkbox"/>	Pre-eclampsia 80 <input type="checkbox"/>	Other urogenital anomalies (Specify) 80 <input type="checkbox"/>
	Other (Specify) 84 <input type="checkbox"/>	Pre-eclampsia 81 <input type="checkbox"/>	Other urogenital anomalies (Specify) 81 <input type="checkbox"/>
	Other (Specify) 85 <input type="checkbox"/>	Pre-eclampsia 82 <input type="checkbox"/>	Other urogenital anomalies (Specify) 82 <input type="checkbox"/>
	Other (Specify) 86 <input type="checkbox"/>	Pre-eclampsia 83 <input type="checkbox"/>	Other urogenital anomalies (Specify) 83 <input type="checkbox"/>
	Other (Specify) 87 <input type="checkbox"/>	Pre-eclampsia 84 <input type="checkbox"/>	Other urogenital anomalies (Specify) 84 <input type="checkbox"/>
	Other (Specify) 88 <input type="checkbox"/>	Pre-eclampsia 85 <input type="checkbox"/>	Other urogenital anomalies (Specify) 85 <input type="checkbox"/>
	Other (Specify) 89 <input type="checkbox"/>	Pre-eclampsia 86 <input type="checkbox"/>	Other urogenital anomalies (Specify) 86 <input type="checkbox"/>
	Other (Specify) 90 <input type="checkbox"/>	Pre-eclampsia 87 <input type="checkbox"/>	Other urogenital anomalies (Specify) 87 <input type="checkbox"/>
	Other (Specify) 91 <input type="checkbox"/>	Pre-eclampsia 88 <input type="checkbox"/>	Other urogenital anomalies (Specify) 88 <input type="checkbox"/>
	Other (Specify) 92 <input type="checkbox"/>	Pre-eclampsia 89 <input type="checkbox"/>	Other urogenital anomalies (Specify) 89 <input type="checkbox"/>
	Other (Specify) 93 <input type="checkbox"/>	Pre-eclampsia 90 <input type="checkbox"/>	Other urogenital anomalies (Specify) 90 <input type="checkbox"/>
	Other (Specify) 94 <input type="checkbox"/>	Pre-eclampsia 91 <input type="checkbox"/>	Other urogenital anomalies (Specify) 91 <input type="checkbox"/>
	Other (Specify) 95 <input type="checkbox"/>	Pre-eclampsia 92 <input type="checkbox"/>	Other urogenital anomalies (Specify) 92 <input type="checkbox"/>
	Other (Specify) 96 <input type="checkbox"/>	Pre-eclampsia 93 <input type="checkbox"/>	Other urogenital anomalies (Specify) 93 <input type="checkbox"/>
	Other (Specify) 97 <input type="checkbox"/>	Pre-eclampsia 94 <input type="checkbox"/>	Other urogenital anomalies (Specify) 94 <input type="checkbox"/>
	Other (Specify) 98 <input type="checkbox"/>	Pre-eclampsia 95 <input type="checkbox"/>	Other urogenital anomalies (Specify) 95 <input type="checkbox"/>
	Other (Specify) 99 <input type="checkbox"/>	Pre-eclampsia 96 <input type="checkbox"/>	Other urogenital anomalies (Specify) 96 <input type="checkbox"/>
	Other (Specify) 100 <input type="checkbox"/>	Pre-eclampsia 97 <input type="checkbox"/>	Other urogenital anomalies (Specify) 97 <input type="checkbox"/>
	Other (Specify) 101 <input type="checkbox"/>	Pre-eclampsia 98 <input type="checkbox"/>	Other urogenital anomalies (Specify) 98 <input type="checkbox"/>
	Other (Specify) 102 <input type="checkbox"/>	Pre-eclampsia 99 <input type="checkbox"/>	Other urogenital anomalies (Specify) 99 <input type="checkbox"/>
	Other (Specify) 103 <input type="checkbox"/>	Pre-eclampsia 100 <input type="checkbox"/>	Other urogenital anomalies (Specify) 100 <input type="checkbox"/>
	Other (Specify) 104 <input type="checkbox"/>	Pre-eclampsia 101 <input type="checkbox"/>	Other urogenital anomalies (Specify) 101 <input type="checkbox"/>
	Other (Specify) 105 <input type="checkbox"/>	Pre-eclampsia 102 <input type="checkbox"/>	Other urogenital anomalies (Specify) 102 <input type="checkbox"/>
	Other (Specify) 106 <input type="checkbox"/>	Pre-eclampsia 103 <input type="checkbox"/>	Other urogenital anomalies (Specify) 103 <input type="checkbox"/>
	Other (Specify) 107 <input type="checkbox"/>	Pre-eclampsia 104 <input type="checkbox"/>	Other urogenital anomalies (Specify) 104 <input type="checkbox"/>
	Other (Specify) 108 <input type="checkbox"/>	Pre-eclampsia 105 <input type="checkbox"/>	Other urogenital anomalies (Specify) 105 <input type="checkbox"/>
	Other (Specify) 109 <input type="checkbox"/>	Pre-eclampsia 106 <input type="checkbox"/>	Other urogenital anomalies (Specify) 106 <input type="checkbox"/>
	Other (Specify) 110 <input type="checkbox"/>	Pre-eclampsia 107 <input type="checkbox"/>	Other urogenital anomalies (Specify) 107 <input type="checkbox"/>
	Other (Specify) 111 <input type="checkbox"/>	Pre-eclampsia 108 <input type="checkbox"/>	Other urogenital anomalies (Specify) 108 <input type="checkbox"/>
	Other (Specify) 112 <input type="checkbox"/>	Pre-eclampsia 109 <input type="checkbox"/>	Other urogenital anomalies (Specify) 109 <input type="checkbox"/>
	Other (Specify) 113 <input type="checkbox"/>	Pre-eclampsia 110 <input type="checkbox"/>	Other urogenital anomalies (Specify) 110 <input type="checkbox"/>
	Other (Specify) 114 <input type="checkbox"/>	Pre-eclampsia 111 <input type="checkbox"/>	Other urogenital anomalies (Specify) 111 <input type="checkbox"/>
	Other (Specify) 115 <input type="checkbox"/>	Pre-eclampsia 112 <input type="checkbox"/>	Other urogenital anomalies (Specify) 112 <input type="checkbox"/>
	Other (Specify) 116 <input type="checkbox"/>	Pre-eclampsia 113 <input type="checkbox"/>	Other urogenital anomalies (Specify) 113 <input type="checkbox"/>
	Other (Specify) 117 <input type="checkbox"/>	Pre-eclampsia 114 <input type="checkbox"/>	Other urogenital anomalies (Specify) 114 <input type="checkbox"/>
	Other (Specify) 118 <input type="checkbox"/>	Pre-eclampsia 115 <input type="checkbox"/>	Other urogenital anomalies (Specify) 115 <input type="checkbox"/>
	Other (Specify) 119 <input type="checkbox"/>	Pre-eclampsia 116 <input type="checkbox"/>	Other urogenital anomalies (Specify) 116 <input type="checkbox"/>
	Other (Specify) 120 <input type="checkbox"/>		

