

SECTION 4 - TECHNICAL APPENDIX - PAGE 2

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

State certificates conform closely in content to the standard certificate.

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

Standard Certificate of Live Birth

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

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

FIGURE 4-A.

Form Approved
OMB No. 58R 1900

U.S. STANDARD
CERTIFICATE OF LIVE BIRTH

TYPE OR PRINT IN PERMANENT INK FOR INSTRUCTIONS SEE HANDBOOK

LOCAL FILE NUMBER

BIRTH NUMBER

CHILD

1 CHILD-NAME FIRST MIDDLE LAST
2 SEX
3a DATE OF BIRTH (Mo., Day, Yr.)
3b HOUR
3c M

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

CERTIFIER

5a I certify that the stated information concerning this child is true to the best of my knowledge and belief
5b DATE SIGNED (Mo., Day, Yr.)
5c NAME AND TITLE OF ATTENDANT AT BIRTH IF OTHER THAN CERTIFIER (If type or print)
5d CERTIFIER-NAME AND TITLE (If type or print)
5e MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)

REGISTRAR

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

MOTHER

7a MOTHER-MAIDEN NAME FIRST MIDDLE LAST
7b AGE (At time of this birth)
7c STATE OF BIRTH (If not in U.S.A. name country)
7d RESIDENCE-STATE COUNTY CITY, TOWN OR LOCATION
7e STREET AND NUMBER OF RESIDENCE
7f INSIDE CITY LIMITS (Specify)
7g MOTHER'S MAILING ADDRESS—If same as above, enter Zip Code only

FATHER

8a FATHER-NAME FIRST MIDDLE LAST
8b AGE (At time of this birth)
8c STATE OF BIRTH (If not in U.S.A. name country)
8d I certify that the personal information provided on this certificate is correct to the best of my knowledge and belief (Signature of Parent)
8e RELATION TO CHILD
8f OTHER INFORMATION

INFORMATION FOR MEDICAL AND HEALTH USE ONLY

9a RACE - MOTHER (e.g. White, Black, American Indian, etc.) (Specify)
9b RACE - FATHER (e.g. White, Black, American Indian, etc.) (Specify)
10 BIRTH WEIGHT
11 THIS BIRTH - Single, twin, triplet, etc. (Specify)
12 IF NOT SINGLE BIRTH - Born first, second, third, etc. (Specify)
13 IS MOTHER MARRIED? (Specify yes or no)

PREGNANCY HISTORY (Complete each section)

14a LIVE BIRTHS (Do not include this Child)
14b OTHER TERMINATIONS (Spontaneous and Induced)
14c DATE OF LAST LIVE BIRTH (Month, Year)
14d DATE OF LAST OTHER TERMINATION (If induced or if not induced) (Month, Year)

15a EDUCATION - MOTHER (Specify only highest grade completed)
15b EDUCATION - FATHER (Specify only highest grade completed)

16a DATE LAST NORMAL MENSTRUATION BEGAN (Month, Day, Year)
16b MONTH OF PREGNANCY PRENATAL CARE BEGAN (First, second, etc.) (Specify)
16c PRENATAL VISITS Total Number (If none so state)
16d APGAR SCORE 1 min. 2 min.

17a MULTIPLE BIRTHS Ever State # and Number for hospital
17b MULTIPLE BIRTHS None
17c MULTIPLE BIRTHS None
17d MULTIPLE BIRTHS None

18a COMPLICATIONS OF PREGNANCY (Describe or write "none")
18b CONCURRENT ILLNESSES OR CONDITIONS AFFECTING THE PREGNANCY (Describe or write "none")

19a COMPLICATIONS OF LABOR AND/OR DELIVERY (Describe or write "none")
19b CONGENITAL MALFORMATIONS OR ANOMALIES OF CHILD (Describe or write "none")

DEATH UNDER ONE YEAR OF AGE
Enter Step # and Number of cause certificate for this child

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