



The 1978 Revision of the U.S. Standard Certificates

This report examines the procedures followed in the 1978 revision of the U.S. Standard Certificates of Live Birth, Death, Fetal Death, Marriage, and Divorce or Annulment. It outlines the history and basic principles of the standard certificates and the major objectives of this revision; describes the principal additions, modifications, and deletions of items; and discusses changes in fetal death reporting as well as the implementation of the new certificates and reporting forms.

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Authors: Mary Lou Dundon, George A. Gay, and Jean L. George.
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National Center for Health Statistics

MANNING FEINLEIB, M.D., Dr.P.H., *Director*

ROBERT A. ISRAEL, *Deputy Director*

JACOB J. FELDMAN, Ph.D., *Associate Director for Analysis and Epidemiology*

GAIL F. FISHER, Ph.D., *Associate Director for the Cooperative Health Statistics System*

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ALICE HAYWOOD, *Information Officer*

Vital and Health Care Statistics Program

PETER L. HURLEY, *Associate Director*

GLORIA KAPANTAIS, *Assistant to the Director for Data Policy, Planning, and Analysis*

Division of Vital Statistics

JOHN E. PATTERSON, *Director*

ALICE M. HETZEL, *Deputy Director*

GEORGE A. GAY, *Chief, Registration Methods Branch*

Preface

The content and format of this publication follow closely those of an earlier publication, "The 1968 Revision of the Standard Certificates," by Robert D. Grove, Ph.D. (Public Health Service Publication Number 1000-Series 4-Number 8). The authors wish to acknowledge that contribution to the development of this publication.

Contents

History	1
Major objectives	3
Recommendations	5
General recommendations for all record forms	5
Recommendations for revision of the U.S. Standard Certificate of Live Birth	6
Recommendations for revision of the U.S. Standard Certificate of Death	6
Recommendations for revision of the U.S. Standard Certificate of Marriage	7
Recommendations for revision of the U.S. Standard Certificate of Divorce	8
Changes in fetal death reporting	8
Recommendations for the U.S. Standard Report of Fetal Death	9
Recommendations for the U.S. Standard Report of Induced Termination of Pregnancy	10
Other items considered but not recommended	12
Implementation of new certificates and reporting forms	13
Appendixes	
I. Technical Consultant Panel on the Revision of the U.S. Standard Certificates and Reports	15
II. Summary of responses to questionnaires on revision of the U.S. Standard Certificates	19
III. Exhibits	21

The 1978 Revision of the U.S. Standard Certificates

by Mary Lou Dundon, George A. Gay, and Jean L. George,
Division of Vital Statistics

History

The vital statistics of the United States are collected and published through a decentralized, cooperative system. Responsibility for 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, Puerto Rico, the Virgin Islands, and the Trust Territory of the Pacific 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 Report Forms).

The standard certificates have been the principal means for achieving the uniformity in information upon which national vital statistics are based. To date there have been 10 revisions of the Standard Certificate of Live Birth, 9 revisions of the Standard Certificate of Death, 6 revisions of the Standard Certificate of Fetal Death (formerly Still-birth), and 3 revisions of the Standard Certificates of Marriage and Divorce or Annulment.

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 undertook to develop 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 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 the National Center for Health Statistics 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.

Since the production of national vital statistics is dependent upon 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 tabulation 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. This program is an endeavor of the National Center for Health Statistics to cooperate with Federal, State, and local agencies and other concerned groups and individuals 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 of the many uses made of the State certificates and reports, many factors must be considered and evaluated in deciding what should be

included in the recommended standards. Examples of uses are:

- The records serve as legal and personal identification. This requires information regarding name, age, and date and place of occurrence; signatures; and addresses. The individual and numerous public agencies—schools, welfare departments, Passport Office, Social Security Administration, and Veterans Administration—have a direct interest in information used for legal purposes.
- The records provide the statistical information needed by State and local government agencies, particularly health departments, to plan and evaluate their programs. The specific data needed vary considerably because of the large differences between States in size and composition of population, local government organizations, and magnitude of public programs.
- The records provide vital statistics for the entire country. 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 out-of-wedlock births), and to measure actual or potential consumers for numerous products and services.

Faced with this myriad of uses of vital records, the National Center for Health Statistics 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.

Major objectives

In January 1971 the Public Health Conference on Records and Statistics Standing Committee assigned top priority to the establishment of a committee to consider content and format revisions in the Standard Certificates of Live Birth, Death, Fetal Death, Marriage, and Divorce or Annulment that would go into effect in January 1978. It was noted by the Standing Committee that interest in vital statistics was growing in both public and private agencies and that data collection mechanisms were being developed in such fields as health, medicine, hospital administration, and social welfare. Because of this development, coordination with the vital statistics system was needed. Other areas of concern that required study included safeguards on confidentiality and the entire matter of automation.

In 1972 the Technical Consultant Panel was appointed and given the tasks of reviewing the 1968 revisions of the standard certificates and of developing drafts of new standard certificates. The Panel was organized into two groups. The first group was called the "Parent Group" and was composed entirely of State vital registration and statistics executives. This group was to oversee the revision process and make the final decisions on what recommendations would be made to NCHS regarding the revisions.

In addition to the Parent Group, a series of "Subgroups" were established. These Subgroups were responsible for reviewing specific topics and making recommendations to the Parent Group.

Subgroups were established to review and make recommendations on the following subjects: The content of the birth certificate, the death certificate, the marriage certificate, the divorce or annulment certificate, and the fetal death certificate; and the format of all certificates. Members of the Parent Group were assigned to work on each of the Subgroups. In addition, persons who are involved with the completion of the documents or who use the data derived from the documents were assigned to the Subgroups. The Subgroups included representatives of the American Medical Association, the American Hospital Association, the National Funeral Directors Association, and universities, as well as clerks of court and medical examiners. The rosters of the membership of the Parent Group and each of the Subgroups are shown in appendix I.

The charge given to the Panel by the Public Health Conference on Records and Statistics Standing Committee was as follows:

To advise and assist the National Center for Health Statistics in surveying a wide and representative group of agencies and individuals; carrying out field tests of items and formats; developing drafts of certificates for review; and assisting in drafting final certificate forms, together with procedures and educational materials, for initiation and use by the registration areas.

Among the topics to be considered were

- Study of the form in which records are prepared to determine whether the information required for the legal document might be separate or separable from a document with information required for general health statistics purposes.
- Design and conduct of programs for testing new and problematical old items on certificates to determine whether they should be included and offered to the registration areas for adoption; development of tabulation plans to accompany standard certificates for the guidance of registration areas.
- Design of formats and arrangement of items to facilitate use of mechanical devices for completion and processing of records.
- Development of schemes to facilitate systematic use of followback surveys on samples of the population in coordination with continuing and complete registration. In plans for followback studies consideration was to be given to the needs of the States and cities for information that would require a substantially larger sample and to mechanisms or arrangements for cooperative ventures that could be expanded for areas interested and willing to cooperate and pay costs.
- Identification of statutory, regulatory, or administrative changes needed to effect the recommendations.

At the first meeting of the Technical Consultant Panel in 1972 a timetable was discussed. The schedule called for recommendations regarding revisions of the standard certificates and reporting forms to be presented to NCHS

by the Panel in late 1975, the work of the NCHS to be completed in 1976, and the new certificates to be implemented in January 1978.

Since the membership of the Panel was limited in size, the major tool used in soliciting a wide range of ideas was a questionnaire that was sent to concerned organizations and individuals throughout the country. The content of each questionnaire was decided upon by the Panel members in consultation with NCHS staff.

The questionnaires were designed to obtain information that would aid in the development of the standard certificates. Therefore, the questionnaires were sent to persons and organizations having an interest either in the records or in the data derived from the records. Views were solicited from those involved in the preparation of the documents, those involved in the tabulation of the data derived from the documents, and those using the records for legal purposes or the data for statistical purposes. In an effort to ensure adequate representation of these persons and organizations at the national, State, and local levels, the mailing list was developed jointly by NCHS and by the Registrar of Vital Statistics in each State.

Since vital records are State records and the State Registrar is the official in each State responsible for the collection and tabulation of vital statistics, he or she is in a unique position to know those persons or organizations within the State whose opinions should be sought during the development of the standard certificates. Therefore, each State Registrar was asked to provide a mailing list for his or her State.

When the request for the mailing list was sent to the State Registrars, a list of suggested organizations was included for their consideration. The list included those organizations that would be most directly concerned with the preparation of the the vital records or use of the data collected from the records. It was not intended that the list be restrictive in any way, and the registrars were encouraged to add to or delete from the list as they felt necessary.

The following are the organizations included in the suggested list: State Medical Association; State Funeral Directors Association; State Hospital Association; State Medical Record Librarians Association; State Coroners or Medical Examiners Association; State, County, or City Clerks Association; Local Registrars Association; County Judges Association; State Bar Association; State Hospital Administrators Association; Clerks of Court Association; and State Osteopathic Association. The registrars were also encouraged to include researchers in various professions in their States who would have an interest in vital statistics.

This procedure was designed to ensure that producers and users of vital statistics data in all parts of the country would have an opportunity to offer suggestions. It would also serve as an aid to State Registrars in the promotion of the new standard certificates when they went into effect in 1978. They would know the reaction of the different groups within their States toward the various certificates, and this knowledge should enable them to do a better job.

While the State Registrars are in the best position to

provide the mailing list for each State, the staff of the Division of Vital Statistics in NCHS is in a similar position to identify national organizations and persons of national prominence whose counsel should be sought. The list that the staff developed included representatives of those involved in the preparation and collection of vital records and those who use the records and/or the data. Federal agencies that have an interest in the records or data were also included.

The mailing list prepared by NCHS included State Registrars of Vital Statistics; State Health Officers; American Bar Association; American Medical Association; National Funeral Directors Association; American Hospital Association; National Association of County Recorders and Clerks; national religious organizations; Population Association of America; American Public Health Association; American Sociological Association; Centers for Disease Control; Passport Office; Immigration and Naturalization Service; Social Security Administration; Bureau of the Census; the Children's Bureau; and the National Organization of Women.

The procedure followed in the development of the mailing list provided as complete coverage as possible of those who are involved in vital registration and the development of vital statistics and of those who utilize the records and resulting statistics. Appendix II shows the number of questionnaires that were sent out by type of respondent and the number completed and returned to NCHS.

The questionnaires asked for opinions regarding the content of the present standard certificates, proposed changes, and formatting of the certificates. The respondents were requested to answer some specific questions about each of the items on the current certificates and about the items that were recommended for addition. Space was also provided for the respondents to indicate any new items they felt should be added to the certificates.

The questionnaire responses were summarized in a quantitative manner by the Division of Vital Statistics and the results provided to the Subgroups. This information was used in their review of the content and format of the standard certificates to formulate recommendations to the Parent Group.

The advice and counsel of persons who must provide the information called for on the various certificates was sought throughout the review process. The Technical Consultant Panel and NCHS made every effort to ensure that the information requested on each of the certificates was reasonable and that there was a reasonable expectation that it could be adequately provided by the respondents.

The advice of all State Registrars of Vital Statistics was sought during the revision of the standard certificates. The final documents also were submitted to their national organization, the American Association for Vital Records and Public Health Statistics, and to that organization's parent organization, the Association of State and Territorial Health Officials, for their endorsement.

Recommendations

General recommendations for all record forms

The following recommendations were made by the Technical Consultant Panel and incorporated into the 1978 revision of the standard reporting forms. For comparison, an analysis of the content of each of the standard certificates by the year it was revised is shown in appendix III.

Formatting relating to all certificates and forms

- The size (7½ x 8½) of the 1968 revision of the U.S. Standard Certificates should be maintained for the new revision.
- All the forms should have white as their color, with black type.
- All items should be shown on the front side of the form, and there should be nothing on the reverse side.
- The type style used in the present (1968 revision) certificates should be retained for the new revisions.
- Considerable discussion centered on whether a multi-copy format should be recommended for certain of the standard certificates. The Panel felt that it should not recommend this but that a study should be made and a report published detailing the advantages and disadvantages of multicopy formats with regard to each certificate. The report should address specifications for paper and carbon paper and other points a State should consider before adopting a multicopy format for any certificate.

Item content relating to all certificates and forms

- Within the items asking for race, the term “Negro” was deleted and replaced with the term “Black.” This change was made on all the certificates and reporting forms.

- The Panel considered adding an item to the birth and death certificates to collect data on ethnic origin. The major purpose of this item would be to collect data on the Hispanic origin population in this country. The Panel recommended against adding the item to the standard certificates but did recommend that the five southwestern States with substantial Hispanic minorities (California, Colorado, New Mexico, Arizona, and Texas) use the Bureau of the Census list of Hispanic surnames (this list was used in conjunction with the 1980 Census) to develop birth and death statistics for the Hispanic origin population in their States. After the recommendations were received from the Panel, NCHS was asked by organizations interested in Hispanic data to reconsider and add an item to the U.S. Standard Certificates of Live Birth and Death. Upon reevaluation, NCHS and the Parent Group of the Panel decided not to add the item to the standard certificates and developed the following plan to collect data on the Hispanic origin population:
 - Recommend that the five southwestern States use the Bureau of the Census list of surnames as suggested by the Panel.
 - Work with the five southwestern States and other States having significant Hispanic origin populations to develop a suitable item for use on birth and death certificates.
 - Contact all States and apprise them of the need for this data and request that they give strong consideration to the addition of an item to their certificates to collect such data.
 - Collect data about this population group on the NCHS natality and mortality followback surveys.
- For clarity, the education items were reformatted to include elementary and high school in one category rather than two. There was no intent to change the content of the items. This change was made on all the certificates containing the education item.