Table I. Content of the U.S. Standard Certificate of Live Birth, by year revised

Item	1900	1910	1915	1918	1930	1939	1949	1956	1968	1978	1989
Birth information											
Name of child	X	X	X	X	X	X	X	X	X	X	X
Sex	X	X	X	X	X	X	X	X	X	X	X
Date of birth	X	X	X	X	X	X	X	X	X	X	X
Time of birth	X	X	X	X	X	X	-	-	X	X	X
Place of birth:											
Name of hospital	-	-	-	-	-	X	X	X	X	X	-
Name of facility	-	-	-	-	-	-	-	-	-	-	X
Street and number	X	X	X	-	-	-	-	-	-	-	-
If birth occurred in hospital or institution, give its name instead of street number	-	-	-	X	X	-	-	-	-	-	-
Type of place of birth (checkboxes)	-	-	-	-	-	-	-	-	-	-	X
Street and number if not in hospital	-	-	-	-	-	X	X	X	X	X	X
Township of, or	X	X	X	X	X	-	-	-	-	-	-
Village of, or	X	X	X	X	X	-	-	-	-	-	-
City	X	X	X	X	X	-	-	-	-	-	-
City, town, or location of birth	-	-	-	-	-	X	X	X	X	X	X
Inside city limits	-	-	-	-	-	-	-	X	X	-	-
If outside city or town limits, write rural	-	-	-	-	-	X	X	-	-	-	-
County	X	X	X	X	X	X	X	X	X	X	X
Ward	X	X	X	X	X	-	-	-	-	-	-
Birth weight	-	-	-	-	-	-	X	X	X	X	X
Single, twin, triplet, etc.	X	X	X	X	X	X	X	X	X	X	X
Birth order if not single birth	X	X	X	X	X	X	X	X	X	X	X
Apgar score:											
1 minute	-	-	-	-	-	-	-	-	-	X	X
5 minutes	-	-	-	-	-	-	-	-	-	X	X
Mother transferred prior to delivery	-	-	-	-	-	-	-	-	-	-	X
Infant transferred	-	-	-	-	-	-	-	-	-	-	X
Mother information											
Maiden name	-	X	X	X	X	X	X	X	X	X	-
Maiden surname	-	-	-	-	-	-	-	-	-	-	X
Full name	X	-	-	-	-	-	-	-	-	-	X
Age	X	X	X	X	X	X	X	X	X	X	-
Date of birth	-	-	-	-	-	-	-	-	-	-	X
Birthplace	X	X	X	-	-	-	-	-	-	-	-
Birthplace (State or country)	-	-	-	X	X	X	X	X	X	X	X
Birthplace (city or place)	-	-	-	X	X	X	-	-	-	-	-
Mother's stay before delivery:											
In hospital or institution	-	-	-	-	-	X	-	-	-	-	-
In this community	-	-	-	-	-	X	-	-	-	-	-
Residence	X	X	X	X	X	-	-	-	-	-	-
State	-	-	-	-	-	X	X	X	X	X	X
County	-	-	-	-	-	X	X	X	X	X	X
City, town, or location	-	-	-	-	-	X	X	X	X	X	X
Street and number	-	-	-	-	-	X	X	X	X	X	X
Inside city limits	-	-	-	-	-	-	-	X	X	X	X
If rural, give location	-	-	-	-	-	X	X	-	-	-	-
Is residence on a farm?	-	-	-	-	-	-	-	X	-	-	-
Mother's mailing address	-	-	-	-	-	X	-	X	-	X	X
Hispanic origin	-	-	-	-	-	-	-	-	-	-	X
Race	X	X	X	X	X	X	X	X	X	X	X
Education	-	-	-	-	-	-	-	-	X	X	X
Legitimate	X	X	X	X	X	-	X	X	X	-	-
Mother married?	-	-	-	-	-	X	-	-	-	X	X
Occupation	X	X	X	X	X	-	-	-	-	-	-
Usual occupation	-	-	-	-	-	X	-	-	-	-	-
Nature of industry	-	-	-	X	X	X	-	-	-	-	-
Date (month and year) last engaged in this work	-	-	-	-	X	-	-	-	-	-	-
Total time spent in this work	-	-	-	-	X	-	-	-	-	-	-
Father information											
Name	X	X	X	X	X	X	X	X	X	X	X
Age	X	X	X	X	X	X	X	X	X	X	-
Date of birth	-	-	-	-	-	-	-	-	-	-	X
Birthplace	X	X	X	-	-	-	-	-	-	-	-
Birthplace (State or country)	-	-	-	X	X	X	X	X	X	X	X
Birthplace (city or place)	-	-	-	X	X	X	-	-	-	-	-
Hispanic origin	-	-	-	-	-	-	-	-	-	-	X
Race	X	X	X	X	X	X	X	X	X	X	X
Education	-	-	-	-	-	-	-	-	X	X	X
Residence	X	X	X	X	X	-	-	-	-	-	-
Occupation	X	X	X	X	X	-	-	-	-	-	-
Usual occupation	-	-	-	-	-	X	X	X	-	-	-
Nature of industry	-	-	-	X	X	X	X	X	-	-	-
Date (month and year) last engaged in this work	-	-	-	-	X	-	-	-	-	-	-
Total time (years) spent in this work	-	-	-	-	X	-	-	-	-	-	-

See note at end of table.

Table I. Content of the U.S. Standard Certificate of Live Birth, by year revised—Con.

Item	1900	1910	1915	1918	1930	1939	1949	1956	1968	1978	1989
Pregnancy information											
Pregnancy history: ¹											
Live births, now living	X	X	X	X	X	X	X	X	X	X	X
Live births, now dead	-	-	-	X	X	X	X	X	X	X	X
Born dead (stillborn, fetal death)	-	-	-	X	X	X	-	X	X	-	-
Born dead after 20 weeks pregnancy	-	-	-	-	-	-	X	-	-	-	-
Other terminations (spontaneous and induced):											
Under 20 weeks	-	-	-	-	-	-	-	-	-	X	-
Over 20 weeks	-	-	-	-	-	-	-	-	-	X	-
Other terminations (spontaneous and induced at any time after conception):	-	-	-	-	-	-	-	-	-	-	X
Date of last live birth	-	-	-	-	-	-	-	-	X	X	X
Date of last fetal death	-	-	-	-	-	-	-	-	X	-	-
Date of last other termination	-	-	-	-	-	-	-	-	-	X	X
Whether born alive or stillborn	-	X	X	X	X	-	-	-	-	-	-
Cause of stillbirth	-	-	-	-	X	-	-	-	-	-	-
Stillbirth, before labor or during labor	-	-	-	-	X	-	-	-	-	-	-
If stillborn, period of gestation	-	-	-	-	X	-	-	-	-	-	-
Clinical estimate of gestation	-	-	-	-	-	-	-	-	-	-	X
Date last normal menses began	-	-	-	-	-	-	-	-	X	X	X
Length of pregnancy (completed weeks)	-	-	-	-	-	-	X	X	-	-	-
Months of pregnancy	-	-	-	-	-	X	-	-	-	-	-
Premature or full term	-	-	-	-	X	-	-	-	-	-	-
Month of pregnancy prenatal care began	-	-	-	-	-	-	-	-	X	X	X
Number of prenatal visits	-	-	-	-	-	-	-	-	X	X	X
Concurrent illnesses or conditions affecting the pregnancy	-	-	-	-	-	-	-	-	-	X	-
Medical risk factors for this pregnancy (checkboxes)	-	-	-	-	-	-	-	-	-	-	X
Other risk factors for this pregnancy (smoking, alcohol use, weight gain)	-	-	-	-	-	-	-	-	-	-	X
Complications not related to pregnancy	-	-	-	-	-	-	-	-	X	-	-
Complications of pregnancy	-	-	-	-	-	-	-	-	-	X	-
Complications related to pregnancy	-	-	-	-	-	-	-	-	X	-	-
Complications of labor and/or delivery	-	-	-	-	-	-	-	-	-	X	-
Complications of labor and/or delivery (checkboxes)	-	-	-	-	-	-	-	-	-	-	X
Complications of labor	-	-	-	-	-	-	-	-	X	-	-
Obstetric procedures (checkboxes)	-	-	-	-	-	-	-	-	-	-	X
Method of delivery (checkboxes)	-	-	-	-	-	-	-	-	-	-	X
Abnormal conditions of the newborn (checkboxes)	-	-	-	-	-	-	-	-	-	-	X
Congenital malformations or anomalies of child	-	-	-	-	-	-	-	-	X	X	-
Congenital anomalies of child (checkboxes)	-	-	-	-	-	-	-	-	-	-	X
Birth injuries to child	-	-	-	-	-	-	-	-	X	-	-
Certification information											
Signature of certifier	X	X	X	X	X	X	X	X	X	X	X
Type of attendant	X	X	X	X	X	X	X	X	X	-	-
Date signed	-	-	-	-	-	X	X	X	X	X	X
Date on which given name was added	X	X	X	X	X	X	X	X	-	-	-
Name of registrar adding given name	X	X	X	X	X	X	X	X	-	-	-
Name and title of attendant at birth if other than certifier	-	-	-	-	-	-	-	-	-	X	-
Name and title of attendant if other than certifier (checkboxes)	-	-	-	-	-	-	-	-	-	-	X
Mailing address of attendant	-	-	-	-	-	-	-	-	-	-	X
Name and title of certifier	-	-	-	-	-	-	-	-	-	X	-
Name and title of certifier (checkboxes)	-	-	-	-	-	-	-	-	-	-	X
Name of certifier	-	-	-	-	-	-	-	-	X	-	-
Mailing address of certifier	-	-	-	-	-	-	-	-	X	X	-
Address of certifier	X	X	X	X	X	X	X	X	-	-	-
Signature of registrar	-	-	-	-	-	X	X	X	X	X	X
Registrar	X	X	X	X	X	-	-	-	-	-	-
Date received by registrar	-	-	-	-	-	-	-	-	-	X	-
Date received by local registrar	-	-	-	-	-	X	X	X	X	-	-
Date filed	X	X	X	X	X	-	-	-	-	-	X
Signature of parent or other informant	-	-	-	-	-	-	-	-	-	X	X
Informant	-	-	-	-	-	X	X	X	X	-	-
Relation to child	-	-	-	-	-	X	-	-	X	X	-

¹Prior to 1939, the pregnancy item included the birth being registered. Beginning with 1939 the birth being registered is excluded.

