

SECTION 4 - TECHNICAL APPENDIX

pled on a 50-percent basis while all records from the Virgin Islands and Guam are included. Information for prior years for these three areas is published in the respective annual vital statistics reports of the Department of Health of the Commonwealth of Puerto Rico, the Department of Health of the Virgin Islands, the Department of Public Health and Social Services of the Government of Guam, and in selected *Vital Statistics of the United States* annual reports.

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

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

Standard Certificate of Live Birth

The Standard Certificate of Live Birth, issued by the Public Health Service, has served for many years

FIGURE 4-A

FORM APPROVED
BUDGET BUREAU NO. 06-81900

U.S. STANDARD
CERTIFICATE OF LIVE BIRTH

TYPE OR PRINT IN PERMANENT INK
SEE HANDBOOK FOR INSTRUCTIONS

LOCAL FILE NUMBER

SERIAL NUMBER

CHILD

1 CHILD—NAME FIRST MIDDLE LAST DATE OF BIRTH (MONTH, DAY, YEAR) HOUR

2a SEX THIS BIRTH—SINGLE, TWIN, TRIPLE, ETC. (SPECIFY) IF NOT SINGLE BIRTH—BORN FIRST, SECOND, THIRD, ETC. (SPECIFY) COUNTY OF BIRTH

3 CITY, TOWN, OR LOCATION OF BIRTH INSIDE CITY LIMITS (SPECIFY YES OR NO) HOSPITAL—NAME (IF NOT IN HOSPITAL, GIVE STREET AND NUMBER)

5b MOTHER—MAIDEN NAME FIRST MIDDLE LAST AGE (AT TIME OF THIS BIRTH) STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)

6c RESIDENCE—STATE COUNTY CITY, TOWN, OR LOCATION INSIDE CITY LIMITS (SPECIFY YES OR NO) STREET AND NUMBER

7a FATHER—NAME FIRST MIDDLE LAST AGE (AT TIME OF THIS BIRTH) STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)

8a INFORMANT RELATION TO CHILD

9a I CERTIFY THAT THE ABOVE NAMED CHILD WAS BORN ALIVE AT THE PLACE AND TIME AND ON THE DATE STATED ABOVE DATE SIGNED (MONTH, DAY, YEAR) ATTENDANT—M.D., D.O., MIDWIFE, OTHER (SPECIFY)

10a SIGNATURE CERTIFIER—NAME (TYPE OF PRINT) MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)

10b REGISTRAR—SIGNATURE DATE RECEIVED BY LOCAL REGISTRAR (MONTH DAY YEAR)

11a

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FATHER

12 RACE—FATHER WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY) EDUCATION—SPECIFY HIGHEST GRADE COMPLETED (ELEMENTARY (0,1,2,3, 01-3) HIGH SCHOOL (1,2,3, OR 4) COLLEGE (1,2,3,4, OR 5+)) PREVIOUS DELIVERIES—HOW MANY OTHER CHILDREN ARE NOW LIVING WERE BORN ALIVE—NOW DEAD WERE BORN DEAD (FETAL DEATH AT ANY TIME AFTER CONCEPTION)

13 RACE—MOTHER WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY) EDUCATION—SPECIFY HIGHEST GRADE COMPLETED (ELEMENTARY (0,1,2,3, 01-3) HIGH SCHOOL (1,2,3, OR 4) COLLEGE (1,2,3,4, OR 5+)) DATE OF LAST LIVE BIRTH (MONTH DAY YEAR) DATE OF LAST FETAL DEATH (MONTH DAY YEAR)

14 DATE LAST NORMAL MENSES BEGAN (MONTH DAY YEAR) MONTH OF PREGNANCY PRENATAL CARE BEGAN (FIRST, SECOND, THIRD, ETC. (SPECIFY)) PRENATAL VISITS (IF NONE, SO STATE) TOTAL NUMBER LEGITIMATE (SPECIFY YES OR NO) BIRTH WEIGHT

15 DEATH UNDER ONE YEAR OF AGE ENTER STATE FILE NUMBER OF DEATH CERTIFICATE FOR THIS CHILD

16 COMPLICATIONS RELATED TO PREGNANCY (DESCRIBE OR WRITE "NONE") BIRTH INJURIES TO CHILD (DESCRIBE OR WRITE "NONE")

17 COMPLICATIONS NOT RELATED TO PREGNANCY (DESCRIBE OR WRITE "NONE") CONGENITAL MALFORMATIONS OR ANOMALIES OF CHILD (DESCRIBE OR WRITE "NONE")

18 COMPLICATIONS OF LABOR (DESCRIBE OR WRITE "NONE")

19 MULTIPLE BIRTHS ENTER STATE FILE NUMBER FOR MATRICES LIVE BIRTH(S)

20 FETAL DEATH(S)

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