

Exhibit I

Deposition Transcript of Mr. Edward Gray Bishop, III

In The Matter Of:

Kayla Gore v.

William Byron Lee

Edward Gray Bishop

May 20, 2020



Min-U-Script® with Word Index

1 UNITED STATES DISTRICT COURT
2 MIDDLE DISTRICT OF TENNESSEE
3 NASHVILLE DIVISION

3 -----X

4 KAYLA GORE; JAIME COMBS; :

5 L.G.; AND K.N., :

6 Plaintiffs, : Case No.

7 v. : 3:19-CV-00328

8 WILLIAM BYRON LEE, in his official :

9 capacity as Governor of the State of :

10 Tennessee; and LISA PIERCEY, in her :

11 official capacity as Commissioner of the :

12 Tennessee Department of Health, :

13 Defendants. :

14 -----X

15
16 REMOTE VIDEOTAPED DEPOSITION OF

17 EDWARD GRAY BISHOP

18 Tennessee

19 Wednesday, May 20, 2020

20 1:05 p.m.

21
22 Job No.: 2020-85187

23 Pages: 1 - 91

24 STENOGRAPHICALLY REPORTED BY:

25 GISELLE MITCHELL-MARGERUM, RPR, CRI, CCR, LCR

1 **Deposition of EDWARD GRAY BISHOP, held**
2 **remotely, via videoconference at:**

3
4
5 **Tennessee**

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7
8
9 **Pursuant to agreement, before Giselle**
10 **Mitchell-Margerum, Registered Professional Reporter,**
11 **Certified Reporting Instructor, Licensed Court Reporter**
12 **(TN), Certified Court Reporter (GA), and Notary Public**
13 **(Washington, D.C.).**

1 A P P E A R A N C E S

2 **ON BEHALF OF PLAINTIFFS:**

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14

15

16 **ALSO PRESENT:**

17 JOHN WINEMILLER

18 SAMONEH KADIVAR

19 SASHA BUCHERT

20 DIANNA SHEW

21 SARA SEDGWICK

22 SUNG JAE LIM

23 KEVIN MONTGOMERY

24

25

W I T N E S S I N D E X

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P R O C E E D I N G S

EDWARD GRAY BISHOP

having been duly sworn testified as follows:

MR. PAGAN: Okay. Thank you, Ms. Mitchell. If we could just have people enter their appearances?

This is Omar Gonzalez-pagan, representing the plaintiffs. Also present are John Winemiller, Sasha Buchert, and Samoneh Kadivar, who are all representing the plaintiffs.

MR. JONES: And this is Matt Jones, with the Tennessee Attorney General's Office, representing the defendants. I'm also joined by Dianna Shew and Sara Sedgwick.

MR. PAGAN: Thank you, Matt.

And, just for the record, this deposition is being taken via videoconference, by agreement of the parties, and it is not being video recorded. And all objections are reserved, except as to form.

MR. JONES: Okay.

1 EXAMINATION BY MR. GONZALEZ-PAGAN:

2 Q. All right. Mr. Bishop, thank you
3 for being here today. As I mentioned, my name
4 is Omar Gonzalez-Pagan, and I represent the
5 plaintiffs in this matter.

6 Before we get started, I would
7 just like to go over a few ground rules for
8 this deposition, which will make it easier for
9 everybody.

10 Do you understand that you are
11 under oath today?

12 A. I do.

13 Q. Okay. And the oath that you just
14 took is the same oath that you would take in a
15 court of law. Do you understand that you are
16 testifying under penalty of perjury?

17 A. I do.

18 Q. Okay. It's important that we do not
19 speak over each other, particularly in this
20 videoconference setting. So that the court
21 reporter is able to take down what each of us
22 says. So, please let me finish a question
23 before you answer, and I will do the same.

24 It is also important that we
25 answer questions verbally. So, no nodding of

1 the head, or shaking your head.

2 Do you understand what I just
3 stated?

4 A. I do.

5 Q. Okay. If you do not understand
6 something that I ask, please let me know and I
7 will try to rephrase it for you. If you
8 answer my question, I will assume that you
9 understood it.

10 Is that agreed?

11 A. Agreed.

12 Q. And, occasionally, one of the
13 lawyers may make an objection to a question
14 that is asked. If an -- objections are made
15 for the record only. You must answer the
16 question that has been asked, unless you're
17 instructed not to by the attorney in this
18 case; Matt Jones.

19 Is that understood?

20 A. It is.

21 Q. Okay. Also, if you need to take a
22 break, please let me know. We will
23 accommodate it. My only request is that if
24 there is a question pending, that you answer
25 the question before we take any breaks.

1 Understood?

2 A. Yes.

3 Q. Okay. Are you under any medications
4 that would prevent you from giving true,
5 accurate, and complete testimony today?

6 A. No.

7 Q. Is there any reason why you cannot
8 give true, accurate, and complete testimony
9 today?

10 A. None.

11 Q. Okay. Throughout this deposition, I
12 may refer to the plaintiffs in this matter;
13 Kayla Gore, Jaime Combs, L.G., and K.N. are
14 transgender women.

15 As such, we will be referring
16 to them using "she," "her," "her" pronouns,
17 and honorifics, such as "Ms. Gore," for
18 example. We ask that you do the same.

19 Is that understood?

20 A. Yes.

21 Q. Great. All right. What is your
22 full name?

23 A. Edward Gray Bishop III.

24 Q. And where do you work?

25 A. I work for the Division of Vital

1 Records and Statistics for the Department of
2 Health for the State of Tennessee.

3 Q. Okay. And what is your current
4 title?

5 A. I am the Director of Vital Records
6 and Statistics and the State Registrar for the
7 State of Tennessee.

8 Q. Is that one position or two?

9 A. It's one position.

10 Q. Okay. Thank you.

11 A. Two titles. One position.

12 Q. Have you ever been deposed before?

13 A. No.

14 Q. Okay. Have you ever testified at a
15 trial or a hearing before?

16 A. Yes.

17 Q. How many times?

18 A. One.

19 Q. What was the case about?

20 A. A delayed birth file.

21 Q. And what was your role in that case?

22 A. Representing the Office of Vital
23 Records.

24 Q. Was the Office of Vital Records a
25 party? Or were you just acting as a witness?

1 A. A party.

2 Q. Was it the plaintiff or the
3 defendant?

4 A. Defendant.

5 Q. Okay. Can you please tell us the
6 sum -- the substance of your testimony? A
7 summary?

8 A. So, basically, the individual was
9 wanting to put a delayed certificate on file.
10 She had never had a birth certificate. And
11 she had produced no evidence that she was born
12 in the state, or to the parents that she said
13 she was.

14 Q. Okay. Thank you. When did you
15 first learn about this case, for which you are
16 being deposed today?

17 A. An estimate would be sometime last
18 year.

19 Q. Could you approximate around what
20 time of the year? Was it summer? Spring?

21 A. I could not.

22 Q. How did you learn about the case?

23 A. From my general counsel.

24 MR. JONES: I was going to
25 interpose an objection as to anything

1 that calls for attorney/client
2 communications.

3 MR. PAGAN: Understood.

4 BY MR. PAGAN:

5 Q. Without disclosing the substance of
6 any conversations you may have had with
7 counsel for the defendants, or with the
8 general counsel of the Office of Vital
9 Records, when did you first speak with counsel
10 for the defendants with regards to this case?

11 MR. JONES: Object to form.

12 MR. PAGAN: Let me rephrase.

13 BY MR. PAGAN:

14 Q. When did you first speak with
15 attorneys from the Tennessee Attorney
16 General's office, with regards to this case?

17 A. I don't have a specific date.

18 Q. Could you approximate?

19 A. I could not.

20 Q. Was it last year?

21 A. If I had to give an estimate, yes;
22 it would be last year.

23 Q. How many times have you spoken
24 for -- with counsel for the defendants?

25 A. I could not give an estimate on that

1 either.

2 Q. More than a dozen times?

3 A. Are you counting emails, or
4 verbally?

5 Q. Let's just stick to verbally.

6 A. I would say close to 12; yes.

7 Q. How many times have you communicated
8 electronically with counsel for the
9 defendants, regarding this matter?

10 A. I could not estimate that either.

11 Q. What did you do to prepare for
12 today's deposition?

13 A. Just had a quick call last night
14 with my counsel, and covered a few items.

15 Q. Did you review any documents?

16 MR. JONES: I'm going to
17 object, to the extent of any
18 conversations that were had with counsel.
19 But he can answer the question regarding
20 documents.

21 MR. PAGAN: I'll just re-ask my
22 question, Mr. Bishop.

23 BY MR. PAGAN:

24 Q. Did you review any documents?

25 A. Did I review any documents?

1 Q. Yes.

2 A. Yes.

3 Q. What were those documents?

4 A. One was some numbers that I'd put
5 together, for the number of birth certificates
6 that we were looking to provide. And then I
7 looked at some of the exhibits that were
8 coming in about an hour ago.

9 Q. Okay. Thank you. Have you reviewed
10 the amended complaint in this case?

11 A. I have not.

12 Q. Have you reviewed the expert report
13 of Dr. Randi C. Ettner in this matter?

14 A. I have not.

15 Q. Have you reviewed the expert report
16 of Dr. Shayne Sebold Taylor in this matter?

17 A. I have not.

18 Q. Have you reviewed the expert
19 declaration of Dr. Ettner in this matter?

20 A. I have not.

21 Q. Have you reviewed the expert
22 declaration of Dr. Taylor in this matter?

23 A. I have not.

24 Q. How long have you been the State
25 Registrar for Tennessee?

1 A. Little over two years.

2 Q. As State Registrar and Director of
3 the Office of Vital Records, what are your
4 responsibilities?

5 A. To put on file any vital event in
6 the state of Tennessee. To maintain those
7 records for the time stated in the statute;
8 and we also issue copies of these vital
9 records.

10 Q. Are all the vital records -- scratch
11 that.

12 Are all birth certificates
13 issued by your office? Or are they issued by
14 local vital record registers?

15 A. Yes.

16 Q. Let me clarify that. Are birth
17 certificates issued by other entities, other
18 than your office?

19 A. Yes.

20 Q. Okay. Do you provide guidance with
21 regards to the completion and maintenance of
22 birth records to your office?

23 A. The Office of Vital Records?

24 Q. Yes.

25 A. Those -- those maintenances are done

1 by statute.

2 Q. Okay. Do you provide guidance as to
3 the completion and maintenance of birth
4 records, to the other entities that complete
5 birth certificates?

6 A. Those other entities do not maintain
7 the records. Only the Office of Vital
8 Records.

9 Q. Okay. Let me re-ask the question
10 differently. Do you provide guidance
11 regarding the completion of birth records to
12 the other entities that complete birth records
13 for the Office of Vital Records?

14 A. We provide training; yes.

15 Q. What is that training composed of?

16 A. Usually, video teleconference. And
17 we have some CBTs built. Computer-Based
18 Training.

19 Q. Okay. Thank you. Who appointed you
20 as State Registrar?

21 A. The Commissioner of the Department
22 of Health.

23 Q. Can you explain to me the process by
24 which you came to be appointed as State
25 Registrar?

1 MR. JONES: Object to form.

2 Q. You may answer.

3 A. I was just -- it was an interview
4 process.

5 Q. Okay. Prior to becoming State
6 Registrar, where were you employed?

7 A. With the Department of Health.

8 Q. In what capacity?

9 A. I was a Senior Project Manager.

10 Q. And before that, it's my
11 understanding that you served in the
12 United States Air Force. Is that right?

13 A. That is correct.

14 Q. Thank you for your service.

15 Now, in terms of education, you
16 have a degree in Information System
17 Technologies. Is that right?

18 A. I have an associate's degree; yes.

19 Q. And that's from the Community
20 College of the Air Force in Alabama?

21 A. Correct.

22 Q. And you also appear to have a
23 Bachelor's Degree in Business Administration.
24 Is that right?

25 A. Correct.

1 Q. And that's from the University of
2 Management and Technology?

3 A. Correct.

4 Q. Okay. Do you possess any other
5 undergraduate or graduate degrees?

6 A. I do not.

7 Q. Okay. You do not possess a degree
8 in medicine. Is that correct?

9 A. That is correct.

10 Q. You do not possess a degree in
11 psychology. Is that correct?

12 A. That is correct.

13 Q. You do not possess a degree in
14 biology. Is that correct?

15 A. That is correct.

16 Q. Okay. You have been designated by
17 the defendants as an expert in this case. Is
18 that right?

19 A. That's correct.

20 Q. Have you ever served as an expert
21 witness before?

22 A. I have not.

23 Q. Besides your regular salary as State
24 Registrar and Director of the Office of Vital
25 Records, are you being compensated for your

1 testimony here today?

2 A. I'm not.

3 Q. What are your opinions in this case?

4 A. I don't have any opinions.

5 Q. You have stated you have no
6 opinions. Did you provide an expert
7 declaration in this case?

8 A. I did.

9 Q. Can you tell me what is the
10 testimony you would provide in the case?

11 MR. JONES: Object to form.

12 Q. If you can open what has been
13 premarked as Exhibit 2? And I'm just going to
14 share it on the screen; or try to.

15 (Exhibit 2 marked for identification)

16 Q. Okay. Can you see the document that
17 I'm sharing on the screen, Mr. Bishop?

18 A. I can.

19 Q. Okay. Have you ever seen this
20 document before?

21 A. I have.

22 Q. What is it?

23 A. It is my expert disclosure.

24 Q. Okay. It contains a description of
25 your expected testimony. Is that correct?

1 A. I'm sorry? Can you repeat that?

2 Q. It contains a description of your
3 expected testimony in this case. Is that
4 correct?

5 A. Correct.

6 Q. And you also filed a declaration in
7 this case. Is that right?

8 A. I would have to defer to counsel on
9 that one. I'm pretty sure.

10 Q. Okay. I'm going to show you what's
11 been premarked as Exhibit 3.

12 (Exhibit 3 marked for identification)

13 Q. Can you see on the screen, the
14 document that I'm sharing?

15 A. Yes.

16 Q. Okay. Have you ever seen this
17 document before?

18 A. Yes.

19 Q. Okay. What is it?

20 A. It's my declaration.

21 Q. Okay. And is that your signature on
22 the second page of the document?

23 A. It is.

24 Q. Okay. Is your declaration -- is
25 your declaration accurate, in all respects?

1 A. Yes.

2 Q. Is your declaration complete, in all
3 respects?

4 MR. JONES: Object to form.

5 Q. You may answer.

6 A. Can you repeat?

7 Q. Is your declaration complete, in all
8 respects?

9 MR. JONES: Same objection.

10 Q. You may answer, Mr. Bishop.

11 A. I'm sorry? Can you repeat?

12 Q. All right. Is your declaration
13 complete --

14 A. I'm --

15 Q. -- in all respects?

16 A. Can you reword that? I don't
17 understand the word, "respects."

18 Q. Sure. Is there anything you want to
19 change in your declaration?

20 A. No.

21 Q. Is there anything you want to add to
22 your declaration?

23 A. No.

24 Q. Is there anything you want to delete
25 from your declaration?

1 A. No.

2 Q. Did you purposely leave anything out
3 of your declaration?

4 MR. JONES: Object to form.

5 Q. You may answer.

6 A. No.

7 Q. Do you feel you need to do any
8 additional work relating to your declaration?

9 MR. JONES: Object to form.

10 Q. You may answer.

11 A. No.

12 Q. Is your declaration a complete
13 statement of your expected testimony in this
14 case?

15 MR. JONES: Object to form.

16 Q. You may answer.

17 A. Can you repeat?

18 Q. Is your declaration a complete
19 statement of the testimony -- of your
20 testimony in this case?

21 MR. JONES: Same objection.

22 Q. You may answer.

23 A. Yes.

24 Q. Do you believe your declaration
25 contains all the information for the Court to

1 understand the work that you have done in this
2 case?

3 A. I'm sorry. Can you repeat that?

4 Q. Do you believe that your declaration
5 contains all the information for the Court to
6 understand all the work you have done in this
7 case?

8 MR. JONES: Object to form.

9 Q. You may answer.

10 A. Can you reword that, when you say
11 "work I've done in the case?"

12 Q. Sure. Do you believe that your
13 declaration contains all the information for
14 the Court to evaluate your testimony in this
15 case?

16 MR. JONES: Object to form.

17 MR. PAGAN: All right. I'm
18 going to rephrase it.

19 BY MR. PAGAN:

20 Q. Mr. Bishop, do you believe your
21 declaration provides the Court with all the
22 information it needs, from you, in order to
23 decide this case?

24 MR. JONES: Object to form.

25 Q. You may answer.

1 A. Can you repeat?

2 Q. Sure. Do you believe that your
3 declaration provides the Court with all the
4 information it needs to decide this case?

5 MR. JONES: Object to form.

6 Q. You may answer.

7 A. I can't say that I can speak for the
8 Court.

9 Q. Having now reviewed the reports and
10 declarations of Dr. Ettner and Dr. Taylor, are
11 you offering an opinion in response to their
12 declarations?

13 A. I have not reviewed those documents.

14 Q. Okay. You are not offering an
15 opinion about the testimony from Dr. Ettner
16 and Dr. Taylor. Is that correct?

17 A. That's correct.

18 Q. You're also not offering an opinion
19 on the etiology of sex. Is that correct?

20 A. Can you rephrase that?

21 Q. Sure. You're also not offering an
22 opinion from a med -- on the medical
23 scientific understanding of what determines a
24 person's sex.

25 Is that correct?

1 A. I'm not offering an opinion.

2 Q. You are also not offering an opinion
3 on the medical scientific understanding of
4 gender identity. Is that correct?

5 A. That is correct.

6 Q. You are also not offering an opinion
7 on the medical and scientific understanding of
8 gender dysphoria. Is that correct?

9 A. That is correct.

10 Q. You are also not offering an opinion
11 on the process of gender transition for a
12 transgender person. Is that correct?

13 A. That is correct.

14 Q. Okay. Is a birth certificate a form
15 of an identification document?

16 MR. JONES: I'm sorry, Omar.

17 You broke up just a little bit there. I
18 didn't catch all those words.

19 MR. PAGAN: Thanks, Matt.

20 BY MR. PAGAN:

21 Q. Is a birth certificate a form of
22 identification document?

23 A. It is used as such.

24 Q. Okay. I'm showing you on the screen
25 what has been premarked as Exhibit 4, which

1 was provided to us by defendant's counsel.