Recommendations for revision of the U.S. Standard Certificate of Live Birth

See exhibit 1 for final revision

Modifications

- The certificate was reformatted by moving the certification statement and registrar information above the parentage information to make it possible to issue short-form certifications by photographic means.
- The items relating to the certifier were modified so that information about the actual attendant can be obtained.
- The pregnancy history items were reformatted and some changes made. An effort was made to get the total number of previous pregnancies, including those that ended in induced abortions. The requirement for the exact day of pregnancy termination was deleted—month and year were felt to be sufficient.
- The item “Legitimate—Yes or No” was replaced by the item “Is Mother Married—Yes or No.” Since the marital status of the mother is the determining factor for the legitimacy of the child under the laws of almost all States, the information obtained should be compatible with that collected in the past. Asking the question about the mother rather than the child should prove less offensive and thereby result in higher quality data with more States retaining or adding the item to their certificates.
- The items asking for complications “related to” and “not related to” pregnancy were modified to clarify them. It was felt that the previous wording was confusing and vague and that the changes would provide better data.
- The heading of the confidential portion of the certificate was changed from “Confidential Information for Medical and Health Use Only” to “Information for Medical and Health Use Only.” Concern was expressed about the term “confidential” since its meaning might be interpreted differently by different people. This difference in interpretation might result in incomplete or improperly reported information in this portion of the certificate. The change in heading adequately indicates how the data are to be used and that the data should not be included in certified copies.

Additions

- The mother’s mailing address was added. It was felt this item had utility for query and notification programs and would also aid in obtaining better quality data in the “usual residence of mother” item.
- The requirement for the signature of the parent or other informant was added. Requiring the signature

rather than just the name should result in better quality data. A certification statement is included in this item for the informant to certify that the personal information on the certificate is true to the best of his or her knowledge and belief.

- A new item—Apgar score at 1 minute and 5 minutes—was added to the certificate. Studies have shown this item to have applicability in the overall study of the health of the newborn child, and the information should be readily obtainable.

Deletions

- The item “Inside City Limits” for place of birth was dropped. It was felt that this item had little utility. However, the “Inside City Limits” item for place of residence was retained, since it is a useful item for Census tract coding and properly assigning events within a county.
- The item “Birth Injuries” was dropped because it was so poorly reported as to make it unreliable as a statistical or medical tool.

Recommendations for revision of the U.S. Standard Certificate of Death

See exhibit 2 for final revision

The Subgroup recommended that three versions of the death certificate should be developed as in the past. The various versions are designed to accommodate those states that prefer to have a different certificate for medical examiners or coroners than for physicians. Other States prefer to use the same certificate for both medical examiners or coroners and physicians. The only difference between the certificates is in the section where the certifier signs. Otherwise, the content is the same.

The three versions developed were the U.S. Standard Certificate of Death (Physician, Medical Examiner or Coroner), the U.S. Standard Certificate of Death (Physician), and the U.S. Standard Certificate of Death (Medical Examiner or Coroner).

Modifications

- The certificate was reformatted to place the cause of death section at the bottom of the certificate. There was considerable discussion regarding whether this section should or should not be routinely included on certified copies. By placing the section at the bottom, those States wishing to exclude it from certified copies can do so when copies are made.
- The section for the physician’s certification was modified. The present recommendation of the Model State Vital Statistics Act is that physicians other than the attending physician be allowed to sign the medical

certification under certain circumstances. The changes made would accommodate that recommendation.

- The item in the accidental death section relating to the manner of death was modified by adding “Pending Investigation” to the list of possibilities that previously included “Accident, Suicide, Homicide, Undetermined.” This addition should lead to better reporting in the “Cause of Death” portion of the certificate. The medical examiners who served on the Subgroup for the Revision of the Standard Certificate of Death highly recommended this addition.
- Several changes were made in terminology relating to the funeral director and the funeral home. The information desired from the various items was not changed, however. “Funeral Director” was replaced with “Funeral Service Licensee or Person Acting as Such,” and “Funeral Home—Name and Address” was replaced with “Name of Facility” and “Address of Facility.”

Additions

- An item was added to the certificate asking “If Hospital or Institution, Indicate Dead on Arrival, Outpatient/Emergency Room, Inpatient.” It was felt that this information would be beneficial in developing mortality statistics for hospitals. It should also make hospitals more willing to show the hospital as the place of death if they can also indicate dead on arrival.
- The item “Was Decedent Ever in U.S. Armed Forces?” was returned to the certificate. This item was deleted from the U.S. Standard Certificate of Death in 1968. There were many requests from veterans groups all over the country to have the item returned to the certificate, and it was decided that it should be included in the 1978 revision.
- An item was added to the certificate asking whether the case was referred to the medical examiner or coroner. Since a physician may, at the request of the medical examiner or coroner, certify a death that appears to be a medical examiner or coroner case, it was considered important to at least know that the case was reviewed by the medical examiner or coroner.

Deletions

- The item “Inside City Limits” relating to place of death was deleted. It was felt that the item had little utility. However, the “Inside City Limits” item for place of residence was retained since it is useful in properly assigning events within a county.
- The items listed below were deleted from the certificate. It was felt that each of these served no useful

legal or statistical purpose, and that their deletion would not affect reporting.

- Whether autopsy findings were considered in determining cause of death.
- The dates “From” and “To” relating to when the physician attended the decedent.
- The date the physician last saw the decedent alive.
- Whether the physician viewed the body after death.
- The date of burial.

Recommendations for revision of the U.S. Standard Certificate of Marriage

See exhibit 3 for final revision

Modifications

- The heading of the form was changed to read “U.S. Standard License and Certificate of Marriage.” The intent was to combine in one form both the license and the certificate in order to reduce the workload and number of forms required by the local official responsible for marriage registration.
- The question asking whether a religious or civil official performed the ceremony was changed. The question now asks whether the ceremony was religious or civil. This is the information that was really desired, and it was felt that this is a better way of asking the question.
- The heading of the confidential portion of the certificate was changed from “Confidential Information” to “Information for Statistical Purposes Only.” The reason for removing the term “Confidential” is the same as for deleting it from the birth certificate. The change in heading adequately indicates how the data are to be used and makes it possible to exclude the information from certified copies.

Additions

- The item “Age,” for both of the parties to be married, was added. “Date of Birth” for both parties remains on the certificate. The addition of “Age” provides an extra means for verifying whether the parties meet the age requirements for marriage. The county clerks on the Subgroup felt this addition would be most beneficial.
- Including the license within the certificate required adding certification statements by the applicants and the person issuing the license. This also necessitated adding the date the license was subscribed and sworn to, the signature of the issuing officer, and the title of the issuing officer. With the addition of the date the license was subscribed and sworn to, the dates when

each party signed were no longer necessary and were therefore deleted.

- An item requesting the name of the city where the marriage was performed was added. This more precisely locates the actual place of marriage.
- The title of the person performing the marriage ceremony was added. This item provides information helpful in determining whether the person is authorized to conduct marriage ceremonies under the laws of a particular State.

Deletions

- The item "State," referring to the place where the marriage was performed, was deleted. Since the marriage can only be legally performed in the State where the license is issued, this item was considered unnecessary.
- The "Inside City Limits" items that related to the residence of the bride and groom were deleted. It was felt they served no legal or statistical purpose.
- The date of the signing of the certificate was deleted. The date of the marriage ceremony is requested and this is the important date.

Recommendations for revision of the U.S. Standard Certificate of Divorce

See exhibit 4 for final revision

Modifications

- The heading of the certificate was changed from "U.S. Standard Certificate of Absolute Divorce or Annulment" to "U.S. Standard Certificate of Divorce, Dissolution of Marriage or Annulment." The addition of dissolution of marriage reflects a change in laws and/or terminology in several States.
- The item "Local File Number," which appeared at the top of the certificate, was changed to "Court Identification (Court file number)." The Court file number is the local file number. The change in terminology better reflects what is to be shown.
- The item "Living Children—Total Number" was changed to "Number of Children Ever Born Alive of This Marriage." The purpose of the change was to obtain data to study how the stability of a couple's marriage is affected by children born of that union.
- The item "Living Children Under 18 Years of Age" was changed to "Children Under 18 in This Family." The attempt was to ascertain the number of children directly affected by the divorce. It was felt the change in wording would produce better, more accurate data on the subject.

- The term "Plaintiff" was replaced by the term "Petitioner" throughout the certificate. This reflects the changing attitudes and laws in the country, making divorce proceedings less adversary.
- As in the birth and marriage certificates, the heading of the confidential portion of the certificate was changed from "Confidential Information" to "Information for Statistical Purposes Only."

Additions

- No items were added.

Deletions

- The "Inside City Limits" items relating to the residence of the husband and wife were deleted.
- The items "Decree Granted To" and "Legal Grounds for Decree" were deleted. These items have little, if any, statistical value, and it was felt they served no useful purpose on the certificate.

Changes in fetal death reporting

In January 1973 the U.S. Supreme Court ruled that the restrictive abortion laws of two States were unconstitutional and that performance of an abortion within the first 2 trimesters after conception was a matter between the woman and her doctor. The net result of this ruling was that abortion under these criteria became legal in all States. A few States had liberalized abortion laws prior to the ruling and had systems requiring the reporting of information about these events. After this ruling the number of legal abortions throughout the country increased dramatically, and a number of other States established reporting systems. Because of the impact of abortion on fertility, the need was recognized for standardized reporting to facilitate collection and publication of data from States able to provide the data desired. The Centers for Disease Control (CDC) had been collecting abortion data from participating States since 1969 because of their interest in the surveillance of abortion mortality and morbidity. They were, however, collecting whatever information the States had available and had not attempted to develop a uniform reporting system.

Because of the NCHS interest in examining abortion data from a health and demographic point of view and the CDC interest in the data as a surveillance tool, it was decided that NCHS should collect data from States meeting NCHS standards for completeness and comparability of data and make them available to CDC for their program, while CDC would continue to collect whatever data they could from the remaining States.

The Technical Consultant Panel on the Revision of the U.S. Standard Certificates, working closely with the Technical Consultant Panel on the Revision of the Model State Vital Statistics Act, discussed the data needs related to

induced abortions and made recommendations for the development of a uniform reporting system in all States.

The definition of fetal death recommended by the World Health Organization, which is included in the Model State Vital Statistics Act, includes induced abortion in its coverage. Induced abortion would be considered a fetal death under this definition:

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

It was considered inappropriate to collect abortion data on the same form used to collect spontaneous fetal death information for several reasons. One is that data needs are different for induced abortion than for spontaneous fetal death. Adding items to the fetal death form to meet both needs would create serious space problems. Another reason for separate reporting forms is that the majority of the States only require reporting of spontaneous fetal deaths at 20 weeks of gestation and over.

This excludes most induced abortions since the majority occur at under 20 weeks of gestation. Also, the name of the patient is needed on forms for spontaneous fetal deaths but is not necessary on an induced termination report. This item was excluded from the induced termination report to encourage reporting. For these reasons a separate form was recommended to the States for collecting information on induced terminations of pregnancy. It was also recommended that all induced terminations be reported regardless of length of gestation and regardless of the present reporting requirements for fetal deaths.

General recommendations on the reporting of fetal deaths and induced terminations of pregnancy follow.

- Spontaneous fetal deaths and induced terminations of pregnancy (induced abortions) should both be reported and should be reported on separate forms.
- Reports of both spontaneous fetal death and induced termination of pregnancy should be considered legally required statistical reports rather than legal documents to be retained permanently by the State Health Departments. The documents serve no legal purpose and there is no reason why a State should have to maintain these files after the statistical work with the records is completed.
- Only spontaneous fetal deaths at 20 weeks gestation and over should be reported. Good reporting of fetal deaths of under 20 weeks gestation has been very difficult. Since most State laws presently require only reporting of fetal deaths at 20 weeks gestation and over, efforts should be focused at getting better reporting of these events and not require those under 20 weeks.

- All induced terminations of pregnancy, regardless of gestation, should be reported. Since the vast majority of these events occur at under 20 weeks gestation, it is essential to have this group reported.
- There is no need for a “Confidential” section on either of the forms since they will not be used for legal purposes and will both be designated “Confidential.”

Recommendations for the U.S. Standard Report of Fetal Death

See exhibit 5 for final revision

Changes made in the U.S. Standard Certificate of Fetal Death for the collection of data on spontaneous fetal deaths at 20 weeks gestation and over follow.

Modifications

- The heading was changed to “U.S. Standard Report of Fetal Death.’ This is consistent with the suggestion that these documents be statistical reports rather than certificates to be filed permanently.
- The items requesting information about the previous pregnancies of the mother were changed so that the information is consistent with the information obtained on the birth certificate.
- The item “Legitimate—Yes or No” was replaced by the item “Is Mother Married—Yes or No.” This is consistent with the information obtained on the birth certificate.
- The items relating to complications were modified to clarify them and to make them agree with the birth certificate changes.
- No signatures are required on the form, but it does ask for the name and title of the physician or other attendant and the name of the person completing the report.

Additions

- An item was added requesting physician’s estimate of gestation. While the primary means for determining length of gestation will remain the length of time between the date last normal menses began and the date of delivery, this new item will provide data in those cases where the date last normal menses began is not available or the gestation determined by this method is obviously in error.

Deletions

A number of items were deleted since they were unnecessary on a statistical reporting form. These include name of fetus; “Inside City Limits” relating to place of delivery; place of birth of both mother and father; whether autopsy findings were considered in determining cause of

death; signature of person certifying cause of fetal death; date certification was signed; whether the attendant was an M.D., D.O., Midwife, or other; the mailing address of the certifier; signature of other authorized official if the delivery was not attended by a physician; whether the fetus was buried, cremated, or removed; name of cemetery or crematory; location of cemetery or crematory; date of burial, cremation, or removal; name and address of the funeral home; signature of the funeral director; signature of the registrar; and date received by local registrar. "Birth Injuries to the Fetus" was dropped because it was so poorly reported as to make it unreliable as a statistical or medical tool.