NOTE: X Item included on standard certificate.
 - Item not included on standard certificate.

U.S. STANDARD CERTIFICATE OF DEATH

TYPE/PRINT
IN
PERMANENT
BLACK INK
FOR
INSTRUCTIONS
SEE OTHER SIDE
AND HANDBOOK

LOCAL FILE NUMBER

STATE FILE NUMBER

NAME OF DECEDENT:
For use by physician or institution

SEE INSTRUCTIONS
ON OTHER SIDE

SEE DEFINITION
ON OTHER SIDE

SEE INSTRUCTIONS
ON OTHER SIDE

SEE DEFINITION
ON OTHER SIDE

1. DECEDENT'S NAME (First, Middle, Last)						2. SEX	3. DATE OF DEATH (Month, Day, Year)
4. SOCIAL SECURITY NUMBER	5a. AGE—Last Birthday (Years)	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Month, Day, Year)	7. BIRTHPLACE (City and State or Foreign Country)		
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes or no)		9a. PLACE OF DEATH (Check only one; see instructions on other side)					
		HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA		OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)			
9b. FACILITY NAME (If not institution, give street and number)			9c. CITY, TOWN, OR LOCATION OF DEATH		9d. COUNTY OF DEATH		
10. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify)		11. SURVIVING SPOUSE (If wife, give maiden name)		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.)		12b. KIND OF BUSINESS/INDUSTRY	
13a. RESIDENCE—STATE	13b. COUNTY	13c. CITY, TOWN, OR LOCATION		13d. STREET AND NUMBER			
13e. INSIDE CITY LIMITS? (Yes or no)	13f. ZIP CODE	14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes—If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> No <input type="checkbox"/> Yes Specify:		15. RACE—American Indian, Black, White, etc. (Specify)		16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+)	
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAME (First, Middle, Maiden Surname)			
19a. INFORMANT'S NAME (Type/Print)				19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)			
20a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)		20c. LOCATION—City or Town, State			
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH			21b. LICENSE NUMBER (of Licensee)	22. NAME AND ADDRESS OF FACILITY			
Complete items 23a-c only when certifying physician is not available at time of death to certify cause of death.		23a. To the best of my knowledge, death occurred at the time, date, and place stated. Signature and Title		23b. LICENSE NUMBER	23c. DATE SIGNED (Month, Day, Year)		
24. TIME OF DEATH M		25. DATE PRONOUNCED DEAD (Month, Day, Year)		26. WAS CASE REFERRED TO MEDICAL EXAMINER/CORONER? (Yes or no)			
27. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.						Approximate Interval Between Onset and Death	
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a. _____ DUE TO (OR AS A CONSEQUENCE OF):					
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST		b. _____ DUE TO (OR AS A CONSEQUENCE OF):					
		c. _____ DUE TO (OR AS A CONSEQUENCE OF):					
		d. _____ DUE TO (OR AS A CONSEQUENCE OF):					
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.				28a. WAS AN AUTOPSY PERFORMED? (Yes or no)	28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)		
29. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide		30a. DATE OF INJURY (Month, Day, Year)	30b. TIME OF INJURY M	30c. INJURY AT WORK? (Yes or no)	30d. DESCRIBE HOW INJURY OCCURRED		
		30e. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		30f. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
31a. CERTIFIER (Check only one)		<input type="checkbox"/> CERTIFYING PHYSICIAN (Physician certifying cause of death when another physician has pronounced death and completed Item 23) To the best of my knowledge, death occurred due to the cause(s) and manner as stated. <input type="checkbox"/> PRONOUNCING AND CERTIFYING PHYSICIAN (Physician both pronouncing death and certifying to cause of death) To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated. <input type="checkbox"/> MEDICAL EXAMINER/CORONER 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) and manner as stated.					
31b. SIGNATURE AND TITLE OF CERTIFIER			31c. LICENSE NUMBER	31d. DATE SIGNED (Month, Day, Year)			
32. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type/Print)							
33. REGISTRAR'S SIGNATURE						34. DATE FILED (Month, Day, Year)	

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

Table II. Content of the U.S. Standard Certificate of Death, by year revised

Item	1900	1910	1918	1930	1939	1949	1956	1968	1978	1989
Decedent information										
Name	X	X	X	X	X	X	X	X	X	X
Name of decedent (in margin)										X
Sex	X	X	X	X	X	X	X	X	X	X
Race	X	X	X	X	X	X	X	X	X	X
Hispanic origin										X
Age:										
Years	X	X	X	X	X	X	X	X	X	X
Months/days	X	X	X	X	X	X	X	X	X	X
Hours/minutes		X	X	X	X	X	X	X	X	X
Date of birth	X	X	X	X	X	X	X	X	X	X
Birthplace:										
State or country	X	X	X	X	X	X	X	X	X	
City, town, or county					X					
City or town			X	X						
City and State or country										X
Citizen of what country						X	X	X	X	
How long in U.S., if of foreign birth			X	X	X					
Marital status	X	X	X	X	X	X	X	X	X	X
Surviving spouse (if wife, give maiden name)								X	X	X
Name of husband or wife				X	X					
Age of husband or wife, if alive					X					
Was decedent ever in U.S. armed forces?						X	X		X	X
If yes, give war or dates of service						X	X			
If veteran, name war					X					
Social security number					X	X	X	X	X	X
Occupation	X	X	X	X						
Usual occupation					X	X	X	X	X	X
Name of employer			X							
Business or industry		X	X	X	X	X	X	X	X	X
Date deceased last worked at this occupation				X						
Total time (years) spent in this occupation				X						
Residence:										
Former or usual residence	X	X								
State					X	X	X	X	X	X
Length of residence in the State (years, months, and days)		X								
County					X	X	X	X	X	X
City, town, or location					X	X	X	X	X	X
If nonresident, give city or town and State			X	X						
Ward			X	X						
Street and number			X	X	X	X	X	X	X	X
Inside city limits							X	X	X	
Is residence on a farm?							X			
ZIP Code										X
Education										X
Father's name	X	X	X	X	X	X	X	X	X	X
Birthplace of father:										
State or country	X	X	X	X	X					
City or town			X	X						
City, town, or county					X					
Mother's maiden name	X	X	X	X	X	X	X	X	X	X
Birthplace of mother:										
State or country	X	X	X	X	X					
City or town			X	X						
City, town, or county					X					
Place of death information										
County	X	X	X	X	X	X	X	X	X	X
City, town, or location					X	X	X	X	X	X
Inside city limits							X	X		
Township of, or	X	X	X	X						
Village of, or	X	X	X	X						
City of	X	X	X	X						
Ward	X	X	X	X						
Street and number	X	X	X	X						
Name of hospital or other institution					X	X	X	X	X	
Name of facility										X
If hospital or institution indicate whether dead on arrival, outpatient/emergency room, or inpatient									X	
If death occurred in a hospital or institution, give its name instead of street and number	X	X	X	X						
If not in hospital or institution, give street address or location					X	X	X	X	X	X
Type of place of death (checkboxes)										X
Length of stay in hospital					X					
Length of stay in this community					X					
Length of stay where death occurred	X	X	X	X		X	X			
Length of residence in the State		X								

See note at end of table.