2 (Exhibit 4 marked for identification)

3 Q. Have you ever seen this document
4 before?

5 MR. JONES: I'm not -- I'm not.

6 MR. PAGAN: Sorry, Matt? You
7 were saying?

8 MR. JONES: I'm not seeing an
9 exhibit shown. I'm seeing your screen,
10 which shows a lot of different files on
11 it.

12 MR. WINEMILLER: You are in
13 your file folder.

14 MR. PAGAN: Okay. Let me try
15 that again.

16 MR. JONES: Omar, he should
17 have the exhibits there with him. If we
18 can just give him the name of the
19 document, he might be able to look at it.

20 MR. PAGAN: Sure. Right.

21 BY MR. PAGAN:

22 Q. Mr. Bishop, you were provided with
23 an exhibit that was premarked as "Exhibit 4."

24 A. Yes.

25 Q. It is a handbook on birth

1 registrations. Do you have that document with
2 you?

3 A. I have it up; yes.

4 Q. Okay. Have you ever seen this
5 document before?

6 A. I have.

7 Q. Okay. What is it?

8 A. According to the title, it's our
9 "Handbook on Birth Registration and Fetal
10 Death Reporting."

11 Q. Okay. And this document was
12 published by -- in 2007, by the Office of
13 Vital Records. Is that right?

14 A. I could not speak to that.

15 Q. Okay. At the bottom of the cover
16 page, it says, "Tennessee Department of
17 Health, Policy Planning and Assessment Office
18 of Vital Records."

19 Is that right?

20 A. That's what's on the document; yes.

21 Q. Okay. And on the second page of the
22 PDF, it says:

23 "State of Tennessee Department
24 of Health, Nashville, Tennessee.
25 September 2007."

1 Is that right?

2 A. That's what it says; yes.

3 Q. Okay. And the Office of Vital
4 Records is the office that you now oversee.

5 Is that correct?

6 A. That is correct.

7 Q. Okay. If you turn to page two of
8 the document. Not of the PDF.

9 A. Okay.

10 Q. It's a page that begins,
11 "Introduction." Is that right where you are
12 at?

13 A. It is.

14 Q. Okay. In the first paragraph, under
15 the heading, "Importance of Birth
16 Registration," it says, in part:

17 "Throughout life, a person uses
18 his or her birth certificate to prove age,
19 parentage, and citizenship. Birth
20 certificates are needed for entrance to
21 school, voter registration, and for obtaining
22 a driver's license, marriage license,
23 passport, veterans' benefits, public
24 assistance, or social security benefits."

25 Did I read that correctly?

1 A. You did.

2 Q. Do you agree with that statement?

3 MR. JONES: Object to form.

4 Q. You may answer.

5 A. I can't -- those -- that is
6 referencing other departments. I cannot speak
7 for them.

8 Q. What other department is it
9 referencing?

10 A. You're looking at the DMV, the
11 county health -- the county clerk's, passport
12 office, Veterans Affairs, and the Social
13 Security Administration.

14 Q. Okay. This is a document that was
15 published by your -- by the office that you
16 now oversee. Is that right?

17 A. That, I cannot speak to. I was not
18 here at that time.

19 Q. As Director of the Office of Vital
20 Records, have you ever seen this document
21 before?

22 A. I have.

23 Q. Okay. Let me rephrase that. As
24 Director of the Office of Vital Records, have
25 you ever seen this document before this

1 litigation?

2 A. I have.

3 Q. Okay. Do you know whether it was
4 published by the Office of Vital Records?

5 A. I do not.

6 Q. Okay. Do you have any reason to
7 disagree whether it was published with the
8 Office of Vital Records?

9 MR. JONES: Object to form.

10 Q. Do you have any reason to disagree
11 that the Handbook on Birth Registration and
12 Fetal Death (Stillbirth) Reporting, that we
13 are discussing, was published by the Office of
14 Vital Records?

15 MR. JONES: Object to form.

16 Q. You may answer.

17 A. Can you repeat?

18 Q. Sure. Do you have any reason to
19 disavow this document as a publication from
20 the Office of Vital Records?

21 MR. JONES: Object to form.

22 A. I cannot speak to that.

23 Q. Okay. If you go to the very last
24 page of the PDF -- please let me know when
25 you're there.

1 A. I am.

2 Q. There's a box, and it states,
3 "Department of Health. Authorization No.
4 343391." Do you see that?

5 A. I do.

6 Q. Okay. And I read that correctly?

7 A. Can you -- "343391;" yes.

8 Q. Yes. All right. Would you agree
9 that this appears to be an authorized
10 publication of the Office of Vital Records
11 from 2007?

12 MR. JONES: Object to form.

13 Q. You may answer.

14 A. I cannot speak to that, since I
15 wasn't in the position at that time.

16 Q. Okay. All right. Would you agree
17 that a birth certificate is a form of
18 identification used for numerous purposes?

19 A. Yes.

20 Q. Do you agree that it is important
21 for a birth certificate to accurately reflect
22 the identity of a person?

23 A. Yes.

24 MR. JONES: Object to form.

25 Q. All right. If you can go back to --

1 to your declaration?

2 A. Can you tell me what exhibit that
3 was?

4 Q. It was marked as "Exhibit 3."

5 A. Okay.

6 Q. On paragraph C, you say:

7 "Tennessee birth certificates
8 merely record the sex of the child as reported
9 at birth."

10 Did I read that correctly?

11 A. You did.

12 Q. How is the sex of a child recorded?

13 MR. JONES: Object to form.

14 A. It's recorded on --

15 Q. You may answer.

16 A. It's recorded on a form by the
17 location of where the birth occurred.

18 Q. Okay. Who determines the sex of the
19 child?

20 MR. JONES: Object to form.

21 Q. You may answer.

22 A. The person certifying the birth.

23 Q. Earlier, you testified that your
24 office provides guidance with regards to the
25 completion of birth certificates. Is that

1 right?

2 A. That's correct.

3 Q. What is the guidance that you
4 provide with regards to the completion of the
5 item for "sex" on the birth certificate?

6 MR. JONES: Object to form.

7 Q. You may answer.

8 A. That data is filled out per the
9 medical records of the child.

10 Q. And how is the sex determined at the
11 time of birth?

12 MR. JONES: Object to form.

13 Q. You may answer.

14 A. That is not something I can answer.
15 I'm not a medical physician.

16 Q. Okay. Does the Office of Vital
17 Records provide any guidance on how to
18 determine the child's sex for the purposes of
19 the birth certificate?

20 A. It does not.

21 Q. Okay. If you can turn to
22 Exhibit 4 -- the handbook -- and go to page 34
23 of the handbook? Let me know when you're
24 there.

25 A. Thirty-four?

1 Q. Page 34 of the handbook; yes.

2 A. Okay. I'm on 34.

3 Q. Okay. Do you see there's a heading
4 titled, "Item 2. SEX?"

5 A. I do.

6 Q. Okay. On the first -- on the third
7 sentence of that section, it states:

8 "Purpose of item: This item
9 aids in identification of the child."

10 Did I read that correctly?

11 A. It does.

12 Q. Okay. Do you have any reason to
13 disagree with that statement?

14 MR. JONES: Object to form.

15 Q. You may answer.

16 A. I do not.

17 Q. Okay. Earlier, you testified that
18 it's important for a birth certificate to
19 accurately reflect the identity of a person.
20 Is that correct?

21 MR. JONES: Object to form.

22 Q. Is it important for a birth
23 certificate to accurately reflect the identity
24 of a person?

25 MR. JONES: Object to form.

1 Q. You may answer.

2 A. It's important to identify the data
3 elements of the child.

4 Q. Is a birth certificate a legal
5 record?

6 MR. JONES: Object to form.

7 Q. You may answer.

8 A. I cannot answer that. I don't know.

9 Q. Okay. Is a birth certificate a
10 medical record?

11 MR. JONES: Object to form.

12 Q. You may answer.

13 A. I don't know.

14 Q. Going back to page 34 of the
15 handbook; Exhibit 4.

16 A. Okay.

17 Q. For item two, I'm going to ask a
18 couple of questions. Please read the entire
19 item.

20 [Witness perused document]

21 A. Okay.

22 Q. In its entry for "Item 2. SEX," the
23 handbook on birth registration makes no
24 mention of genitalia. Is that correct?

25 A. That's correct.

1 Q. Okay. As State Registrar and
2 Director of the Office of Vital Records, you
3 are tasked with enforcing laws and regulations
4 pertaining to vital records in Tennessee.

5 Is that right?

6 A. That is correct.

7 Q. Please tell me what law or
8 regulation says that a child's sex is
9 determined by their genitalia.

10 MR. JONES: Object to form.

11 Q. You may answer.

12 A. Can you repeat?

13 Q. Please tell me what law or
14 regulation says that a child's sex is
15 determined by their genitalia?

16 MR. JONES: Object to form.

17 Q. You may answer.

18 A. I don't know of any.

19 Q. Thank you. All right. If we could
20 go to the third page of the handbook;
21 Exhibit 4? The third page of the PDF. It is
22 page (i) on the handbook.

23 A. Okay.

24 Q. Okay. This is a preface. Is that
25 right?

1 A. Correct.

2 Q. It states:

3 "This handbook was prepared by
4 the Tennessee Office of Vital Records for
5 reference use by facilities, certified nurse
6 midwives, certified professional midwives, and
7 other midwives as it relates to their duties
8 of completing the Tennessee Certificate of
9 Live Birth and Report of Fetal Death
10 (Stillbirth).

11 The handbook contains
12 information about the laws, rules, and
13 procedures pertaining to the preparation and
14 registration of the certificates and reports."

15 Did I read that correctly?

16 A. You did.

17 Q. Okay. Do you have any reason to
18 disagree with what I just read?

19 A. You read it correctly.

20 Q. Okay. Do you know whether this
21 handbook is still in use?

22 A. I do not.

23 Q. Okay. All right. Returning to page
24 34 of the handbook?

25 A. Okay.

1 Q. Middle sentence in the item two, for
2 "sex," it reads:

3 "If sex cannot be determined
4 after verification with medical records,
5 mother of child, informant, or other sources,
6 enter 'Unknown.'"

7 Did I read that correctly?

8 A. You did.

9 Q. Do you have any -- any reason to
10 disagree with that statement?

11 A. I do not.

12 Q. Besides medical records, what other
13 sources could be referred to in completing the
14 item for "sex" on a birth record?

15 MR. JONES: Object to form.

16 MR. PAGAN: You may answer.

17 And, Mr. Bishop, just a reminder that
18 unless otherwise instructed not to, you
19 should answer every question.

20 THE WITNESS: Okay.

21 MR. PAGAN: You don't have
22 to --

23 THE WITNESS: Okay. I'm having
24 a hard time hearing Matt a little bit.

25 So I'm sorry.

1 MR. PAGAN: No, it's not a
2 problem. I just want to make sure that
3 we're not unnecessarily pausing.

4 THE WITNESS: No problem.

5 MR. JONES: That's probably all
6 I'm going to say; "object to form." So
7 unless I speak longer...

8 THE WITNESS: Okay.

9 Can you repeat again, Omar? I'm
10 sorry.

11 MR. PAGAN: Sure. It's no
12 problem.

13 THE WITNESS: And you don't
14 have to reword it. I just want to make
15 sure --

16 MR. PAGAN: No, no --

17 THE WITNESS: -- I heard the
18 question correctly.

19 MR. PAGAN: Understood.

20 BY MR. PAGAN:

21 Q. Besides consulting a child's medical
22 records, what other sources should be looked
23 to in completing the item for "sex" on a birth
24 record?

25 MR. JONES: Object to form.

1 A. I don't know of any.

2 Q. Okay. All right. If you could go
3 to what's been premarked as "Exhibit 5?"

4 (Exhibit 5 marked for identification)

5 Q. Please tell me when you have that
6 up.

7 A. Okay.

8 Q. Okay. This is a birth
9 certificate -- I'm just going to read the
10 state file number; 141-106018. Is that
11 correct?

12 A. It is.

13 Q. Have you ever seen this document
14 before?

15 A. I've seen a birth certificate, but
16 not this individual child.

17 Q. Okay.

18 MR. JONES: And I just wanted
19 to remind counsel and the court reporter,
20 for her benefit, that this document we're
21 referring to is marked "Confidential."

22 So if there is any information read
23 off of this document, I'd ask that this
24 portion be -- be marked as "confidential"
25 as well.

1 MR. PAGAN: Yes, thank you,
2 Matt. Understood. And we will not be
3 asking questions about identifying
4 information of any person to which this
5 belongs to.

6 BY MR. PAGAN:

7 Q. And that is your electronic
8 signature on item 13. Is that right,
9 Mr. Bishop?

10 A. It is.

11 Q. Okay. And your signature is affixed
12 to all birth certificates issued while you're
13 being -- while you're State Registrar?

14 A. Yes. As of 20 -- yes; you're
15 correct. As of 2017.

16 Q. Okay. I'm just going to refer you
17 to "Item 2. SEX." It states, "Not yet."
18 What does it mean by that?

19 A. It means, "not yet determined."
20 It's an abbreviation. The system will not
21 allow much space or information in that box.

22 Q. So are there different forms in
23 which a child's sex may be recorded, besides
24 "male," "female," or "unknown?"

25 A. Please repeat that?

1 Q. Sure. Besides "male," "female," or
2 "unknown," are there any other forms by which
3 a child's sex may be recorded?

4 A. Can I ask a question?

5 Q. Yes.

6 A. You mean another form? Or another
7 identifier word?

8 Q. Thank you for the clarification.
9 Besides "male," "female," or "unknown," is
10 there any other term that is used for the
11 recording of a child's sex on a birth
12 certificate?

13 A. Yes. "Not yet determined."

14 Q. Okay. Are there any others?

15 A. Not that I can recall.

16 Q. Okay. Thank you. All right.

17 Moving on to Exhibit 6, let me know when you
18 have pulled it up.

19 (Exhibit 6 marked for identification)

20 MR. PAGAN: And, as per
21 counsel's objection, this is an exhibit
22 that has been produced by the defendants,
23 marked as "Confidential."

24 MR. JONES: Yes. Thank you.

25 THE WITNESS: Okay.

1 BY MR. PAGAN:

2 Q. Okay. Have you ever seen this
3 document before?

4 A. I don't recall.

5 Q. Okay. What is it?

6 A. Looks like a statistical report made
7 by the Office of Vital Statistics.

8 Q. And the Office of Vital Statistics
9 is the office that you oversee. Is that
10 right?

11 A. Correct.

12 Q. And it is dated November 20th
13 2019. Is that right?

14 A. That is correct.

15 Q. Okay. Do you know who prepared this
16 memorandum?

17 A. I don't see a name on it.

18 Q. Okay. Turning to the second page of
19 the exhibit, there is a "Table I," titled,
20 "Number of Births Occurring in Tennessee by
21 Sex, 1980 -- 2019."

22 Do you see that?

23 A. No. It says "2018."

24 Q. 2018. Thank you.

25 A. You're welcome.

1 Q. There's a table titled, "Number of
2 Births Occurring in Tennessee by Sex, 1980 --
3 2018." Is that right?

4 A. Correct.

5 Q. It appears to show the number of
6 births per year, by sex, for those years. Is
7 that correct?

8 A. Correct.

9 Q. And the table shows that there were
10 at least 43 children born during that time
11 period whose sex designation on the -- on
12 their birth certificate is unknown.

13 Is that correct?

14 A. That's what it's shown on page
15 three.

16 Q. Okay. Now, turning to "Table II,"
17 which is on page four -- all right.

18 I understand that the printout
19 of this is very small, so I'm going to try to
20 do a share of the screen again. And then,
21 hopefully, be able to zoom.

22 A. Okay. I'm going to leave it oblong,
23 rotated, and zoomed in.

24 Q. Great, thank you. In that case, the
25 table shows a list of birth certificates and

1 linked death certificates for which a child
2 was designated as "unknown" at birth.

3 Is that correct?

4 A. It's kind of hard to see. Hang on.
5 It's so small. Let me see if I can zoom
6 enough to read it.

7 Q. All right.

8 A. That's what it appears to be, based
9 on what I can see.

10 Q. Okay. It shows that a number of
11 children assigned as "unknown" at birth, had
12 their birth certificates be changed to have a
13 different sex designation.

14 Is that right?

15 MR. JONES: Object to form.

16 A. I can't tell that from what I'm
17 looking at.

18 Q. Okay.

19 A. Can you -- all right.

20 Q. Sure. It does show that a number of
21 children assigned "unknown" at birth, had
22 their death certificates be issued with a
23 different sex designation.

24 Is that right?

25 A. It does show that; yes.

1 Q. Okay. All right. I'm going to
2 try -- try to share again, and hopefully, it
3 works.

4 A. Okay.

5 Q. Let me know if the right table is
6 showing.

7 A. It is.

8 Q. Okay. I'm going to zoom in.

9 MR. PAGAN: Matt, I'm going to
10 use a name. Obviously, we will agree
11 that that's confidential and should be
12 redacted.

13 MR. JONES: Yes. Okay.
14 Agreed.

15 BY MR. PAGAN:

16 Q. Mr. Bishop, I'm going to refer you
17 to the row for a [Redacted name]. Can you see
18 where my cursor is at?

19 A. I can.

20 Q. Okay. Going to the notes for that
21 entry -- and I understand that it is hard to
22 read, but it states:

23 "This record was corrected by
24 affidavit to change the child's sex to 'male,'
25 but not changed on the statistical file."

1 Did I read that correctly?

2 A. You did.

3 Q. Okay. What is the statistical file?

4 A. The statistical file is a file that
5 the Tennessee Department of Health --
6 specifically, the Department of Vital Records
7 and Statistics -- provides to NAPHSIS on all
8 vital events that happened in the state for a
9 given year.

10 Q. Great. And just so that we can
11 leave the shared screen, the fifth row from
12 the bottom is an entry for another individual,
13 and it also states:

14 "This record was corrected by
15 affidavit to change the child's sex as 'male,'
16 but not changed on the statistical file."

