

GENERAL INFORMATION

INTRODUCTION

The registration and reporting of live births, deaths, spontaneous fetal deaths, induced terminations of pregnancy, adverse outcome of induced terminations, marriages, divorces and annulments is a state and local function in this country with state laws prescribing the means through which this is accomplished. In Mississippi, as in most other states, the legislature placed the responsibility for obtaining and filing such records within the State Department of Health, and collection began November 1, 1912.

Thousands of physicians, hospital staff members, county medical examiners, funeral directors, midwives, local registrars for marriages (circuit clerks) and divorces (chancery clerks) and staff of the Bureau of Vital Statistics perform designated functions within the statewide system through which the needed records are obtained. Each of these groups contributes to the successful operation of the collection process, and upon them depend the completeness and accuracy, and thus the usefulness, of the certificates and reports submitted.

These records have many legal, medical and statistical uses. Some of the data items have only legal uses, some are for statistical use only, and many serve both purposes. Although each state decides upon the content and format of its own records in accordance with its own laws, the items of information, for the most part conform to the contents of model "standard" certificates. These models are developed cooperatively by the states and the National Center for Health Statistics, a branch of the Centers for Disease Control and Prevention, US Department of Health and Human Services, to promote consistency in the facts available for legal and statistical uses. The Standard forms are revised approximately once every ten years to meet changing needs and the revisions incorporate the main recommendations received from every state from the various persons who prepare and work with these records.

The purpose of this manual is to assist each facility in completing the Certificate of Live Birth available through our Electronic Birth Registration system and/or the Hospital Worksheet. You will notice on each item it is indicated if it pertains to the Certificate of Live Birth or the Hospital Worksheet or both.

REGISTRATION OF LIVE BIRTHS

LIVE BIRTH DEFINED

“Live Birth” means the complete expulsion or extraction from its mother of a product of human conception, irrespective of the duration of pregnancy, which, after such expulsion or extraction, breathes or shows other evidence of life, such as beating of the heart, pulsation of the umbilical cord or definite movement of voluntary muscles, whether or not the umbilical cord has been cut or the placenta is attached.

CERTIFIED COPIES OF CERTIFICATES OF LIVE BIRTH

A certified copy may be obtained by anyone with a legitimate and tangible interest in the birth record, generally the immediate family. Blank applications should be secured from the Vital Records office in Jackson. Completed applications and the fee, (\$15.00 for the first copy and \$5.00 for each additional copy of the same record ordered at the same time), should be sent to:

Mississippi Vital Records
P O Box 1700
Jackson, MS 39215-1700

QUESTIONS

If clarification, additional information, or assistance is needed regarding the registration of a live birth, contact your Vital Records Field Representative, Vital Records Birth Registration, or the State Registrar.

Rules and Regulations pertaining to the registration of Births can be obtained from the Mississippi State Department of Health or they are available at our website at www.msdh.state.ms.us/phs.

CERTIFICATE OF LIVE BIRTH, FORM NO. 500, REVISED 01/01/2013

Main body of the certificate containing sections for CHILD, MOTHER, FATHER, and NEONORB INFORMATION. Includes fields for infant details, parental information, medical history, and newborn conditions.

Continuation of the certificate containing sections for FATHER, MOTHER, and NEONORB INFORMATION. Includes fields for birth details, parental information, medical history, and newborn conditions.

HOSPITAL WORKSHEET, FORM 501, REVISED 01/01/2013

Mother's Medical Record # _____
Child's Medical Record # _____

20. IS INFANT LIVING AT TIME OF REPORT? Yes No
 If yes, Name of facility infant transferred to: _____

21. WAS INFANT TRANSFERRED WITHIN 24 HOURS OF DELIVERY? Yes No
 If yes, Name of facility infant transferred to: _____

22. APGAR SCORE
 Score at 1 minute _____ (Less than 6, Score at 10 minutes _____)
 Score at 5 minutes _____

23. IS THE INFANT BEING BREASTFEED AT DISCHARGE? Yes No

24. MOTHER'S HEIGHT (feet/inches) _____ **25. MOTHER'S PREGNANCY WEIGHT (pounds)** _____
26. MOTHER'S WEIGHT AT DELIVERY (pounds) _____

27. CHARACTERISTICS OF DELIVERY
 For each time period, enter the number of cigarettes or the number of packs of cigarettes smoked. If none, enter "0".
 This Month Before Pregnancy _____ or _____
 1-3 Months Before Pregnancy _____ or _____
 4-6 Months Before Pregnancy _____ or _____
 7-9 Months Before Pregnancy _____ or _____

28. RISK FACTORS IN THIS PREGNANCY
 (Check all that apply)
 28.01 Pregnancy (Diagnosed prior to this pregnancy)
 28.02 Gestational (Diagnosed in this pregnancy)
 28.03 Hypertension
 28.04 Pre-eclampsia
 28.05 Gestational (PHI, preeclampsia)
 28.06 Excessive prenatal care
 28.07 Other prenatal care
 28.08 Fetal growth restriction (Diagnosed prenatally, multi-fetal gestational, or diagnosed in utero)
 28.09 Fetal growth restriction (Diagnosed in utero)
 28.10 Anemia (Diagnosed in utero)
 28.11 Other (Specify): _____

29. OBSTETRIC PROCEDURES
 (Check all that apply)
 29.01 Cesarean section
 29.02 Episiotomy
 29.03 Forceps
 29.04 Vacuum extraction
 29.05 Other (Specify): _____

30. CHARACTERISTICS OF LABOR AND DELIVERY
 (Check all that apply)
 30.01 Initiation of labor
 30.02 Spontaneous
 30.03 Induced
 30.04 Other (Specify): _____
 30.05 Gestational age at delivery: _____ weeks
 30.06 Fetal weight at delivery: _____ lbs
 30.07 Apgar 1 score: _____
 30.08 Apgar 5 score: _____
 30.09 Other (Specify): _____