Table II. Content of the U.S. Standard Certificate of Death, by year revised—Con.

Item	1900	1910	1918	1930	1939	1949	1956	1968	1978	1989
Medical certification										
Cause of death	X	X	X	X	-	-	-	-	-	-
Duration	X	X	X	-	-	-	-	-	-	-
Date of onset	-	-	-	X	-	-	-	-	-	-
Immediate cause of death	-	-	-	-	X	X	X	X	X	X
Interval between onset and death	-	-	-	-	X	X	X	X	X	X
Due to	-	-	-	-	X	X	X	X	X	X
Interval between onset and death	-	-	-	-	X	X	X	X	X	X
Due to	-	-	-	-	X	X	X	X	X	X
Interval between onset and death	-	-	-	-	X	X	X	X	X	X
Due to	-	-	-	-	-	-	-	-	-	X
Interval between onset and death	-	-	-	-	-	-	-	-	-	X
Contributory cause	X	X	X	X	-	-	-	-	-	-
Duration	X	X	X	-	-	-	-	-	-	-
Date of onset	-	-	-	X	-	-	-	-	-	-
Other significant conditions	-	-	-	-	X	X	X	X	X	X
Duration	-	-	-	-	X	-	-	-	-	-
Interval between onset and death	-	-	-	-	-	X	-	-	-	-
Was autopsy performed?	-	-	X	X	-	X	X	X	X	X
Were autopsy findings considered in determining cause of death?	-	-	-	-	-	-	-	X	-	-
Were autopsy findings available prior to completion of cause of death?	-	-	-	-	-	-	-	-	-	X
What test confirmed diagnosis?	-	-	X	X	-	-	-	-	-	-
Major findings of autopsy	-	-	-	-	X	-	-	-	-	-
Did an operation precede death?	-	-	X	-	-	-	-	-	-	-
Date of operation	-	-	X	X	-	X	-	-	-	-
Name of operation	-	-	-	X	-	-	-	-	-	-
Major findings of operations	-	-	-	-	X	X	-	-	-	-
Where was disease contracted if not place of death?	X	X	X	-	-	-	-	-	-	-
For deaths from external causes:										
Accident, suicide, homicide, undetermined, or pending investigation	-	-	-	-	-	-	-	-	X	-
Accident, suicide, homicide, or undetermined	-	-	-	-	-	-	-	X	-	-
Accident, suicide, or homicide	-	X	X	X	X	X	X	-	-	-
Manner of death (checkboxes):										
Natural, accident, suicide, homicide, pending investigation, could not be determined	-	-	-	-	-	-	-	-	-	X
Date of injury	-	-	-	X	X	X	X	X	X	X
Time of injury	-	-	-	-	-	X	X	X	X	X
How injury occurred	-	-	-	-	-	X	X	X	X	X
Injury at work?	-	-	-	-	X	X	X	X	X	X
Place of injury	-	-	-	X	X	X	X	X	X	X
Location of injury	-	-	-	X	X	X	X	X	X	X
Means of injury	-	-	-	-	X	-	-	-	-	-
Manner of injury	-	-	-	X	-	-	-	-	-	-
Nature of injury	-	-	-	X	-	-	-	-	-	-
Was disease or injury related to occupation?	-	-	-	X	-	-	-	-	-	-
If so, specify	-	-	-	X	-	-	-	-	-	-
Certifier:										
Signature and title of certifier	X	X	X	X	X	X	X	X	X	-
Title (checkboxes)	-	-	-	-	-	-	-	-	-	X
License number	-	-	-	-	-	-	-	-	-	X
Separate medical examiner or coroner certification	-	-	-	-	-	-	-	X	X	X
Date signed	X	X	X	-	X	X	X	X	X	X
Date of death	X	X	X	X	X	X	X	X	X	X
Time of death	X	X	X	X	X	X	X	X	X	X
Date pronounced dead	-	-	-	-	-	-	-	X	X	X
Hour pronounced dead	-	-	-	-	-	-	-	X	X	-
Name of attending physician, if other than certifier	-	-	-	-	-	-	-	X	X	X
Name of certifier	-	-	-	-	-	-	-	X	X	X
Address of certifier	X	X	X	X	X	X	X	X	X	X
Dates physician attended decedent	X	X	X	X	X	X	X	X	-	-
Date last seen alive	X	X	X	X	X	X	X	X	-	-
Did physician view body after death?	-	-	-	-	-	-	-	X	-	-
Was case referred to medical examiner or coroner?	-	-	-	-	-	-	-	-	X	X
Proneouncing physician:										
Signature and title	-	-	-	-	-	-	-	-	-	X
License number	-	-	-	-	-	-	-	-	-	X
Date signed	-	-	-	-	-	-	-	-	-	X
Disposition information										
Burial, cremation, or removal	-	-	-	-	X	X	X	X	X	-
Method of disposition (checkboxes)	-	-	-	-	-	-	-	-	-	X
Date of burial	X	X	X	X	X	X	X	X	-	-
Place of burial or removal	X	X	-	-	-	-	-	-	-	-
Place of burial, cremation, or removal	-	-	X	X	X	-	-	-	-	-
Name of cemetery or crematory	-	-	-	-	-	X	X	X	X	-
Location	-	-	-	-	-	X	X	X	X	X
Name of cemetery, crematory, or other place	-	-	-	-	-	-	-	-	-	X

See note at end of table.

Table II. Content of the U.S. Standard Certificate of Death, by year revised—Con.

<i>Item</i>	1900	1910	1918	1930	1939	1949	1956	1968	1978	1989
Disposition information—Con.										
Signature of funeral director	–	–	–	–	X	–	–	X	–	–
Signature of funeral service licensee or person acting as such	–	–	–	–	–	–	–	–	X	X
License number	–	–	–	–	–	–	–	–	–	X
Name of funeral director (or person acting as such).	X	X	X	X	–	X	X	–	–	–
Address	X	X	X	X	X	X	X	–	–	–
Name of facility (funeral home)	–	–	–	–	–	–	–	X	X	X
Address of facility (funeral home)	–	–	–	–	–	–	–	X	X	X
Other information										
Informant's signature	–	–	–	–	X	–	–	–	–	–
Informant's name	X	X	X	X	–	X	X	X	X	X
Mailing address	X	X	X	X	X	–	X	X	X	X
Registrar's signature	–	–	–	–	X	X	X	X	X	X
Registrar	X	X	X	X	–	–	–	–	–	–
Date received by local registrar	–	–	–	–	X	X	X	X	–	–
Date received by registrar	–	–	–	–	–	–	–	–	X	–
Date filed	X	X	X	X	–	–	–	–	–	X

NOTE: X Item included on standard certificate.
 – Item not included on standard certificate.