Recommendations for the U.S. Standard Report of Induced Termination of Pregnancy

See exhibit 6 for final revision

This new form is to be used for the collection of data about induced abortions. Since this is a new reporting form, a brief justification is included here for each item.

1. *Place of termination.*
 - 1a. *Facility—Name (If not hospital or clinic, give address).*
 - 1b. *City, town, or location of pregnancy termination.*
 - 1c. *County of pregnancy termination.* These items are essential for querying for missing information. Item 1a provides information about the types of facilities where induced terminations are performed. Items 1b and 1c provide information useful in planning for health facilities and health education programs.
2. *Patient information.*
 - 2a. *Patient identification.* This item is necessary for querying for missing information.
 - 2b. *Age of patient.* This item is important in studying the impact of induced terminations on fertility rates of different age groups within the population. It also permits examination of the risks of complications by age.
 - 2c. *Married? (Yes, No).* This item will aid in determining the impact of induced terminations on the fertility rates of married and unmarried women. It will also be an aid in developing family planning programs and evaluating their effectiveness.
3. *Date of pregnancy termination.* This information is needed to determine when the pregnancy termination occurred. It is also used to determine the length of gestation (used with date last normal menses began). Data on length of gestation is important in determining the risks associated with induced terminations. The information on year of pregnancy is essential in computing annual rates and ratios of induced terminations.
- 4a-d. *Residence of patient—State, county, city, town, or location, and whether inside city limits.* These items provide data for the analysis of induced termination by residence of the patient. The residence data are used with the city and county of termination to provide information on the amount of movement occurring within a State or between States to obtain induced terminations of pregnancy. This type of information is useful in planning the location of health care facilities.
5. *Race of patient.* This information is needed to study the impact of induced terminations on such factors as the birth rate of the general population and among unmarried women for different racial groups.
6. *Education of patient.* This item provides information on the socioeconomic status of the patient for studying the impact of induced termination on the health and fertility of various socioeconomic groups. This information may also prove useful in developing educational campaigns dealing with family planning.
- 7a-d. *Previous pregnancies of patient.* This information will provide some insight into the use of induced termination to limit family size. Since this item also asks for the number of previously induced terminations, it will provide data on the characteristics of women who may need alternative methods of family planning.
- 8a-d. *Type of termination procedures.* This information, when viewed with the complications item, will provide some measure of the risks associated with the different procedures. When length of gestation is included, it will provide some indication of the effectiveness and safety of the various termination procedures at different gestational ages.
9. *Complications of pregnancy termination.* This item will provide data regarding the risk of induced termination.
10. *Date last normal menses began.* This item is used with the date of termination to calculate the length of gestation. Length of gestation is an important variable in evaluating the effectiveness and safety of the various termination procedures.
11. *Physician's estimate of gestation.* This item provides a check on the length of gestation as calcu-

lated from date of last normal menses. It permits the physician to report an estimate when there is doubt as to the accuracy of the length of gestation or when date of last normal menses is unavailable or misleading.

12. *Name of attending physician.* This item is needed so that queries can be made to obtain missing or additional information.

13. *Name of person completing report.* This is the primary person who will be queried for missing information, although the physician will be contacted in some instances.

Other items considered but not recommended

Throughout the course of the revision process many items were suggested for inclusion on the various standard certificates. Most of these suggestions came from the questionnaires that were sent out. The revision committee gave consideration to all items that were suggested. However, since the certificates are limited in size, and since not all the items suggested were appropriate for this mode of data collection, not all the suggested items were included.

Examples of new items that were suggested but not included on the standard certificates are "Date of Marriage" on the live birth certificate; "Imputed Lethality," "Embalmer's Signature," "Percent Blood Alcohol," "Drug Use,"

"Recent Operation," and "Pregnancy (Recent Past)" on the death certificate; "Social Security Number," "Information Related to Children and Court Obligations from Previous Marriages," and "Religion" on the marriage certificate; and "Social Security Number," "Religion," "Whether Maiden Name Was Restored," "Residence at Time of Separation," "Case Number," and "Question Related to Child Custody and Child Support" on the divorce certificate.

While these items all have value, the committee felt that they might better be obtained from other sources and that it should be left to the individual States to determine if such items should appear on the State certificates.

Implementation of new certificates and reporting forms

As in years past, the schedule for revision of the standard certificates called for distribution of the new forms to the States approximately 1 year before the revised State certificates would go into use to allow the States time to draft their own forms, obtain approvals, print, and distribute them. In December 1975 the Technical Consultant Panel made recommendations in a final report to NCHS. These recommendations were reviewed, and final drafts of the certificates and reports were developed and forwarded to the Office of Management and Budget for clearance. The clearance was received in June 1976 and the approved forms were printed. The standard certificates and reports were distributed to the States in December 1976.

Instructional handbooks were prepared for each of the certificates and reports. Included in the handbooks was information on how the registration system operates and an item-by-item listing giving the use or purpose of each item and instructions on how it should be completed. These handbooks (listed below) were provided to each State for distribution to the appropriate persons or for use as guides in the development of State handbooks.

Hospital Handbook on Birth Registration and Fetal Death Reporting
Physicians' Handbook on Medical Certification: Death, Birth, Fetal Death
Funeral Directors' Handbook on Death Registration and Fetal Death Reporting
Medical Examiners' and Coroners' Handbook on Death Registration and Fetal Death Reporting

Handbook on the Reporting of Induced Termination of Pregnancy
Handbook on Marriage Registration
Handbook on Divorce Registration

Slide presentations with cassette tapes were prepared on how to complete the U.S. Standard Certificate of Live Birth and the U.S. Standard Certificate of Death. Three separate presentations were developed on death—one for funeral directors on how to complete the personal items on the certificate and one each for physicians and medical examiners or coroners on how to complete the medical certification of cause of death.

Two copies of each of the slide presentations were sent to the the State vital statistics offices. The States were encouraged to use these materials for training purposes and in the development of other instructional materials.

In general, most States have been able to adopt certificates containing most of the items on the U.S. Standard Certificate of Live Birth and Death and the U.S. Standard Report of Fetal Death. The acceptance of the standard marriage and divorce forms continues to be a problem but has improved over previous years. Many States still do not have a system for reporting induced terminations of pregnancy; therefore, this standard form has not been widely accepted. Appendix III has tables showing the number of registration areas that have included each item of the standard certificates and reports in their reporting forms as of August 1982.

Appendixes

Contents

I. Technical Consultant Panel on Revision of the U.S. Standard Certificates and Reports	15
Parent Group	15
Subgroup for the Revision of the U.S. Standard Certificate of Live Birth	15
Subgroup for the Revision of the U.S. Standard Certificate of Death	16
Subgroup for the Revision of the U.S. Standard Certificate of Marriage and the U.S. Standard Certificate of Divorce or Annulment	16
Subgroup for the Revision of the U.S. Standard Certificate of Fetal Death	16
Subgroup for the Revision of the Structural Format of all the Standard Certificates	17
National Center for Health Statistics resource personnel for the Parent Group and all Subgroups	17
II. Summary of responses to questionnaires on revision of the U.S. Standard Certificates	19
III. Exhibits	21
1. U.S. Standard Certificate of Live Birth	21
1a. Content of the U.S. Standard Certificate of Live Birth, by year revised	22
1b. Number of registration areas reporting each item on the U.S. Standard Certificate of Live Birth: August 1982	26
2. U.S. Standard Certificate of Death (Physician)	28
2a. U.S. Standard Certificate of Death (Physician, Medical Examiner or Coroner)	29
2b. U.S. Standard Certificate of Death (Medical Examiner or Coroner)	30
2c. Content of the U.S. Standard Certificate of Death, by year revised	31
2d. Number of registration areas reporting each item on the U.S. Standard Certificate of Death: August 1982	36
3. U.S. Standard License and Certificate of Marriage	38
3a. Content of the U.S. Standard License and Certificate of Marriage, by year revised	39
3b. Number of registration areas reporting each item on the U.S. Standard License and Certificate of Marriage: August 1982	41
4. U.S. Standard Certificate of Divorce, Dissolution of Marriage or Annulment	43
4a. Content of the U.S. Standard Certificate of Divorce, Dissolution of Marriage or Annulment, by year revised	44
4b. Number of registration areas reporting each item on the U.S. Standard Certificate of Divorce, Dissolution of Marriage or Annulment: August 1982	46
5. U.S. Standard Report of Fetal Death	48
5a. Content of the U.S. Standard Report of Fetal Death, by year revised	49
5b. Number of registration areas reporting each item on the U.S. Standard Report of Fetal Death: August 1982	53
6. U.S. Standard Report of Induced Termination of Pregnancy	55
6a. Content of the U.S. Standard Report of Induced Termination of Pregnancy, new in 1978	56
6b. Number of registration areas reporting each item on the U.S. Standard Report of Induced Termination of Pregnancy: August 1982	58

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

Parent Group

Robert G. Webster, Chairman
Piedmont, California
(Formerly Chief Deputy Director, California
Department of Public Health)

Russell Booker
Chief, Registration Services
Bureau of Vital Records and Health Statistics
State Department of Health
Richmond, Virginia

William D. Johnson
Director, Division of Public Health Statistics
State Department of Health
Pierre, South Dakota

Frederick L. King
Chief, Section of Administrative Services
State Department of Health
Minneapolis, Minnesota

Robert L. Liljegen
Principal Statistician
Records and Statistics Section
State Department of Health
Denver, Colorado

Vito Logrillo
Director of Health Statistics
State Department of Health
Albany, New York

Marian Martin
State Registrar
State Board of Health
Portland, Oregon

Leo A. Ozier
Assistant Legal Technical Advisor

Illinois Department of Public Health
Springfield, Illinois

James J. Palmersheim, Ph.D.
Project Director, Cooperative Health Information
System
Department of Public Health
Springfield, Illinois

Myrna K. Sen
Associate State Registrar
Research and Statistics Office
Hawaii Department of Health
Honolulu, Hawaii

Roger Smith
Health Program Advisor
Bureau of Vital Statistics Registration
State Department of Public Health
Sacramento, California

Subgroup for the Revision of the U.S. Standard Certificate of Live Birth

Marian Martin, Chairman¹
State Registrar
State Board of Health
Portland, Oregon

William D. Johnson¹
Director, Division of Public Health Statistics
State Department of Health
Pierre, South Dakota

Frederick L. King¹
Chief, Section of Administrative Services
State Department of Health
Minneapolis, Minnesota

¹Members of the Parent Group.

William W. Jack, M.D.
Representative of the Maternal and Child Care
Committee
American Medical Association
Grand Rapids, Michigan

R. T. F. Schmidt, M.D.
Director, Department of Obstetrics and Gynecology
Good Samaritan Hospital
Cincinnati, Ohio
(Dr. Schmidt replaced Dr. Jack in the Subgroup,
September 1974)

Reynolds Farley, Ph.D.
Associate Professor, Department of Sociology, and
Associate Director, Population Studies Center
University of Michigan
Ann Arbor, Michigan

Mary E. Converse
Director, Central Clearinghouse for ICDA
American Hospital Association
Chicago, Illinois

Subgroup for the Revision of the U.S. Standard Certificate of Death

Vito Logrillo, Chairman¹
Director of Health Statistics
State Department of Health
Albany, New York

Myrna K. Sen¹
Associate State Registrar
Research and Statistics Office
Hawaii Department of Health
Honolulu, Hawaii

Howard C. Raether
Executive Secretary
National Funeral Directors Association
Milwaukee, Wisconsin

Charles S. Petty, M.D.
Chief Medical Examiner
Dallas County
Dallas, Texas

George E. Gantner, M.D.
Chief Medical Examiner
Office of Medical Examiner
St. Louis County
Clayton, Missouri

Deane L. Huxtable
State Registrar and Director
Bureau of Vital Records
State Department of Health
Richmond, Virginia

Subgroup for the Revision of the U.S. Standard Certificate of Marriage and the U.S. Standard Certificate of Divorce or Annulment

Leo A. Ozier, Chairman¹
Assistant Legal Technical Advisor
Illinois Department of Public Health
Springfield, Illinois

Roger Smith¹
Health Program Advisor
Bureau of Vital Statistics Registration
State Department of Public Health
Sacramento, California

Loretta Bowman
Clerk of Court
Clark County
Las Vegas, Nevada

William G. Sharp
County Clerk
Los Angeles County
Los Angeles, California

Thomas P. Monahan, Ph.D.
Professor of Sociology
Villanova University
Villanova, Pennsylvania

Judge Ralph J. Podel
County Court House
Milwaukee, Wisconsin

Subgroup for the Revision of the U.S. Standard Certificate of Fetal Death

Robert G. Webster, Chairman¹
Piedmont, California
(Formerly Chief Deputy Director,
California Department of Public Health)

Robert L. Liljegren¹
(Chairman, Format Subgroup)
Principal Statistician
Records and Statistics Section
State Department of Health
Denver, Colorado

¹Members of the Parent Group.

Vito Logrillo¹
(Chairman, Death Subgroup)
Director of Health Statistics
State Department of Health
Albany, New York

Marian Martin¹
(Chairman, Birth Subgroup)
State Registrar
State Board of Health
Portland, Oregon

R. T. F. Schmidt, M.D.
Director, Department of Obstetrics and Gynecology
Good Samaritan Hospital
Cincinnati, Ohio

Ralph Franciosi, M.D.
Pediatric Pathologist
Minnesota Children's Health Center and Hospital
Minneapolis, Minnesota

Jack Smith
Chief, Statistical Services Unit
Family Planning Evaluation
Centers for Disease Control
Atlanta, Georgia

Two meetings of this Subgroup were held, and it was decided that a separate form should be developed for induced terminations. This Subgroup developed both the U.S. Standard Report of Fetal Death and the U.S. Standard Report of Induced Termination of Pregnancy.