31. METHOD OF DELIVERY
 (Check all that apply)
 31.01 Vaginal
 31.02 Cesarean
 31.03 Other (Specify): _____

32. OBSTETRIC COMPLICATIONS
 (Check all that apply)
 32.01 Placental abruption
 32.02 Placental insufficiency
 32.03 Uterine rupture
 32.04 Other (Specify): _____

33. MATERNAL MORBIDITY (Complications associated with labor and delivery)
 (Check all that apply)
 33.01 Anemia
 33.02 Infection
 33.03 Hypertension
 33.04 Other (Specify): _____

34. PRINCIPAL SOURCE OF PAYMENT FOR THIS DELIVERY
 34.01 Private Insurance
 34.02 Medicaid
 34.03 Self Pay
 34.04 Other (Specify): _____

35. OBSTETRIC ESTIMATE OF GESTATION (completed weeks) _____

36. NEWBORN INFORMATION

36.1. GENERAL CHARACTERISTICS OF THE NEWBORN
 (Check all that apply)
 36.1.01 Sex: Male Female
 36.1.02 Gestational age at birth: _____ weeks
 36.1.03 Birth weight: _____ lbs
 36.1.04 Head circumference: _____ cm
 36.1.05 Length: _____ cm
 36.1.06 Apgar 1 score: _____
 36.1.07 Apgar 5 score: _____
 36.1.08 Other (Specify): _____

36.2. PHYSICAL EXAMINATION OF THE NEWBORN
 (Check all that apply)
 36.2.01 Normal
 36.2.02 Abnormal (Specify): _____

36.3. MEDICAL HISTORY OF THE NEWBORN
 (Check all that apply)
 36.3.01 Birth trauma
 36.3.02 Infection
 36.3.03 Hypoxia
 36.3.04 Other (Specify): _____

36.4. DISCHARGE AND FOLLOW-UP
 (Check all that apply)
 36.4.01 Discharge location: _____
 36.4.02 Date of discharge: _____
 36.4.03 Other (Specify): _____

HOSPITAL WORKSHEET

CERTIFICATE OF LIVE BIRTH STATE OF MISSISSIPPI

MOTHER'S MEDICAL RECORD # _____
CHILD'S MEDICAL RECORD # _____

1. CHILD NAME First _____ Middle _____ Last _____ **20. TIME OF BIRTH (hh:mm)** _____

3. SEX Male Female **4. IF NOT SINGLE BIRTH, BORN FIRST, SECOND, ETC. (Specify)** _____ **5. BIRTH WEIGHT (Enter only in the type of measure on the label used)** _____ **6. COLOUR OF BIRTH** _____

7. FACILITY NAME (If not institution, give street and number) _____ **8. CITY, TOWN OR LOCATION OF BIRTH** _____ **9. DATE OF BIRTH (Month, Day, Year)** _____

10. FATHER'S CURRENT LEGAL NAME (First, Middle, Last, Suffix) _____ **11. BIRTHPLACE (State, Territory, or Foreign County)** _____

12. FATHER'S RACE (Check one or more areas to indicate what the father considers himself to be)
 White Black or African American Asian Indian Filipino Hispanic Korean Vietnamese Other Pacific Islander (Specify) _____
 American Indian or Alaska Native (Name of the enrolled or principal tribe) _____
 Other Asian (Specify) _____
 Other (Specify) _____

13. MOTHER'S RACE (Check one or more areas to indicate what the mother considers herself to be)
 White Black or African American Asian Indian Filipino Hispanic Korean Vietnamese Other Pacific Islander (Specify) _____
 American Indian or Alaska Native (Name of the enrolled or principal tribe) _____
 Other Asian (Specify) _____
 Other (Specify) _____

14. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last, Suffix) _____ **15. BIRTHPLACE (State, Territory, or Foreign County)** _____

16. MOTHER'S RACE (Check one or more areas to indicate what the mother considers herself to be)
 White Black or African American Asian Indian Filipino Hispanic Korean Vietnamese Other Pacific Islander (Specify) _____
 American Indian or Alaska Native (Name of the enrolled or principal tribe) _____
 Other Asian (Specify) _____
 Other (Specify) _____

17. RESIDENCE STATE _____ **18. COUNTY** _____ **19. CITY OR TOWN** _____ **20. STREET AND NUMBER OR RURAL LOCATION (Specify Year No)** _____ **21. STATE AND ZIP CODE** _____

22. MAILING ADDRESS, STREET AND NUMBER OR ROUTE AND BOX NUMBER _____ **23. CITY OR TOWN** _____ **24. STATE AND ZIP CODE** _____

25. ATTENDANT'S NAME AND TITLE _____ **26. ATTENDANT'S MHI** _____

27. SOCIAL SECURITY CARD REQUESTED Yes No **28. SOCIAL SECURITY ADMINISTRATION** _____ **29. SIGNATURE OF EITHER PARENT** _____

30. CERTIFY THAT THE PERSONAL INFORMATION CONCERNING THIS CHILD IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF _____

FATHER **31. FATHER'S SOCIAL SECURITY NUMBER** _____ **32. FATHER'S BIRTH DATE (MM/DD/YYYY)** _____ **33. FATHER'S RACE** _____ **34. FATHER'S EDUCATION** _____ **35. FATHER'S OCCUPATION** _____

MOTHER **36. MOTHER'S SOCIAL SECURITY NUMBER** _____ **37. MOTHER'S BIRTH DATE (MM/DD/YYYY)** _____ **38. MOTHER'S RACE** _____ **39. MOTHER'S EDUCATION** _____ **40. MOTHER'S OCCUPATION** _____

41. DATE OF LAST NORMAL MENSTRUATION _____ **42. DATE OF LAST PRENATAL VISIT FOR THIS PREGNANCY** _____ **43. DATE OF LAST PRENATAL VISIT FOR THIS PREGNANCY** _____