**U.S. STANDARD
REPORT OF FETAL DEATH**

STATE FILE NUMBER _____

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

1. FACILITY NAME (If not institution, give street and number)				
2. CITY, TOWN, OR LOCATION OF DELIVERY		3. COUNTY OF DELIVERY	4. DATE OF DELIVERY (Month, Day, Year)	5. SEX OF FETUS
6a. MOTHER'S NAME (First, Middle, Last)			6b. MAIDEN SURNAME	7. DATE OF BIRTH (Month, Day, Year)
8a. RESIDENCE-STATE	8b. COUNTY	8c. CITY, TOWN, OR LOCATION		8d. STREET AND NUMBER
9a. INSIDE CITY LIMITS? (Yes or no)		9b. ZIP CODE	9. FATHER'S NAME (First, Middle, Last)	
10. DATE OF BIRTH (Month, Day, Year)				
11. OF HISPANIC ORIGIN? (Specify No or Yes—If yes, specify Cuban, Mexican, Puerto Rican, etc.)		12. RACE—American Indian, Black, White, etc. (Specify below)		13. EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+)
14. OCCUPATION AND BUSINESS/INDUSTRY (Worked during last year) Occupation Business/Industry				
11a. <input type="checkbox"/> No <input type="checkbox"/> Yes Specify:		12a.		13a.
11b. <input type="checkbox"/> No <input type="checkbox"/> Yes Specify:		12b.		13b.
14a.		14b.		14c.
14d.				
15. PREGNANCY HISTORY (Complete each section)			16. MOTHER MARRIED? (At delivery, conception, or any time between) (Yes or no)	
17. DATE LAST NORMAL MENSES BEGAN (Month, Day, Year)				
LIVE BIRTHS			OTHER TERMINATIONS (Spontaneous and induced at any time after conception)	
15a. Now Living		15b. Now Dead	15d. Do not include this fetus	
Number _____		Number _____	Number _____	
<input type="checkbox"/> None		<input type="checkbox"/> None	<input type="checkbox"/> None	
15c. DATE OF LAST LIVE BIRTH (Month, Year)		15e. DATE OF LAST OTHER TERMINATION (Month, Year)		
18. MONTH OF PREGNANCY PRENATAL CARE BEGAN—First, Second, Third, etc. (Specify)		19. PRENATAL VISITS—Total Number (If none, so state)		
20. WEIGHT OF FETUS (Specify Livin)		21. CLINICAL ESTIMATE OF GESTATION (Weeks)		
22a. PLURALITY—Single, Twin, Triplet, etc. (Specify)		22b. IF NOT SINGLE BIRTH—Born First, Second, Third, etc. (Specify)		
23a. MEDICAL RISK FACTORS FOR THIS PREGNANCY (Check all that apply)		24. OBSTETRIC PROCEDURES (Check all that apply)		27. CONGENITAL ANOMALIES OF FETUS (Check all that apply)
Anemia (Hct < 30/Hgb. < 10) 01 <input type="checkbox"/> Cardiac disease 02 <input type="checkbox"/> Acute or chronic lung disease 03 <input type="checkbox"/> Diabetes 04 <input type="checkbox"/> Genital herpes 05 <input type="checkbox"/> Hydramnios/Oligohydramnios 06 <input type="checkbox"/> Hemoglobinopathy 07 <input type="checkbox"/> Hypertension, chronic 08 <input type="checkbox"/> Hypertension, pregnancy-associated 09 <input type="checkbox"/> Eclampsia 10 <input type="checkbox"/> Incompetent cervix 11 <input type="checkbox"/> Previous infant >4000 grams 12 <input type="checkbox"/> Previous preterm or small-for-gestational-age infant 13 <input type="checkbox"/> Renal disease 14 <input type="checkbox"/> Rh sensitization 15 <input type="checkbox"/> Uterine bleeding 16 <input type="checkbox"/> None 00 <input type="checkbox"/> Other (Specify) 17 <input type="checkbox"/>		Amniocentesis 01 <input type="checkbox"/> Electronic fetal monitoring 02 <input type="checkbox"/> Induction of labor 03 <input type="checkbox"/> Stimulation of labor 04 <input type="checkbox"/> Toccolysis 05 <input type="checkbox"/> Ultrasound 06 <input type="checkbox"/> None 00 <input type="checkbox"/> Other (Specify) 07 <input type="checkbox"/>		Anencephalus 01 <input type="checkbox"/> Spina bifida/Meningocele 02 <input type="checkbox"/> Hydrocephalus 03 <input type="checkbox"/> Microcephalus 04 <input type="checkbox"/> Other central nervous system anomalies (Specify) 05 <input type="checkbox"/> Heart malformations 06 <input type="checkbox"/> Other circulatory/respiratory anomalies (Specify) 07 <input type="checkbox"/> Rectal atresia/stenosis 08 <input type="checkbox"/> Tracheo esophageal fistula/Esoophageal atresia 09 <input type="checkbox"/> Omphalocele/Gastrochisis 10 <input type="checkbox"/> Other gastrointestinal anomalies (Specify) 11 <input type="checkbox"/> Malformed genitalia 12 <input type="checkbox"/> Renal agenesis 13 <input type="checkbox"/> Other urogenital anomalies (Specify) 14 <input type="checkbox"/> Cleft lip/palate 15 <input type="checkbox"/> Polydactyly/Syndactyly/Adactyly 16 <input type="checkbox"/> Club foot 17 <input type="checkbox"/> Diaphragmatic hernia 18 <input type="checkbox"/> Other musculoskeletal/integumental anomalies (Specify) 19 <input type="checkbox"/> Down's syndrome 20 <input type="checkbox"/> Other chromosomal anomalies (Specify) 21 <input type="checkbox"/> None 00 <input type="checkbox"/> Other (Specify) 22 <input type="checkbox"/>
23b. OTHER RISK FACTORS FOR THIS PREGNANCY (Complete all items)		25. COMPLICATIONS OF LABOR AND/OR DELIVERY (Check all that apply)		
Tobacco use during pregnancy Yes <input type="checkbox"/> No <input type="checkbox"/> Average number cigarettes per day _____ Alcohol use during pregnancy Yes <input type="checkbox"/> No <input type="checkbox"/> Average number drinks per week _____ Weight gained during pregnancy _____ lbs.		25. COMPLICATIONS OF LABOR AND/OR DELIVERY (Check all that apply) 25a. Febrile (>100°F, or 38°C) 01 <input type="checkbox"/> Meconium, moderate/heavy 02 <input type="checkbox"/> Premature rupture of membrane (>12 hours) 03 <input type="checkbox"/> Abruptio placenta 04 <input type="checkbox"/> Placenta previa 05 <input type="checkbox"/> Other excessive bleeding 06 <input type="checkbox"/> Saltures during labor 07 <input type="checkbox"/> Precipitous labor (< 3 hours) 08 <input type="checkbox"/> Prolonged labor (> 20 hours) 09 <input type="checkbox"/> Dysfunctional labor 10 <input type="checkbox"/> Breech/Malpresentation 11 <input type="checkbox"/> Cephalopelvic disproportion 12 <input type="checkbox"/> Cord prolapse 13 <input type="checkbox"/> Anesthetic complications 14 <input type="checkbox"/> Fetal distress 15 <input type="checkbox"/> None 00 <input type="checkbox"/> Other (Specify) 16 <input type="checkbox"/>		
		26. METHOD OF DELIVERY (Check all that apply)		
		Vaginal 01 <input type="checkbox"/> Vaginal birth after previous C-section 02 <input type="checkbox"/> Primary C-section 03 <input type="checkbox"/> Repeat C-section 04 <input type="checkbox"/> Forceps 05 <input type="checkbox"/> Vacuum 06 <input type="checkbox"/> Hysterotomy/Hysterectomy 07 <input type="checkbox"/>		
28. Enter only one cause per line for a, b, and c.				
PART I. Fetal or maternal condition directly causing fetal death.		IMMEDIATE CAUSE		Specify Fetal or Maternal
a. _____		DUE TO IOR AS A CONSEQUENCE OF:		Specify Fetal or Maternal
Fetal and/or maternal conditions, if any, giving rise to the immediate cause(s), stating the underlying cause last.		b. _____		Specify Fetal or Maternal
		c. _____		
PART II. Other significant conditions of fetus or mother contributing to fetal death but not resulting in the underlying cause given in Part I.				29. FETUS DIED BEFORE LABOR, DURING LABOR OR DELIVERY, UNKNOWN (Specify)

30. ATTENDANT'S NAME AND TITLE (Type/Print)				31. NAME AND TITLE OF PERSON COMPLETING REPORT (Type/Print)
Name _____				Name _____
<input type="checkbox"/> M.D. <input type="checkbox"/> D.O. <input type="checkbox"/> C.N.M. <input type="checkbox"/> Other Midwife				Title _____
<input type="checkbox"/> Other (Specify) _____				