Subgroup for the Revision of the Structural Format of all the Standard Certificates

Robert L. Liljegren, Chairman¹
Principal Statistician
Records and Statistics Section
State Department of Health
Denver, Colorado

Russell Booker¹
Chief, Registration Services
Bureau of Vital Records and Health Statistics
State Department of Health
Richmond, Virginia

James J. Palmersheim, Ph.D.¹
Project Director, Cooperative Health Information System
Department of Public Health
Springfield, Illinois

Hazel V. Aune
Verona, Wisconsin
(Formerly Chief, National Consulting Service,
National Office of Vital Statistics,
Department of Health, Education, and Welfare,
Washington, D.C.)

Lydia Berving
Methods and Procedures Advisor
Division of Electronic Data Processing
Illinois Department of Public Health
Springfield, Illinois

Garland Land
Director, Bureau of Statistical Services
Division of Health
Missouri Department of Public Health and Welfare
Jefferson City, Missouri

National Center for Health Statistics resource personnel for the Parent Group and all Subgroups

Robert A. Israel
Deputy Director
National Center for Health Statistics

John E. Patterson
Director
Division of Vital Statistics

Alice M. Hetzel
Deputy Director, Division of Vital Statistics
(and Acting Chief, Marriage and Divorce Branch)
Division of Vital Statistics

Marshall C. Evans
Assistant for Program Development and Management
Office of the Associate Director for Data Systems

Phillip R. Beattie
Special Assistant for Program Development and Management
Office of the Associate Director for Operations

Loren E. Chancellor
Chief, Registration Methods Branch
Division of Vital Statistics

George A. Gay
Public Health Analyst
Registration Methods Branch
Division of Vital Statistics

Robert J. Armstrong
Chief, Mortality Statistics Branch
Division of Vital Statistics

¹Members of the Parent Group.

Robert L. Heuser
Chief, Natality Statistics Branch
Division of Vital Statistics

Marvin Templeton
Chief, Data Control Branch
Division of Vital Statistics

Russell Kuhn
Statistician-Demographer
Registration Methods Branch
Division of Vital Statistics

Appendix II. Summary of responses to questionnaires on revision of the U.S. Standard Certificates

Respondent category	Birth			Death			Fetal death		
	Mailed out	Returned		Mailed out	Returned		Mailed out	Returned	
		Number	Percent		Number	Percent		Number	Percent
All respondents	573	200	35	676	223	33	584	201	34
State vital registration and statistics executives.....	83	49	59	84	52	62	84	51	61
State health officers	59	18	31	59	18	31	57	20	35
Medical and health services and related associations	228	62	27	211	43	20	202	61	30
Coroners or Medical Examiners, funeral directors, and related associations ...	5	1	20	116	43	37	76	19	25
Legal and judicial, and related associations	25	2	8	27	3	11	17	0	0
Researchers (individuals).....	41	17	41	40	18	45	38	15	39
Research and professional organizations (Includes universities)	27	11	41	33	11	33	24	6	25
Federal agencies	26	7	27	23	6	26	20	8	40
County and city officials and related associations	17	3	18	18	3	17	15	1	7
Local registrars of vital statistics	28	14	50	28	14	50	24	10	42
Other State and local officials	20	11	55	24	9	38	13	7	54
Other	12	2	17	11	2	18	12	2	17
Religious organizations.....	2	1	50	2	1	50	2	1	50

Respondent category	Marriage			Divorce		
	Mailed out	Returned		Mailed out	Returned	
		Number	Percent		Number	Percent
All respondents	380	115	30	406	122	30
State vital registration and statistics executives	84	47	56	84	47	56
State health officers.....	59	17	29	59	17	29
Medical and health services and related associations	25	1	4	25	0	0
Coroners or Medical Examiners, funeral directors, and related associations	0	0	0	0	0	0
Legal, judicial, and related associations	43	4	9	57	4	7
Researchers (individuals).....	35	15	43	35	15	43
Research and professional organizations (includes universities).....	33	6	18	34	6	18
Federal agencies.....	15	0	0	15	0	0
County and city officials and related associations	43	12	28	57	22	39
Local registrars of vital statistics	11	3	27	9	1	11
Other State and local officials.....	5	3	60	5	3	60
Other	14	4	29	14	4	29
Religious organizations	13	3	23	12	3	25

Appendix III. Exhibits

Exhibit 1. U.S. Standard Certificate of Live Birth

Form Approved
OMB No. 68R 1900

TYPE OR PRINT IN PERMANENT INK FOR INSTRUCTIONS SEE HANDBOOK

U.S. STANDARD CERTIFICATE OF LIVE BIRTH

LOCAL FILE NUMBER		CHILD-NAME				SEX		DATE OF BIRTH (Mo., Day, Yr.)		HOUR	
1.		CHILD-NAME FIRST MIDDLE LAST				2.		3a.		3b. M	
CHILD		HOSPITAL-NAME (If not in hospital, give street and number)				CITY, TOWN OR LOCATION OF BIRTH				COUNTY OF BIRTH	
4a.		4b.				4c.					
CERTIFIER		I certify that the stated information concerning this child is true to the best of my knowledge and belief.				DATE SIGNED (Mo., Day, Yr.)		NAME AND TITLE OF ATTENDANT AT BIRTH IF OTHER THAN CERTIFIER (Type or print)			
5a. (Signature)		5b.				5c.					
CERTIFIER-NAME AND TITLE (Type or print)		MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip)				5e.					
5d.		REGISTRAR				DATE RECEIVED BY REGISTRAR (Month, Day, Year)					
6a. (Signature)		6b.				6c.					
MOTHER		MOTHER-MAIDEN NAME FIRST MIDDLE LAST				AGE (At time of this birth)		STATE OF BIRTH (If not in U.S.A., name country)			
7a.		RESIDENCE-STATE		COUNTY		CITY, TOWN OR LOCATION		STREET AND NUMBER OF RESIDENCE		INSIDE CITY LIMITS (Specify yes or no)	
8a.		8b.		8c.		8d.		8e.			
9.		MOTHER'S MAILING ADDRESS-If same as above, enter Zip Code only				10a.		10b.		10c.	
FATHER		FATHER-NAME FIRST MIDDLE LAST				AGE (At time of this birth)		STATE OF BIRTH (If not in U.S.A., name country)			
10a.		10b.				10c.					
11a. (Signature of Parent or other Informant)		11b.				11c.					
11a.		11b.				11c.					
INFORMATION FOR MEDICAL AND HEALTH USE ONLY											
12. RACE-MOTHER (e.g., White, Black, American Indian, etc.) (Specify)		13. RACE-FATHER (e.g., White, Black, American Indian, etc.) (Specify)		14. BIRTH WEIGHT		15a. THIS BIRTH - Single, twin, triplet, etc. (Specify)		15b. IF NOT SINGLE BIRTH - Born first, second, third, etc. (Specify)		16. IS MOTHER MARRIED? (Specify yes or no)	
17. PREGNANCY HISTORY (Complete each section)				18. EDUCATION-MOTHER (Specify only highest grade completed)				19. EDUCATION-FATHER (Specify only highest grade completed)			
LIVE BIRTHS (Do not include this Child)		OTHER TERMINATIONS (Spontaneous and Induced)		Elementary or Secondary (0-12)		College (1-4 or 5+)		Elementary or Secondary (0-12)		College (1-4 or 5+)	
17a. Now living		17b. Now dead		17d. Before 20 weeks		17e. After 20 weeks		19.			
Number _____		Number _____		Number _____		Number _____		19a.		19b.	
None <input type="checkbox"/>		None <input type="checkbox"/>		None <input type="checkbox"/>		None <input type="checkbox"/>		19c.		19d.	
DATE OF LAST LIVE BIRTH (Month, Year)		DATE OF LAST OTHER TERMINATION (as indicated in d or e above) (Month, Year)		20. DATE LAST NORMAL MENSES BEGAN (Month, Day, Year)		21a. MONTH OF PREGNANCY PRE-NATAL CARE BEGAN First, second, etc. (Specify)		21b. PRENATAL VISITS Total number (If none, so state)		22a. APGAR SCORE 1 min.	
17c.		17e.		20.		21a.		21b.		22b.	
23.		24.				25.		26.			
23.		24.				25.		26.			
25.		26.				27.		28.			
25.		26.				27.		28.			

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

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

MULTIPLE BIRTHS
Enter State File Number for mate(s)

LIVE BIRTH(S)

FETAL DEATH(S)

Exhibit 1a. Content of the U.S. Standard Certificate of Live Birth,
by year revised

Item	1900	1910	1915	1918	1930	1939	1949	1956	1968	1978
Birth information										
Name of child.....	X	X	X	X	X	X	X	X	X	X
Sex.....	X	X	X	X	X	X	X	X	X	X
Date of birth.....	X	X	X	X	X	X	X	X	X	X
Hour.....	X	X	X	X	X	X	-	-	X	X
Place of birth:										
Name of hospital.....	-	-	-	-	-	X	X	X	X	X
Street and number.....	X	X	X	-	-	-	-	-	-	-
If birth occurred in hospital or institution, give its name instead of street number.....	-	-	-	X	X	-	-	-	-	-
Street and number if not in hospital.....	-	-	-	-	-	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
Inside city limits.....	-	-	-	-	-	-	-	X	X	-
If outside city or town limits, write rural.....	-	-	-	-	-	X	X	-	-	-
County of birth.....	X	X	X	X	X	X	X	X	X	X
Ward.....	X	X	X	X	X	-	-	-	-	-
Birth weight.....	-	-	-	-	-	-	X	X	X	X
Multiple birth.....	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
Apgar score:										
1 minute.....	-	-	-	-	-	-	-	-	-	X
5 minutes.....	-	-	-	-	-	-	-	-	-	X
Mother information										
Maiden name.....	-	X	X	X	X	X	X	X	X	X
Full name.....	X	-	-	-	-	-	-	-	-	-
Age.....	X	X	X	X	X	X	X	X	X	X
Birthplace.....	X	X	X	-	-	-	-	-	-	-
Birthplace (State or country)....	-	-	-	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
County.....	-	-	-	-	-	X	X	X	X	X

Exhibit 1a. 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
Mother information--Con.										
City, town, or location.....	-	-	-	-	-	X	X	X	X	X
Street and number.....	-	-	-	-	-	X	X	X	X	X
Inside city limits.....	-	-	-	-	-	-	-	X	X	X
If rural, give location.....	-	-	-	-	-	X	X	-	-	-
Is residence on a farm?.....	-	-	-	-	-	-	-	X	-	-
Mother's mailing address.....	-	-	-	-	-	X	-	X	-	X
Race.....	X	X	X	X	X	X	X	X	X	X
Education.....	-	-	-	-	-	-	-	-	X	X
Legitimate.....	X	X	X	X	X	-	X	X	X	-
Is mother married?.....	-	-	-	-	-	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
Age.....	X	X	X	X	X	X	X	X	X	X
Birthplace.....	X	X	X	-	-	-	-	-	-	-
Birthplace (State or country)....	-	-	-	X	X	X	X	X	X	X
Birthplace (city or place).....	-	-	-	X	X	X	-	-	-	-
Race.....	X	X	X	X	X	X	X	X	X	X
Education.....	-	-	-	-	-	-	-	-	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	-	-	-	-	-
Pregnancy information										
Pregnancy history: ¹										
Live births, now living.....	X	X	X	X	X	X	X	X	-	-
Live births, now dead.....	-	-	-	X	X	X	X	X	-	-
Born dead (stillborn, fetal death).....	-	-	-	X	X	X	-	X	X	-

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

Exhibit 1a. 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
Pregnancy information--Con.										
Born dead after 20 weeks pregnancy.....	-	-	-	-	-	-	X	-	-	-
Other terminations (spontaneous and induced):										
Under 20 weeks.....	-	-	-	-	-	-	-	-	-	X
Over 20 weeks.....	-	-	-	-	-	-	-	-	-	X
Date of last live birth.....	-	-	-	-	-	-	-	-	X	X
Date of last fetal death.....	-	-	-	-	-	-	-	-	X	-
Date of last other termination.....	-	-	-	-	-	-	-	-	-	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	-	-	-	-	-
Date last normal menses began....	-	-	-	-	-	-	-	-	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
Number of prenatal visits.....	-	-	-	-	-	-	-	-	X	X
Concurrent illnesses or conditions affecting the pregnancy.....	-	-	X	-	-	-	-	-	-	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.....	-	-	-	-	-	-	-	-	X	-
Congenital malformations or anomalies of child.....	-	-	-	-	-	-	-	-	X	X
Birth injuries to child.....	-	-	-	-	-	-	-	-	X	-
Certification information										
Signature of certifier.....	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

Exhibit 1a. 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
Certification information--Con.										
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 certifier.....	-	-	-	-	-	-	-	-	-	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
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	-	-	-	-	-
Signature of parent or other informant.....	-	-	-	-	-	-	-	-	-	X
Informant.....	-	-	-	-	-	X	X	X	X	-
Relation to child.....	-	-	-	-	-	X	-	-	X	X

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

Exhibit 1b. Number of registration areas reporting each item on the
U.S. Standard Certificate of Live Birth: August 1982

Item number	Item	United States ¹	Outlying areas ²
1	Child--name.....	52	5
2	Sex.....	52	5
3a	Date of birth.....	52	5
3b	Hour of birth.....	52	4
4a	Hospital--name (or street address if birth not in hospital).....	52	5
4b	City, town, or location of birth.....	52	5
4c	County of birth.....	51	3
5a	Certifier--signature.....	52	5
5b	Date signed by certifier.....	51	4
5c	Name and title of attendant at birth if other than certifier.....	52	4
5d	Certifier--name and title.....	52	4
5e	Certifier--mailing address.....	51	3
6a	Registrar--signature.....	50	5
6b	Registrar--data received.....	52	5
7a	Mother--maiden name.....	52	5
7b	Mother--age.....	52	5
7c	State of birth.....	52	4
8a	Residence--State.....	52	3
8b	Residence--county.....	52	3
8c	Residence--city, town, or location.....	52	5
8d	Residence--street and number.....	49	3
8e	Residence--inside city limits.....	52	3
9	Mother's mailing address.....	48	2
10a	Father--name.....	52	5
10b	Father--age.....	52	5
10c	Father--State of birth.....	52	4
11a	Informant--signature.....	50	5
11b	Informant--relation to child.....	43	5
12	Race--mother.....	52	4
13	Race--father.....	52	4
14	Birth weight.....	52	5
15a	Birth--single, twin, triplet.....	52	5
15b	If not single birth, born first, second.....	52	5
16	Is mother married?.....	42	3
17a	Live births of this mother--now living.....	52	5
17b	Live births of this mother--now dead.....	52	5
17c	Date of last live birth.....	51	4
17d	Other terminations of this mother-- under 20 weeks.....	52	5
17e	Other terminations of this mother-- over 20 weeks.....	52	5

See footnotes at end of exhibit.