44. MOTHER'S MARITAL STATUS AT CONCEPTION OR AT ANY TIME BETWEEN PREVIOUS LIVE BIRTHS (Do not include this status or children adopted by mother) _____ **45. DATE OF LAST PREVIOUS LIVE BIRTH (Do not include this status or children adopted by mother)** _____

46. NEWBORN'S NAME _____ **47. NEWBORN'S BIRTH DATE (MM/DD/YYYY)** _____ **48. NEWBORN'S SEX** _____ **49. NEWBORN'S RACE** _____

50. SIGNATURE OF EITHER PARENT _____ **51. DATE OF SIGNATURE** _____

Mississippi State Department of Health Form No. 801

Item No.	Item Name	EBC	Worksheet
1	CHILD NAME – (FIRST, MIDDLE, LAST)	YES	YES

First and Middle names (Given names):

Enter the name as provided by the parents. Do not assume the spelling, if the name is provided verbally; ask for the spelling of each name. Accent marks may not be used except where it separates the name (e.g. O’Brien) however, numbers cannot be used. If the parents have not selected given names for the child, enter “Unnamed” for the first name. Never enter such terms as “Baby girl” or “Infant boy.”

Last name (Surname):

Entries of Jr, II, etc. following the last name are acceptable.

Review **Rule 18–Surname of child** under **RULES PERTAINING TO LIVE BIRTH** in Rules Governing the Registration and Certification of Vital Events. The rule is paraphrased here for convenience of use.

1. For a child born to a mother who was married at the time of birth (Item 18 answered “Yes”), enter the last name of the mother's husband. Note that a woman who is separated but not divorced is considered married.
2. For a child born to a mother who was married at or after the time of conception but was widowed or divorced at the time the child was born (Item 18 answered “Yes”), enter the last name of the deceased or divorced husband.
3. For a child born to a mother who was not married at the time of conception or birth or at any time in between BUT there is an acknowledged father (item 18 answered “No”), enter the last name of the acknowledged father.
4. For a child born to a mother who was not married at the time of conception or birth or at any time in between and there is no acknowledged father (Item 18 answered “No”), enter the legal last name of the mother.

Refer problems not covered in these instructions to your Vital Records Field Representative, Vital Records Birth Registration Unit, or the State Registrar.

Item No.	Item Name	EBC	Worksheet
2a	DATE OF BIRTH (MONTH, DAY, YEAR)	YES	YES

Enter the exact month, day, and year the child was born.

(EBC) Numbers must be entered, example: 01012013, leading zeros must be entered. **(Worksheet)** Spell out or abbreviate the name of the month (Jan., Feb., etc.). Numbers can be entered, example: 01012013, leading zeros must be entered.

Pay particular attention to the entry of month, day, and year when the birth occurs around midnight or on December 31. Consider a birth exactly at midnight to have occurred at the end of one day rather than at the beginning of the next day.

Item No.	Item Name	EBC	Worksheet
2b	TIME OF BIRTH	YES	YES

Enter the exact time (hour and minute) the child was born according to local time. This can be entered with a 12 hour clock with a.m. or p.m. designated, or with a 24 hour clock.

Enter 12 noon as "12:00 p.m." If the time was one minute after 12 noon, enter "12:01 p.m."

Enter 12 midnight as "12:00 a.m." If the time was one minute after 12 midnight, enter "12:01 a.m."

Item No.	Item Name	EBC	Worksheet
3	SEX	YES	YES

Enter "Male" or "Female." Do not abbreviate or use other symbols.

If the sex could not be determined, enter "Unknown."

PLURALITY AND BIRTH ORDER Items 4a-b.

When a plural birth occurs, prepare a separate record for each child or fetus even if they are Conjoined twins. File certificates relating to the same plural set at the same time. However, do not hold completed certificates while waiting for uncompleted ones if this will result in late filing. If any members of a plural set were born dead, enter text in user note field for live-born members specifying which members of the set were born dead. Similarly, if any members of a plural set were born in another county or state, enter text in user note field being filed in your county stating where the other members of the set were born.

Item No.	Item Name	EBC	Worksheet
4a	THIS BIRTH SINGLE, TWIN , TRIPLET, ETC.	YES	YES

Specify whether this was a single birth, twin, triplet, quadruplet, etc.

Item No.	Item Name	EBC	Worksheet
4b	IF NOT SINGLE BIRTH, BORN FIRST, SECOND, ETC.	YES	YES

If this was a plural birth, specify the order in which this child was born - first, second, etc. System fills this field if this was a single birth.

Item No.	Item Name	EBC	Worksheet
5	BIRTH WEIGHT	YES	YES

Enter the birth weight of the child as it is recorded in the hospital or clinic record or as measured by the attendant at a birth not in a hospital or clinic.

Enter the weight either in the section for pounds and ounces or in the section for grams, depending on the scales used. Do not enter in both types of measurement and do not convert from one measure to the other.

If weight is in pounds and ounces be sure to make an entry in both pounds and ounces even if one of the entries is "0."

PLACE OF BIRTH Items 6a. - 6c.

For births occurring on a moving conveyance within the United States, enter the information for place of birth as if the birth had occurred at the place where the child was first removed from the conveyance since that is where the birth must be registered. However, if the birth occurred in international waters or airspace or in a foreign country and the child was first removed from the conveyance in this state, contact the State Registrar for instructions.

Item No.	Item Name	EBC	Worksheet
6a	FACILITY NAME	YES	YES

(EBC) The appropriate hospital or facility name should be in this field. If the birth occurred en route to a hospital clinic, at a street address, or other specific location, enter “see User Notes” in the Attendant’s Name and Title field. Enter the specific information or address of the place of birth in User Notes. The certificate will be corrected when it is received by Vital Records.

If the birth occurred at home but the cord was not cut until the mother reached the hospital, the hospital name should be in this field.

(Worksheet) If the birth occurred in a hospital or clinic, enter the name of the facility or clinic. If the birth occurred en route to a hospital, clinic, at a street address, or other specific location, enter the address of the place of birth.