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

MEDICAL AND HEALTH INFORMATION

CAUSE OF FETAL DEATH

Table III. Content of the U.S. Standard Report of Fetal Death, by year revised

Item	1930	1939	1949	1956	1968	1978	1989
Fetal death information							
Name of fetus	X	X	X	X	X	-	-
Sex of fetus	X	X	X	X	X	X	X
Date of delivery	X	X	X	X	X	X	X
Hour of delivery	-	-	-	-	X	X	-
Place of delivery:							
Name of hospital	-	X	X	X	X	X	-
Name of facility	-	-	-	-	-	X	-
State	X	-	-	-	-	-	-
If birth occurred in hospital or institution, give its name instead of							
street number	X	-	-	-	-	-	-
Street and number if not in hospital	X	X	X	X	X	X	X
Township	X	-	-	-	-	-	-
Village	X	-	-	-	-	-	-
City	X	-	-	-	-	-	-
City, town, or location of delivery	-	X	X	X	X	X	X
Inside city limits	-	-	-	X	X	-	-
If outside city or town limits, write rural	-	-	X	X	-	-	-
County of delivery	X	X	X	X	X	X	X
Ward	X	-	-	-	-	-	-
Weight of fetus	-	-	X	X	X	X	X
Single, twin, triplet, etc.	X	X	X	X	X	X	X
Order if not single delivery	X	X	X	X	X	X	X
Mother information							
Mother's name (first, middle, last)	-	-	-	-	-	-	X
Maiden name	X	X	X	X	X	-	-
Maiden surname	-	-	-	-	-	-	X
Age	X	X	X	X	X	X	-
Date of birth	-	-	-	-	-	-	X
Birthplace (State or country)	X	X	X	X	X	-	-
Birthplace (city or place)	X	X	-	-	-	-	-
Length of stay in hospital or institution before delivery	-	X	-	-	-	-	-
Residence							
State	-	X	X	X	X	X	X
County	-	X	X	X	X	X	X
City, town, or location	-	X	X	X	X	X	X
Street and number	-	X	X	X	X	X	X
Inside city limits	-	-	-	X	X	X	X
If rural, give location	-	X	X	-	-	-	-
Is residence on a farm?	-	-	-	X	-	-	-
ZIP Code	-	-	-	-	-	-	X
Mother's mailing address	-	X	-	-	-	-	-
Race	X	X	X	X	X	X	X
Hispanic origin	-	-	-	-	-	-	X
Education	-	-	-	-	X	X	X
Legitimate	X	-	X	X	X	-	-
Mother married?	-	X	-	-	-	X	X
Trade, profession, or particular type of work done	X	-	-	-	-	-	-
Usual occupation	-	X	-	-	-	-	-
Occupation worked during last year	-	-	-	-	-	-	X
Kind of business or industry	X	X	-	-	-	-	X
Date (month and year) last engaged in this work	X	-	-	-	-	-	-
Total time (years) spent in this work	X	-	-	-	-	-	-
Father information							
Name	X	X	X	X	X	X	X
Age	X	X	X	X	X	X	-
Date of birth	-	-	-	-	-	-	X
Birthplace (State or country)	X	X	X	X	-	-	-
Birthplace (city or place)	X	X	-	-	-	-	-
Hispanic origin	-	-	-	-	-	-	X
Race	X	X	X	X	X	X	X
Education	-	-	-	-	X	X	X
Residence	X	-	-	-	-	-	-
Trade, profession, or particular type of work done	X	-	-	-	-	-	-
Usual occupation	-	X	X	X	-	-	-
Occupation worked during last year	-	-	-	-	-	-	X
Kind of business or industry	X	X	X	X	-	-	X
Date (month and year) last engaged in this work	X	-	-	-	-	-	-
Total time (years) spent in this work	X	-	-	-	-	-	-
Pregnancy information							
Pregnancy history: ¹							
Live births, now living	X	X	X	X	X	X	X
Live births, now dead	X	X	X	X	X	X	X
Born dead (stillborn, fetal death)	X	X	-	X	X	-	-
Born dead after 20 weeks pregnancy	-	-	X	-	-	-	-

See footnote and note at end of table.

Table III. Content of the U.S. Standard Report of Fetal Death, by year revised—Con.

Item	1930	1939	1949	1956	1968	1978	1989
Pregnancy information—Con.							
Other terminations (spontaneous and induced):							
Under 20 weeks	—	—	—	—	—	X	—
Over 20 weeks	—	—	—	—	—	X	—
Other terminations at any time after conception	—	—	—	—	—	—	X
Date of last live birth	—	—	—	—	—	X	X
Date of last fetal death	—	—	—	—	X	—	—
Date of last other termination	—	—	—	—	—	X	X
Whether born alive or stillborn	X	—	—	—	—	—	—
Month of pregnancy prenatal care began	—	—	—	—	X	X	X
Number of prenatal visits	—	—	—	—	X	X	X
Physician's estimate of gestation	—	—	—	—	—	X	—
Clinical estimate of gestation	—	—	—	—	—	—	X
If stillborn, period of gestation	X	—	—	—	—	—	—
Length of pregnancy (completed weeks)	—	—	X	X	—	—	—
Date last normal menses began	—	—	—	—	X	X	X
Months of pregnancy	—	X	—	—	—	—	—
Premature or full term	X	—	—	—	—	—	—
Concurrent illnesses or conditions affecting the pregnancy	—	—	—	—	—	X	—
Complications not related to pregnancy	—	—	—	—	X	—	—
Complications of pregnancy	—	X	—	—	—	X	—
Complications related to pregnancy	—	—	—	—	X	—	—
Complications of pregnancy and labor	—	—	X	—	—	—	—
Medical risk factors for this pregnancy (checkboxes)	—	—	—	—	—	—	X
Other risk factors for this pregnancy (smoking, alcohol use, weight gain)	—	—	—	—	—	—	X
Complications of labor and/or delivery	—	—	—	—	—	X	—
Complications of labor and/or delivery (checkboxes)	—	—	—	—	—	—	X
Complications of labor	—	X	—	—	X	—	—
Obstetric procedures (checkboxes)	—	—	—	—	—	—	X
Method of delivery (checkboxes)	—	—	—	—	—	—	X
Was labor induced?	—	X	—	—	—	—	—
Congenital malformations or anomalies of fetus	—	—	—	—	X	X	—
Congenital anomalies of fetus (checkboxes)	—	—	—	—	—	—	X
Was there an operation for delivery?	—	X	—	—	—	—	—
State all operations, if any	—	X	X	—	—	—	—
Did the child die before operation?	—	X	—	—	—	—	—
During operation?	—	X	—	—	—	—	—
Birth injuries to fetus	—	X	—	—	X	—	—
Medical certification information							
Cause of stillbirth	X	—	—	—	—	—	—
Fetal causes	—	X	X	—	—	—	—
Maternal causes	—	X	X	—	—	—	—
Cause of fetal death:							
Immediate cause	—	—	—	X	X	X	X
Whether fetal or maternal	—	—	—	—	X	X	X
Due to	—	—	—	X	X	X	X
Whether fetal or maternal	—	—	—	—	X	X	X
Due to	—	—	—	X	X	X	X
Whether fetal or maternal	—	—	—	—	X	X	X
Other significant conditions of fetus or mother	—	—	—	X	X	X	X
When fetus died:							
Before labor	X	X	—	X	X	X	X
During labor or delivery	—	—	—	X	X	X	X
During labor	X	X	—	—	—	—	—
Unknown	—	—	—	X	X	X	X
Was autopsy performed?	—	—	—	X	X	X	—
If yes, were autopsy findings considered?	—	—	—	—	X	—	—
Signature of certifier	X	X	—	—	X	—	—
Date signed	—	—	—	—	X	—	—
Title of certifier	X	X	—	—	—	—	—
Address of certifier	X	X	—	—	X	—	—
Signature of attendant	—	—	X	X	—	—	—
Date signed	—	—	X	X	—	—	—
Title of attendant	—	—	X	X	X	—	—
Address of attendant	—	—	X	X	—	—	—
Name of physician or attendant	—	—	—	—	—	X	—
Name and title of attendant (checkboxes)	—	—	—	—	—	—	X
Signature of authorized official if not attended by physician	—	—	X	X	X	—	—
Statement of local registrar or coroner if physician not present	—	X	—	—	—	—	—
Signature	—	X	—	—	—	—	—
Title	—	X	—	—	—	—	—
Disposition information							
Burial, cremation, or removal	—	X	X	X	X	—	—
Date of burial	—	X	X	X	X	—	—
Place of burial or cremation	—	X	—	—	—	—	—
Name of cemetery or crematory	—	—	X	X	X	—	—
Location	—	—	X	X	X	—	—

See footnote and note at end of table.

Table III. Content of the U.S. Standard Report of Fetal Death, by year revised—Con.