Exhibit 1b. Number of registration areas reporting each item on the
U.S. Standard Certificate of Live Birth: August 1982--Con.

Item number	Item	United States ¹	Outlying areas ²
17f	Date of last other termination.....	51	3
18	Education--mother.....	49	3
19	Education--father.....	49	3
20	Date last menstrual period began.....	50	3
21a	Month prenatal care began.....	52	3
21b	Prenatal visits--total number.....	51	3
22a	Apgar score--1 minute.....	47	2
22b	Apgar score--5 minutes.....	47	2
23	Complications of pregnancy.....	51	4
24	Concurrent illnesses or conditions affecting pregnancy.....	51	4
25	Complications of labor and/or delivery.....	51	4
26	Congenital malformations.....	48	4
--	Hispanic origin--mother and father ³	9	0
--	Ethnic origin--mother and father ³	15	0

¹50 States, District of Columbia, and New York City.

²American Samoa, Guam, Puerto Rico, Virgin Islands, and Trust Territory of the Pacific Islands.

³Not on standard certificate.

Exhibit 2. U.S. Standard Certificate of Death (Physician)

(PHYSICIAN)
U.S. STANDARD

Form Approved
OMB No. 68R 1901

CERTIFICATE OF DEATH

LOCAL FILE NUMBER

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT INK FOR INSTRUCTIONS SEE HANDBOOK

IF DEATH OCCURRED IN INSTITUTION, SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS.

DECEDENT

PARENTS

DISPOSITION

CERTIFIER

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE OF DEATH

1. DECEDENT—NAME FIRST MIDDLE LAST		SEX		DATE OF DEATH (Mo., Day, Yr.)	
2. RACE—(e.g., White, Black, American Indian, etc.) (Specify)		3. AGE—Last Birthday (Yrs.)		4. COUNTY OF DEATH	
5a. UNDER 1 YEAR		5b. UNDER 1 DAY		6. DATE OF BIRTH (Mo., Day, Yr.)	
7a. CITY, TOWN OR LOCATION OF DEATH		7b. HOSPITAL OR OTHER INSTITUTION—Name (If not in either, give street and number)		7c. IF HOSP. OR INST. Indicate DOA, OP/Emer. Rm., Inpatient (Specify)	
8. STATE OF BIRTH (If not in U.S.A., name country)		9. CITIZEN OF WHAT COUNTRY		10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
11. SOCIAL SECURITY NUMBER		12. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		13. KIND OF BUSINESS OR INDUSTRY	
14. RESIDENCE—STATE		15. COUNTY		16. CITY, TOWN OR LOCATION	
17. FATHER—NAME FIRST MIDDLE LAST		18. MOTHER—MAIDEN NAME FIRST MIDDLE LAST		19. STREET AND NUMBER	
20. INFORMANT—Name (Type or print)		21. MAILING ADDRESS		22. STATE	
23. BURIAL, CREMATION, REMOVAL, OTHER (Specify)		24. CEMETERY OR CREMATORY—NAME		25. LOCATION CITY OR TOWN STATE	
26. FUNERAL SERVICE LICENSEE Or Person Acting As Such (Signature)		27. NAME OF FACILITY		28. ADDRESS OF FACILITY	
29. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.		30. DATE SIGNED (Mo., Day, Yr.)		31. HOUR OF DEATH	
32. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		33. NAME AND ADDRESS OF CERTIFIER (Type or Print)		34. REGISTRAR	
35. IMMEDIATE CAUSE [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).]		36. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		37. INTERVAL BETWEEN ONSET AND DEATH	
38. DUE TO, OR AS A CONSEQUENCE OF:		39. DUE TO, OR AS A CONSEQUENCE OF:		40. DUE TO, OR AS A CONSEQUENCE OF:	
41. OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)		42. AUTOPSY (Specify Yes or No)		43. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER (Specify Yes or No)	
44. ACCIDENT (Specify Yes or No)		45. DATE OF INJURY (Mo., Day, Yr.)		46. HOUR OF INJURY	
47. INJURY AT WORK (Specify Yes or No)		48. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		49. DESCRIBE HOW INJURY OCCURRED	
50. INJURY AT WORK (Specify Yes or No)		51. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		52. LOCATION STREET OR R.F.D. NO. CITY OR TOWN STATE	

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

Exhibit 2a. U.S. Standard Certificate of Death (Physician, Medical Examiner or Coroner)

(PHYSICIAN, MEDICAL EXAMINER OR CORONER)
U.S. STANDARD
CERTIFICATE OF DEATH

Approved
OML No. 68R 1901

TYPE OR PRINT IN PERMANENT INK FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT
IF DEATH OCCURRED IN INSTITUTION, SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS.

PARENTS

DISPOSITION

CERTIFIER

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE OF DEATH

LOCAL FILE NUMBER		STATE FILE NUMBER	
DECEDENT—NAME FIRST MIDDLE LAST		SEX	DATE OF DEATH (Mo., Day, Yr.)
1. RACE—(e.g., White, Black, American Indian, etc.) (Specify)	AGE—Last Birthday (Yrs.)	2. COUNTY OF DEATH	
4. CITY, TOWN OR LOCATION OF DEATH	5a. UNDER 1 YEAR MOS. DAYS	5b. UNDER 1 DAY HOURS MINS.	6. DATE OF BIRTH (Mo., Day, Yr.)
7b. STATE OF BIRTH (If not in U.S.A., name country)	9. CITIZEN OF WHAT COUNTRY	7c. HOSPITAL OR OTHER INSTITUTION—Name (If not in either, give street and number)	7d. IF HOSP. OR INST. Indicate DOA, OP, Emer. Rm., Inpatient (Specify)
8. SOCIAL SECURITY NUMBER	10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	11. SURVIVING SPOUSE (If with girl, maiden name)	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No)
13. RESIDENCE—STATE	14a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	14b. KIND OF BUSINESS OR INDUSTRY	
15a. FATHER—NAME FIRST MIDDLE LAST	15b. COUNTY	15c. CITY, TOWN OR LOCATION	15d. STREET AND NUMBER
16. INFORMANT—NAME (Type or Print)	17. MOTHER MAIDEN NAME FIRST MIDDLE LAST	15e. INSIDE CITY LIMITS (Specify Yes or No)	
18a. BURIAL, CREMATION, REMOVAL, OTHER (Specify)	18b. MAILING ADDRESS STREET OR P.O. BOX CITY OR TOWN STATE ZIP	17. CEMETERY OR CREMATORY—NAME LOCATION CITY OR TOWN STATE	
19a. FUNERAL SERVICE LICENSEE Or Person Acting As Such (Signature)	19b. NAME OF FACILITY	19c. ADDRESS OF FACILITY	
20a. To be Completed by CERTIFYING PHYSICIAN Only	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated (Signature and Title)	21b. DATE SIGNED (Mo., Day, Yr.)	21c. HOUR OF DEATH
20b. To be Completed by MEDICAL EXAMINER or CORONER Only	22a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) stated (Signature and Title)	22b. DATE SIGNED (Mo., Day, Yr.)	22c. HOUR OF DEATH
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	21e. M	22d. PRONOUNCED DEAD (Mo., Day, Yr.)	22e. PRONOUNCED DEAD (Hour) M
21f. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR CORONER) (Type or Print)	21g. M	22f. ON	22g. AT M
23. REGISTRAR	24. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		
24a. (Signature)	24b.		
25. IMMEDIATE CAUSE [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).]	Interval between onset and death		
PART I (a) DUE TO, OR AS A CONSEQUENCE OF:	Interval between onset and death		
(b) DUE TO, OR AS A CONSEQUENCE OF:	Interval between onset and death		
(c) DUE TO, OR AS A CONSEQUENCE OF:	Interval between onset and death		
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)	26. AUTOPSY (Specify Yes or No)	27. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER (Specify Yes or No)	
28a. ACC. SUICIDE, HOM. UNDET. OR PENDING INVEST. (Specify)	28b. DATE OF INJURY (Mo., Day, Yr.)	28c. HOUR OF INJURY	28d. DESCRIBE HOW INJURY OCCURRED
28e. INJURY AT WORK (Specify Yes or No)	28f. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	28g. LOCATION	28h. CITY OR TOWN STATE

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

HRA-162-1
Rev. 1/78

Exhibit 2b. U.S. Standard Certificate of Death (Medical Examiner or Coroner)

(MEDICAL EXAMINER OR CORONER)
U.S. STANDARD

Form Approved
OMB No. 68R 1901

CERTIFICATE OF DEATH

LOCAL FILE NUMBER

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT INK FOR INSTRUCTIONS SEE HANDBOOK	DECEDENT-NAME FIRST MIDDLE LAST		SEX	DATE OF DEATH (Mo., Day, Yr.)
	1. RACE—(e.g., White, Black, American Indian, etc.) (Specify)		2. AGE—Last Birthday (Yrs.)	3. COUNTY OF DEATH
	4. CITY, TOWN OR LOCATION OF DEATH		5. HOSPITAL OR OTHER INSTITUTION—Name (If not in either, give street and number)	
	7b. STATE OF BIRTH (If not in U.S.A., name country)		7c. CITIZEN OF WHAT COUNTRY	
DECEASED IF DEATH OCCURRED IN INSTITUTION, SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS.	8. SOCIAL SECURITY NUMBER		10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
	11. SURVIVING SPOUSE (If wife, give maiden name)		12. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No)	
	13. RESIDENCE—STATE COUNTY		14a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	
	14b. KIND OF BUSINESS OR INDUSTRY		15a. INSIDE CITY LIMITS (Specify Yes or No)	
PARENTS	16. FATHER-NAME FIRST MIDDLE LAST		17. MOTHER-MAIDEN NAME FIRST MIDDLE LAST	
	18a. INFORMANT-NAME (Type or print)		18b. MAILING ADDRESS STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP	
DISPOSITION	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify)		19b. CEMETERY OR CREMATORY-NAME	
	19c. LOCATION CITY OR TOWN STATE		20a. FUNERAL SERVICE LICENSEE Or Person Acting As Such (Signature)	
	20b. NAME OF FACILITY		20c. ADDRESS OF FACILITY	
CERTIFIER To be Completed by MEDICAL EXAMINER or CORONER Only	21a. (Signature) NAME AND ADDRESS OF CERTIFIER (Type or Print)		21b. DATE SIGNED (Mo., Day, Yr.)	
			21c. HOUR OF DEATH	
	21d. ON		21e. AT	
	21f. REGISTRAR		22b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	23. IMMEDIATE CAUSE [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).]			Interval between onset and death
	PART I (a) DUE TO, OR AS A CONSEQUENCE OF:			Interval between onset and death
	(b) DUE TO, OR AS A CONSEQUENCE OF:			Interval between onset and death
	(c) DUE TO, OR AS A CONSEQUENCE OF:			Interval between onset and death
	PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)			24. AUTOPSY (Specify Yes or No)
CAUSE OF DEATH	25a. ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)		25b. DATE OF INJURY (Mo., Day, Yr.)	
	25c. HOUR OF INJURY		25d. DESCRIBE HOW INJURY OCCURRED	
	25e. INJURY AT WORK (Specify Yes or No)		25f. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	
25g. LOCATION		25h. STREET OR R.F.D. NO. CITY OR TOWN STATE		

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

HRA-162-2
Rev. 1/78

Exhibit 2c. Content of the U.S. Standard Certificate of Death,
by year revised

Item	1900	1910	1918	1930	1939	1949	1956	1968	1978
Decedent information									
Name.....	X	X	X	X	X	X	X	X	X
Sex.....	X	X	X	X	X	X	X	X	X
Race.....	X	X	X	X	X	X	X	X	X
Age:									
Years.....	X	X	X	X	X	X	X	X	X
Months.....	X	X	X	X	X	X	X	X	X
Days.....	X	X	X	X	X	X	X	X	X
Hours.....	-	X	X	X	X	X	X	X	X
Minutes.....	-	X	X	X	X	X	X	X	X
Date of birth.....	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	-	-	-	-	-
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
Surviving spouse (if wife, give maiden name).....	-	-	-	-	-	-	-	X	X
Name of husband or wife.....	-	-	X	X	X	-	-	-	-
Age of husband or wife, if alive...	-	-	-	-	X	-	-	-	-
Was decedent ever in U.S. armed forces?.....	-	-	-	-	-	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
Occupation.....	X	X	X	X	-	-	-	-	-
Usual occupation.....	-	-	-	-	X	X	X	X	X
Name of employer.....	-	-	X	-	-	-	-	-	-
Business or industry.....	-	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
Length of residence in the State (years, months, and days).....	-	X	-	-	-	-	-	-	-
County.....	-	-	-	-	X	X	X	X	X

Exhibit 2c. Content of the U.S. Standard Certificate of Death,
by year revised--Con.