If the birth occurred at home but the cord was not cut until the mother reached the hospital, the hospital name should be entered in this field.

Item No.	Item Name	EBC	Worksheet
6b	CITY, TOWN OR LOCATION OF BIRTH	YES	YES

Enter the name of the city or town where the birth occurred. This should be the city or town where the hospital, clinic, or other place named in 6a is located.

Item No.	Item Name	EBC	Worksheet
6c	COUNTY OF BIRTH	YES	YES

Enter the name of the county where the birth occurred. This should be the county in which the hospital, clinic, or other place named in 6a is located.

Item No.	Item Name	EBC	Worksheet
6d	FACILITY ID (NDI - NATIONAL PROVIDER IDENTIFIER)	YES	NO

Enter the ten digit number assigned to your hospital or facility. If unknown, leave blank.

Item No.	Item Name	EBC	Worksheet
7a	FATHER’S CURRENT LEGAL NAME (FIRST, MIDDLE, LAST, SUFFIX)	YES	YES

Review **Rule 17–Paternity** under **RULES PERTAINING TO LIVE BIRTHS** in Rules Governing the Registration and Certification of Vital Events. The rule is paraphrased here for convenience of use.

If the child was:

1. Born to a mother who was married at the time of birth (Item 18 answered "Yes"), enter the name of her husband. Note that a woman who is separated but not divorced is considered to be still married.
2. Born to a mother who was married at or after the time of conception but was widowed or divorced at the time the child was born (Item 18 answered "Yes"), enter the name of the deceased or divorced husband.
3. Born to a mother who was not married at the time of conception or birth or at any time in between BUT there is an acknowledged father (Item 18 answered "No"), and both have signed and had notarized an "Acknowledgement of Paternity" affidavit, enter the name of the acknowledged father.
4. Born to a mother who was not married at the time of conception or birth or at any time in between and there is no acknowledged father (Item 18 answered "No"), make no entry regarding the father's name. DO NOT enter "Unknown."

If a father's name is provided, entries of Jr, Sr, II, etc. following the last name are acceptable.

Refer problems regarding the entry of the father's name to your Vital Records Field Representative, Vital Records Birth Registration, or the State Registrar.

Item No.	Item Name	EBC	Worksheet
7b	FATHER'S DATE OF BIRTH (MONTH, DAY, YEAR)	YES	YES

Enter the exact month, day and year the father was born.

(EBC) Numbers must be entered, example: 01012013, leading zeros must be entered. **(Worksheet)** Spell out or abbreviate the name of the month (Jan., Feb., etc.). Numbers can be entered, example: 01012013, leading zeros must be entered.

Item No.	Item Name	EBC	Worksheet
7c	FATHER'S BIRTHPLACE	YES	YES

If the father was born in the United States, enter the name of the state. If the father is known to have been born in the United States but the state is unknown, enter "Unknown."

If the father was not born in the United States, enter the name of the country. If the father is known to have been born in a foreign country but the country is unknown, enter "Unknown."

If no information is available as to whether the father was born in the United States or a foreign country, enter "Unknown."

Make no entry if the father's name is not entered in 7a (Item 18 answered "No").

Item No.	Item Name	EBC	Worksheet
7d	FATHER'S RACE	YES	YES

Enter the race or races the father considers himself to be, as obtained from the father, mother, or other informant.

If the father is an American Indian or Alaska Native, select one or both as appropriate and enter the name of the enrolled or principal tribe on the line provided.

If the father is other Pacific Islander, other Asian, or Other, select as appropriate and specify on the line provided.

Make no entry if the father's name is not entered in 7a (Item 18 answered "No".)

Item No.	Item Name	EBC	Worksheet
8a	MOTHER'S NAME PRIOR TO FIRST MARRIAGE (FIRST, MIDDLE, MAIDEN)	YES	YES

Enter the full maiden name of the mother. If mother's maiden name is the same as her married name, please make a notation in the user notes.

Do not enter a last name acquired by marriage for maiden name.

Do not enter an assumed name for an unwed mother.

Item No.	Item Name	EBC	Worksheet
8b	MOTHER'S DATE OF BIRTH (MONTH, DAY, YEAR)	YES	YES

Enter the exact month, day and year the mother was born.

Enter the exact month, day, and year the child was born.

(EBC) Numbers must be entered, example: 01012013, leading zeros must be entered. **(Worksheet)** Spell out or abbreviate the name of the month (Jan., Feb., etc.). Numbers can be entered, example: 01012013, leading zeros must be entered.

Item No.	Item Name	EBC	Worksheet
8c	MOTHER'S BIRTHPLACE	YES	YES

If the mother was born in the United States, enter the name of the state. If the mother is known to have been born in the United States but the state is unknown, enter "Unknown."

If the mother was not born in the United States, enter the name of the country. If the mother is known to have been born in a foreign country but the country is unknown, enter "Unknown."

If no information is available as to whether the mother was born in the United States or a foreign country, enter "Unknown."

Item No.	Item Name	EBC	Worksheet
8d	MOTHER'S RACE	YES	YES

Enter the race or races the mother considers herself to be, as it is obtained from the mother, father, or other informant.

If the mother is an American Indian or Alaska Native, select one or both as appropriate and enter the name of the enrolled or principal tribe on the line provided.

If the mother is other Pacific Islander, other Asian, or Other, select as appropriate and specify on the line provided.

MOTHER'S RESIDENCE Items 9a–9f.

Mother's residence is the place where she has set up housekeeping and where she usually sleeps. This is not necessarily the same as her "Home State," "Voting Residence," or "Legal Residence." Never enter a temporary residence such as one used during a visit, business trip, or vacation.

Residence for a short time at the home of a relative, friend, or home for unwed mothers for the purpose of awaiting the birth of a child is considered to be temporary and should not be entered here. Place of residence during a tour of military duty or during attendance at college is not considered as temporary and should, therefore, be shown as place of residence of mother on the certificate.