17 Is that right?

18 A. Can you go back and explain which
19 record you're talking about? Fifth from the
20 bottom?

21 Q. Fifth from the bottom.

22 A. I believe that says "female."

23 Q. Okay. But would you agree that the
24 record -- that the note says that the record
25 was corrected by affidavit, and that it was

1 not changed on the statistical file?

2 A. No. I can't agree to that, because
3 that's not what it says.

4 Q. Sure. Can you read to me what it
5 says?

6 A. It says:
7 "Sex on the birth record appears to
8 have been corrected to 'female.'"

9 Q. Sorry. That's seventh from the
10 bottom. So two further down. The fifth row
11 from the bottom.

12 A. Are you counting the "records
13 sealed" line?

14 Q. I'm counting the two blank lines
15 below that.

16 A. Oh, okay. Hang on.

17 Q. If you look at the shared screen, I
18 have my cursor over it.

19 A. Yes, I got it now. It says,
20 "'Male,' but not changed on the statistical
21 file." Correct.

22 Q. Thank you. And just to -- going
23 down that row, on the column for "Birth Year,"
24 it appears this individual was born in 1984.
25 Is that correct?

1 A. I'm going to reference the name. Is
2 it [Redacted name]?

3 Q. It is [Redacted name].

4 A. Yes; 1984.

5 Q. Great.

6 MR. JONES: Just for the court
7 reporter, those names need to be redacted
8 as well.

9 MR. PAGAN: Agreed. Thank you.

10 BY MR. PAGAN:

11 Q. And a couple -- four columns down,
12 it is the DCN. Do you see that?

13 A. I do.

14 Q. What is the "DCN?"

15 A. That's called the "Document Control
16 Number."

17 Q. Okay. And it has, "Death: Sex,
18 male." Is that right?

19 A. For 2005-001924, correct.

20 Q. And the DCN number that you just
21 read, that is the record number for the death
22 certificate.

23 A. That is correct.

24 Q. Is that right?

25 A. That is correct.

1 Q. So, this individual died in 2005.

2 Is that correct?

3 A. That is correct.

4 Q. Okay. Thank you. I'm just going to
5 stop sharing now.

6 A. Okay.

7 Q. On your declaration, you state that
8 the Tennessee Vital Statistics Birth Data
9 Element Layout contains over 416 data
10 elements. Is that right?

11 A. That's correct.

12 Q. Is the Tennessee Vital Statistics
13 Birth Data Element Layout the same as the
14 statistical file?

15 A. I couldn't answer that.

16 Q. And, just to go back to the two
17 records that we were discussing, when a birth
18 certificate is issued to either of those two
19 individuals, it would say that their sex is
20 "male."

21 Is that correct?

22 A. I could not answer that.

23 Q. If you recall, the note stated:

24 "This record was corrected by
25 affidavit to change the child's sex to

1 'male.'"

2 A. Then yes.

3 Q. Okay. But their statistical file
4 would still indicate their sex as "unknown."
5 Is that correct?

6 A. That is correct. If the file was
7 already closed.

8 Q. Okay. Thank you. So, based on what
9 you just testified about the file being
10 already closed, when does that happen?
11 When -- let me rephrase.

12 When is the statistical file
13 closed?

14 A. Let me see if I can recall. So,
15 we'll say for 2019, which was last year, that
16 file normally closes approximately around May
17 of the next year.

18 Q. Okay.

19 A. So, right about now, the mortality
20 file would be closing.

21 Q. And when the Office of Vital Records
22 provides -- let me go back, sorry.

23 Does the Office of Vital
24 Records provide data for research purposes?

25 A. Yes.

1 Q. When it provides that data, do they
2 use the statistical file?

3 A. Yes.

4 Q. Is a person's birth certificate able
5 to be changed without changing the statistical
6 file?

7 A. If the file's already closed, yes.

8 Q. Great. Thank you. All right.

9 MR. PAGAN: We've been going
10 for a little over an hour and 15.

11 Mr. Bishop, do you need a break, or --

12 THE WITNESS: I'm fine, if you
13 guys are.

14 MR. PAGAN: Okay.

15 Matt, if it's okay, I would like to
16 take a five-minute break.

17 MR. JONES: That's no problem.

18 MR. PAGAN: Okay. Thank you.

19 MR. JONES: Okay.

20 (Short break.)

21 BY MR. PAGAN:

22 Q. Mr. Bishop, if I could direct your
23 attention to what's been premarked as
24 Exhibit 7?

25 (Exhibit 7 marked for identification)

1 A. Okay.

2 Q. Thank you. Have you ever seen this
3 document before?

4 A. I have.

5 MR. JONES: And, just before we
6 get into it, again, for the court
7 reporter's record, this is a confidential
8 record. More so than the other ones.

9 BY MR. PAGAN:

10 Q. What is it?

11 A. It's a sealed birth certificate.

12 Q. Okay. It lists the sex of the child
13 as "Undetermined." Is that correct?

14 A. That is correct.

15 Q. Okay. And there's a certification
16 on both pages signed by you. Is that correct?

17 A. That is correct.

18 Q. Okay. If we can turn to the second
19 page, please?

20 A. Okay.

21 Q. There is an explanatory note below
22 the certification. Is that right?

23 A. I believe so. It's a little hard to
24 read.

25 Q. Yes. It states:

1 "Because Children and Family
2 Services has provided info on item number
3 nine, that this child has been determined to
4 be a male, and the Court decreed the child
5 a -- unreadable word -- named as that of the
6 father, PMT has decided we should put 'male'
7 as sex on new certificate, without requesting
8 medical records."

9 Did I read that correctly?

10 A. As far as I can determine, yes.

11 Q. Okay. It appears that the sex
12 designation on the person's birth
13 certificate -- birth certificate may be
14 changed without requiring medical records.

15 Is that right?

16 MR. JONES: Object to form.

17 A. I'm sorry, Omar. I'm still looking.
18 Can you give me a second? This was filed '82.
19 Yeah. I can't speak to that.

20 Q. Okay.

21 A. Very hard to see.

22 Q. All right. Generally speaking, can
23 the sex designation on a person's birth
24 certificate may be changed without requiring
25 medical records?

1 MR. JONES: Object to form.

2 A. I'm sorry, man. I'm trying to
3 figure out what item nine is from the note.

4 Q. Sure. We're not talking about the
5 note now. This is just --

6 A. Okay.

7 Q. -- a broader question.

8 A. Okay. Can you read -- repeat,
9 please.

10 Q. Sure. Can the sex designation on a
11 person's birth certificate be changed without
12 requiring medical records?

13 MR. JONES: Object to form.

14 A. That, I don't know.

15 Q. Okay. On the certification on each
16 of these pages, signed by you, it states, in
17 part, that the birth certificate was, "sealed
18 in accordance with Tennessee Code Annotated
19 68-3-313(3)."

20 Is that right?

21 A. That's what it reads; yes.

22 Q. So, it is possible for a birth
23 certificate to be amended, and to maintain a
24 copy of the original birth certificate under
25 seal. Is that correct?

1 MR. JONES: Object to form.

2 A. Can you repeat that?

3 Q. Sure. Can a birth certificate be
4 amended, and the Office of Vital Records
5 maintain a copy of the original birth
6 certificate under seal?

7 MR. JONES: Object to form.

8 A. I'm sorry, Omar. I'm having a hard
9 time understanding that question.

10 Q. Sure.

11 A. It's almost three parts. I'm sorry.

12 Q. Let's go part by part.

13 A. Okay.

14 Q. According to the statute referenced,
15 it has to deal with adoptions. Is that
16 correct?

17 A. No. I think that has to do with
18 sealed records.

19 Q. Okay. When a child is adopted, will
20 a new birth certificate be issued with the
21 adoptive parents' names on the birth
22 certificate?

23 A. Yes.

24 Q. Will the original birth certificate
25 be then kept under seal by the Office of Vital

1 Records?

2 A. Yes.

3 Q. Okay. So, is it possible for a
4 birth certificate to be amended and an
5 original -- and the original copy to be kept
6 under seal?

7 A. There are records that have been
8 amended that have been put under seal.
9 Correct.

10 Q. Okay. Thank you. Is it fair to say
11 that when a birth certificate is amended, the
12 data elements in the original birth
13 certificate may not necessarily be lost?

14 MR. JONES: Object to form.

15 A. I cannot speak to that.

16 Q. All right. Turning to Exhibit 8?
17 (Exhibit 8 marked for identification)

18 A. Okay.

19 Q. Have you ever seen this document
20 before?

21 A. I've seen the form, but not
22 specifically this document, I don't think.

23 Q. It is a birth certificate. Correct?

24 MR. JONES: Just for the court
25 reporter's sake, this is another

1 confidential Exhibit.

2 MR. PAGAN: Thank you, Matt.

3 BY MR. PAGAN:

4 Q. Mr. Bishop, it is another birth
5 certificate. Correct?

6 A. That's correct.

7 Q. And it lists the sex of the child as
8 "Unknown". Is that correct?

9 A. It does.

10 Q. Okay. Turning to the second page of
11 the exhibit, there appears to be an electronic
12 note for this birth certificate. Is that
13 right?

14 A. It does.

15 Q. And is this the type of notes that
16 appear in your computer system?

17 A. What year was this? 2004? It
18 would -- it would look like it would appear in
19 a previous version. Correct.

20 Q. Okay. And your current computer
21 system would show similar notes. Is that
22 correct?

23 A. That is correct.

24 Q. Okay. The note in this -- sorry.

25 The note for this birth

1 certificate reads, in part, that, "the child
2 was born with both sex organs."

3 Is that correct?

4 A. That's what it reads.

5 Q. For a child born with both sex
6 organs, is it your opinion that the child
7 cannot identify as male or female?

8 MR. JONES: Object to form.

9 A. I don't have an opinion on that.

10 Q. Thank you. When a person is born
11 with both sex organs and dies, can their death
12 certificate designate their sex as "male" or
13 "female?"

14 MR. JONES: Object to form.

15 A. Yes.

16 Q. Can a person whose birth certificate
17 originally designated their sex as "unknown,"
18 later amend their birth certificate to list
19 their sex as "male" or "female?"

20 MR. JONES: Object to form.

21 A. When you say -- let me clarify.
22 When you say "person," you mean the person
23 whose name shows as the child on the birth
24 certificate?

25 Q. Correct.

1 A. Can you repeat that one more time?

2 Q. Can a person whose name is listed on
3 a birth certificate, and their sex is
4 designated as "unknown at birth," later amend
5 their birth certificate to reflect their sex
6 as "male" or "female?"

7 MR. JONES: Object to form.

8 A. I cannot answer that definitely.

9 Q. Is it possible?

10 A. I can't answer that definitely.

11 Q. Okay. Earlier, we reviewed a
12 memorandum from 2019 that contained two
13 tables. Do you recall that?

14 A. You're talking about the statistical
15 file? Or the statistical document --

16 Q. Yes.

17 A. -- on children born between -- I
18 think it was to 2018.

19 Q. Correct.

20 A. Yes.

21 Q. Okay. We discussed at least two
22 instances in which the birth record was
23 corrected by affidavit to change the child's
24 sex from "unknown" to "male."

25 Do you recall that?

1 A. Yes.

2 Q. So, is it possible for a person to
3 correct their sex from "unknown," to "male" or
4 "female?"

5 MR. JONES: Object to form.

6 A. I can't speak definitely to that.
7 I'm not sure who wrote that affidavit.

8 Q. Can a person born with ambiguous
9 genitalia, and designated as "unknown" on
10 their birth certificate, be able to update the
11 "sex" designation on their birth certificate
12 based on their chromosomal makeup?

13 MR. JONES: Object to form.

14 A. I can't answer that.

15 Q. Can a person born with ambiguous
16 genitalia, and designated as "unknown" on
17 their birth certificate, be able to update the
18 "sex" designation on their birth certificate,
19 based on their hormonal makeup?

20 MR. JONES: Object to form.

21 A. I can't answer that.

22 Q. Okay. All right. All right; going
23 back to what's been marked as Exhibit 2. This
24 is "Defendants' Expert Disclosure." Please
25 let me know when you have it in front of you.

1 A. Okay.

2 Q. Okay. On page four, paragraph (1),
3 that pertains to your expected testimony as
4 per the disclosures. Is that correct?

5 A. That's correct.

6 Q. It states:

7 "The Tennessee Department of
8 Health routinely cooperates with federal
9 adjudicating agencies such as the Department
10 of State, the Social Security Administration,
11 the Armed Services and other state agencies."

12 Did I read that correctly?

13 A. Yes.

14 Q. Is the cooperation to which that
15 paragraph refers to, for purposes of identity
16 verification?

17 A. I cannot speak for the other
18 agencies.

19 Q. Okay. Do you know what the other --
20 for what purposes would the Office of Vital
21 Records share a person's birth record with
22 other governmental agencies?

23 MR. JONES: Object to form.

24 A. We don't necessarily share the
25 actual birth certificate. I'll just use the

1 Armed Forces as an example.

2 We do a verification that the person
3 was born here in Tennessee before an enlistee
4 joins the armed services.

5 Q. Okay. For purposes of the next few
6 questions, when I refer to a "transgender
7 person," I am referring to someone whose
8 gender identity is different from the sex they
9 were recorded as at birth.

10 Is that understood?

11 A. It is.

12 Q. Okay. Are you aware that
13 transgender people are able to correct the sex
14 designation on their social security records
15 to match their gender identity?

16 MR. JONES: Object to form.

17 A. I am not.

18 Q. Are you aware whether -- sorry.
19 Scratch that.

20 Are you aware that the
21 plaintiffs in this case have corrected their
22 social security records to reflect their
23 female gender identity?

24 A. I am not.

25 Q. Are you aware that transgender

1 people are able to correct the sex designation
2 on their U.S. passport to match their gender
3 identity?

4 MR. JONES: Object to form.

5 A. I am not.

6 Q. Are you aware that some of the
7 plaintiffs in this case have corrected their
8 U.S. passports to reflect their female gender
9 identity?

10 A. I am not.

11 Q. Are you aware that transgender
12 people are able to correct the sex designation
13 on their Tennessee-issued driver's licenses to
14 match their gender identity?

15 MR. JONES: Object to form.

16 A. I am not.

17 Q. Are you aware that some of the
18 plaintiffs in this case have corrected their
19 Tennessee-issued driver's licenses to reflect
20 their female identity -- gender identity?

21 A. I'm not.

22 Q. Would you agree that the -- that
23 Tennessee does not permit a transgender person
24 to update the designation for their sex --
25 scratch that.

1 Would you agree that Tennessee
2 does not permit a transgender person to update
3 the designation for the sex they were deemed
4 at birth, to the sex designation consistent
5 with their gender identity?

6 MR. JONES: Object to form.

7 A. Omar, I'd have to have you repeat
8 that again, please?

9 Q. Sure. Keeping in mind the
10 definition of a "transgender person" that we
11 agreed to earlier?

12 A. Okay.

13 Q. That being someone whose gender
14 identity is different from the sex they were
15 designated at birth.

16 Would you agree that Tennessee
17 does not permit a transgender person to update
18 the sex designation of the sex they were
19 recorded at birth, to the sex designation
20 consistent with their gender identity?

21 MR. JONES: Object to form.

22 A. I don't necessarily agree. I will
23 say we follow the Tennessee statute when it --
24 when it comes to that.

25 Q. When can a person change the "sex"

1 designation on their birth certificate?

2 MR. JONES: Object to form.

3 A. Without having the TCA in front of
4 me, I cannot speak directly to that.

5 Q. If a person's genitalia -- okay.

6 If a person was recorded as
7 "male" at birth, based on their genitalia,
8 would that person be able to later correct the
9 "sex" designation on their birth certificate
10 because it does not match their identity?

11 MR. JONES: Object to form.

12 A. I cannot speak to that.

13 Q. You oversee the operations of the
14 Office of Vital Records. Right?

15 A. That's correct.

16 Q. If a person who was designated
17 "male" at birth, but identifies as female,
18 were to come to the Office of Vital Records to
19 request that their birth certificate be
20 corrected to reflect their female gender
21 identity, would they be able to do that?

22 MR. JONES: Object to form.

23 A. Per the statute, no.

24 Q. And to which statute do you refer?

25 A. Sixty-eight.

1 Q. Okay. If you go to Exhibit 1, the
2 amended complaint? And you go to page 15;
3 paragraph 70?

4 (Exhibit 1 marked for identification)

5 A. Okay.

6 Q. When you referred to the statute,
7 you answered "68." Do you refer to Tennessee
8 Code Annotated, Section 68-3-203(d)?

9 A. No. Based on your question, that
10 has to do with sex change surgery. And you
11 were asking a question about gender.

12 Q. Okay. All right. We'll come back
13 to this.

14 Would you agree that in order
15 to maintain and promote nationwide uniformity
16 in the system of vital records, the forms of
17 certificates and reports of the Tennessee
18 Office of Vital Records must look to the
19 federal agency responsible for national vital
20 statistics?

21 MR. JONES: Object to form.

22 A. Omar, can you repeat that? It's
23 pretty long.

24 Q. Sure. Let me just -- does the
25 Tennessee Office of Vital Records look to the

1 federal agency responsible for national vital
2 statistics for guidance?

3 A. Yes.

4 Q. Okay. And if you can go to
5 Exhibit 9?

6 (Exhibit 9 marked for identification)

7 Q. Do you have it?

8 A. I do.

9 Q. Okay. Do you recognize this
10 document?

11 A. I do not.

12 Q. Okay. It's a printout of the
13 Tennessee Code Annotated, Section 68-3-202.
14 Is that correct?

15 A. That's what it looks like; yes.

16 Q. And this provision is one of the
17 provisions that, as State Registrar, you
18 enforce and administer?

19 A. Correct.

20 Q. Okay. In paragraph -- is the reason
21 that the Office of Vital Records looks to
22 guidance from the federal agency responsible
23 for national vital statistics, the desire to
24 promote and maintain nationwide uniformity in
25 the system of vital records?

1 MR. JONES: Object to form.

2 A. Can you repeat?

3 Q. Sure. Would you agree that it is
4 important to promote and maintain nationwide
5 uniformity in the system of vital records?

6 MR. JONES: Object to form.

7 A. I cannot speak to that.

8 Q. Okay. Paragraph (a) of Exhibit 9
9 states:

10 "In order to promote and
11 maintain nationwide uniformity in the system
12 of vital records, the forms of certificates,
13 reports and other returns required by this
14 chapter, or by regulations adopted under this
15 chapter, shall include, as a minimum, the
16 items recommended by the federal agency
17 responsible for national vital statistics."