Item	1900	1910	1918	1930	1939	1949	1956	1968	1978
Decedent information--Con.									
City, town, or location.....	-	-	-	-	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
Inside city limits.....	-	-	-	-	-	-	X	X	X
Is residence on a farm?.....	-	-	-	-	-	-	X	-	-
Father's name.....	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
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
City, town, or location.....	-	-	-	-	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
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
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	-	-	-	-	-	-	-

Exhibit 2c. Content of the U.S. Standard Certificate of Death,
by year revised--Con.

Item	1900	1910	1918	1930	1939	1949	1956	1968	1978
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
Interval between onset and death..	-	-	-	-	X	X	X	X	X
Due to,.....	-	-	-	-	X	X	X	X	X
Interval between onset and death..	-	-	-	-	X	X	X	X	X
Due to,.....	-	-	-	-	X	X	X	X	X
Interval between onset and death..	-	-	-	-	X	X	X	X	X
Contributory cause.....	X	X	X	X	-	-	-	-	-
Duration.....	X	X	X	-	-	-	-	-	-
Date of onset.....	-	-	-	X	-	-	-	-	-
Other significant conditions.....	-	-	-	-	X	X	X	X	X
Duration.....	-	-	-	-	X	-	-	-	-
Interval between onset and death..	-	-	-	-	-	X	-	-	-
Was autopsy performed?.....	-	-	X	X	-	X	X	X	X
Were autopsy findings considered in determining 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	-	-
Date of injury.....	-	-	-	X	X	X	X	X	X
Hour of injury.....	-	-	-	-	-	X	X	X	X
How injury occurred.....	-	-	-	-	-	X	X	X	X
Injury at work.....	-	-	-	-	X	X	X	X	X
Place of injury.....	-	-	-	X	X	X	X	X	X
Location of injury.....	-	-	-	X	X	X	X	X	X
Means of injury.....	-	-	-	-	X	-	-	-	-
Manner of injury.....	-	-	-	X	-	-	-	-	-
Nature of injury.....	-	-	-	X	-	-	-	-	-

Exhibit 2c. Content of the U.S. Standard Certificate of Death,
by year revised--Con.

Item	1900	1910	1918	1930	1939	1949	1956	1968	1978
Medical certification--Con.									
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
Separate medical examiner or coroner certification.....	-	-	-	-	-	-	-	X	X
Date signed.....	X	X	X	-	X	X	X	X	X
Date of death.....	X	X	X	X	X	X	X	X	X
Hour of death.....	X	X	X	X	X	X	X	X	X
Date pronounced dead.....	-	-	-	-	-	-	-	X	X
Hour pronounced dead.....	-	-	-	-	-	-	-	X	X
Name of attending physician, if other than certifier.....	-	-	-	-	-	-	-	-	X
Name of certifier.....	-	-	-	-	-	-	-	X	X
Address of certifier.....	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	-
Whether physician viewed body after death.....	-	-	-	-	-	-	-	X	-
Was case referred to medical examiner or coroner.....	-	-	-	-	-	-	-	-	X
Disposition information									
Burial, cremation, or removal.....	-	-	-	-	X	X	X	X	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
Signature of funeral director.....	-	-	-	-	X	-	-	X	-
Signature of funeral service licensee or person acting as such..	-	-	-	-	-	-	-	-	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
Address of facility (funeral home).....	-	-	-	-	-	-	-	X	X

Exhibit 2c. Content of the U.S. Standard Certificate of Death,
by year revised--Con.

Item	1900	1910	1918	1930	1939	1949	1956	1968	1978
Other information									
Informant's signature.....	-	-	-	-	X	-	-	-	-
Informant's name.....	X	X	X	X	-	X	X	X	X
Address.....	X	X	X	X	X	-	X	X	X
Registrar's signature.....	-	-	-	-	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	-	-	-	-	-

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

Exhibit 2d. Number of registration areas reporting each item on the
U.S. Standard Certificate of Death: August 1982

Item number	Item	United States ¹	Outlying areas ²
1	Decedent--name.....	52	5
2	Sex.....	52	5
3	Date of death.....	52	5
4	Race.....	52	4
5a	Age--last birthday.....	52	5
5b	Age if under 1 year.....	52	5
5c	Age if under 1 day.....	52	5
6	Date of birth.....	52	5
7a	County of death.....	51	3
7b	City, town, or location of death.....	52	4
7c	Hospital or other Institution of death--if neither, give street address.....	52	5
7d	For institutional death indicate whether dead on arrival, outpatient/emergency room, inpatient.....	42	2
8	State of birth.....	52	5
9	Citizen of what country.....	50	4
10	Married, never married, widowed, divorced.....	52	5
11	Surviving spouse--name.....	51	4
12	Was decedent ever in Armed Forces?.....	45	1
13	Social security number.....	52	4
14a	Usual occupation.....	52	5
14b	Kind of business or industry.....	51	4
15a	Residence--State.....	52	4
15b	Residence--county.....	51	3
15c	Residence--city.....	52	3
15d	Residence--street and number.....	52	4
15e	Residence--inside city limits.....	51	3
16	Father--name.....	52	5
17	Mother--maiden name.....	52	5
18a	Informant--name.....	52	5
18b	Informant--mailing address.....	47	4
19a	Method of disposition.....	52	4
19b	Name of cemetery.....	52	3
19c	Location of cemetery--city and State.....	51	3
20a	Funeral service licensee--signature.....	52	3
20b	Name of facility.....	46	3
20c	Address of facility.....	47	3
21a	Certifier--signature and title	52	5
21b	Date signed by certifier.....	52	5
21c	Hour of death.....	52	3
21d	Name of attending physician if other than certifier.....	29	1

See footnotes at end of exhibit.

Exhibit 2d. Number of registration areas reporting each item on the
U.S. Standard Certificate of Death: August 1982--Con.

Item number	Item	United States ¹	Outlying areas ²
22a	Medical examiner or coroner--signature and title.....	49	3
22b	Date signed.....	48	3
22c	Hour of death.....	50	3
22d	Date pronounced dead.....	46	2
22e	Hour pronounced dead.....	46	2
23	Certifier--name and address.....	52	4
24a	Registrar--signature.....	50	4
24b	Date received by registrar.....	50	4
25	Cause of death.....	52	5
	Interval between onset of condition and death...	52	5
	Other significant conditions contributing to death.....	52	5
26	Was autopsy performed?.....	52	5
27	Was case referred to medical examiner or coroner?.....	34	1
28a	Accident, suicide, homicide, undetermined, or pending investigation.....	52	5
28b	Date of injury.....	51	4
28c	Hour of injury.....	51	3
28d	Describe how injury occurred.....	51	4
28e	Was injury at work?.....	51	5
28f	Place of injury (home, factory).....	51	5
28g	Location of injury--street, city, State.....	51	4
--	Was the decedent of hispanic origin? ³	9	0
--	Ethnic origin of decedent ³	14	0

¹50 States, District of Columbia, and New York City.

²American Samoa, Guam, Puerto Rico, Virgin Islands, and Trust Territory
of the Pacific Islands.

³Not on standard certificate.

Exhibit 3. U.S. Standard License and Certificate of Marriage

Form Approved
OMB No. 68R 1903

TYPE OR PRINT IN PERMANENT INK FOR INSTRUCTIONS SEE HANDBOOK

U.S. STANDARD

LICENSE AND CERTIFICATE OF MARRIAGE

LICENSE NUMBER

STATE FILE NUMBER

GROOM	1. GROOM - NAME <small>FIRST MIDDLE LAST</small>			2. AGE
	3a. USUAL RESIDENCE - STREET AND NUMBER			3b. CITY, TOWN OR LOCATION
	3c. COUNTY	3d. STATE	4. BIRTHPLACE <i>(State or foreign country)</i>	5. DATE OF BIRTH <i>(Mo., Day, Yr.)</i>
	6a. FATHER - NAME	6b. BIRTHPLACE <i>(State or foreign country)</i>	7a. MOTHER - MAIDEN NAME	7b. BIRTHPLACE <i>(State or foreign country)</i>
BRIDE	8a. BRIDE - NAME <small>FIRST MIDDLE LAST</small>			8b. MAIDEN NAME <i>(if different)</i>
	9a. USUAL RESIDENCE - STREET AND NUMBER			9b. CITY, TOWN OR LOCATION
	10a. COUNTY	10d. STATE	11. BIRTHPLACE <i>(State or foreign country)</i>	12. DATE OF BIRTH <i>(Mo., Day, Yr.)</i>
	10c. FATHER - NAME	10e. BIRTHPLACE <i>(State or foreign country)</i>	11. MOTHER - MAIDEN NAME	12. BIRTHPLACE <i>(State or foreign country)</i>
	13a.	13b.	14a.	14b.
	13c.	13d.	14c.	14d.

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
-----------------------	-----------------------

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 _____

17a. SUBSCRIBED TO AND SWORN TO BEFORE ME ON <small>Month Day Year</small>	17b. SIGNATURE OF ISSUING OFFICER	17c. TITLE OF ISSUING OFFICER
---	-----------------------------------	-------------------------------

18a. I certify that the above named persons were married on: <small>Month Day Year</small>	18b. WHERE MARRIED - CITY	18c. COUNTY
---	---------------------------	-------------

18d. PERSON PERFORMING CEREMONY <i>(Signature)</i>	18e. TITLE	18f. TYPE OF CEREMONY <i>(Religious or civil, specify)</i>
19a. WITNESS TO CEREMONY <i>(Signature)</i>	19b. WITNESS TO CEREMONY <i>(Signature)</i>	

20a. LOCAL OFFICIAL MAKING RETURN TO STATE HEALTH DEPARTMENT <i>(Signature)</i>	20b. DATE RECEIVED BY LOCAL OFFICIAL <i>(Mo., Day, Yr.)</i>
--	---

INFORMATION FOR STATISTICAL PURPOSES ONLY

RACE - GROOM	NUMBER OF THIS MARRIAGE	IF PREVIOUSLY MARRIED, LAST MARRIAGE ENDED		EDUCATION <i>(Specify only highest grade completed)</i>	
Specify (e.g., White, Black American Indian, etc.)	Specify (First, second, etc.)	BY DEATH, DIVORCE, DISSOLUTION OR ANNULMENT <i>(Specify)</i>	DATE <i>(Mo., Day, Yr.)</i>	Elementary or Secondary (0-12)	College (1-4 or 5+)
21.	22.	23a.	23b.	24.	
RACE - BRIDE	NUMBER OF THIS MARRIAGE	IF PREVIOUSLY MARRIED, LAST MARRIAGE ENDED		EDUCATION <i>(Specify only highest grade completed)</i>	
Specify (e.g., White, Black American Indian, etc.)	Specify (First, second, etc.)	BY DEATH, DIVORCE, DISSOLUTION OR ANNULMENT <i>(Specify)</i>	DATE <i>(Mo., Day, Yr.)</i>	Elementary or Secondary (0-12)	College (1-4 or 5+)
25.	26.	27a.	27b.	28.	

HRA-164
Rev. 1/78

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

Exhibit 3a. Content of the U.S. Standard License and Certificate of Marriage,
by year revised

Item	1956	1968	1978
Groom information			
Name.....	X	X	X
Age.....	-	-	X
Date of birth.....	X	X	X
Race.....	X	X	X
Education.....	-	X	X
Usual residence:			
State.....	X	X	X
County.....	X	X	X
City, town, or location.....	X	X	X
Street and number.....	-	X	X
Inside city limits.....	-	X	-
Birthplace (State or foreign country).....	X	X	X
Marital status:			
Number of this marriage.....	-	X	X
Number of previous marriages.....	X	-	-
Previous marital status.....	X	-	-
How last marriage ended.....	X	X	X
Date last marriage ended.....	-	X	X
Father--name.....	-	X	X
Birthplace (State or foreign country).....	-	X	X
Mother--maiden name.....	-	X	X
Birthplace (State or foreign country).....	-	X	X
Occupation.....	X	-	-
Business or industry.....	X	-	-
Bride information			
Name.....	X	X	X
Maiden name if different.....	X	X	X
Age.....	-	-	X
Date of birth.....	X	X	X
Race.....	X	X	X
Education.....	-	X	X
Usual residence:			
State.....	X	X	X
County.....	X	X	X
City, town, or location.....	X	X	X
Street and number.....	-	X	X
Inside city limits.....	-	X	-
Birthplace (State or foreign country).....	X	X	X
Marital status:			
Number of this marriage.....	-	X	X
Number of previous marriages.....	X	-	-

Exhibit 3a. Content of the U.S. Standard License and Certificate of Marriage,
by year revised--Con.