The place of residence shown should be the actual location of the mother's home regardless of the mailing address. For example, if a mother lives in Rankin County and her mailing address is a rural route out of Jackson, the county listed should be Rankin even though the city of Jackson is in Hinds County. The same rule applies if an out-of-state address is involved. If a mother whose home is in Marshall County, Mississippi has a Collierville, Tennessee mailing address, Mississippi and Marshall County should be listed as state and county of residence, but the mailing address can be listed as Collierville, Tennessee.

Item No.	Item Name	EBC	Worksheet
9a	MOTHER'S RESIDENCE STATE	YES	YES

Enter the name of the state in which the mother's place of residence is actually located. This may differ from the state used in her mailing address.

If the mother is not a U.S. resident, enter the country of residence.

Item No.	Item Name	EBC	Worksheet
9b	MOTHER'S RESIDENCE COUNTY	YES	YES

Enter the name of the county in which the mother's place of residence is actually located.

Item No.	Item Name	EBC	Worksheet
9c	MOTHER'S RESIDENCE CITY OR TOWN	YES	YES

Enter the name of the city or town in or near which the mother's place of residence is actually located. This may differ from the city or town used in her mailing address.

Item No.	Item Name	EBC	Worksheet
9d	MOTHER'S RESIDENCE INSIDE CITY LIMITS	YES	YES

Enter "Yes" if the place where the mother lives is located inside the city limits of an incorporated place named in 9c.

Enter "No" if the place where the mother lives is located outside the city limits of an incorporated place named in 9c or is in an unincorporated place.

Item No.	Item Name	EBC	Worksheet
9e	MOTHER'S RESIDENCE STREET AND NUMBER OR RURAL LOCATION	YES	YES

Enter the number and street name of the place where the mother lives. Do not use punctuation in this item.

If the place where the mother lives has no number and street name, enter the County Road and number.

Do not enter "General Delivery" or "P.O. Box" in this item. If the street the mother lives on has no name or route number or highway number, enter "No named street."

Item No.	Item Name	EBC	Worksheet
9f	MOTHER'S RESIDENCE ZIP CODE	YES	NO

Enter the Zip Code where the mother lives.

Item No.	Item Name	EBC	Worksheet
10a	MOTHER'S MAILING ADDRESS STREET AND NUMBER OR RURAL AND BOX NUMBER	YES	YES

Do not use punctuation in this item.

Enter the street and number or other specific information needed for addressing mail to the mother. If the mother lives in an apartment complex or other location that requires an apartment or suite number be sure to include it in the mailing address. This may be different from the location information entered in 9e.

Item No.	Item Name	EBC	Worksheet
10b	MOTHER'S MAILING ADDRESS CITY OR TOWN	YES	YES

Enter the city or town used in addressing mail to the mother. This may be different from the city or town of location entered in 9c.

If mailing address is the same as residence address, "same" can be entered and will auto fill item 10b-c.

Item No.	Item Name	EBC	Worksheet
10c	MOTHER'S MAILING ADDRESS STATE AND ZIP CODE	YES	YES

Enter the state and ZIP code used in addressing mail to the mother. This may be different from the state of residence located in 9a.

Item No.	Item Name	EBC	Worksheet
11a	ATTENDANT'S NAME AND TITLE	YES	YES

Enter the name and title of the person that delivered the child.

Item No.	Item Name	EBC	Worksheet
11b	ATTENDANT'S NPI (NATIONAL PROVIDER IDENTIFIER)	YES	YES

If MD or DO, enter the ten digit number assigned. If unknown, leave blank.

Item No.	Item Name	EBC	Worksheet
11c	SOCIAL SECURITY CARD REQUESTED FOR NEWBORN	YES	YES

If "Yes" is checked, there must be a signature in 11d on the Worksheet. If "Yes" is checked, and a parent signed the worksheet, the State Department of Health will release such identifying information to the Social Security Office as is needed to issue a Social Security card for the child. If there is no parent signature the response will be changed to "No" and the parent will have to contact the local Social Security Office for a Social Security card for the child. Also, be aware that if the postal service cannot deliver mail due to a missing apartment or suite number in the mailing address, the Social Security mail will be returned to Social Security Administration office for voiding and destruction, and the parent(s) will have to apply directly to SSA.

If "No" is checked, a card can be obtained by the parent(s) directly from the Social Security Office.

Item No.	Item Name	EBC	Worksheet
11d	SOCIAL SECURITY CARD SIGNATURE OF EITHER PARENT	NO	YES

Signature of either parent requesting a Social Security Card.

Item No.	Item Name	EBC	Worksheet
11e	SIGNATURE OF EITHER PARENT CERTIFYING INFORMATION	NO	YES

Signature of either parent certifying information on certificate is correct.

Item No.	Item Name	EBC	Worksheet
11f	DATE SIGNED (Month, Day, Year)	NO	YES

Date signed by either parent.

Enter the exact month, day, and year the child was born.

(Worksheet) Spell out or abbreviate the name of the month (Jan., Feb., etc.). Numbers can be entered, example: 01012013, leading zeros must be entered.

LOWER PART OF THE BIRTH CERTIFICATE

The information provided in this part of the record (12a through 34b) is of great importance for health and statistical purposes but will not appear on a certified copy of the certificate.

Item No.	Item Name	EBC	Worksheet
12a	FATHER'S SOCIAL SECURITY NUMBER	YES	YES

Enter the complete Social Security number of the father listed on the certificate.

Enter "000-00-0000, without hyphens" if the father does not have a Social Security number.

Enter "999-99-9999, without hyphens" if Social Security number is Unknown.

Item No.	Item Name	EBC	Worksheet
12b	FATHER OF HISPANIC ORIGIN	YES	YES

Enter the origin that best describes the father as it is obtained from the father, mother, or other informant. Origin refers to the nationality group of the person or his ancestors before their arrival in the United States. The entry is to reflect what the person considers himself to be, and is not based on percentages of ancestry.

