

prepared in close collaboration with the Public Health Conference on Records and Statistics and was recommended to the States for adoption as of January 1, 1956 (figure 3-A). With a few exceptions, only minor changes in content and format were made in the 1956 revision of the standard certificate. In an effort to obtain a more accurate designation for place of residence, the question "Is residence inside city limits?" was added.

prepared separately until they became States—Alaska in 1959 and Hawaii in 1960.

The original birth-registration area of 1915 consisted of 10 States and the District of Columbia. The growth of this area is indicated in table 3-1. Table 3-1 also presents for each year through 1932 the estimated midyear population of the United States and of those States included in the registration system.

Because of the growth of the area for which data have been collected and tabulated, a national series of geographically comparable data prior to 1933 can be obtained only by estimation. Annual estimates of births have been prepared by P. K. Whelpton for the period 1909-34 (table 1-2 in Section 1). These estimates include adjustments for under-registration and for States not in the birth-registration area before 1933.

**HISTORY**

The national birth-registration area was proposed in 1850, established in 1915, and completed in 1933. The organized territories of Hawaii and Alaska were admitted in 1929 and 1950, respectively; data from these areas were

**FIGURE 3-A**

STATE OF		<b>CERTIFICATE OF LIVE BIRTH</b>			BIRTH.No.		
1. PLACE OF BIRTH a. COUNTY		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE				b. COUNTY	
b. CITY, TOWN, OR LOCATION		c. CITY, TOWN, OR LOCATION					
c. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)		d. STREET ADDRESS					
d. IS PLACE OF BIRTH INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input type="checkbox"/>		e. IS RESIDENCE INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input type="checkbox"/>		f. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input type="checkbox"/>			
3. NAME (Type or print) First Middle Last		4. SEX		5a. THIS BIRTH SINGLE <input type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>		5b. IF TWIN OR TRIPLET, WAS CHILD BORN 1st <input type="checkbox"/> 2d <input type="checkbox"/> 3d <input type="checkbox"/>	
6. DATE OF BIRTH Month Day Year		7. NAME First Middle Last		8. COLOR OR RACE			
9. AGE (At time of this birth) YEARS		10. BIRTHPLACE (State or foreign country)		11a. USUAL OCCUPATION		11b. KIND OF BUSINESS OR INDUSTRY	
12. MAIDEN NAME First Middle Last		13. COLOR OR RACE		14. AGE (At time of this birth) YEARS		15. BIRTHPLACE (State or foreign country)	
16. PREVIOUS DELIVERIES TO MOTHER (Do NOT include this birth) a. How many OTHER children are now living? b. How many OTHER children were born alive but are now dead? c. How many fetal deaths (fetuses born dead at ANY time after conception)?		17. INFORMANT		18. MOTHER'S MAILING ADDRESS			
I hereby certify that this child was born alive on the date stated above.		18a. SIGNATURE		18b. ATTENDANT AT BIRTH M. D. <input type="checkbox"/> D. O. <input type="checkbox"/> MIDWIFE <input type="checkbox"/> OTHER (Specify)		18c. ADDRESS	
19. DATE RECD. BY LOCAL REG.		20. REGISTRAR'S SIGNATURE		21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar)			
<b>FOR MEDICAL AND HEALTH USE ONLY</b> (This section MUST be filled out)							
22a. LENGTH OF PREGNANCY COMPLETED WEEKS		22b. WEIGHT AT BIRTH LB. OZ.		23. LEGITIMATE YES <input type="checkbox"/> NO <input type="checkbox"/>			
(SPACE FOR ADDITION OF MEDICAL AND HEALTH ITEMS BY INDIVIDUAL STATES)							

1956 REVISION OF STANDARD CERTIFICATE  
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