Item	1956	1968	1978
Bride information--Con.			
Previous marital status.....	X	-	-
How last marriage ended.....	X	X	X
Date last marriage ended.....	-	X	X
Father--name.....	-	X	X
Birthplace (State or foreign country).....	-	X	X
Mother--maiden name.....	-	X	X
Birthplace (State or foreign country).....	-	X	X
Occupation.....	X	-	-
Business or industry.....	X	-	-
License information			
Signatures of applicants.....	X	X	-
Date signed.....	X	X	-
Groom's signature.....	-	-	X
Bride's signature.....	-	-	X
Date license was subscribed and sworn to.....	-	-	X
Signature of issuing officer.....	-	-	X
Title of issuing officer.....	-	-	X
Ceremony information			
Date of marriage.....	X	X	X
Place of marriage:			
State.....	X	X	-
County.....	X	X	X
City.....	-	-	X
Person performing ceremony:			
Title.....	-	-	X
Signature.....	-	X	X
Religious or civil.....	-	X	-
Date signed.....	-	X	-
Type of ceremony--religious or civil.....	-	-	X
Witnesses to ceremony--signatures.....	-	X	X
Other information			
Signature of local official making return to			
State health department.....	X	X	X
Date received by local official.....	-	X	X
Date of recording.....	X	-	-

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

Exhibit 3b. Number of registration areas reporting each item on the
U.S. Standard License and Certificate of Marriage: August 1982

Item number	Item	United States ¹	Outlying areas ²
1	Groom--name.....	49	4
2	Age.....	38	2
3a	Residence--street and number.....	38	4
3b	Residence--city, town, or location.....	46	3
3c	Residence--county.....	40	2
3d	Residence--State.....	45	1
4	Birthplace.....	46	2
5	Date of birth.....	41	3
6a	Father--name.....	32	4
6b	Father--birthplace.....	21	2
7a	Mother--maiden name.....	32	4
7b	Mother--birthplace.....	21	2
8a	Bride--name.....	45	4
8b	Maiden name.....	28	2
9	Age.....	38	2
10a	Residence--street and number.....	33	4
10b	Residence--city, town, or location.....	44	4
10c	Residence--county.....	40	1
10d	Residence--State.....	46	1
11	Birthplace.....	45	3
12	Date of birth.....	41	3
13a	Father--name.....	32	4
13b	Father--birthplace.....	21	2
14a	Mother--maiden name.....	32	4
14b	Mother--birthplace.....	21	2
15	Groom--signature.....	30	3
16	Bride--signature.....	30	3
17a	License--date issued.....	33	2
17b	License--signature of issuing officer.....	27	1
17c	License--title of issuing officer.....	27	1
18a	Ceremony--date.....	44	3
18b	Ceremony--city.....	34	1
18c	Ceremony--county.....	36	1
18d	Signature of person performing ceremony.....	42	3
18e	Title of person performing ceremony.....	36	2
18f	Type of ceremony.....	20	3
19a	Signature of witness to ceremony.....	22	3
19b	Signature of witness to ceremony.....	22	3
20a	Local official--signature.....	38	3
20b	Date received by local official.....	39	3

See footnotes at end of exhibit.

Exhibit 3b. Number of registration areas reporting each item on the
U.S. Standard License and Certificate of Marriage: August 1982--Con.

Item number	Item	United States ¹	Outlying areas ²
21	Groom--race.....	34	3
22	Number of this marriage.....	39	3
23a	Last marriage ended by divorce, dissolution or annulment.....	39	2
23b	Last marriage--date ended.....	24	2
24	Education.....	18	2
25	Bride--race.....	34	3
26	Number of this marriage.....	39	3
27a	Last marriage ended by divorce, dissolution, or annulment.....	39	2
27b	Last marriage--date ended.....	24	2
28	Education.....	18	2

¹50 States, District of Columbia, and New York City.

²American Samoa, Guam, Puerto Rico, Virgin Islands, and Trust Territory of the Pacific Islands.

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

Form Approved
OMB No. 68R 1904

TYPE OR PRINT IN PERMANENT INK FOR INSTRUCTIONS SEE HANDBOOK

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

COURT IDENTIFICATION
(Court file number)

STATE FILE NUMBER

HUSBAND

HUSBAND - NAME FIRST MIDDLE LAST

1. USUAL RESIDENCE - STREET ADDRESS CITY, TOWN OR LOCATION

2a. COUNTY 2b. BIRTHPLACE (State or foreign country) DATE OF BIRTH (Mo., Day, Yr.)

2c. STATE 2d. 3. 4.

WIFE

WIFE - NAME FIRST MIDDLE LAST MAIDEN NAME

5a. USUAL RESIDENCE - STREET ADDRESS 5b. CITY, TOWN OR LOCATION

6a. COUNTY 6b. BIRTHPLACE (State or foreign country) DATE OF BIRTH (Mo., Day, Yr.)

6c. STATE 6d. 7. 8.

9a. PLACE OF THIS MARRIAGE - CITY 9b. COUNTY 9c. STATE (If not in U.S.A., name country) 9d. DATE OF THIS MARRIAGE (Mo., Day, Yr.) 9e. DATE COUPLE SEPARATED (Mo., Day, Yr.)

10. PETITIONER - HUSBAND, WIFE, BOTH, OTHER (Specify)

11a. NUMBER OF CHILDREN EVER BORN ALIVE OF THIS MARRIAGE (Specify) 11b. CHILDREN UNDER 18 IN THIS FAMILY (Specify) 11c. ATTORNEY FOR PETITIONER - NAME (Type or print) 11d. ADDRESS STREET OR R.F.D. NO. 11e. CITY OR TOWN 11f. STATE 11g. ZIP

DECREE

12. I certify that the marriage of the above named persons was dissolved on: Month Day Year 12a. TYPE OF DECREE - DIVORCE, DISSOLUTION OR ANNULMENT (Specify) 12b. DATE OF ENTRY (Mo., Day, Yr.)

13a. COUNTY OF DECREE 13b. TITLE OF COURT

13c. SIGNATURE OF CERTIFYING OFFICIAL 13d. TITLE OF OFFICIAL

13e. 13f. 13g.

INFORMATION FOR STATISTICAL PURPOSES ONLY

HUSBAND

RACE - HUSBAND NUMBER OF THIS MARRIAGE IF PREVIOUSLY MARRIED HOW MANY ENDED BY EDUCATION (Specify only highest grade completed)

14. Specify (e.g., White, Black, American Indian, etc.) 15. Specify (First, second, etc.) 16. DEATH? 17. DIVORCE, DISSOLUTION OR ANNULMENT? 18. Elementary or Secondary (0-12) 19. College (1-4 or 5+)

WIFE

RACE - WIFE NUMBER OF THIS MARRIAGE IF PREVIOUSLY MARRIED HOW MANY ENDED BY EDUCATION (Specify only highest grade completed)

20. Specify (e.g., White, Black, American Indian, etc.) 21. Specify (First, second, etc.) 22. DEATH? 23. DIVORCE, DISSOLUTION OR ANNULMENT? 24. Elementary or Secondary (0-12) 25. College (1-4 or 5+)

26. 27. 28.

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

HRA-165
Rev. 1/78

Exhibit 4a. Content of the U.S. Standard Certificate of Divorce, Dissolution of Marriage or Annulment, by year revised

Item	1956	1968	1978
Husband information			
Name.....	X	X	X
Date of birth.....	X	X	X
Race.....	X	X	X
Education.....	-	X	X
Usual residence:			
State.....	X	X	X
County.....	X	X	X
City, town, or location.....	X	X	X
Street and number.....	-	X	X
Inside city limits.....	-	X	-
Birthplace (State or foreign country).....	X	X	X
Marital status:			
Number of this marriage.....	X	X	X
If previously married, how many ended by death? divorce?.....	-	X	X
Occupation.....	X	-	-
Business or industry.....	X	-	-
Wife information			
Name.....	X	X	X
Date of birth.....	X	X	X
Race.....	X	X	X
Education.....	-	X	X
Usual residence:			
State.....	X	X	X
County.....	X	X	X
City, town, or location.....	X	X	X
Street and number.....	-	X	X
Inside city limits.....	-	X	-
Birthplace (State or foreign country).....	X	X	X
Marital status:			
If previously married, how many ended by death? divorce?.....	-	X	X
Occupation.....	X	-	-
Business or industry.....	X	-	-

Exhibit 4a. Content of the U.S. Standard Certificate of Divorce, Dissolution of Marriage or Annulment, by year revised--Con.

Item	1956	1968	1978
Decree information			
Date marriage was dissolved.....	X	X	X
Type of decree--divorce, dissolution, or annulment....	-	X	X
Date of entry.....	X	X	X
County of decree.....	X	X	X
Title of court.....	-	X	X
Title of court official.....	X	X	X
Signature of certifying court official.....	X	X	X
Party to whom decree granted.....	X	X	-
Legal grounds for decree.....	X	X	-
Petitioner.....	-	-	X
Plaintiff.....	X	X	-
Attorney for petitioner.....	-	-	X
Address.....	-	-	X
Attorney for plaintiff.....	-	X	-
Address.....	-	X	-
Other information			
Place of this marriage:			
State or foreign country.....	X	X	X
County.....	X	X	X
City.....	-	-	X
Date of this marriage.....	X	X	X
Date couple separated.....	-	X	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

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

Exhibit 4b. Number of registration areas reporting each item on the U.S.
Standard Certificate of Divorce, Dissolution of Marriage or Annulment:
August 1982

Item number	Item	United States ¹	Outlying areas ²
1	Husband--name.....	43	3
2a	Residence--street address.....	26	3
2b	Residence--city, town, or location.....	36	3
2c	Residence--county.....	33	2
2d	Residence--State.....	35	2
3	Birthplace.....	30	2
4	Date of birth.....	33	3
5a	Wife--name.....	35	3
5b	Maiden name.....	34	3
6a	Residence--street address.....	26	3
6b	Residence--city, town, or location.....	36	3
6c	Residence--county.....	33	2
6d	Residence--State.....	35	2
7	Birthplace.....	30	2
8	Date of birth.....	33	3
9a	Place of this marriage--city.....	25	3
9b	County.....	29	1
9c	State.....	31	3
9d	Date of this marriage.....	40	3
10	Date couple separated.....	22	2
11a	Number of children born alive of this marriage....	25	2
11b	Number of children under 18 years in family.....	36	3
12	Who is petitioner?.....	38	3
13a	Name of attorney for petitioner.....	26	2
13b	Address of attorney.....	25	2
14a	Date of dissolution.....	40	3
14b	Type of decree granted.....	41	2
14c	Date of entry of judgment.....	31	3
14d	County of decree.....	38	1
14e	Title of court.....	31	2
14f	Signature of certifying official.....	33	3
14g	Title of official.....	29	3
15	Husband--race.....	30	2
16	Number of this marriage.....	31	3
17a	How many ended by death?.....	21	2
17b	How many ended by divorce, dissolution, or annulment?.....	21	2
18	Education.....	21	2

See footnotes at end of exhibit.

Exhibit 4b. Number of registration areas reporting each item on the U.S. Standard Certificate of Divorce, Dissolution of Marriage or Annulment: August 1982--Con.

Item number	Item	United States ¹	Outlying areas ²
19	Wife--race.....	30	2
20	Number of this marriage.....	31	3
21a	How many ended by death?.....	21	2
21b	How many ended by divorce, dissolution, or annulment?.....	21	2
22	Education.....	21	2

¹50 States and District of Columbia.

²American Samoa, Guam, Puerto Rico, Virgin Islands, and Trust Territory of the Pacific Islands.

Exhibit 5. U.S. Standard Report of Fetal Death

Form Approved
OMB No. 68R 1901

U. S. STANDARD REPORT OF FETAL DEATH

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT INK SEE HANDBOOK FOR INSTRUCTIONS

1a. HOSPITAL—NAME (If not in hospital, give street and number)				1b. CITY, TOWN OR LOCATION OF DELIVERY				1c. COUNTY OF DELIVERY							
2a. DATE OF DELIVERY (Month, Day, Year)				2b. HOUR OF DELIVERY				3. SEX OF FETUS				4. WEIGHT OF FETUS			
5a. MOTHER—MAIDEN NAME				5b. AGE (At time of this delivery)				6a. RESIDENCE—STATE				6b. COUNTY			
7. CITY, TOWN OR LOCATION				8. STREET AND NUMBER				9. INSIDE CITY LIMITS (Specify yes or no)				10. PREGNANCY HISTORY (Complete each section)			
11. RACE—(e.g., White, Black, American Indian, etc.) (Specify)				12. EDUCATION (Specify only highest grade completed)				13. DATE LAST NORMAL MENSES BEGAN (Month, Day, Year)				14. IS MOTHER MARRIED? (Specify yes or no)			
15. MONTH OF PREGNANCY PRENATAL CARE BEGAN (First, second, etc. (Specify))				16. PRENATAL VISITS—Total number (If none, so state)				17. THIS BIRTH—Single, twin, triplet, etc. (Specify)				18. IF NOT SINGLE BIRTH—Born first, second, third, etc. (Specify)			
19. FATHER—NAME				20. AGE (At time of this delivery)				21. RACE—(e.g., White, Black, American Indian, etc.) (Specify)				22. EDUCATION (Specify only highest grade completed)			
23. 15. PART I Fetal or maternal condition directly causing fetal death.				24. IMMEDIATE CAUSE [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).]				25. Specify Fetal or Maternal				26. Specify Fetal or Maternal			
27. Fetal and/or maternal conditions, if any giving rise to the immediate cause (a), stating the underlying cause last				28. DUE TO, OR AS A CONSEQUENCE OF:				29. Specify Fetal or Maternal				30. Specify Fetal or Maternal			
31. PART II OTHER SIGNIFICANT CONDITIONS OF FETUS OR MOTHER: Conditions contributing to fetal death but not related to cause given in (a)				32. FETUS DIED BEFORE LABOR, DURING LABOR OR DELIVERY, UNKNOWN (Specify)				33. PHYSICIAN'S ESTIMATE OF GESTATION				34. AUTOPSY (Specify yes or no)			
35. MULTIPLE BIRTHS (Enter State File Number for matris) LIVE BIRTH(S)				36. COMPLICATIONS OF PREGNANCY (Describe or write "none")				37. COMPLICATIONS OF LABOR AND/OR DELIVERY (Describe or write "none")				38. CONGENITAL MALFORMATIONS OR ANOMALIES OF FETUS (Describe or write "none")			
39. CONCURRENT ILLNESSES OR CONDITIONS AFFECTING THE PREGNANCY (Describe or write "none")				40. NAME OF PHYSICIAN OR ATTENDANT (Type or print)				41. NAME OF PERSON COMPLETING REPORT (Type or print)				42. TITLE			
43. FETAL DEATH(S)				44. 23.				45. 24.				46.			