If the father does not identify with any Hispanic origin, select "No, not Spanish/Hispanic/Latino."

This item should be asked independently of the race item.

Make no entry if the father's name is not entered in item 7a (Item 18 answered "No").

Item No.	Item Name	EBC	Worksheet
13	FATHER'S EDUCATION	YES	YES

Check the highest grade or college year completed in "regular" schooling. Do not check any levels below the highest one completed.

Do not enter any other kind of schooling such as barber and beauty schools, business or trade schools, and the like. Although these are important, they are not considered “regular” schools for the purpose of this item.

Item No.	Item Name	EBC	Worksheet
14a	MOTHER’S SOCIAL SECURITY NUMBER	YES	YES

Enter the complete Social Security number of the mother.

Enter “000-00-0000, without hyphens” if the mother does not have a Social Security number.

Enter “999-99-9999, without hyphens” if social security number is Unknown.

Item No.	Item Name	EBC	Worksheet
14b	MOTHER OF HISPANIC ORIGIN	YES	YES

Enter the origin that best describes the mother as it is obtained from the mother, father, or other informant. Origin refers to the nationality group of the person or her ancestors before their arrival in the United States. The entry is to reflect what the person considers herself to be, and is not based on percentages of ancestry.

If the mother does not identify with any Hispanic origin, select “No, not Spanish/Hispanic/Latino.”

This item should be asked independently of the race item.

Item No.	Item Name	EBC	Worksheet
15	MOTHER’ S EDUCATION	YES	YES

Check the highest grade or college year completed in “regular” schooling. Do not check any levels below the highest one completed.

Do not enter any other kind of schooling such as barber and beauty schools, business or trade schools, and the like. Although these are important, they are not considered “regular” schools for the purpose of this item.

Item No.	Item Name	EBC	Worksheet
16	DATE LAST NORMAL MENSES BEGAN (MONTH, DAY, YEAR)	YES	YES

Enter the exact date (month, day, and year) of the beginning of the mother's last normal menstrual period as obtained from the physician or hospital record. If the date is not available from these sources, obtain it from the mother. If any part of the date is unknown, enter “Unknown” (99) for that part. Do not leave blank.

If the mother had a previous delivery but did not resume normal menstrual periods between the previous delivery and the time she became pregnant with this child, enter the date of last menstrual period she had before the preceding delivery.

(EBC) Numbers must be entered, example: 01012013, leading zeros must be entered. **(Worksheet)** Spell out or abbreviate the name of the month (Jan., Feb., etc.). Numbers can be entered, example: 01012013, leading zeros must be entered

If the exact day is unknown, but the month and year are known, obtain an estimate of the day from the mother or her physician. If an estimate of the day cannot be obtained, enter only the month and year. Enter "Unknown" (99) for the day.

Item No.	Item Name	EBC	Worksheet
17a	TOTAL NUMBER OF PRENATAL VISITS FOR THIS PREGNANCY	YES	YES

Enter the number of visits listed or obtained from the physician or hospital record. Do not estimate additional visits when the prenatal record is not current.

If none, check none in the space provided.

Item No.	Item Name	EBC	Worksheet
17b	DATE OF FIRST PRENATAL CARE VISIT	YES	YES

Enter the month, day and year of the first prenatal care visit. Complete all parts of the date that are available. If any part is unknown, enter "99" for the unknown part.

(EBC) Numbers must be entered, example: 01012013, leading zeros must be entered. **(Worksheet)** Spell out or abbreviate the name of the month (Jan., Feb., etc.). Numbers can be entered, example: 01012013, leading zeros must be entered.

If no prenatal visits, leave blank.

Item No.	Item Name	EBC	Worksheet
17c	DATE OF LAST PRENATAL CARE VISIT	YES	YES

Enter the month, day, and year of the last prenatal care visit recorded in the records. Complete all parts of the date that are available. If any part is unknown, enter "99" for the unknown part.

(EBC) Numbers must be entered, example: 01012013, leading zeros must be entered. **(Worksheet)** Spell out or abbreviate the name of the month (Jan., Feb., etc.). Numbers can be entered, example: 01012013, leading zeros must be entered.

If no prenatal visits, leave blank.

Item No.	Item Name	EBC	Worksheet
18	MOTHER MARRIED AT BIRTH, CONCEPTION, OR AT ANY TIME BETWEEN IF NO, HAS ACKNOWLEDGEMENT OF PATERNITY BEEN SIGNED IN THE HOSPITAL?	YES	YES

Check "Yes" if the mother was legally married at the time of conception, at the time of birth, or at any time between conception and birth even though she may have been widowed or divorced at the time the child was born.

If the mother was separated but not divorced, check "Yes" because she was still legally married.

Check "NO" if the mother was not legally married at the time of conception, at the time of birth, or at some time in between conception and birth.

IF NO, HAS ACKNOWLEDGEMENT OF PATERNITY BEEN SIGNED AT THE HOSPITAL?

If an Acknowledgement of Paternity has been signed at the hospital check “Yes”; if not, check “No”.

REFER TO CHART BELOW FOR EXAMPLES

Chart B1. Summary of Instructions for Item 18. Mother Married, and for Related Items

(Exceptions to these rules can be made only upon court order.)

Situation	Mother Married (Item 18)	Father’s information Items 7a, 7c, 7d, 12a, 12d	Child’s Last Name (Item 1)
Mother legally married at the time of the child’s birth (includes mothers who are separated, regardless of length of separation)	Yes	Name, etc. of mother’s legal husband (regardless of who the real father of the child is)	Same as last name of mother’s legal husband
Mother not legally married at the time of the child’s birth but legally married at time of conception of child. Examples: (a) mother widowed, but husband died on or between last normal menses began and date of birth of child.	Yes	Name, etc. of mother’s former legal husband (regardless of who the real father of the child is)	Same as last name of mother’s legal husband.
Mother formerly legally married but not legally married at time of conception or birth of child or at any time between conception and birth. Examples: (a) mother widowed and husband dies before conception of child; (b) mother divorced and divorce granted before conception of child and no acknowledged father.	No	All Items blank	Legal last name of mother at time of birth (no acknowledgement of paternity)

PREVIOUS LIVE BIRTHS Items 19a-19c.