18 Did I read that correctly?

19 A. You did.

20 Q. Okay. Would you agree that the
21 Tennessee legislature considers as important,
22 "to promote and maintain nationwide uniformity
23 in the system of vital records?"

24 MR. JONES: Object to form.

25 A. I cannot speak for the legislature.

1 Q. Okay. Would you agree that per the
2 statute that you enforce, it is important to
3 promote and maintain nationwide uniformity in
4 the system of vital records?

5 MR. JONES: Object to form.

6 A. I cannot speak to that.

7 Q. Okay. What is the National Center
8 for Health Statistics?

9 A. NAPHSIS?

10 Q. No. I'm asking about the National
11 Center for Health Statistics.

12 A. Can you clarify what you're asking
13 me?

14 Q. Sure. What is the federal agency
15 responsible for national vital statistics?

16 A. CDC.

17 Q. Okay. Are you aware that the CDC
18 publishes a Model State Vital Statistics Act
19 and Regulations?

20 A. Yes.

21 Q. Okay. If we can go to Exhibit 10?
22 Let me know when you have it open.

23 (Exhibit 10 marked for identification)

24 Q. Okay. Do you recognize this
25 document?

1 A. I have seen it.

2 Q. What is it?

3 A. The Model State Vital Statistics Act
4 and Regulations.

5 Q. And this was published by the CDC?

6 A. Correct.

7 Q. Is that right?

8 A. It's shown, yes.

9 Q. If you turn to page 10 of the Model
10 Act?

11 A. Okay.

12 Q. Do you see the heading, "Section 21.
13 Amendment of Vital Records?"

14 A. Okay.

15 Q. Okay. Paragraph (d) of Section 21
16 states:

17 "Upon receipt of a certified
18 copy of an order of (a court of competent
19 jurisdiction) indicating the sex of an
20 individual born in this State has been changed
21 by surgical procedure and whether such
22 individual's name has been changed, the
23 certificate of birth of such individual shall
24 be amended as prescribed by regulation."

25 Did I read that correctly?

1 A. You did.

2 Q. Would you agree that Tennessee's
3 laws and regulations are inconsistent with the
4 guidance of the CDC?

5 MR. JONES: Object to form.

6 A. I am not.

7 Q. Sorry. There was some overlap. I'm
8 just going to restate.

9 Would you agree that
10 Tennessee's laws and regulations are
11 inconsistent with the guidance of the CDC,
12 with regards to whether a "sex" designation
13 can be amended based on the obtaining of sex
14 change surgery?

15 MR. JONES: Object to form.

16 A. I am not.

17 Q. Sorry. Do you agree or disagree, is
18 the question.

19 A. I'm sorry. I lost my page. Let me
20 get it again. You asked me if this guidance
21 is inconsistent with Tennessee state law?

22 Q. Correct.

23 A. They do not match. Correct.

24 Q. Thank you. Are you aware that 48
25 states permit a transgender person to update

1 the designation for the sex they were deemed
2 at birth to the "sex" designation consistent
3 with their gender identity?

4 MR. JONES: Object to form.

5 A. I am not.

6 Q. Would you agree that Tennessee's
7 policy with regards to sex -- scratch that.

8 Would you agree that
9 Tennessee's policies with regards to the
10 ability of transgender people to update the
11 "sex" designation on their birth certificates
12 is an outlier in the nation's system of vital
13 statistics?

14 MR. JONES: Object to form.

15 A. I have no opinion on that.

16 Q. What is "NAPHSIS?"

17 A. They are a subset for the CDC. I'm
18 not quite sure what the acronym stands for.

19 Q. Does it stand for the "National
20 Association for Public Health Statistics and
21 Information Systems?"

22 A. It does. Thank you.

23 Q. Do you consider NAPHSIS to be a
24 reputable source when it comes to maintenance
25 and recording of vital records?

1 MR. JONES: Object to form.

2 A. I cannot speak to that.

3 Q. As a State Registrar and office --
4 and Director of Office of Vital Records, do
5 you look to guidance provided by NAPHSIS?

6 A. I have.

7 Q. If you can open what is Exhibit 11,
8 please?

9 (Exhibit 11 marked for identification)

10 A. Okay.

11 Q. I'm showing you a printout from the
12 website of NAPHSIS. Under "Jurisdictions," it
13 states:

14 "Our members are comprised of
15 employees of the 57 state and territorial
16 vital record offices throughout the
17 United States, commonly referred to as
18 jurisdictions. A jurisdiction is tasked with
19 recording all vital events that occur within
20 their jurisdiction."

21 Did I read that correctly?

22 A. You did.

23 Q. Are you a member of NAPHSIS?

24 A. I am.

25 Q. Okay. Are other employees within

1 your office members of NAPHSIS?

2 A. We are all members; yes.

3 Q. Thank you. If you can open what's
4 been marked as Exhibit 12?

5 (Exhibit 12 marked for identification)

6 A. Okay.

7 Q. Have you ever seen this document
8 before?

9 A. I have not.

10 Q. What is it?

11 A. The title says, "A Report of the
12 NAPHSIS Registration Committee."

13 Q. And it was published in
14 January 2018. Is that right?

15 A. That's what it shows; yes.

16 Q. Okay. In this report, the NAPHSIS
17 Registration Committee appears to make
18 recommendations. If you go to page six of
19 seven of the report, please?

20 A. Okay.

21 Q. For paragraph 8(b) states:

22 "Recommend documenting gender
23 identity or sex on the legal portion of the
24 birth record using the following standard
25 gender identity/sex labels.

1 i. Female.

2 ii. Male.

3 iii. X."

4 Did I read that correctly?

5 A. You did.

6 Q. Do you agree that the Registration
7 Committee of NAPHSIS recommends that a
8 person's birth certificate used for
9 identification reflect a person's gender
10 identity?

11 MR. JONES: Object to form.

12 A. I can't speak for that.

13 Q. Okay. If we can go to Exhibit 3. --
14 your declaration -- please?

15 A. Okay.

16 Q. In paragraph (e), you state:

17 "Creating additional ways in
18 which Tennessee's birth records can be
19 modified, particularly without a statutory
20 scheme in place to regulate and track such
21 modifications, heightens the potential for
22 fraud and illegality."

23 Did I read that correctly?

24 A. You did.

25 Q. Can you cite to a study to back up

1 the statement you make in paragraph (e) of
2 your declaration?

3 A. I cannot.

4 Q. Can you cite to a report to back up
5 the statement you make in paragraph (e) of
6 your declaration?

7 A. I cannot.

8 Q. Would you agree that your statement
9 is based on speculation of what might happen?

10 MR. JONES: Object to form.

11 A. That's incorrect.

12 Q. What is the basis for your statement
13 in paragraph (e)?

14 A. The basis is, without statutory
15 regulations being in place, modifications
16 would heighten the potential for fraud and
17 illegality.

18 Q. Okay. As Director of the Office of
19 Vital Records, you have the power to
20 promulgate regulations, do you not?

21 A. Can you repeat that?

22 Q. As the State Registrar and Director
23 of the Office of Vital Records, you have the
24 power to promulgate regulations with regards
25 to the completion and maintenance of vital

1 records.

2 Is that right?

3 A. Can you clarify that, please?

4 Q. Sure. As Director of the Office of
5 Vital Records, do you have the power to
6 promulgate regulations with regards to the
7 maintenance of vital records?

8 A. When you say "promulgate," what do
9 you mean by that?

10 Q. Does your office issue regulations
11 with regards to the completion and maintenance
12 of vital records?

13 A. No. We follow the statute and the
14 rules.

15 Q. Does your office promulgate rules
16 with regards to the completion and maintenance
17 of vital records?

18 A. We have not, since I've been here.

19 Q. All right. As part of your power
20 and duties, do you have the ability to
21 promulgate rules with regards to the
22 completion and maintenance of vital records?

23 A. Not without approval.

24 Q. Whose approval do you need?

25 A. Commissioner's.

1 Q. By "commissioner," do you mean the
2 Commissioner for the Department of Health for
3 the state of Tennessee?

4 A. Correct. I fall underneath her
5 jurisdiction.

6 Q. As Director of the Office of Vital
7 Records, and with the approval of the
8 Commissioner for the Department of Health for
9 the state of Tennessee, can you promulgate
10 rules with regards to the completion and
11 maintenance of vital records?

12 MR. JONES: Object to form?

13 A. Omar, you'll have to clarify the
14 word, "promulgate" for me. I'm sorry.

15 Q. Sure. Can the Department of Health
16 issue rules with regards to the completion and
17 maintenance of vital records?

18 MR. JONES: Object to form.

19 A. Are you asking me if we could add or
20 change rules?

21 Q. Yes.

22 A. We do have that authority.

23 Q. Thank you. Earlier, I asked you for
24 a basis for your statement of paragraph (e) in
25 your declaration. Do you recall that?

1 A. I do.

2 Q. Okay. And, my apologies. What is
3 the basis for your opinion?

4 A. My basis is we need some kind of
5 guidelines and regulations to follow.

6 Q. Okay. Tennessee already permits
7 persons to update or correct the "sex"
8 designation on their birth certificates. Is
9 that right?

10 MR. JONES: Object to form.

11 A. I believe, based on the TCA, within
12 the first year, if it's a minor error.

13 Q. If you can go to what's been marked
14 Exhibit 13.

15 A. Thirteen?

16 Q. Yes.

17 A. Okay.

18 (Exhibit 13 marked for identification)

19 A. Okay.

20 Q. Do you recognize this document?

21 A. I do.

22 Q. What is it?

23 A. That is a page from my website.

24 Q. By "your website," do you mean the
25 website for the Tennessee Office of Vital

1 **Records?**

2 **A. Correct.**

3 **Q. Okay. If we go to page four?**

4 **A. Okay.**

5 **Q. There's a heading that says:**

6 **"How do I correct the sex on my**
7 **birth certificate?"**

8 **Do you see that?**

9 **A. I do.**

10 **Q. And the second sentence says:**

11 **"If a mistake was made on the**
12 **certificate when recording the sex of the**
13 **child, the following should be submitted to**
14 **this office:**

15 1. **A signed and notarized**
16 **affidavit showing the full name, date of**
17 **birth, the sex as it is shown on the**
18 **certificate and the sex as it should be**
19 **corrected listed.**

20 2. **Documentary evidence**
21 **showing the correct sex of the individual (see**
22 **examples of acceptable documentary evidence).**

23 3. **A check or money order for**
24 **the required amendment fee, and an additional**
25 **fee for a copy of the corrected certificate."**

1 Did I read that correctly?

2 A. You did.

3 Q. So it is possible for a person to
4 correct the sex on their birth certificate,
5 even after their first year of birth?

6 A. If a mistake was made.

7 Q. Let me just restate that.

8 Is it possible for a person to
9 correct the "sex" designation on their birth
10 certificate after the first year of their
11 life?

12 A. I cannot speak to that without the
13 TCA in front of me. But it looks like if a
14 mistake was made.

15 Q. Okay. Would you agree that
16 permitting plaintiffs to update the "sex"
17 designation on their birth certificate would
18 not necessarily entail creating an additional
19 way to modify birth certificates?

20 MR. JONES: Object to form.

21 A. I can't answer that.

22 Q. Why not?

23 A. Repeat the question. Because I
24 didn't really understand it. You're --

25 Q. Sure. Would you agree that

1 permitting plaintiffs to update the "sex"
2 designation on their birth certificate would
3 not necessarily entail creating an additional
4 way to modify birth certificates?

5 MR. JONES: Object to form.

6 A. Yeah, I -- once again, I can't
7 answer that, because I don't understand your
8 question.

9 Q. Sure. Could -- could the plaintiffs
10 submit an affidavit, that's notarized and
11 signed, along with documentary evidence, and a
12 check or money order, in order for them to
13 correct the "sex" designation on their birth
14 certificate?

15 MR. JONES: Object to form.

16 A. I can't answer that. Because it
17 doesn't say "the person." It says, "sex of
18 the child."

19 Q. What do you mean by "illegality" in
20 paragraph (e) of your declaration?

21 A. What do I mean by that?

22 Q. Yes.

23 A. Doing something that's not legal.

24 Q. Such as?

25 A. Such as representing yourself as

1 somebody else.

2 Q. So, would you agree that that's a
3 form of fraud?

4 A. It is.

5 Q. Okay. Is there anything else that
6 you mean by "illegality," besides "fraud?"

7 A. If you mean "fraud" as in
8 "stealing" -- obtaining stuff that's not
9 yours -- then, yes.

10 Q. Okay. For purposes of the -- let me
11 just clarify.

12 For purposes of the use of the
13 word "illegality" in your declaration, is
14 there anything you mean by "illegality"
15 besides "fraud?"

16 A. Theft.

17 Q. Okay. The Office of Vital Records
18 has means and processes for detecting fraud.
19 Correct?

20 A. I'm sorry, Omar. Can you repeat
21 that?

22 Q. Sure. The Office of Vital Records
23 has means and processes for detecting fraud.
24 Is that right?

25 A. Not necessarily. No.

1 Q. Do you not have ways to investigate
2 fraud?

3 A. If it's brought to our attention, we
4 do.

5 Q. Okay. Would the situation in which
6 a person can have incongruent "sex"
7 designations in some identity documents than
8 their birth certificate, actually heighten the
9 potential for fraud?

10 MR. JONES: Object to form.

11 A. I can't speak to that.

12 Q. Okay. You speak about the
13 possibility of fraud and illegality as a
14 concern in your declaration. I'm just
15 wondering if having to two incongruent
16 identity documents heightens the potential for
17 fraud?

18 MR. JONES: Object to form.

19 A. I can't speak to that.

20 Q. Okay.

21 MR. PAGAN: Okay. If we can
22 take a break? Five minutes, please?

23 MR. JONES: Sure. That's no
24 problem.

25 (Short break.)

1 MR. PAGAN: So, back on the
2 record. That's it for us, Matt. I don't
3 know if you want to ask any questions.

4 MR. JONES: I have no
5 follow-up.

6 MR. PAGAN: Okay.

7 MR. JONES: So, for the court
8 reporter, I believe we needed transcripts
9 by the 29th, at the latest. I don't
10 know if that's expedited or not. And our
11 witnesses will be reading and signing.

12 MR. PAGAN: Okay. Matt, just
13 to clarify on that, we're filing on the
14 29th.

15 MR. JONES: Okay.

16 MR. PAGAN: So --

17 MR. JONES: If we need it
18 faster than that, that's --

19 MR. PAGAN: I don't want to
20 tell you when to get the transcript, but
21 --

22 MR. JONES: Sure.

23 MR. PAGAN: -- obviously,
24 knowing that the errata wouldn't have
25 come in before.

1 MR. JONES: Absolutely. So
2 then, we can expedite however we need to.

3 MR. MONTGOMERY: Did anyone
4 else want to give the court reporter
5 their transcript orders?

6 MR. PAGAN: I think we've
7 already ordered ours, and they are
8 expedited.

9 MR. MONTGOMERY: All right,
10 then. Thank you everyone.

11 MR. PAGAN: Thank you,
12 Mr. Bishop.

13 MR. JONES: Thank you, all.

14 MR. PAGAN: Thank you,
15 everyone.

16 (Whereupon, the deposition adjourned
17 at 4:32 p.m.)

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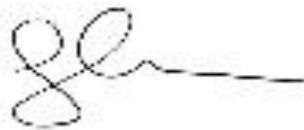
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C E R T I F I C A T E

I, Giselle Mitchell-Margerum, RPR, CRI, CCR, Licensed Court Reporter, Tennessee, do hereby certify that the witness was first duly sworn by me and that I was authorized to and did report said proceedings.

I further certify that the foregoing transcript is a true and correct record of the proceedings; that said proceedings were taken by me stenographically and thereafter reduced to typewriting under my supervision; that reading and signing was requested; and that I am neither attorney nor counsel for, nor related to or employed by, any of the parties to the action in which this deposition was taken; and that I have no interest, financial or otherwise, in this case.

IN WITNESS WHEREOF, I have hereunto set my hand
this 20th day of May 2020.



GISELLE MITCHELL-MARGERUM, RPR, CRI, CCR, LCR

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CERTIFICATE OF DEPONENT

I, EDWARD GRAY BISHOP, hereby certify that I have read the foregoing pages, numbered 1 through 88, of my deposition of testimony taken in these proceedings on Wednesday, May 20, 2020 and, with the exception of the changes listed on the next page and/or corrections, if any, find them to be a true and accurate transcription thereof.

Signed:

Name: EDWARD GRAY BISHOP

Date:

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ERRATA SHEET

Case Name: Kayla Gore, et al. v. William Byron
e, et al.

Witness Name: EDWARD GRAY BISHOP

Date:

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Subscribed and sworn to before

me this date day of month , 2020.

EDWARD GRAY BISHOP

/	<p>10:5,8;21:25 accurately (3) 32:21;35:19,23</p>	<p>39:4;83:5,10 again (8) 27:15;40:9;45:20;47:2; 54:6;66:8;73:20;84:6</p>	<p>7:8,15;8:24;9:21;16:8; 18:22;21:6;25:18,21;26:2,6, 10;48:13</p>
/_ (16) 91:5,6,7,8,9,10,11,12,13, 14,15,16,17,18,19,20	<p>acronym (1) 74:18 Act (3)</p>	<p>age (1) 29:18</p>	<p>ambiguous (2) 62:8,15 amend (2)</p>
[<p>71:18;72:3,10 acting (1)</p>	<p>agencies (4) 63:9,11,18,22</p>	<p>60:18;61:4 amended (9)</p>
[Redacted (3) 47:17;50:2,3 [Witness (1) 36:20	<p>11:25 actual (1) 63:25 actually (1) 86:8</p>	<p>agency (5) 68:19;69:1,22;70:16; 71:14 ago (1) 15:8</p>	<p>15:10;56:23;57:4;58:4,8, 11;68:2;72:24;73:13 Amendment (2) 72:13;82:24 Annotated (3)</p>
A	<p>add (2) 22:21;80:19</p>	<p>agree (25) 30:2;32:8,16,20;47:10;</p>	<p>56:18;68:8;69:13 another (5)</p>
abbreviation (1) 42:20	<p>additional (5) 23:8;77:17;82:24;83:18;</p>	<p>48:23;49:2;65:22;66:1,16, 22;68:14;70:3,20;71:1;</p>	<p>43:6,6;48:12;58:25;59:4 answer (42)</p>
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Exhibit J

Exhibit 4 to Deposition Transcript of
Mr. Edward Gray Bishop, III

**HANDBOOK ON BIRTH REGISTRATION
AND
FETAL DEATH (Stillbirth) REPORTING**



**Tennessee Department of Health
Policy, Planning and Assessment
Office of Vital Records**

EXHIBIT 4
Witness: E.G. Bishop

Date: 5/20/2020
Stenographer: Glenna Mitchell Margerum

**HANDBOOK ON BIRTH REGISTRATION
AND
FETAL DEATH (Stillbirth) REPORTING**

**State of Tennessee
Department of Health
Nashville, Tennessee**

September 2007

PREFACE

This handbook was prepared by the Tennessee Office of Vital Records for reference use by facilities, certified nurse midwives, certified professional midwives, and other midwives as it relates to their duties of completing the Tennessee Certificate of Live Birth and Report of Fetal Death (Stillbirth).