<i>Item</i>	1930	1939	1949	1956	1968	1978	1989
Disposition information—Con.							
Signature of funeral director	—	X	—	—	X	—	—
Name of funeral director	—	—	X	X	—	—	—
Address	—	X	X	X	—	—	—
Name of funeral home	—	—	—	—	X	—	—
Address	—	—	—	—	X	—	—
Other information							
Name of person completing report	—	—	—	—	—	X	X
Title	—	—	—	—	—	X	X
Informant	—	X	X	X	—	—	—
Address	—	X	—	—	—	—	—
Signature of registrar	X	X	X	X	X	—	—
Date received by local registrar	—	—	X	X	X	—	—
Date filed with local registrar	X	X	—	—	—	—	—
Date given name added	X	—	—	—	—	—	—
Signature of registrar	X	—	—	—	—	—	—

¹Prior to 1939, the pregnancy history item included the event being registered. Beginning with 1939 the event being registered is excluded.

NOTE: X Item included on standard report.
 — Item not included on standard report.

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U.S. STANDARD
REPORT OF INDUCED TERMINATION OF PREGNANCY

STATE FILE NUMBER

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

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

Table IV. Content of the U.S. Standard Report of Induced Termination of Pregnancy, by year revised

<i>Item</i>	<i>1978</i>	<i>1989</i>
Place of induced termination		
Name of facility	X	X
Address (if not hospital or clinic)	X	X
City, town, or location	X	X
County	X	X
Induced termination information		
Date of pregnancy termination	X	X
Previous pregnancies:		
Live births, now living	X	X
Live births, now dead	X	X
Other terminations (spontaneous)	X	X
Other terminations (induced)	X	X
Date last normal menses began	X	X
Physician's estimate of gestation	X	
Clinical estimate of gestation	-	X
Complications of pregnancy termination:		
None	X	-
Hemorrhage	X	-
Infection	X	-
Uterine perforation	X	-
Cervical laceration	X	-
Retained products	X	-
Other (specify)	X	-
Type of termination procedures:		
Procedure that terminated pregnancy	X	X
Additional procedures used:		
Suction curettage	X	X
Sharp curettage	X	X
Intra-uterine saline instillation	X	X
Intra-uterine prostaglandin instillation	X	X
Hysterotomy	X	X
Hysterectomy	X	X
Dilation and Evacuation (D&E)	-	X
Other (specify)	X	X
Patient information		
Patient identification	X	X
Age	X	X
Marital status	X	X
Residence:		
State	X	X
City, town, or location	X	X
Inside city limits	X	X
County	-	X
ZIP Code	-	X
Race (checkboxes)	X	X
Education	X	X
Hispanic origin	-	X
Other information		
Name of attending physician	X	X
Name of person completing report	X	X

NOTE: X Item included on standard report.
 - Item not included on standard report.

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U.S. STANDARD
LICENSE AND CERTIFICATE OF MARRIAGE

LICENSE NUMBER

STATE FILE NUMBER

1. GROOM'S NAME (First, Middle, Last)		2. AGE LAST BIRTHDAY	
---------------------------------------	--	----------------------	--

3a. RESIDENCE—CITY, TOWN, OR LOCATION		3b. COUNTY	
---------------------------------------	--	------------	--

GROOM

3c. STATE	4. BIRTHPLACE (State or Foreign Country)	5. DATE OF BIRTH (Month, Day, Year)	
-----------	--	-------------------------------------	--

6a. FATHER'S NAME (First, Middle, Last)	6b. BIRTHPLACE (State or Foreign Country)	7a. MOTHER'S NAME (First, Middle, Maiden Surname)	7b. BIRTHPLACE (State or Foreign Country)
---	---	---	---

8a. BRIDE'S NAME (First, Middle, Last)		8b. MAIDEN SURNAME (If different)	9. AGE LAST BIRTHDAY
--	--	-----------------------------------	----------------------

BRIDE

10a. RESIDENCE—CITY, TOWN, OR LOCATION		10b. COUNTY	
--	--	-------------	--

10c. STATE	11. BIRTHPLACE (State or Foreign Country)	12. DATE OF BIRTH (Month, Day, Year)	
------------	---	--------------------------------------	--

13a. FATHER'S NAME (First, Middle, Last)	13b. BIRTHPLACE (State or Foreign Country)	14a. MOTHER'S NAME (First, Middle, Maiden Surname)	14b. BIRTHPLACE (State or Foreign Country)
--	--	--	--

SIGNATURES

WE HEREBY CERTIFY THAT THE INFORMATION PROVIDED IS CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF AND THAT WE ARE FREE TO MARRY UNDER THE LAWS OF THIS STATE.

15. GROOM'S SIGNATURE	16. BRIDE'S SIGNATURE
-----------------------	-----------------------

LICENSE TO MARRY

This License Authorizes the Marriage in This State of the Parties Named Above By Any Person Duly Authorized to Perform a Marriage Ceremony Under the Laws of the State of _____		17. EXPIRATION DATE (Month, Day, Year)
---	--	--

18. SUBSCRIBED TO AND SWORN TO BEFORE ME ON: (Month, Day, Year)	19. SIGNATURE OF ISSUING OFFICIAL	20. TITLE OF ISSUING OFFICIAL
---	-----------------------------------	-------------------------------

CEREMONY

21. I CERTIFY THAT THE ABOVE NAMED PERSONS WERE MARRIED ON: (Month, Day, Year)	22a. WHERE MARRIED—CITY, TOWN, OR LOCATION	22b. COUNTY
--	--	-------------

23a. SIGNATURE OF PERSON PERFORMING CEREMONY	23b. NAME (Type/Print)	23c. TITLE
--	------------------------	------------

23d. ADDRESS OF PERSON PERFORMING CEREMONY (Street and Number or Rural Route Number, City or Town, State, Zip Code)		
---	--	--

24a. SIGNATURE OF WITNESS TO CEREMONY	24b. SIGNATURE OF WITNESS TO CEREMONY
---------------------------------------	---------------------------------------

LOCAL OFFICIAL

25. SIGNATURE OF LOCAL OFFICIAL MAKING RETURN TO STATE HEALTH DEPARTMENT	26. DATE FILED BY LOCAL OFFICIAL (Month, Day, Year)
--	---

CONFIDENTIAL INFORMATION. THE INFORMATION BELOW WILL NOT APPEAR ON CERTIFIED COPIES OF THE RECORD.

27. NUMBER OF THIS MARRIAGE—First, Second, etc. (Specify below)	28. IF PREVIOUSLY MARRIED, LAST MARRIAGE ENDED		29. RACE—American Indian, Black, White, etc. (Specify below)	30. EDUCATION (Specify only highest grade completed)	
	By Death, Divorce, Dissolution, or Annulment (Specify below)	Date (Month, Day, Year)		Elementary/Secondary (0-12)	College (1-4 or 5+)
27a. GROOM	28a.	28b.	29a.	30a.	
27b. BRIDE	28c.	28d.	29b.	30b.	