Item No.	Item Name	EBC	Worksheet
19a	NOW LIVING	YES	YES

Enter the number of children born alive to this mother who were still living at the time of this birth. Do not include this birth or children the mother has adopted.

Check “None” if this was the first live birth to this mother or if all previous children who were born alive were dead when this child was born.

If the certificate is for the first-born member of a plural set, do not include the other members of the set who were born after this child. However, if the certificate is for the second-born member of a plural set, include

the first-born member of the set in this count if it was born alive when the second-born member was delivered. Similarly, if the certificate is for the third-born member of a plural set, include information about the first- and second-born members if applicable; continue in the same manner for quadruplets, etc.

Item No.	Item Name	EBC	Worksheet
19b	NOW DEAD	YES	YES

Enter the number of other children born alive to this mother who are no longer living at the time of this birth. Do not include this birth or children the mother has adopted.

Check "None" if this was the first live birth to this mother or if all previous children who were born alive are still living when this child was born.

If the certificate is for first-born member of a plural set, do not include the other members of the set who were born after this child. However, if the certificate is for the second-born member of a plural set, include the first-born member of the set in the count if was born alive but died before the second-born member was delivered.

Similarly, if the certificate is for the third-born member of a plural set, include information about the first- and second-born members if applicable; continue in the same manner for quadruplets, etc.

Item No.	Item Name	EBC	Worksheet
19c	DATE OF LAST LIVE BIRTH	YES	YES

Enter the month, day, and year of the mother's last previous live birth which was included in either Items 19a or 19b. If any part of the date is unknown, enter the number "9" for each digit for that part. Do not leave blank.

(EBC) Numbers must be entered, example: 01012013, leading zeros must be entered. **(Worksheet)** Spell out or abbreviate the name of the month (Jan., Feb., etc.). Numbers can be entered, example: 01012013, leading zeros must be entered.

Leave blank if mother had no previous live births.

If the certificate is for the second-born of a plural set and the first-born member was born alive, enter the date the first-born member was delivered. Similarly, if the certificate is for the third-born, etc., member of a plural set, enter the date of delivery of the last previous member of the set who was born alive. If all previously born members of a plural set were born dead, enter the date of the mother's last delivery that resulted in a live birth.

Item No.	Item Name	EBC	Worksheet
19d	NUMBER OF OTHER PREGNANCY OUTCOMES (Spontaneous or induced losses or ectopic pregnancies)	YES	YES

Enter the total number of fetuses or products of conception that were delivered dead regardless of length of gestation.

Check "None" if this was the first delivery for this mother, or if all previous deliveries resulted in live born infants.

If the certificate is for the first-born member of a plural set, do not include the other members of the set born after this child. However, if the certificate is for the second-born member of a plural set, and the first-born member was dead, include the first-born member of the set in the count. Continue in the same manner for third-born, etc. number of plural sets.

Item No.	Item Name	EBC	Worksheet
19e	DATE OF LAST OTHER PREGNANCY OUTCOME	YES	YES

Enter the date of the last delivery which did not result in a live birth and was included in 19d. If any part of the date is Unknown, enter 9's for that part.

(EBC) Numbers must be entered, example: 01012013, leading zeros must be entered. **(Worksheet)** Spell out or abbreviate the name of the month (Jan., Feb., etc.). Numbers can be entered, example: 01012013, leading zeros must be entered.

If Item 19d is marked as "None", this date may be left blank.

If the certificate is for the second-born member of a plural set and the first-born member was born dead, enter the date the first-born member was delivered. Similarly, if the certificate is for the third-born, etc. member of a plural set, enter the date of delivery of the last previous member of the set that was born dead, if any. If all previously born members of a plural set were born alive, enter the date of the mother's last delivery that did not result in a live birth.

Item No.	Item Name	EBC	Worksheet
20a	IS INFANT LIVING AT TIME OF REPORT	YES	YES

Check "Yes" if it is known that the infant is alive at the time the report was made.

Check "No" if facts show the infant died before or at time of the report. If "No," provide the date of death; (Month, Day and Year).

(EBC) Numbers must be entered, example: 01012013, leading zeros must be entered. **(Worksheet)** Spell out or abbreviate the name of the month (Jan., Feb., etc.). Numbers can be entered, example: 01012013, leading zeros must be entered.

Item No.	Item Name	EBC	Worksheet
20b	IS BABY TO BE ADOPTED	YES	YES

Check "Yes" if mother indicates baby is to be adopted.

If baby is to be adopted, all the information on the birth certificate should be filled in for the natural mother (and the natural father if mother is married). Do not record any information concerning the adoptive parents.

Item No.	Item Name	EBC	Worksheet
20c	WAS INFANT TRANSFERRED WITHIN 24 HOURS OF DELIVERY	YES	YES

Check "Yes" if the infant was transferred from this facility to another facility after delivery. If the infant was transferred, enter the name of the facility the infant was transferred to.

If applicable, if the infant was transferred to a different facility, do not leave this item blank.

This information is used to examine transfer patterns and perinatal outcomes by type of hospital or level of care. It may also be used to follow up and determine the survival status of an infant transferred to a different facility.

Item No.	Item Name	EBC	Worksheet
20d	OBSTETRIC ESTIMATE OF GESTATION	YES	YES

Enter the most accurate obstetric estimate of the infant's gestation in completed weeks.

If unknown, enter "Unknown" (99) in the space provided.

Do not complete this item based solely on the infant's date of birth and the mother's date of last menstrual period.