The handbook contains information about the laws, rules, and procedures pertaining to the preparation and registration of the certificates and reports. Policies and procedures of the Tennessee Office of Vital Records are based on the provisions of the Tennessee Vital Records Act of 1977 (Tennessee Code Annotated § 68-3-101 et seq.) and Rules of the Tennessee Department of Health pertaining to Vital Records (Chapter 1200-7-1). In addition, many of the instructions in this handbook are based on information contained in the handbooks provided by the National Center for Health Statistics. When questions arise about a certain subject and a satisfactory answer is not found in this handbook, the Tennessee Office of Vital Records will assist you.

The Windows based Electronic Birth Certificate (WinEBC) is a computer software package available from the Tennessee Office of Vital Records and designed to assist the facilities in capturing the information necessary for the registration of live births. It is not the intention in this handbook to provide information on the normal day to day operation of the WinEBC. A special feature of the handbook is to include WinEBC Tips that have been sent to birth certificate clerks since early 2004. The Tennessee Office of Vital Records has assisted WinEBC birth certificate clerks with messages that relate to certain data items and mechanisms for producing and/or transmitting the electronic birth certificate. Facilities which have the WinEBC system have received other training and reference manuals for electronic birth certificate registration.

Complete and accurate registration is an essential service to the individuals named on the record. In addition, the required reports are an invaluable aid in statistical study and research for planning and evaluating health programs in Tennessee and the nation. The service provided by facilities, certified nurse midwives, certified professional midwives, and other midwives in the preparation of birth certificates and fetal death reports is greatly appreciated.

The facilities, certified nurse midwives, certified professional midwives, and other midwives should refer problems not covered in this handbook for completion of the original birth certificates and fetal deaths to the Tennessee Office of Vital Records. See page v for appropriate staff members and telephone numbers.

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Telephone Numbers and Address for Certain Staff Members

Tennessee Office of Vital Records
Central Services Building, 1st Floor
421 5th Avenue North
Nashville, TN 37243
Telephone Number: (615) 741-1763
FAX: (615) 741-9860

Sharon M. Leinbach, State Registrar and Director of Vital Records		(615) 532-2678
Ken Tankersley, Assistant Director of Vital Records		(615) 532-2644
Administrative Issues, Forms	Shirley Clark	(615) 532-2646
Quality Assurance	Rebecca Groves, Manager	(615) 532-2677
Field Representative	Candi Davis	(615) 532-2625
Field Representative	Donna Pitman	(615) 532-2669
Unreported Births	Emily West	(615) 532-2676
Unreported Deaths	Jo Ann Wells	(615) 532-2674
AIRS	Candi Davis	(615) 532-2625
	Donna Pitman	(615) 532-2669
Security Manager	Lynn Gilliam	(615) 532-2622
Registration and Maintenance	Cheryll Sisk, Manager	(615) 532-2656
Amendments and Special Registrations	Renee Duncan, Supervisor	(615) 532-2654
Current Registration	Judith Kidd, Supervisor	(615) 532-2672
Delayed Registration	Renee Duncan, Supervisor	(615) 532-2654
EBC (Electronic Birth Certificate)	Karen Anderson, Supervisor	(615) 532-2666

WinEBC Password 1-866-355-6135 Unlock a record
The Toll Free Number 1-800-942-2980 is for information and registration issues.

Do not use 1-800-942-2980 for EBC Passwords.
Do not give the 1-866 and 1-800 numbers to parents or others.

Records Issuance	Kay Alred, Manager	(615) 532-2658
Customer Service	Bernice Middlebrooks, Supervisor	(615) 532-2671
Charge Card Request	Credit Card Telephone No.	(615) 741-0778
FAX number for charge card requests is (615) 726-2559.		

Ordering of certified copy available at Website: <http://health.state.tn.us/vr/index.htm>

PART I
INTRODUCTION

INTRODUCTION

Purpose

The purpose of this handbook is to provide instructions for the reporting of births and fetal deaths, and to promote better understanding of the reporting forms and of the uses of information entered on them. Because most live births and fetal deaths of 22 weeks or more gestation occur in facilities, the quality of birth registration and fetal death reporting depends heavily on facility personnel.

The facility administrator generally has the overall responsibility for obtaining the personal data, preparing the birth certificate or fetal death report, securing the required signatures, and filing the birth certificate and the fetal death report with the **Tennessee Office of Vital Records (hereafter, written as Tennessee OVR)**. The physician is generally responsible for completing the medical and health information.

The birth certificate and fetal death report provide medical and health information that is used extensively in research and in planning, and evaluating programs related to maternal and child health.

Importance of Birth Registration

A birth record is a statement of facts concerning an individual. It is a permanent legal record. Throughout life, a person uses his or her birth certificate to prove age, parentage, and citizenship. Birth certificates are needed for entrance to school, voter registration, and for obtaining a driver's license, marriage license, passport, veterans' benefits, public assistance, or social security benefits.

It would be a disservice to society if the birth certificate was used only for legal purposes. Local, state and national vital statistics are compiled on the number and rate of births by characteristics such as place of birth, place of residence of mother, age of mother, plurality, and birth weight. Population composition and growth are estimated using these data. Educational systems and institutions, government agencies, and private industry find this information essential in planning and evaluating programs in public health and other important areas.

The medical and health information on the birth certificate is used to study the conditions that may lead to infant death. This information also helps in establishing programs to address the prevention of infant and early childhood mortality.

Importance of Fetal Death Reporting

The fetal death report is a legally required statistical report. The reports provide valuable health and research data. These data are also essential in planning and evaluating prenatal care services and obstetrical programs and, when used with data on neonatal deaths, provide a composite picture of perinatal outcome.

U.S. Standard Certificates and Reports

Approximately every ten years, the format and content of vital records in the United States are evaluated by a panel of national experts to insure that the requested information continues to reflect current technology and societal attitudes and meet the needs of data users. Tennessee, like all other states, patterns its certificates and reports to conform to the U. S. standard certificates and reports. The last major revision to the Tennessee birth certificate was placed into use on January 1, 2004.

Confidentiality of Vital Records

State and local registrars protect the information on vital records from unwarranted or indiscriminate disclosure. Certified copies of vital records are available only to persons who are authorized access by State law and supporting regulations. Legal safeguards to the confidentiality of vital records have been identified in the Intelligence Bill which was passed by the U. S. Congress and signed into law in December 2004. As required by law, effective February 15, 2005 the Tennessee OVR began requiring proof of identification for those persons who receive certified copies of birth certificates from state and local offices. Physicians and facilities are assured that extensive legal and administrative measures are used to protect individuals and establishments from unauthorized disclosure of medical information.

The format of the birth certificate is designed to further assure confidentiality of information. The upper part of the certificate contains information for the identification of the child, a description of when and where the birth occurred, items relating to the certifier, and items identifying the mother and father. This information is routinely provided in certified copies of the birth record to be used for legal purposes. The lower portion of the birth certificate is designed only for medical and health research uses. Tennessee law does not permit this information to be included on certified copies. The lower portion of the record contains other items of information relating to the mother and father, medical information about the pregnancy, labor and delivery, and medical and health items relating to the mother and child, such as risk factors for the pregnancy, obstetric procedures, characteristics of labor and delivery, method of delivery, abnormal conditions of the newborn, and congenital anomalies of the newborn.

The fetal death report is designed to collect information for statistical and research purposes. The Tennessee vital records law and rules authorize the issuing of certified copies of the fetal death report in certain specific cases. However, the medical information, except for the cause of fetal death section, is blocked before issuance.

PART II

**RESPONSIBILITIES FOR FILING BIRTH CERTIFICATES
AND
FETAL DEATH REPORTS**

RESPONSIBILITIES FOR FILING BIRTH CERTIFICATES AND FETAL DEATH REPORTS

FACILITIES RESPONSIBILITIES

Birth Registration

Definition of 'Live Birth' - The Tennessee Code Annotated (T.C.A.) § 68-3-102(9) defines 'Live Birth' as " ... the complete expulsion or extraction from its mother of a product of human conception, irrespective of the duration of the pregnancy, that, after such expulsion or extraction, breathes or shows any 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. Heartbeats shall be distinguished from transient cardiac contractions, and respirations shall be distinguished from fleeting respiratory efforts or gasps; ... "

Notice - During 2005, the Tennessee Legislature passed, and the Governor signed into law a new definition of Live Birth. The change from the old definition to the new definition is within the last underlined sentence above. Based upon the new definition, the physician attendant determines if the product of the delivery which has deceased should be declared as a fetal death or a live birth followed by death. If the physician attendant determines life, the birth must be registered as a live birth and a death certificate must also be filed by the person assuming custody of the body.

The Certificate of Live Birth must be prepared for any birth that meets the definition as listed in the above first paragraph. Please be aware that if life is established this means "irrespective of the duration of the pregnancy." Life is not determined based upon the weight of the child. The definition of 'live birth' as listed above also appears in Appendix A.

The facility's responsibilities in birth registration are:

- ◆ Secure upon admission and permanently record information relative to each patient as is necessary to prepare a complete and satisfactory birth certificate.
- ◆ The use of two forms, Mother's Worksheet for Child's Birth Certificate (English and Spanish versions) and the Facility Worksheet for Child's Birth Certificate, provided by the Tennessee OVR, is encouraged to insure that all required information is recorded on the original birth certificate. See Appendixes B, C, and D, (pages 124, 126, 128), respectively.
- ◆ It is suggested that the signed Mother's Worksheet be incorporated into the mother's medical chart. The Tennessee OVR may need to request a copy particularly when the parent(s) request an amendment be made to the child's name and/or parent(s) names.

- ◆ The facility is required by law to prepare a birth certificate and file it with the Tennessee OVR within 10 days after the birth occurs. It is the policy in most facilities for the records clerk to complete the birth certificate and secure the signature of the hospital designee or the physician that was in attendance. The procedures for rendering this service are determined by the proper authority in the facility.
- ◆ The facility is required to submit a signed form to the Tennessee OVR which lists the hospital designee(s) name. The Tennessee OVR should be notified when a name is to be added or deleted from the list. The facility may use the form displayed in Appendix Y, page 182.
- ◆ When the birth was medically unattended at a residence or other place and the mother and baby were immediately brought to the facility, it is expected that the facility staff interview the mother and prepare the certificate for the signature of the physician or registered nurse who first saw the newborn.
- ◆ The WinEBC facilities are required to file the monthly institutional report of births with the Tennessee OVR on the third day of the month for events occurring the preceding month. This report lists all live births that occurred during the previous month.

The facility staff should exercise utmost care in listing all births on the monthly report. This report is the only resource available to the Tennessee OVR in its attempt to file the certificate for every birth which occurs in Tennessee.

- ◆ **Special Note regarding reporting of all deliveries that did not result in a live birth:** The **Report of Fetal Death (Stillbirth)** (Appendix P, page 152), **must not be entered into the WinEBC.** It is requested that **all deliveries that did not result in a live birth** be listed on the above mentioned monthly report of births. The responsible person may list the events by handwriting the information concerning the fetal death (stillbirth) at the bottom of the report or on a separate sheet of paper. This request is made as an added check to ensure that all deliveries that did not result in a live birth are reported to the Tennessee OVR. The information should list the mother's name, weight of fetus, and completed weeks of gestation.

Death Registration

When the death of a liveborn occurs in the facility, the parents sometime authorize the hospital to dispose of the body in accordance with standards appropriate for a live birth. With the proper authorization documents signed by the parents, the facility's designated representative is to prepare the Certificate of Death for the physician to complete the medical certification and sign the certificate. The facility files the original death certificate with the local health department.

Fetal Death Reporting

The Report of Fetal Death (Stillbirth) is required for fetal deaths when the weight is 500 grams (approximates 1 lb., 2 oz.) or more regardless of the completed weeks of gestation (T.C.A. § 68-3-504(a)). Regardless of the weight, it is to be first considered when determining if the Report of Fetal Death (Stillbirth) is needed. However, when the weight is not known and the completed weeks of gestation are 22 or more, the Report of Fetal Death (Stillbirth) should be filed.

When the dead fetus is delivered in a facility, the designated representative shall prepare, and file the original Report of Fetal Death (Stillbirth) with the Tennessee OVR within 10 days after the delivery.

The Report of Fetal Death (Stillbirth) is mailed directly to the Tennessee OVR. The address is as follows:

Tennessee Office of Vital Records
Central Services Building, 1st Floor
421 5th Avenue North
Nashville, TN 37243

The facility is responsible for listing fetal deaths on the monthly report, Institutional Report of Deaths, Fetal Deaths, and D.O.A.'s (PH-1661, Appendix T, page 172) and filing it with the local registrar on the third day of the month for events occurring the preceding month.

PHYSICIANS RESPONSIBILITIES

Birth Registration

Definition of 'Live Birth' - The T.C.A. § 68-3-102(9) defines 'Live Birth' as " ... the complete expulsion or extraction from its mother of a product of human conception, irrespective of the duration of the pregnancy, that, after such expulsion or extraction, breathes or shows any 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. Heartbeats shall be distinguished from transient cardiac contractions, and respirations shall be distinguished from fleeting respiratory efforts or gasps; ... "

Notice - During 2005, the Tennessee Legislature passed, and the Governor signed into law a new definition of Live Birth. The change from the old definition to the new definition is within the last underlined sentence above. Based upon the new definition, the physician attendant determines if the product of the delivery which has deceased should be declared as a fetal death or a live birth followed by death. If the physician attendant determines life, the birth must be registered as a live birth and a death certificate must also be filed by the person assuming custody of the body.

The Certificate of Live Birth must be prepared for any birth that meets the definition as listed in the above first paragraph. Please be aware that if life is established this means "irrespective of the duration of the pregnancy." Life is not determined based upon the weight of the child. The definition of 'live birth' as listed above also appears in Appendix A.

When a birth occurs in a facility or enroute thereto, T.C.A. § 68-3-302 requires the facility's administrator to designate the person(s) to certify (sign) the birth certificate in Item 12. However, the attending physician may receive a completed birth certificate ready for review and signature. The attending physician's responsibility is to complete the certifier/attendant section (Item 12) within 72 hours after birth in order that the facility personnel will be able to electronically transmit the data file and the certificate to the Tennessee OVR within 10 days of the birth.

The medical records staff gathers the information on the certificate from a variety of sources, including facility charts, medical records of infant and mother, the physician's own records, and the mother.

Fetal Death Reporting

The physician is responsible for knowing when he or she is required to report a fetal death. The weight of the fetus is used in determining if a fetal death report must be filed. If the fetus was not weighed, the completed weeks must be 22 or more.

The Report of Fetal Death (Stillbirth) is required for fetal deaths when the weight is 500 grams (approximates 1 lb., 2 oz) or more regardless of the completed weeks of gestation (T.C.A. § 68-3-504(a)). When the weight is not known and the completed weeks of gestation are 22 or more, the Report of Fetal Death (Stillbirth) should be filed.

When the dead fetus is delivered in a facility, the person in charge of the facility or the designated representative shall prepare and file the Report of Fetal Death (Stillbirth) with the Tennessee OVR within 10 days after delivery.

When the dead fetus is delivered outside of a facility, and immediately brought to the facility, the county medical examiner must be notified. An autopsy may be required to determine whether the fetus could have been liveborn. The physician or medical examiner in attendance at or immediately after delivery shall prepare and file the Report of Fetal Death (Stillbirth) with the Tennessee OVR within 10 days after delivery.

The Report of Fetal Death (Stillbirth) is mailed directly to the Tennessee OVR. The address is as follows:

Tennessee Office of Vital Records
Central Services Building, 1st Floor
421 5th Avenue North
Nashville, TN 37243

CERTIFIED NURSE MIDWIVES, CERTIFIED PROFESSIONAL MIDWIVES, AND OTHER MIDWIVES RESPONSIBILITIES

Birth Registration

Definition of 'Live Birth' - The T.C.A. § 68-3-102(9) defines 'Live Birth' as " ... the complete expulsion or extraction from its mother of a product of human conception, irrespective of the duration of the pregnancy, that, after such expulsion or extraction, breathes or shows any 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. Heartbeats shall be distinguished from transient cardiac contractions, and respirations shall be distinguished from fleeting respiratory efforts or gasps; ... "

Notice - During 2005, the Tennessee Legislature passed, and the Governor signed into law a new definition of Live Birth. The change from the old definition to the new definition is within the last underlined sentence above. Based upon the new definition, the physician attendant determines if the product of the delivery which has deceased should be declared as a fetal death or a live birth followed by death. If the physician attendant determines life, the birth must be registered as a live birth and a death certificate must also be filed by the person assuming custody of the body.

The Certificate of Live Birth must be prepared for any birth that meets the definition as listed in the above first paragraph. Please be aware that if life is established this means "irrespective of the duration of the pregnancy." Life is not determined based upon the weight of the child. The definition of 'live birth' as listed above also appears in Appendix A, page 123.

When a delivery occurs at a residence or other place, the physician, certified nurse midwife, certified professional midwife, other midwife or other birth attendant is responsible for completing the Certificate of Live Birth for each live birth attended.