MOTHER

FATHER

CAUSE OF FETAL DEATH

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

HRA-163
Rev. 1/78

Exhibit 5a. Content of the U.S. Standard Report of Fetal Death,
by year revised

Item	1930	1939	1949	1956	1968	1978
Fetal death information						
Name of fetus.....	X	X	X	X	X	-
Sex of fetus.....	X	X	X	X	X	X
Date of delivery.....	X	X	X	X	X	X
Hour of delivery.....	-	-	-	-	X	X
Place of delivery:						
Name of hospital.....	-	X	X	X	X	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
Township.....	X	-	-	-	-	-
Village.....	X	-	-	-	-	-
City.....	X	-	-	-	-	-
City, town, or location of delivery.....	-	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
Ward.....	X	-	-	-	-	-
Weight of fetus.....	-	-	X	X	X	X
Multiple delivery.....	X	X	X	X	X	X
Order if not single delivery.....	X	X	X	X	X	X
Mother information						
Maiden name.....	X	X	X	X	X	X
Age.....	X	X	X	X	X	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.....	X	-	-	-	-	-
State.....	-	X	X	X	X	X
County.....	-	X	X	X	X	X
City, town, or location.....	-	X	X	X	X	X
Street and number.....	-	X	X	X	X	X
Inside city limits.....	-	-	-	X	X	X
If rural, give location.....	-	X	X	-	-	-
Is residence on a farm?.....	-	-	-	X	-	-
Mother's mailing address.....	-	X	-	-	-	-
Race.....	X	X	X	X	X	X
Education.....	-	-	-	-	X	X

Exhibit 5a. Content of the U.S. Standard Report of Fetal Death,
by year revised--Con.

Item	1930	1939	1949	1956	1968	1978
Mother information--Con.						
Legitimate.....	X	-	X	X	X	-
Is mother married?.....	-	X	-	-	-	X
Occupation.....	X	-	-	-	-	-
Usual occupation.....	-	X	-	-	-	-
Kind of business or industry.....	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
Age.....	X	X	X	X	X	X
Birthplace (State or country).....	X	X	X	X	-	-
Birthplace (city or place).....	X	X	-	-	-	-
Race.....	X	X	X	X	X	X
Education.....	-	-	-	-	X	X
Residence.....	X	-	-	-	-	-
Occupation.....	X	-	-	-	-	-
Usual occupation.....	-	X	X	X	-	-
Kind of business or industry.....	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
Live births, now dead.....	X	X	X	X	X	X
Born dead (stillborn, fetal death).....	X	X	-	X	X	-
Born dead after 20 weeks pregnancy.....	-	-	X	-	-	-
Other terminations (spontaneous and induced):						
Under 20 weeks.....	-	-	-	-	-	X
Over 20 weeks.....	-	-	-	-	-	X
Date of last live birth.....	-	-	-	-	X	X
Date of last fetal death.....	-	-	-	-	X	-
Date of last other termination.....	-	-	-	-	-	X
Whether born alive or stillborn.....	X	-	-	-	-	-
Month of pregnancy prenatal care began.....	-	-	-	-	X	X
Number of prenatal visits.....	-	-	-	-	X	X

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

Exhibit 5a. Content of the U.S. Standard Report of Fetal Death,
by year revised--Con.

Item	1930	1939	1949	1956	1968	1978
Pregnancy information--Con.						
Physician's estimate of gestation.....	-	-	-	-	-	X
If stillborn, period of gestation.....	X	-	-	-	-	-
Length of pregnancy (completed weeks).....	-	-	X	X	-	-
Date last normal menses began.....	-	-	-	-	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	-	-	-
Complications of labor and/or delivery.....	-	-	-	-	-	X
Complications of labor.....	-	X	-	-	X	-
Was labor induced?.....	-	X	-	-	-	-
Congenital malformations or anomalies of fetus..	-	-	-	-	X	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
Whether fetal or maternal.....	-	-	-	-	X	X
Due to.....	-	-	-	X	X	X
Whether fetal or maternal.....	-	-	-	-	X	X
Due to.....	-	-	-	X	X	X
Whether fetal or maternal.....	-	-	-	-	X	X
Other significant conditions of fetus or mother.....	-	-	-	X	X	X
When fetus died:						
Before labor.....	X	X	-	X	X	X
During labor or delivery.....	-	-	-	X	X	X
During labor.....	X	X	-	-	-	-
Unknown.....	-	-	-	X	X	X
Was autopsy performed?.....	-	-	-	X	X	X

Exhibit 5a. Content of the U.S. Standard Report of Fetal Death,
by year revised--Con.

Item	1930	1939	1949	1956	1968	1978
Medical certification information--Con.						
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
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	-
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
Title.....	-	-	-	-	-	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	-	-	-	-	-

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

Exhibit 5b. Number of registration areas reporting each item on the
U.S. Standard Report of Fetal Death: August 1982

Item number	Item	United States ¹	Outlying areas ²
1a	Hospital--name.....	52	5
1b	City, town, or location of delivery.....	52	4
1c	County of delivery.....	47	3
2a	Date of delivery.....	52	5
2b	Hour of delivery.....	48	3
3	Sex of fetus.....	52	5
4	Weight of fetus.....	52	4
5a	Mother--maiden name.....	50	5
5b	Age of mother.....	52	5
6a	Residence--State.....	52	1
6b	Residence--county.....	49	1
6c	Residence--city.....	52	3
6d	Residence--street and number.....	48	3
6e	Residence--inside city limits.....	51	3
7	Race.....	52	4
8	Education.....	47	2
9	Date last menstrual period began.....	47	2
10	Is mother married?.....	29	2
11a	Live births of this mother--now living.....	52	5
11b	Live births of this mother--now dead.....	52	5
11c	Date of last live birth.....	46	3
11d	Other terminations of this mother-- under 20 weeks.....	51	4
11e	Other terminations of this mother-- over 20 weeks.....	51	5
11f	Date of last other termination.....	45	3
12a	Month prenatal care began.....	50	2
12b	Prenatal visits--total number.....	47	2
13a	Birth--single, twin, triplet.....	52	5
13b	If not single birth--born first, second.....	52	5
14a	Father--name.....	50	4
14b	Age of father.....	52	4
14c	Race of father.....	52	3
14d	Education of father.....	46	2
15	Cause of fetal death.....	52	4
	Interval between onset of condition and death....	49	3
	Other significant conditions contributing to death.....	52	4
16	Whether death occurred before labor or during labor or delivery.....	51	3
17	Physician's estimate of length of gestation.....	38	4

See footnotes at end of exhibit.

Exhibit 5b. Number of registration areas reporting each item on the
U.S. Standard Report of Fetal Death: August 1982--Con.

Item number	Item	United States ¹	Outlying areas ²
18	Was autopsy performed?.....	51	2
19	Complications of pregnancy.....	44	3
20	Complications of labor and/or delivery.....	44	3
21	Concurrent illnesses or conditions affecting pregnancy.....	43	3
22	Congenital malformations.....	46	3
23	Name of physician or attendant.....	50	5
24	Person completing report--name and title.....	14	1
--	Hispanic origin--mother and father ³	4	0
--	Ethnic origin--mother and father ³	8	1

¹50 States, District of Columbia, and New York City.

²American Samoa, Guam, Puerto Rico, Virgin Islands, and Trust Territory of the Pacific Islands.

³Not on standard certificate.

Exhibit 6. U.S. Standard Report of Induced Termination of Pregnancy

Form Approved
OMB No. 68R 1901

U. S. STANDARD

REPORT OF INDUCED TERMINATION OF PREGNANCY

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT INK SEE HANDBOOK FOR INSTRUCTIONS

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

1a. FACILITY - NAME (If not hospital or clinic, give address)		1b. CITY, TOWN OR LOCATION OF PREGNANCY TERMINATION		1c. COUNTY OF PREGNANCY TERMINATION	
2a. PATIENT IDENTIFICATION		2b. AGE OF PATIENT		2c. MARRIED? (Check) <input type="checkbox"/> YES <input type="checkbox"/> NO	
3. RESIDENCE - STATE		3. COUNTY		3. DATE OF PREGNANCY TERMINATION (Month, Day, Year)	
4a. RESIDENCE - STATE		4b. COUNTY		4c. CITY, TOWN OR LOCATION	
4a. RACE (Check) <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> American indian <input type="checkbox"/> Other, Specify		4b. EDUCATION (Specify only highest grade completed) Elementary or Secondary (0-12) College (1-4 or 5+)		4d. PREVIOUS PREGNANCIES (Complete each section) LIVE BIRTHS: Now living Number _____, Now dead Number _____ OTHER TERMINATIONS: Spontaneous Number _____, Induced Number _____	
5. _____		6. _____		7. None <input type="checkbox"/> 7b. None <input type="checkbox"/> 7c. None <input type="checkbox"/> 7d. None <input type="checkbox"/>	
8a. PROCEDURE THAT TERMINATED PREGNANCY (CHECK ONLY ONE)		TYPE OF TERMINATION PROCEDURES		8b. ADDITIONAL PROCEDURES USED FOR THIS TERMINATION, IF ANY (CHECK ALL THAT APPLY)	
<input type="checkbox"/> SUCTION CURETTAGE		-----		<input type="checkbox"/> NONE	
<input type="checkbox"/> SHARP CURETTAGE		-----		<input type="checkbox"/> HEMORRHAGE	
<input type="checkbox"/> INTRA-UTERINE SALINE INSTILLATION		-----		<input type="checkbox"/> INFECTION	
<input type="checkbox"/> INTRA-UTERINE PROSTAGLANDIN INSTILLATION		-----		<input type="checkbox"/> UTERINE PERFORATION	
<input type="checkbox"/> HYSTEROTOMY		-----		<input type="checkbox"/> CERVICAL LACERATION	
<input type="checkbox"/> HYSTERECTOMY		-----		<input type="checkbox"/> RETAINED PRODUCTS	
<input type="checkbox"/> OTHER (Specify) _____		-----		<input type="checkbox"/> OTHER (Specify) _____	
9. COMPLICATIONS OF PREGNANCY TERMINATION (CHECK ALL THAT APPLY)		10. DATE LAST NORMAL MENSES BEGAN (Month, Day, Year)		11. PHYSICIAN'S ESTIMATE OF GESTATION Weeks	
13. NAME OF PERSON COMPLETING REPORT (Type or print)		12. NAME OF ATTENDING PHYSICIAN (Type or print)			

HRA-166
Rev. 1/78

GPO 911-349

Exhibit 6a. Contents of the U.S. Standard Report of Induced Termination
of Pregnancy, new in 1978

Item	1978
Place of induced termination	
Facility--name.....	X
Address (if not hospital or clinic).....	X
City, town, or location.....	X
County.....	X
Induced termination information	
Date of pregnancy termination.....	X
Previous pregnancies:	
Live births--now living.....	X
Live births--now dead.....	X
Other terminations--spontaneous.....	X
Other terminations--induced.....	X
Date last normal menses began.....	X
Physician's 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
Additional procedures used.....	X
Suction curettage.....	X
Sharp curettage.....	X
Intra-uterine saline instillation.....	X
Intra-uterine prostaglandin instillation.....	X
Hysterotomy.....	X
Hysterectomy.....	X
Other (specify).....	X
Patient information	
Patient identification.....	X
Age.....	X
Marital status.....	X

Exhibit 6a. Contents of the U.S. Standard Report of Induced Termination
of Pregnancy, new in 1978--Con.

Item	1978
Patient information--Con.	
Residence:	
State.....	X
City, town, or location.....	X
Inside city limits.....	X
Race.....	X
Education.....	X
Other information	
Name of attending physician.....	X
Name of person completing report.....	X

Note: X Item included on standard certificate.

Exhibit 6b. Number of registration areas reporting each item on the
U.S. Standard Report of Induced Termination of Pregnancy:
August 1982

Item number	Item	United States ¹	Outlying areas ²
1a	Facility--name.....	36	0
1b	City, town, or location of facility.....	36	0
1c	County of pregnancy termination.....	30	0
2a	Patient identification.....	26	0
2b	Age of patient.....	35	0
2c	Is patient married?.....	31	0
3	Date of pregnancy termination.....	35	0
4a	Residence--State.....	33	0
4b	Residence--county.....	30	0
4c	Residence--city, town, or location.....	29	0
4d	Residence--inside city limits.....	20	0
5	Race of patient.....	32	0
6	Education of patient.....	26	0
7a	Live births of patient--now living.....	29	0
7b	Live births of patient--now dead.....	27	0
7c	Other terminations of patient--spontaneous.....	31	0
7d	Other terminations of patient--induced.....	33	0
8a	Procedure that terminated pregnancy.....	35	0
8b	Additional procedures used.....	24	0
9	Complications of pregnancy termination.....	32	0
10	Date last normal menses began.....	29	0
11	Physician's estimate of gestation.....	35	0
12	Name of attending physician.....	29	0
13	Name of person completing report.....	20	0
--	Hispanic origin--patient ³	3	0
--	Ethnic origin--patient ³	4	0

¹50 States, District of Columbia, and New York City.

²American Samoa, Guam, Puerto Rico, Virgin Islands, and Trust Territory of the Pacific Islands.

³Not on standard certificate.

Vital and Health Statistics series descriptions

- SERIES 1. Programs and Collection Procedures.**—Reports describing the general programs of the National Center for Health Statistics and its offices and divisions and the data collection methods used. They also include definitions and other material necessary for understanding the data.
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