Item No.	Item Name	EBC	Worksheet
20e	APGAR SCORE	YES	YES

Enter the APGAR score (0-10) as assigned by the delivery room personnel five (5) minutes after birth.

If APGAR score is less than six (6) at five (5) minutes, enter score at ten (10) minutes.

Item No.	Item Name	EBC	Worksheet
21a.	MOTHER TRANSFERRED FOR MATERNAL MEDICAL OR FETAL INDICATIONS FOR DELIVERY. If yes, name of facility mother transferred from	YES	YES

Check "yes" if mother was transferred from a different facility.

Check "No" if mother was not transferred from a different facility.

If, Yes, provide name of facility mother was transferred from.

Item No.	Item Name	EBC	Worksheet
21b.	IS THE INFANT BEING BREASTFED AT DISCHARGE	YES	YES

Check "Yes" if infant is being breastfed at discharge.

Check "No" if infant is not being breastfed at discharge.

Item No.	Item Name	EBC	Worksheet
22a	MOTHER'S HEIGHT	YES	YES

Enter the mother's height at time of birth in feet and inches.

Item No.	Item Name	EBC	Worksheet
22b	MOTHER'S PREPREGNANCY WEIGHT	YES	YES

Enter the mother's weight prior to conception based on information/records provided. Weight should be entered in pounds only.

Item No.	Item Name	EBC	Worksheet
22c	MOTHER'S WEIGHT AT DELIVERY	YES	YES

Enter mother's weight at delivery based on information/records provided. Weight should be entered in pounds only.

Item No.	Item Name	EBC	Worksheet
22d	DID MOTHER GET WIC FOOD FOR HERSELF DURING THIS PREGNANCY	YES	YES

Check "Yes" if mother received WIC food at any time during this pregnancy.

Check "No" if mother did not receive WIC Food during this pregnancy.

Item No.	Item Name	EBC	Worksheet
23	CIGARETTE SMOKING BEFORE AND DURING PREGNANCY	YES	YES

Enter the actual number of cigarettes smoked OR number of pack(s) (not both) during the different times listed.

Item No.	Item Name	EBC	Worksheet
24	PRINCIPAL SOURCE OF PAYMENT FOR THIS DELIVERY	YES	YES

Check the appropriate payment method for this delivery. If multiple methods of payment are used, indicate the source that is paying for the largest proportion of the delivery. If "Other" is selected, please specify.

CHECK BOX ITEMS 25 - 33

Item No.	Item Name	EBC	Worksheet
25	RISK FACTORS IN THIS PREGNANCY	YES	YES

Check each of the medical risk factors that the mother experienced during this pregnancy.

If Diabetes – check only one.

If Hypertension – check only one.

If there were no medical risk factors to the mother, check "None of the above."

Item No.	Item Name	EBC	Worksheet
26	INFECTIONS PRESENT AND/OR TREATED DURING THIS PREGNANCY	YES	YES

Infections present at the time of the pregnancy diagnosis or a confirmed diagnosis of infection during the pregnancy with or without documentation of treatment. Documentation of treatment during this pregnancy is adequate if a definitive diagnosis is not present in the available record.

Check all boxes that apply. More than one infection may be present during this pregnancy.

If the mother has not had any infections during this pregnancy, check "None of the above."

Item No.	Item Name	EBC	Worksheet
27	OBSTETRIC PROCEDURES	YES	YES

Medical treatment or invasive/manipulative procedure performed during this pregnancy to treat the pregnancy or to manage labor and/or delivery.

Check all boxes that apply. The mother may have more than one procedure.

If the mother has not had any procedures, check "None of the above."

Item No.	Item Name	EBC	Worksheet
28	ONSET OF LABOR	YES	YES

Check all boxes that apply. The mother may have more than one instance.

If the mother has not had any, check "None of the above."

Item No.	Item Name	EBC	Worksheet
29	MATERNAL MORBIDITY	YES	YES

Maternal morbidity is a serious complication experienced by the mother associated with labor and delivery.

Check all boxes that apply. If the mother had none of the complications, check "None of the above."

Item No.	Item Name	EBC	Worksheet
30	CHARACTERISTICS OF LABOR AND DELIVERY	YES	YES

Check all characteristics about the course of labor and delivery that apply.

If none of the characteristics of labor and delivery apply, check "None of the above."

Item No.	Item Name	EBC	Worksheet
31	METHOD OF DELIVERY	YES	YES

Concerning physical process by which the complete delivery of the fetus was affected.

Complete every section: A, B, C, and D.

Item No.	Item Name	EBC	Worksheet
32	ABNORMAL CONDITIONS OF THE NEWBORN	YES	YES

Check all boxes that reflect any disorders or significant morbidity experienced by the newborn.

If none of the conditions apply, check "None of the above."

Item No.	Item Name	EBC	Worksheet
33	CONGENITAL ANOMALIES OF THE NEWBORN	YES	YES

Check all boxes that detail malformations of the newborn diagnosed prenatally or after delivery.

If none of the anomalies apply, check "None of the above."

Item No.	Item Name	EBC	Worksheet
34a	CERTIFIER'S NAME	YES	NO

Provide name and title. If other, please specify.

Item No.	Item Name	EBC	Worksheet
34b	DATE CERTIFIED	YES	NO

Enter the month, day and year the certifier signed the birth certificate.

(EBC) Numbers must be entered, example: 01012013, leading zeros must be entered. **(Worksheet)** Spell out or abbreviate the name of the month (Jan., Feb., etc.). Numbers can be entered, example: 01012013, leading zeros must be entered.

Item No.	Item Name	EBC	Worksheet
	MOTHER'S MEDICAL RECORD NUMBER	YES	YES

Enter the medical record number of the mother provided by the facility.

Item No.	Item Name	EBC	Worksheet
	CHILD'S MEDICAL RECORDS NUMBER	YES	YES

Enter the medical record number of the mother provided by the facility.