The birth certificate is filed by the attendant with the Tennessee OVR within 10 days after the birth occurs. The original birth certificate must not be given to the parents for purposes of their completing and filing it.

Fetal Death Reporting

When a certified nurse midwife, certified professional midwife, other midwife or other birth attendant attends a fetal death at a residence or other place, it is necessary that she/he immediately contact the medical examiner of the county in order that the medical examiner may investigate the facts concerning the delivery.

If the delivery was made by a physician, he/she may file the Report of Fetal Death (Stillbirth) based on the medical examiner's findings. Otherwise, the county medical examiner should be responsible for filing the Report of Fetal Death (Stillbirth).

The physician or medical examiner in attendance at or immediately after delivery shall prepare, and file the Report of Fetal Death (Stillbirth) with the Tennessee OVR within 10 days after delivery.

The Report of Fetal Death (Stillbirth) is mailed directly to the Tennessee OVR. The address is as follows:

Tennessee Office of Vital Records
Central Services Building, 1st Floor
421 5th Avenue North
Nashville, TN 37243

PART III

GENERAL INSTRUCTIONS FOR COMPLETING BIRTH CERTIFICATES

AND

FETAL DEATH REPORTS

GENERAL INSTRUCTIONS FOR COMPLETING BIRTH CERTIFICATES AND FETAL DEATH REPORTS

The data necessary for preparation of the original birth certificate and fetal death report are obtained from the following:

- ◆ Mother and/or father for birth certificate and fetal death report
- ◆ Mother's and child's attending physician
- ◆ Facility or physician records

It is strongly recommended that the Tennessee OVR worksheets be used to obtain the information for completing the birth certificate. The development and use of the Mother's Worksheet and Facility Worksheet are discussed in Appendixes B, C, and D (pages 124, 126, 128). Appendix C is the Spanish version of the Mother's Worksheet.

It is strongly recommended that the Tennessee OVR's Mother's Worksheet along with the facility's medical chart be used for obtaining information for the fetal death report.

The mother and/or father should sign the mother's worksheet to indicate that the information is correct.

Facilities and physicians are urged to use the Facility Worksheet to obtain the prenatal history and medical information. The actual birth certificate or fetal death report can then be completed from the worksheets.

When a birth or fetal death occurs outside of a facility, the person preparing the birth certificate or fetal death report will find it necessary to obtain information from the parent(s) for the items that are personal and not medical in character, such as residence, age of parents, and education. This may be done by the physician, midwife, nurse, or other person in attendance at the delivery.

It is essential that birth certificates be prepared as permanent legal records. Fetal death reports are required legal documents and are valuable health and research documents. The following general rules should be followed for the preparation of the original documents:

- ◆ Use the current Certificate of Live Birth form designated by the Tennessee OVR. Refer to the lower left corner of the form for the revision date. As of the time of publication of this handbook, the revision date must be "Rev. 1/04" or later.
- ◆ Use the current Report of Fetal Death (Stillbirth) form designated by the Tennessee OVR. Refer to the lower left corner of the form for the revision date of 9/06.
- ◆ Photocopies of a birth certificate or fetal death report are not acceptable. Only original forms for birth certificates or fetal death reports provided by the Tennessee OVR are acceptable.

- ◆ Complete each item following the specific instructions for the particular item that are contained in this handbook and/or the WinEBC instruction manual.
- ◆ The information entered on the birth certificate should be entered electronically using the Tennessee OVR WinEBC software or typewritten. Certificates prepared with worn typewriter ribbons or colored typewriter ribbons will not be accepted for filing. A new certificate will be requested.
- ◆ When it is absolutely necessary to handwrite the entries on the birth certificate or the fetal death report, the entries must be printed legibly in unfading black or blue-black ink.
- ◆ A birth certificate will not be accepted if it contains alterations, white outs, strike throughs, or erasures. If an error is made in the preparation of the certificate, it should be discarded and another certificate completed.
- ◆ **Exception:** For non-WinEBC users, a single strike-through, a single erasure, or single white out may be permissible when it appears in an item in the 'Information for Medical and Health Use Only' section of the birth certificate (Items 15-62). The similar instruction is applicable when completing the Report of Fetal Death (Items 11-27 only).
- ◆ A birth certificate will not be accepted if the certifier's signature is omitted, typewritten, preprinted, rubber stamped, or written in pencil. Electronic signatures are not acceptable. The power of signature cannot be delegated.
- ◆ Do not use green, red, and other colors of ink to complete and/or sign birth certificates or complete the fetal death forms. Use black ink or blue/black ink only.
- ◆ Avoid abbreviations except those recommended in the specific item instructions.
- ◆ The facilities which do not use the Electronic Birth Certificate (WinEBC) should file the original birth certificate with the Tennessee OVR. The address is on page v.
- ◆ The facilities which use the WinEBC system must file the original certificate with the Tennessee OVR. The address is on page v.
- ◆ Where to order forms? Blank forms of the current Certificate of Live Birth, Report of Fetal Death (Stillbirth), Mother's Worksheet, Facility Worksheet, and other forms displayed in this handbook may be ordered using the TN OVR address at the top of page v. If preferred, the request may be submitted by fax to (615) 741-9860. The order request should specify the title of form, the PH number in lower corner of form, and the quantity of forms needed. There is no charge for the forms.

- ◆ **Special note regarding passport needs:** If the parents of a newborn indicate a certified copy of the birth certificate is needed for a passport, the facility personnel or birth attendant should prepare the birth certificate as soon as possible and send it to the Tennessee OVR. In these rare incidences it is permissible for the parent to deliver the original birth certificate to the Tennessee OVR in order to quickly expedite the request for certified copy. Call the Birth Registration Supervisor at 615-532-2666 or the Birth Registration Assistant at 615-532-2670 to bring awareness about the urgency of the certified copy.
- ◆ Mother's Copy – When the birth occurs outside a facility and the attendant prepares the certificate, there will be no 'Mother's Copy' to give to the mother. It is imperative that the birth certificate be filed in accordance with the 10 days time period specified by law because the mother will be needing a certified copy. When the Tennessee OVR receives the original certificate, the Tennessee OVR will electronically produce and mail the "Mother's Copy" to the mailing address listed on the certificate.
- ◆ File the original fetal death report with the Tennessee OVR. The address is on page v.
- ◆ Monthly report forms and fetal death report forms prepared using software approved by the Tennessee OVR are acceptable.
- ◆ Notarized Affidavit for Use by WinEBC Facilities: **When a notarized affidavit is required to document the surname of child, and file with the birth certificate, the statement may be printed from the WinEBC program.**

Special Note: Since early 2004, Tennessee OVR has assisted WinEBC birth certificate clerks by sending e-mail messages entitled **~~ WinEBC Tips ~~**. These tips are reproduced in the following section of this handbook. They relate to certain data items and mechanisms for producing and/or transmitting the electronic birth certificate. The birth certificate clerk should immediately read future emails that will provide updates and tips addressing errors that occur on incoming birth certificates. Tennessee OVR recommends that birth certificate clerks add future 'Tips' to this handbook.

- ◆ **~~ WinEBC Tip ~~** Registered Hospital Designees: Birth certificate clerks who are not properly registered as hospital designees with the Tennessee OVR must not sign birth certificates. It is required that all names of hospital designees be on file with the Tennessee OVR. The Tennessee OVR should be notified when a name is to be added or deleted from the list. When the certifier designation needs to be revised, words such as "I have designated the following staff person(s) to certify the Tennessee birth certificate that are prepared in this facility." This information should be faxed to 615-741-9860. The facility may use the form displayed in Appendix Y, page 182.

- ◆ **~~ WinEBC Tip ~~** Letter size paper: Submit the original birth certificate on letter size paper (8 ½ x 11). Do not use legal paper. In addition, be sure the quality of the original certificate is acceptable for filing (i.e., no streaks, no smudges, no holes in document, not printed off line).
- ◆ **~~ WinEBC Tip ~~** Send the electronic files the same day the hard copies of the birth certificates are mailed. Send all original certificates that are listed on the batch sheet. Accounting for original certificates that were not in the stack of documents causes unnecessary delay in registering the certificate. **NOTE:** If a certificate has not been signed by the attendant/certifier, do not download that certificate in the batch.
- ◆ **~~ WinEBC Tip ~~** When downloading a batch of records, always send the electronic file as soon as the batch is created.
- ◆ **~~ WinEBC Tip ~~** Software Vendor Contact: If necessary to contact Genesis (software vendor), use the Customer Service number **717-909-8500**.
- ◆ **~~ WinEBC Tip ~~** New 866 Telephone Number: Some of you have advised Tennessee OVR that it can be difficult to reach us by telephone when you need a password. For that reason, we have set up a special unit, which will have the exclusive missions to provide passwords to facility personnel when they need to unlock a birth record and assist local health departments when they need to reconcile a certificate for issuance.

The toll free number that you should call to access the password service is 866-355-6135. The number will be answered from 8:00 AM to 4:30 PM Monday through Friday. For facilities, this number will only provide passwords. For other calls, please continue to use 800-942-2980. **Do not give the toll free numbers to the public.**

- ◆ **~~ WinEBC Tip ~~** Backups and Emergency Procedure: The Data folder contains the database ebc.mdb. The Export folder contains all birth records that have been batched for upload to Tennessee OVR. Both of these folders need to be backed up frequently and regularly. Should a crash or file corruption occur, any records that have not been uploaded to Tennessee OVR must be re-keyed.

For WinEBC emergencies, immediately contact the Tennessee OVR personnel at the telephone number in the following order: Birth Registration Supervisor at 615-532-2666 or Birth Registration Assistant at 615-532-2670. If one or both of these personnel is not available at the time of the call, the facility will be directed to Genesis (software vendor) for technical assistance. The Genesis telephone number is 717-909-8500.

- ◆ **WinEBC Tip** **Resolving Outstanding Birth Certificates:** The goal should always be to keep the list of unresolved birth certificates as empty as possible, and this should be done quickly. To obtain a current list of unresolved certificates for your facility, click the 'Reports' button from WinEBC's main menu, and then select 'Unresolved Certificate Listing.' This will display a list of all birth certificates that have not been submitted to the Tennessee OVR.

Also, an unresolved birth record list is printed at the bottom of the Batch Submission Listing that is created each time a DOH file is generated. All valid certificates should be resolved as quickly as possible. These are certificates that are incomplete or simply have not been final printed. Any duplicate records should be removed from the list by keying the information of a new birth record over each of them only if that record has not been final printed.

- ◆ **WinEBC Tip** **Important Notice regarding duplicate birth certificates:** If the birth certificate clerk needs to make changes to a birth certificate that has been downloaded to the Tennessee OVR, do not call for a password to unlock the record. The correct procedure is to send a notarized affidavit and copy of the signed worksheet to the Amendment Unit at the address on page v. Any duplicate certificates received in the Tennessee OVR will be returned to the facility.
- ◆ **WinEBC Tip** **Refrain from putting extra spaces in the child's name** when keying.
- ◆ **WinEBC Tip** **Biological Father:** If the certified court order directs the facility to not add the husband's name, however it does not provide the name of the biological father, the Voluntary Acknowledgment of Paternity (VAOP) may be used to add the biological father.
- ◆ **WinEBC Tip** **DNA statement:** It is not the responsibility of the facility personnel to make sure the DNA statement is in the judge's directive in the court order. The paternity court order should be followed whether or not he/she has stated that the DNA evidence was used in making the decision.
- ◆ **WinEBC Tip** **Voluntary Acknowledgment of Paternity:** The birth certificate clerk is not required to gather data about either parent's employment or insurance in Sections II and III of the VAOP. Collection of this particular information is optional.

- ◆ **~~ WinEBC Tip ~~** VAOP Clarification: This tip clarifies Tennessee OVR and Office of Child Support policy regarding VAOPs. It addresses questions that several facilities have asked about rescissions and the conditions under which facility personnel may waive the video requirement.

Rescissions: Facilities have reported situations in which the parents sign a VAOP then one parent changes his/her mind before the birth certificate is completed. They ask if they may tear up the VAOP or administer a rescission. In reply to the question, facility personnel must keep the father's name on the birth certificate and send the completed VAOP to the Tennessee OVR with the birth certificate. The parents who wish to rescind should be referred to the nearest child support office, the county health department or the Tennessee OVR. Facility personnel may not destroy a legal VAOP or administer a rescission of paternity acknowledgment.

Conditions Under Which the Facility May Waive the Video Requirement:

Facilities have asked if both parents must always watch the video. In reply to the question, when facility personnel are administering the VAOP and notarizing both signatures, it is implied that both parents are present. Therefore, both parents must watch the video. However, if the father is hospitalized, incarcerated or in a similar extreme circumstance, the completed VAOP may be given to the family to take to him for his notarized signature. The VAOP must be sent with a brochure and the hot line telephone number, and the courier should be told to point out the Section 4, "rights and responsibilities" to the father. The mother must be told that the birth certificate will be filed without the father's information if the VAOP is not returned within 10 days of the child's birth.

- ◆ **~~ WinEBC Tip ~~** Matching Names for VAOP : Tennessee OVR routinely receives parents' signatures on the VAOP that do not match the names on the child's birth certificate or the VAOP. When the signatures of the parents vary from the names on the birth certificate, or the name on the VAOP, the Tennessee OVR is requesting the notary public to indicate next to the name, in parenthesis, that this is the legally acceptable signature of the parent. The signature on the VAOP should always match the name provided on the identification document provided by the parent.

- ◆ **-- WinEBC Tip --** Writing Special Statement on VAOP: This email tip and request later followed the above tip concerning 'Matching Names for VAOP.' Too many VAOPs are oftentimes signed by parents with a name that is a little different than the name that is printed on the birth certificate and/or on the VAOP. This is acceptable if the parents sign the VAOP with the same signature that appears on their identification (ID) cards, and if the notary public makes a special statement. Three examples follow:
 1. If the typed VAOP and birth certificate show the mother's name as Jane Elaine Wilson Jones and Mother's signature on her ID card reads Jane E. W. Jones and the mother signs like the signature on her ID card, **then** the notary public writes the following special statement on the notary public section of the VAOP: **"The mother's signature is the legally acceptable signature according to her ID card."**
 2. If the typed VAOP and birth certificate show the father's name as John Henry Jones and the father's signature on his ID card is stylized (scribbily) and not easy to read and the father signs like the stylized signature on his ID card, **then** the notary public writes the following special statement on the notary section of the VAOP: **"The father's signature is the legally acceptable signature according to his ID card."**
 3. If the typed VAOP and birth certificate show the father's name as Jorge Armando Salvador Hernandez and father's signature on his ID card reads Jorge A. Salvador and the father signs like the signature on his ID card, **then** the notary public writes the following special statement on the notary public section of the VAOP: **"The father's signature is the legally accepted signature according to his ID card."**

Note: Many VAOPs show the parent's signature as different from the typed certificate and/or VAOP, or so stylized that the Tennessee OVR cannot determine if it was the parent's legal signature without the special notary public's statement mentioned in the above Nos. 1, 2, and 3. Be sure that this special notary public statement appears written on the actual VAOP form. The statement must not be written on an attachment or sticky note and put with the VAOP form. If the above procedure is not followed, the original VAOP form will be returned to the birth certificate clerk as a reject until corrected.

- ◆ **~~ WinEBC Tip ~~** Mother's Residence Street and Number: If the only given address is a PO Box Number, do not enter the number only (i.e., 213). To correctly enter an address if the only given address is a PO Box ###, place a question mark (?) in the Street Number text field. In the Street Name text field, enter "PO Box ###." Furthermore, when the mailing address is a PO Box, place a check mark in the box next to "Check if P.O. Box."
- ◆ **~~ WinEBC Tip ~~** Duplicate Attendant/Certifier Entries: Genesis (software vendor) identified a problem that introduced problems with the proper execution of the WinEBC program. The cause of this problem is due to an attendant's name being entered more than once into the Attendant Table. Each time an attendant is entered into the table, an ID number is assigned in the database to that attendant. If entered more than once an attendant will have multiple identifying numbers. This results in improper registration of births to attendants and other behind-the-scene problems.

To help prevent this problem from occurring, carefully scroll down the attendant list when assigning an attendant/certifier to a birth record. Doing so will prevent entering an attendant again when he or she is already in the list. Multiple listings have come about for many reasons, some of which are: 1) Entering variations of the name of an attendant, i.e., "Debra" and Deborah," 2) Using all lower case in the first listing, then a mixture of upper and lower case, or all upper case in subsequent listings, 3) Realizing an entry is misspelled then making a new entry with the proper spelling.

- ◆ **~~ WinEBC Tip ~~** Correcting Duplicate Attendant/Certifier Entries: There is no function available to delete duplicate entries. Do not try to type over an entry to correct it. Typing over an entry to edit it could result in birth certificates being incorrectly assigned to the wrong attendant. Incorrect assignments have also been linked to accidentally clicking on an attendant's name immediately above or below the correct attendant's name in the drop down list.

To remove a duplicate entry from the drop down list, the duplicate name must be hidden. If the birth certificate clerk needs assistance in performing this function, call 615-532-2666 or 615-532-2670.

- ◆ **~~ WinEBC Tip ~~** Must not give Mother's Copy to Third Party Requestor: It has come to the attention of the Tennessee OVR that some facilities may be issuing the Mother's Copy to a third party requestor. The third party requestor may have indicated that the Tennessee OVR approved the facilities' practice of having the mother sign an authorization form in order for the facility to release the Mother's Copy. The Tennessee OVR has never approved this process.

- ◆ **~~ WinEBC Tip ~~** Facility Name Not Automatically Displaying: Screen 6
Some birth clerks have reported a problem with the facility name and information not filling in automatically when the Born Here? option is answered 'Yes.' To work around this problem they have answered 'No' for the Born Here? option and keyed in the facility name and information. This works, but is only a temporary solution. The problem needs to be fixed by calling the Genesis Technical Support Hot Line and following their instructions. Their number is 717-909-8500.

- ◆ **~~ WinEBC Tip ~~** Two Fields on Birth Data Frequently Not Completed: The fields are: 1) Date Last Normal Menses Began, and 2) Date of First Prenatal Care Visit. Often, the Tennessee OVR gets the month and year but the day is left blank. All facilities are asked to use the following procedure:

Best Practice: Obtain the information from the patient's records or outpatient physician.