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

Table V. Content of the U.S. Standard License and Certificate of Marriage, by year revised

<i>Item</i>	<i>1956</i>	<i>1968</i>	<i>1978</i>	<i>1989</i>
Groom information				
Name	X	X	X	X
Age	-	-	X	X
Date of birth	X	X	X	X
Race	X	X	X	X
Education	-	X	X	X
Usual residence:				
State	X	X	X	X
County	X	X	X	X
City, town, or location	X	X	X	X
Street and number	-	X	X	-
Inside city limits	-	X	-	-
Birthplace (State or foreign country)	X	X	X	X
Marital status:				
Number of this marriage	-	X	X	X
Number of previous marriages	X	-	-	-
Previous marital status	X	-	-	-
How last marriage ended	X	X	X	X
Date last marriage ended	-	X	X	X
Father's name	-	X	X	X
Birthplace (State or foreign country)	-	X	X	X
Mother's maiden name	-	X	X	X
Birthplace (State or foreign country)	-	X	X	X
Occupation	X	-	-	-
Business or industry	X	-	-	-
Bride information				
Name	X	X	X	X
Maiden name, if different	X	X	X	X
Age	-	-	X	X
Date of birth	X	X	X	X
Race	X	X	X	X
Education	-	X	X	X
Usual residence:				
State	X	X	X	X
County	X	X	X	X
City, town, or location	X	X	X	X
Street and number	-	X	X	-
Inside city limits	-	X	-	-
Birthplace (State or foreign country)	X	X	X	X
Marital status:				
Number of this marriage	-	X	X	X
Number of previous marriages	X	-	-	-
Previous marital status	X	-	-	-
How last marriage ended	X	X	X	X
Date last marriage ended	-	X	X	X
Father's name	-	X	X	X
Birthplace (State or foreign country)	-	X	X	X
Mother's maiden name	-	X	X	X
Birthplace (State or foreign country)	-	X	X	X
Occupation	X	-	-	-
Business or industry	X	-	-	-
License information				
Signatures of applicants	X	X	-	-
Date signed	X	X	-	-
Groom's signature	-	-	X	X
Bride's signature	-	-	X	X
Date license was subscribed and sworn to	-	-	X	X
Signature of issuing officer	-	-	X	X
Title of issuing officer	-	-	X	X
Expiration date	-	-	-	X
Ceremony information				
Date of marriage	X	X	X	X
Place of marriage:				
State	X	X	-	-
County	X	X	X	X
City	-	-	X	X
Person performing ceremony:				
Title	-	-	X	X
Signature	-	X	X	X
Name	-	-	-	X
Religious or civil	-	X	-	-
Address	-	-	-	X
Date signed	-	X	-	-
Type of ceremony (religious or civil)	-	-	X	-
Witnesses to ceremony (signatures)	-	X	X	X

See note at end of table.

Table V. Content of the U.S. Standard License and Certificate of Marriage, by year revised—Con.

<i>Item</i>	<i>1956</i>	<i>1968</i>	<i>1978</i>	<i>1989</i>
Other information				
Signature of local official making return to State health department	X	X	X	X
Date received by local official.	–	X	X	–
Date of recording	X	–	–	–
Date filed by local official	–	–	–	X

NOTE: X Item included on standard certificate.
 – Item not included on standard certificate.

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

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

		COURT FILE NUMBER		STATE FILE NUMBER	
HUSBAND	1. HUSBAND'S NAME (First, Middle, Last)				
	2a. RESIDENCE—CITY, TOWN, OR LOCATION			2b. COUNTY	
	2c. STATE		3. BIRTHPLACE (State or Foreign Country)		4. DATE OF BIRTH (Month, Day, Year)
WIFE	5a. WIFE'S NAME (First, Middle, Last)			5b. MAIDEN SURNAME	
	6a. RESIDENCE—CITY, TOWN, OR LOCATION			6b. COUNTY	
	6c. STATE		7. BIRTHPLACE (State or Foreign Country)		8. DATE OF BIRTH (Month, Day, Year)
MARRIAGE	9a. PLACE OF THIS MARRIAGE—CITY, TOWN, OR LOCATION		9b. COUNTY	9c. STATE OR FOREIGN COUNTRY	10. DATE OF THIS MARRIAGE (Month, Day, Year)
	11. DATE COUPLE LAST RESIDED IN SAME HOUSEHOLD (Month, Day, Year)		12. NUMBER OF CHILDREN UNDER 18 IN THIS HOUSEHOLD AS OF THE DATE IN ITEM 11 Number _____ <input type="checkbox"/> None		13. PETITIONER <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both <input type="checkbox"/> Other (Specify) _____
ATTORNEY	14a. NAME OF PETITIONER'S ATTORNEY (Type/Print)			14b. ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)	
	15. I CERTIFY THAT THE MARRIAGE OF THE ABOVE NAMED PERSONS WAS DISSOLVED ON: (Month, Day, Year)		16. TYPE OF DECREE—Divorce, Dissolution, or Annulment (Specify)		17. DATE RECORDED (Month, Day, Year)
DECREE	18. NUMBER OF CHILDREN UNDER 18 WHOSE PHYSICAL CUSTODY WAS AWARDED TO: Husband _____ Wife _____ Joint (Husband/Wife) _____ Other _____ <input type="checkbox"/> No children		19. COUNTY OF DECREE	20. TITLE OF COURT	
	21. SIGNATURE OF CERTIFYING OFFICIAL		22. TITLE OF CERTIFYING OFFICIAL		23. DATE SIGNED (Month, Day, Year)

CONFIDENTIAL INFORMATION. THE INFORMATION BELOW WILL NOT APPEAR ON CERTIFIED COPIES OF THE RECORD.

		25. IF PREVIOUSLY MARRIED, LAST MARRIAGE ENDED		27. EDUCATION (Specify only highest grade completed)	
24. NUMBER OF THIS MARRIAGE—First, Second, etc. (Specify below)		By Death, Divorce, Dissolution, or Annulment (Specify below)	Date (Month, Day, Year)	26. RACE—American Indian, Black, White, etc. (Specify below)	
		25a.	25b.	27a.	
				Elementary/Secondary (0-12)	
				College (1-4 or 5+)	
HUSBAND	24a.			26a.	
WIFE	24b.	25c.	25d.	26b.	27b.

Table VI. Content of the U.S. Standard Certificate of Divorce, Dissolution of Marriage, or Annulment, by year revised

<i>Item</i>	<i>1956</i>	<i>1968</i>	<i>1978</i>	<i>1989</i>
Husband information				
Name	X	X	X	X
Date of birth	X	X	X	X
Race	X	X	X	X
Education	-	X	X	X
Usual residence:				
State	X	X	X	X
County	X	X	X	X
City, town, or location	X	X	X	X
Street and number	-	X	X	-
Inside city limits	-	X	-	-
Birthplace (State or foreign country)	X	X	X	X
Marital status:				
Number of this marriage	X	X	X	X
If previously married, how many ended by death? divorce?	-	X	X	-
If previously married, last marriage ended by death, divorce, dissolution, or annulment.	-	-	-	X
Date last marriage ended	-	-	-	X
Occupation	X	-	-	-
Business or industry	X	-	-	-
Wife information				
Name	X	X	X	X
Maiden surname	-	-	-	X
Date of birth	X	X	X	X
Race	X	X	X	X
Education	-	X	X	X
Usual residence:				
State	X	X	X	X
County	X	X	X	X
City, town, or location	X	X	X	X
Street and number	-	X	X	-
Inside city limits	-	X	-	-
Birthplace (State or foreign country)	X	X	X	X
Marital status:				
Number of this marriage	X	X	X	X
If previously married, how many ended by death? divorce?	-	X	X	-
If previously married, last marriage ended by death, divorce, dissolution, or annulment.	-	-	-	X
Date last marriage ended	-	-	-	X
Occupation	X	-	-	-
Business or industry	X	-	-	-
Decree information				
Date marriage was dissolved	X	X	X	X
Type of decree (divorce, dissolution, or annulment)	-	X	X	X
Date of entry	X	X	X	-
Date recorded	-	-	-	X
County of decree	X	X	X	X
Title of court	-	X	X	X
Title of court official	X	X	X	-
Signature of certifying court official	X	X	X	X
Title of certifying official	X	X	X	X
Date signed	-	-	-	X
Party to whom decree granted	X	X	-	-
Legal grounds for decree	X	X	-	-
Petitioner	-	-	X	-
Petitioner (checkboxes)	-	-	-	X
Plaintiff	X	X	-	-
Attorney for petitioner	-	-	X	X
Address	-	-	X	X
Attorney for plaintiff	-	X	-	-
Address	-	X	-	-
Number of children whose physical custody was awarded to: husband, wife, joint (husband/wife), other, or no children	-	-	-	X
Other information				
Place of this marriage:				
State or foreign country	X	X	X	X
County	X	X	X	X
City	-	-	X	-
City, town, or location	-	-	-	X
Date of this marriage	X	X	X	X
Date couple separated	-	X	X	-
Date couple last resided in same household	-	-	-	X
Number of children ever born alive of this marriage	-	-	X	-
Living children in this family	-	X	-	-
Children under 18 in this family	X	X	X	-
Number of children under 18 in this household as of the date couple last resided in same household	-	-	-	X

NOTE: X Item included on standard certificate.
 - Item not included on standard certificate.

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**DEPARTMENT OF
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