Alternate Practice: When records are not available, obtain the information from the mother. When the mother remembers only month and year, record that information, then: 1) Ask if menses or prenatal visit was near the first, middle, or last of the month. 2) Depending upon the mother's reply, record as day 7, 15, or 24 of the month.

In reviewing the birth data, it appears that some facilities may be leaving the date blank when an actual date cannot be established. The use of days 7, 15, and 24 should establish a more realistic view of the pregnancy history.

- ◆ **~~ WinEBC Tip ~~** All Technical Support for WinEBC: For problems with WinEBC, call Karen Anderson at 615-532-2666. If there are upload problems, first make sure there is Internet website access by logging on to MSN.com and see if available. If there is access, call Ms. Anderson. If no Internet access, call the hospital IS department.

When receiving a new computer or there is a new employee with a new computer, and WinEBC needs to be installed, the hospital IS department should be made aware. Afterwards, look at the latest CD update sent from Genesis. The CD update has a manual that explains how to install WinEBC. If the IS department has problems, a call should be placed to Genesis for technical assistance (717-909-8500).

- ◆ **~~ WinEBC Tip ~~** Titles must not be used in Parent(s) Names Fields: Titles such as M.D., Ph.D., etc. must not be entered in the fields for the mother's and father's names. The WinEBC system provides the Suffix field for their generational identifiers. Parent(s) titles and generational identifiers will not be printed on the computer generated certified short form birth certificate.

PART IV
CERTIFICATE OF LIVE BIRTH
INSTRUCTIONS FOR COMPLETING

CERTIFICATE OF LIVE BIRTH - INSTRUCTIONS FOR COMPLETING

These instructions pertain to the January 2004 revision of the Tennessee Certificate of Live Birth. The current form is shown in Appendix E.

T.C.A. § 68-3-302 requires that a birth certificate be filed within ten (10) days after the birth occurs.

The original birth certificates should be mailed to the Tennessee OVR one or more times a week or within 10 days of the birth. When certificates are filed in a timely manner, the parents' or guardians' needs are met without unnecessary delay.

Definition of 'Live Birth' - The T.C.A. § 68-3-102(9) defines 'Live Birth' as " ... the complete expulsion or extraction from its mother of a product of human conception, irrespective of the duration of the pregnancy, that, after such expulsion or extraction, breathes or shows any 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. Heartbeats shall be distinguished from transient cardiac contractions, and respirations shall be distinguished from fleeting respiratory efforts or gasps; ... "

Notice - During 2005, the Tennessee Legislature passed, and the Governor signed into law a new definition of 'Live Birth.' The change from the old definition to the new definition is within the last underlined sentence above. Based upon the new definition, the physician attendant determines if the product of the delivery which has deceased should be declared as a fetal death or a live birth followed by death. If the physician attendant determines life, the birth must be registered as a live birth and a death certificate must also be filed by the person assuming custody of the body.

The Certificate of Live Birth must be prepared for any birth that meets the definition as listed in the above first paragraph. Please be aware that if life is established this means "irrespective of the duration of the pregnancy." Life is not determined based upon the weight of the child. The definition of 'live birth' as listed above also appears in Appendix A.

UPPER PORTION OF THE BIRTH CERTIFICATE (Items 1-14)

The upper portion of the Certificate of Live Birth (Items 1-14) contains information required for identification of the individual and description of where and when the birth occurred. These are the items that are furnished when a person requests a certified long form copy of the birth certificate.

Upper right and left areas of the form - The upper right and left blank areas of the birth certificate are reserved for the state file number and official use in the Tennessee OVR. Do not enter information in these spaces such as medical records numbers, date received in physician's office, etc.

When correctly completed and submitted for filing, the original birth certificate is a permanent legal document. The Rules of the Department of Health Section 1200-7-1-.01 governing the Tennessee OVR require all items to be completed on the birth certificate.

ABOUT THE CHILD (Items 1-7)

Item 1. CHILD'S NAME (First, Middle, Last, Suffix)

Type or print the child's first, middle, and last names, and suffix. Do not abbreviate names. I.O. (initials only) or NMN (no middle name) should not be entered.

Enter the full name of the child exactly as given by the parent(s) on the signed worksheet. It is acceptable for the child's first name and/or middle name and suffix to be different from the father's name(s) and suffix.

Entries of Jr., Sr., II, etc. following the child's last name are acceptable whether or not the child's name is the same as the father's name. Although these entries are most commonly used for males, they may be used for a female if the parents desire such.

Refrain from putting extra spaces in the child's name when keying.

If the parents do not have a given name selected for the child, leave the given name and middle name blank. Never enter statements such as 'Baby girl' or 'Infant boy,' or 'Baby A,' or 'Baby B.'

Last name of the child must be entered on every birth certificate even when the child was not given first and middle names.

When the Hispanic parents give two surnames for the child, exercise care in correctly entering the surnames. If the first surname is mistakenly typed in the middle space on the certificate, it results in the wrong last name.

The parents may use as many middle names as they want. When the number of characters exceed the space provided in item 1, call the Tennessee OVR for advice in handling the entries.

If the child is to be adopted and mother does not desire to name the child, the adopting agency or attorney may give the facility a name to be entered on the certificate with the child's surname the same as mother's legal surname. The facility should not arbitrarily assign the child's name. All information pertaining to the natural mother must be entered. No information pertaining to the potential adoptive parent(s) should be entered.

The facility must enter the child's surname on the certificate in accordance with the Tennessee Code Annotated (T.C.A) § 68-3-305. See Appendix K for a copy of the law. When the parent(s) question the child's legal surname on the certificate, feel free to give the T.C.A. section number or a copy of Appendix K, page 140, to anyone who may challenge the information concerning the surname of child.

When the parents question the birth certificate clerk's entry of the presumed father's legal name (husband or ex-husband) in Item 11a rather than their desire to have the biological father's name listed, feel free to give the T.C.A. § 36-2-304 (Presumption of parentage). See Appendix L, page 143, for a copy of the law.

Proof of Marriage Not Required

Facilities should not require new parents to provide documentation that they are married in order for the birth certificate to be completed with the father's name and other information. When the Mother's Worksheet is used, and the mother signs, it is sufficient for her to say that she is married to the father. Please do not require proof of marriage (e.g., a copy of the marriage certificate) unless the facility personnel has reason to believe that she is not married to the child's father. These cases should be discussed with the facility legal consultant.

Information Regarding Mother's Marital Status

Listed on the next several pages are Roman Numerals I – XIII which provide situations concerning the mother's marital status that determine the surname of child and the listing of the father's name. The policies and procedures are in accordance with T.C.A. § 68-3-305 and T.C.A. § 36-2-304. See Appendixes K and L (pages 140 and 143) for a copy of the laws.

Please carefully observe the particular mother's situation and complete the original birth certificate in accordance with the policies listed. The birth certificate clerks or any representative of the facilities or any type of midwife should feel free to give the mother and biological father a copy of the law.

I. Mother is married and her husband is the father.

This means the mother was:

married when child was conceived, **or**
married when child was born, **or**
married anytime between conception and birth, **or**
married but separated, **or**
married and applied for divorce, **or**
married but divorced during the 300 days before birth of child.

POLICY regarding the child's surname is that it may be either:

father's surname, **or**
mother's current legal name, **or**
mother's maiden name, **or**
combination of the above.

Furthermore, this means the child's surname may be the father's surname alone **or** a combination of the father's surname and the mother's current legal surname **or** a combination of the father's surname and the mother's maiden name.

No notarized affidavit is required if the child's surname contains the father's surname.

When the child's surname is a combination of the mother's and father's names, either order of the names is acceptable.

A notarized affidavit is required from **both** parents if the child's surname does not contain the father's surname. In this situation, the child's surname may be the mother's current legal name, **or** the mother's maiden name, **or** a combination of the mother's current legal name and the mother's maiden name.

POLICY regarding Deceased Husband: If the child was conceived in wedlock, and delivered within 300 days after the husband died:

- ◆ The name of the mother's deceased husband must be entered as the father of child.
- ◆ The child's surname is the mother's current legal surname.
- ◆ This is in accordance with T.C.A. § 68-3-305(a). See Appendix K, page 140 for a copy of the law.

II. Mother is married and says her husband is not the father.

The mother is considered to be married regardless of whether she is separated from her husband, **or** mother is in process of getting a divorce, **or** mother has been divorced less than 300 days before the birth of the child.

This means her husband or ex-husband is presumed to be the legal father of the child (T.C.A. § 36-2-304). Another man cannot be entered on the birth certificate as the father. See Appendix L, page 143, for copy of the law.

The VAOP cannot be used.

A. POLICY regarding father's name: The husband's name or ex-husband's name should be entered on the birth certificate.

POLICY regarding child's surname is that it may be either:
father's surname, **or**
mother's current legal name, **or**
mother's maiden name, **or**
combination of the above.

No notarized affidavit is required if the child's surname is the father's surname.

If the child's surname is not the father's surname, a notarized affidavit signed by both parents (mother and husband/ex-husband) is required and must be submitted with the original birth certificate.

B. POLICY regarding father's name: If the mother refuses to give her husband's name or ex-husband's name, the father's name is entered as **Mother Refused Information Refused**.

Item 19 of the birth certificate is to be entered "Yes" for "Is mother married at birth, conception, or any time between?" No exceptions.

POLICY regarding child's surname is that it must be the mother's current legal name only.

POLICY Regarding Information in Court Order: When the mother gives the birth certificate clerk a certified copy of court order, the ex-husband's name will be listed. When viewing the court order, the birth certificate clerk should not ignore the name of the husband/ex-husband. His name should be entered in Item 11a. No exceptions permitted. The words, 'Mother Refused Information Refused' must not be entered.

POLICY Regarding Use of Double Names: When the father's name is entered as **Mother Refused Information Refused**, and the mother has a double current legal name, the mother's surname cannot be divided for the child's surname. The entire current legal name must be used for the child's surname. It matters not whether the mother is of another culture or United States.

Information regarding certified copies: When the mother requests the \$7.00 certified short form birth certificate, and the entry in the father's name item is 'Mother Refused Information Refused,' the mother's name and the father's name will be blank on the short form. If she orders the \$12.00 certified long form birth certificate, the mother's name and the words, 'Mother Refused Information Refused' which were entered in item 11a (father's name) on the original birth certificate will show on the certified copy.

III. Mother is not married, was granted a divorce during the 300 days prior to the birth of child, and states her ex-husband is not the father.

POLICY: Unless there is a court order stating otherwise, the ex-husband of a woman who has been divorced less than 300 days prior to the date of the child's birth is the legal father and his name must be entered on the birth certificate. See copy of T.C.A. § 36-2-304; presumption of parentage in Appendix L, page 143.

POLICY is that the child's surname may be either:

ex-husband's surname, **or**
mother's current legal name, **or**
mother's maiden name, **or**
combination of the above.

- If the mother can provide a certified copy of her divorce decree and it states that her ex-husband is not the father of the child, the ex-husband's name will not be entered on the birth certificate.
- The divorce must be final before the child's birth.
- The divorce decree must specifically mention the unborn child and the estimated date of birth. Otherwise, the ex-husband's name should be entered on the birth certificate.
- It is not the responsibility of the facility personnel to make sure the DNA statement is in the judge's directive court order. The paternity court order should be followed whether or not the judge has stated that the DNA evidence was used in making his/her decision.
- If the divorce decree meets the requirements above, the mother and the biological father can use the VAOP.

- As a reminder, if the court order directs the facility personnel to not add the ex-husband's name, however the court order does not provide the biological father's name, the VAOP may be used to add the biological father's name.
- NOTE: The certified copy of the court order should be submitted with the original birth certificate to the Tennessee OVR.

IV. Mother is not married and does not name the father.

This means the mother is single, or widowed, or divorced more than 300 days before the birth of child.

POLICY is that the child's surname may be either:
 mother's current legal surname or
 mother's maiden name or
 combination of the above.

POLICY: If the mother has a double current legal name or a double maiden name, the entire double current legal name or the entire double maiden name must be used for child's surname. The mother's name cannot be divided. It matters not whether the mother is of another culture or United States.

No other surnames can be used unless the mother has a court order to that effect that is presented to the birth certificate clerk at the time of the birth of child.

V. Recognition of the parents' tradition and/or culture is acceptable.

The definition of a surname is the name borne in common by members of a family and is not necessarily a person's last name in some cultures.

When the Hispanic parents give two surnames for the child, exercise care in correctly entering the surnames. If the first surname is mistakenly typed in the middle name space on the certificate, it results in the wrong last name.

1. **POLICY:** If the child's surname is any part of the father's name (family name) that is listed in item 11a, this is an acceptable request, and **no notarized affidavit is required.**
2. **POLICY:** If the child's surname is any part of the father's name that is listed in item 11a and any part of the mother's current legal name that is listed in item 8a or any part of the mother's maiden name that is listed in item 8c, this is an acceptable request, and **no notarized affidavit is required.**

3. **POLICY:** If the child's surname is any part of the mother's current legal name or any part of the mother's maiden name or a combination of these names, this is an acceptable request. A notarized statement by both parents is required.
4. **POLICY:** If the child's surname is in the mother's current legal surname, and her surname slightly varies in spelling from the father's surname, this is an acceptable request. For example, the father's surname is Nazarov, the mother's current legal surname is Nazarova, and the child's surname is Nazarova . A notarized affidavit by both parents is required to explain the child's surname such as "custom in country."
5. **POLICY:** If the child's surname is a half or a portion of the father's first, middle, or surname, this is an acceptable request. For example, the father's first name is Ramanathan and the child's surname is Ram. A notarized affidavit by both parents is required to explain the reason for a half or a portion of the father's name being used for the child's surname such as "custom in country."
6. **POLICY:** If the child's surname is a portion of the father's first, middle, or surname and a portion of the mother's current legal surname, this is an acceptable request. For example, the father's surname is Rahel, the mother's current legal surname is Kubackova, and the child's surname is Rahelova. A notarized affidavit by both parents is required to explain the child's surname such as "custom in country."
7. **POLICY:** If the parents desire to use the feminine or masculine form of the father's surname or mother's surname, this is an acceptable request. Two examples: 1) Kokin is the father's surname. The feminine form is Kokina, and 2) Bukovska is the mother's surname and the masculine form is Bukovsky. **A notarized statement of explanation is required from both parents.**

VI. Mother is not married and names the father.

This means the mother is single, or widowed, or divorced more than 300 days before the birth of the child.

POLICY: The mother and the biological father may use the VAOP.

POLICY is that the child's surname may be either:

father's surname, **or**
mother's current legal name, **or**
mother's maiden name, **or**
combination of the above.

Power of Attorney: A single mother who has power of attorney for her serviceman who is being deployed during war or is overseas cannot use the power of attorney to complete the VAOP.

Question: Can parents complete a VAOP before the child is born (i.e., when the biological father is in the military and will be out of the country at time of birth)?

Answer: The VAOP cannot be signed before the birth and cannot be signed by anyone other than the mother and father.

When using the VAOP, no additional sworn statement is required.

Special Awareness Concerning a Man Acknowledging as Father:

When the birth certificate clerk or the notary public has reason to believe that the named man is not the biological father, however the couple wants to use the VAOP, do not use the form. An example is when a man says "I am not the father but I want to sign the VAOP." The couple should read the wording on the VAOP form in Section V-Affidavit of Father which says, "I certify and acknowledge that I am the father of the child whose name appears in Section I." The VAOP cannot be used as a mode of adopting a child.

For assistance and additional information, see Part VI beginning on page 86 for Voluntary Acknowledgment of Paternity (VAOP).

VII. Mother states she was granted a divorce during the 300 days prior to the birth of child and her ex-husband is not the father.

POLICY: The presumption of parentage (T.C.A. § 36-2-304; see Appendix L, page 143) states that if a mother was married during the 300 days prior to birth, her husband is presumed to be the father of her child. Unless there is a court order stating otherwise, the ex-husband of a woman who has been divorced less than 300 days prior to the date of the child's birth is the legal father of her child and his name must be entered on the birth certificate.

- ❖ If the mother can provide a certified copy of her divorce decree and it states that her ex-husband is not the father of the child, the ex-husband's name will not be entered in item 11a.
- ❖ The divorce must be final before the child's birth. The divorce decree must specifically mention the unborn child and the estimated date of birth. Otherwise, the ex-husband's name must be entered on the birth certificate.
- ❖ It is not the responsibility of the facility personnel to make sure the DNA statement is in the judge's directive court order. The paternity court order should be followed whether or not the judge has stated that the DNA evidence was used in making his/her decision.
- ❖ If the divorce decree meets the requirements above, the mother and the biological father can use the VAOP.
- ❖ If the VAOP is not used, and the divorce decree does not specify what the child's surname will be, the child's surname is the mother's legal surname at the time of the birth. The mother's maiden name may be used for the child's surname only if her maiden name was restored at the time the divorce was granted.

VIII. Mother is not married - the biological father is married.

POLICY: The mother and the biological father may complete the VAOP regardless of the father's marital status.

IX. Mother is divorced more than 300 days and her ex-husband is the father.

POLICY: The mother and the biological father (ex-husband) may complete the VAOP.

X. The parents are minors and are not married.

POLICY: The mother and the biological father may complete the VAOP regardless of their ages. However, the parent of the minor mother or father must also sign the VAOP.

According to T.C.A. § 68-3-305(B) (see copy in Appendix K, page 140), the minor's (under age 18) parent or legal guardian must be present and give consent by signing the VAOP at the time of the completion of the VAOP.

Emancipation: If the minor presents the birth certificate clerk with certified court papers declaring freedom (emancipation) from his or her parent(s), the VAOP may be completed without consent of the minor's parent or legal guardian. The certified court order should be mailed with the birth certificate and VAOP to the Tennessee OVR. The address is on page v.

XI. Mother is not married and the named father died before the birth.

POLICY: The VAOP cannot be used.

The child's surname is the mother's current legal surname or the mother's maiden name. The birth certificate clerk cannot add the father's name and his personal information to the birth certificate.

If the mother presents the facility personnel with papers such as a petition to the court or a notarized affidavit, neither document can be used for purposes of listing the deceased's father's name on the birth certificate and VAOP.

The mother can obtain a court order to add the father's name, and change the child's name on the certificate. The birth certificate clerk cannot use the court order. The certified copy of the court order must be sent to the Tennessee OVR.

XII. Mother is not married and she and the biological father plan to complete the VAOP.

When the facility is assisting the parents in filing the VAOP by giving the parents extra time to come back to complete the VAOP, the birth certificate clerk should remember that the original birth certificate and VAOP must be filed with the Tennessee OVR within 10 days after the birth.

If the parents are not able to complete the VAOP within 10 days after the child's birth at the facility, the parents should contact the local health department, local child support office, or the Tennessee OVR to assist them with the VAOP.

The VAOP may be submitted to the Tennessee OVR any time before the child's 19th birthday. No fee is charged if the paternity form is filed before the child's first birthday.

XIII. What should be done if either parent changes his or her about using the VAOP, after the form has been accepted in the facility?

POLICY: If the original birth certificate and the original signed and sealed VAOP are still in the facility, regardless of whether the certifier has signed the birth certificate, both original documents must be sent to Tennessee OVR. The certifier must sign the birth certificate. Do not destroy the signed and sealed VAOP.

Facility personnel should tell the parent who desires to rescind (cancel) the VAOP that he/she must do so within the 60 day period after the last notarized signature on the paternity form.

The parent can go to the local health department, the local child support office or contact the Tennessee OVR for the rescission form.

See Appendix I, page 135, for the Rescission of Voluntary Acknowledgment of Paternity form and the discussion of the form on page 91.

Item 2. SEX

Enter 'male' or 'female.' Do not abbreviate or use other symbols. If sex and name are inconsistent, verify both entries.

If sex cannot be determined after verification with medical records, mother of child, informant, or other sources, enter 'Unknown.'

Purpose of Item: This item aids in identification of the child. It is also used statistically to determine fertility differentials and for making population estimates and projections.

Item 3. DATE OF BIRTH (Mo/ Day/Yr)

Enter the month, day, and four digit year of birth.

Enter the full name of the month; January, February, March, etc. Do not use a number or abbreviation to designate the month.

Pay particular attention to the entry of month, day, or year when the birth occurs around midnight or on December 31. Consider a birth at midnight to have occurred at the end of one day rather than the beginning of the next day. Caution should be exercised during the first few months of a year to use the correct year of event.

If the date of birth is one year or more prior to registration, the parent or other person must submit a request and fee (\$7.00 for short form and \$12.00 for long form) to the Tennessee OVR to determine whether a certificate has been filed. The facility may not prepare a birth certificate after the child's first birthday. Tennessee OVR will work with the parent(s) to establish a "delayed" Certificate of Birth.

Purpose of Item: This item records the date of birth of the individual named on the certificate. It is used to establish age for such purposes as school entrance, obtaining a driver's license, and social security benefits. This information is used in conjunction with date last normal menses began to calculate length of gestation, which is used to study survivorship of low-birth-weight and premature infants. It is also used in conjunction with dates of last live birth and other termination to compute intervals between births and pregnancies.

Item 4. TIME OF BIRTH (24 Hour)

Enter the hour and minute of birth using a 24-hour clock (military time).

In cases of plural births, the exact time that each child was delivered should be recorded as the time of birth for that child.

For Siamese twins, enter the exact time of birth on both certificates. Do not enter the word, 'Simultaneous.'

In case of a medically unattended out of facility birth, enter the mother's best estimate of the time of birth. Otherwise, enter 'unknown' in the space.

Purpose of Item: The item documents the exact time of birth for various legal uses, such as the order of birth in plural deliveries. When the birth occurs around midnight, the exact hour and minute may affect the date of birth. For births occurring at the end of the year, the hour and minute affect not only the day but the year of birth, a factor in establishing dependency for income tax purposes. It is also an item of personal interest to the parents.

PLACE OF BIRTH (Items 5-7)

Items 5-7 provide detailed information about the place of birth. **If the birth did not occur in Tennessee, do not use a Tennessee Certificate of Live Birth to register the birth.**

For those facilities located near the borders of Tennessee, it is especially important to determine the actual State when the baby was born at home and immediately brought to the facility.

If it is determined the baby was born in a State other than Tennessee, and the mother and child were brought to the facility, the facility personnel does not complete the Tennessee Certificate of Live Birth. The facility personnel should inform the mother to go to the county health department in the State where the child was born. Information from the facility's medical records should be given to the mother which will aid that State in documenting and properly registering the child's State of birth.

When a baby is born in a moving conveyance (car, airplane, ambulance, etc.), the place where it is first removed from the conveyance is considered the place of birth.

Purpose of Items: These items identify the place of birth, which is used to determine U.S. citizenship. Information on the place of occurrence, together with information on the place of residence, is used to evaluate the supply and distribution of obstetrical services.

Item 5. FACILITY NAME (If not institution, give street and number)

Enter the full name of the facility where the birth occurred.

If the birth occurred on a moving conveyance enroute to or on arrival at a facility, enter the full name of the facility where the child was first removed from the conveyance.

The following are additional instructions for Items 5, 6, 7, 12, and 30 when preparing the birth certificate for a baby that was born on arrival (BOA) at the facility:

Determine if the baby was delivered enroute, that is, was the baby delivered in a vehicle and first removed from the vehicle when they arrived at the hospital?

a) If the answer is yes:

Item 5 should show the name of the hospital as the place of birth, for example: 'Good Health Medical Center.' **Items 6, 7, and 29 (place where birth occurred)** show the facility information.

The hospital designee may sign the certificate as certifier in **Item 12**.

Item 30 (attendant's name and title) should be the name and title of the person who actually delivered the baby in the vehicle, for example, the EMT, the father, or the neighbor.

b) If the answer is no:

Item 5 should be the street address of the place where birth occurred, such as 234 Oak Street. This place must be inside the State of Tennessee in order for the Tennessee OVR to accept and file the birth certificate.

Item 29 (Place where birth occurred) should describe the place where birth occurred, such as residence or grocery store.

Items 6 and 7 are the city and county where the birth occurred matching the street address in Item 5.

Item 12 should be the signature of the physician who examined the baby after the baby was brought to the hospital. If no physician examined the baby, then another person in attendance at or immediately after the birth, such as an EMT, RN, or neighbor should sign as certifier. If there was no one else present, the father or the mother may certify the birth and sign in Item 12, as a last priority.

Item 12 should also include the certifier's printed name and title. **The hospital designee should not sign the certificate as certifier in Item 12.**

Item 30 (attendant's name and title) should be the name and title of the person who actually delivered the baby, for example, the EMT, the father, the neighbor, or the mother herself. If the EMT, father, neighbor, or mother signed in Item 12, re-enter that same name in Item 30.

When the baby is born at home, even if the placenta is delivered at a birthing facility, this event is defined as a home birth. **The facility is responsible for preparing the certificate for proper registration.**

When a birth occurs at home and is immediately brought to the facility following the birth, do not instruct the mother to go to the Tennessee county health department in the county of birth for completing the certificate. The facility, whether WinEBC or non-WinEBC is responsible for preparing the birth certificate for proper registration.

When an emergency delivery occurs within a non-WinEBC facility, the facility is responsible for preparing the birth certificate, obtaining the physician's signature, and filing the original certificate with the Tennessee OVR.

If the birth occurred at home, enter the house number and street name of the place where birth occurred.

The words 'Home,' 'Home Delivery,' or 'None' are not acceptable entries in Item 5 for place of birth. Enter the specific address where the delivery occurred.

If the birth occurred at some place other than those described above, enter the number and street of the location. For example, child was delivered at a welcome center in Tennessee, enter the Interstate Number and Exit Number.

Purpose of Item: The facility name is used for follow-up and query programs in the Tennessee OVR and is of historical value to the parents and child. It is also used to produce statistical data by specific facility.

Item 6. CITY, TOWN, OR LOCATION OF BIRTH

Enter the name of the city, town, or location where the birth occurred.

For births occurring on a moving conveyance, enter the city, town, or location where the child was first removed from the conveyance. This should be the city or town in which the place named in item 5 is located.

See additional instructions and information in Item 5.

Item 7. COUNTY OF BIRTH

Enter the name of the county in Tennessee where the birth occurred.

For births occurring on a moving conveyance, whether in Tennessee or in the United States, enter the Tennessee county where the child was first removed from the conveyance. This should be the county in which the place named in item 5 is located.

See additional instructions and information in Item 5.

ABOUT THE MOTHER (Items 8-10)

Item 8a. MOTHER'S CURRENT LEGAL NAME (First, Middle, Last, Suffix)

Enter the first, middle, and last name of the mother. The middle name may be omitted if the mother so desires. The mother's suffix is appropriate to use in this item.

This is the mother's current legal name at the time of this birth, whatever she considers it to be (i.e., Gayle Sue Smith or Gayle Jones Smith or Gayle J. Smith or Gayle Smith). The facility interviewer or other interviewer should exercise care in securing this name.

Item 8b. MOTHER'S DATE OF BIRTH (Mo/Day/Yr)

Enter the mother's exact date of birth in the following order: month, day, year.

Enter the month (spelled out), day, and four-digit year of birth. Do not use a number or abbreviation to designate the month.

If the mother's date of birth is unknown, then enter "unknown." If part of the date of her birth is unknown, enter the known parts and leave the remaining parts blank.

Purpose of Item: This item is used to calculate the age of the mother, which is one of the most important factors in the study of childbearing. Studies have shown a relationship between the health of the child and age of the mother. This item is also useful for genealogical research.

Item 8c. MOTHER'S NAME PRIOR TO FIRST MARRIAGE
(First, Middle, Last, Suffix)

Enter the last name of the mother as given at birth or adoption, not a name acquired by marriage. **The mother's name prior to first marriage is the same as her maiden name.** The mother's suffix is appropriate to use in this item.

Do not leave maiden surname blank even though it is the same last name as in item 8a. Entries of 'None,' 'Same,' and 'N/A' are not acceptable.

When the mother retained her maiden surname after marriage, no notarized statement from parents is required to inform the Tennessee OVR. The fact that her legal surname in item 8a and maiden surname in item 8c are the same is sufficient.

Purpose of Items: Items 8a and 8c are used for identification and as documentary evidence of parentage. The mother's maiden surname is important because it remains consistent throughout her life, in contrast to other names, which may change because of marriage or divorce.

Item 8d. MOTHER'S BIRTHPLACE (State, Territory, or Foreign Country)

Enter the two-letter abbreviation for the U.S. state or foreign country of birth of mother. See Appendixes M and M2, pages 144-145, for the standard abbreviations. The entire name for this item may be entered. Do not enter the name of the city or town.

Spell out the name of the foreign country or territory when the name does not appear in Appendix M or M2, pages 144-145.

U.S. Territories are: Puerto Rico, U.S. Virgin Islands, Guam, American Samoa, and Northern Marianas.

If no information is available regarding place of birth, enter "Unknown."

Purpose of Item: This item provides information on recent immigrant groups, such as Asian and Pacific Islanders, and is used for tracing family histories. It is also used with the U.S. Bureau of the Census data to compare the childbearing of women who were born in the United States with that of foreign-born women.

MOTHER'S RESIDENCE (Items 9a-9g)

Tennessee is bordered by eight states. Care should be exercised in interviewing the mother and entering correct state and county names in items 9a and 9b.

These items refer to the mother's residence address, not her postal address.

Do not include post office boxes or rural route numbers.

The mother's residence is the place where the mother actually resides. The state, county, city, and street address should be the place where the mother's house is located.

Do not 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 or friend for the purpose of awaiting the birth of the child is considered temporary and should not be entered here.

Place of residence during a tour of military duty or during attendance at college should be entered as the place of residence.

For mothers who live in a group home, mental institution, penitentiary, or facility for the chronically ill, enter the location of the facility as the mother's residence.

Enter all of the address that is known. For example, a homeless woman could only have a city, county and state entered.

Item 9a. RESIDENCE - STATE OR COUNTRY

Enter the name of the state in which the mother lives. The two-letter abbreviation for the state may be used. See Appendix M and M2 for the standard abbreviation. This may differ from the state in the mailing address.

The state named in item 9a must agree with the county in item 9b.

If the mother is not a resident of the U.S., or its territories, or Canada, print the name of the mother's country of residence.

Item 9b. RESIDENCE - COUNTY

Enter the name of the county in which the mother lives (i.e., where mother's household is located).

The county named must agree with the state in item 9a.

If the mother is not a U.S. resident, enter the country as given by the mother. Otherwise, enter Unknown or enter according to the WinEBC instructions.

If the mother resides in a Canadian province or Canadian territory, enter the name of the province or territory. See Appendix M2 for names of Canadian provinces.

Item 9c. RESIDENCE - CITY, TOWN, OR LOCATION

Enter the name of the city, town, or location where the mother lives. This may differ from the city, town, or location in the mailing address.

Item 9d. RESIDENCE - STREET AND NUMBER

Item 9e. RESIDENCE - APT. NO.

Item 9f. RESIDENCE - ZIP CODE

Enter the street name and number, apartment or room number, and Zip Code of the place where the mother lives.

For the street name, include any prefixes and directions such as South Main Street, Walker Street NW, etc.

Item 9g. RESIDENCE - INSIDE CITY LIMITS? Yes No

Check "Yes" if the location entered in item 9c is incorporated and the mother's residence is inside its boundaries. Otherwise, check "No."

Purpose of Item: Statistics on births are tabulated by place of residence of the mother. This makes it possible to compute birth rates based on the population residing in the area. Data on births by place of residence of the mother are used to prepare population estimates and projections. These data are used in planning for and evaluating community services and facilities, including maternal and child health programs, schools, etc. Private businesses and industries also use these data for estimating demands for services..

Item 10. MOTHER'S MAILING ADDRESS Same as residence, or:

Street and Number Apt. No City State or Country Zip Code

If the mother's mailing address is the same as her residence, check the box "Same as residence." If her residence is not the same, enter the mailing address of the mother.

It is important to distinguish between the mother's mailing address and her residence address because each serves a different purpose. They are not substitutes for one another.

The mailing address is used to mail the child's Social Security card if the parent requested such.

~~ WinEBC tip ~~ An accurate mailing address is critical so that parents will receive their newborn's Social Security Number issued through Enumeration at Birth Project (EAB).

In a certain WinEBCTip, the Tennessee OVR called attention to a reporting problem that occurred in the mailing address for the 2004 births. The **~~ WinEBC tip ~~** was written as follows: "A post office box number was keyed, but 'PO Box' was not keyed. To enter an address correctly if the only given address is a PO Box ###, place a question mark in the Street Number text field. In the Street Name text field, enter 'PO Box ###.' When the mailing address is a PO Box, place a check mark in the box next to 'Check if P.O. Box.'"

When necessary, the mailing address may also be used by the facility personnel to mail the Mother's Copy of the birth certificate to her.

ABOUT THE FATHER (Item 11a-11c)

Item 11a. FATHER'S CURRENT LEGAL NAME (First, Middle, Last, Suffix)

Enter the first, middle, and last name of the father.

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

In general, if the child was:

- ◆ born to a mother who was married at the time of birth, conception or at anytime between to the natural father, enter the name of her husband.
- ◆ conceived in wedlock but born less than 300 days after a divorce was granted or after the husband died, enter the name of the mother's divorced or deceased husband. This is in accordance with T.C.A. § 68-3-305(a); see copy of law in Appendix K, page 140.

For further assistance in determining whether to add the father's name, which is based on the mother's marital status, refer to pages 25-34 in this handbook. Also, reference can be made to the hospital training manual that was distributed by the Tennessee Paternity Acknowledgment Program.

If the mother is not married and the VAOP, signed by both parents is submitted at same time as the birth certificate, all personal data pertaining to the father may be shown.

Purpose of Item: This item is used for identification and as documentary evidence of parentage.

Item 11b. FATHER'S DATE OF BIRTH (Mo/Day/Yr)

Enter the father's exact date of birth in the following order: month, day, year.

Print or type the month (spelled out), day, and four-digit year of birth. Do not use a number or abbreviation to designate the month.

If the father's date of birth is unknown, then print 'unknown.' If part of the date of birth is unknown, enter the known parts and leave the remaining parts blank.

Make no entry for father's date of birth if the father's name is not entered in item 11a.

Purpose of Item: This item is used to calculate the age of the father, which is used in the study of childbearing, health, and genealogical research.

Item 11c. FATHER'S BIRTHPLACE (State, Territory, or Foreign Country)

Enter the two-letter abbreviation for the U.S. state or foreign country of birth of father. See Appendixes M and M2 (pages 144-145) for the standard abbreviations. The entire name for this item may be entered. Do not enter the name of the city or town.

Spell out the name of the foreign country or territory when the name does not appear in Appendixes M and M2 (pages 144-145).

U.S. Territories are: Puerto Rico, U.S. Virgin Islands, Guam, American Samoa, and Northern Marianas.

If no information is available regarding place of birth, enter 'unknown.'

Make no entry for father's birthplace if the father's name is not entered in item 11a.

Purpose of Item: This item provides information on recent immigrant groups, such as Asian and Pacific Islanders, and is used for tracing family histories.

CERTIFIER'S SIGNATURE AND DATE CERTIFIED (Item 12)

Item 12. CERTIFIER'S SIGNATURE

The individual who signs in Item 12 for a delivery in a facility may be, but need not be, the same as the attendant at birth (Item 30).

When a birth occurs in a facility or enroute thereto, T.C.A. § 68-3-302 requires the facility's administrator to designate the person(s) to certify (sign) the birth certificate in Item 12.

It is required that a signed form which lists the hospital designee(s) name must be on file with the Tennessee OVR. The Tennessee OVR should be notified when a name is to be added or deleted from the list. See Appendix Y, page 182, for a method of informing the Tennessee OVR of the designee's name, or the facility personnel may use the facility's letterhead. In all cases the request must be signed by the supervisor of the birth certificate clerk (i.e., medical records director, labor and delivery manager, etc.).

When a WinEBC facility's staff person signs the certificate and the name is not on the Tennessee OVR designated certifier list for that facility, the certificate must be re-printed. This does not pertain to the physician or certified nurse midwife who actually delivered the child. They may sign any certificate for a child they delivered provided the certificate is filed within 10 days of the birth.

If a registered nurse or chief of obstetrics did not deliver the baby, he/she may sign as certifier in Item 12 whether or not his/her name is on file with the Tennessee OVR.

When the birth occurs outside a facility, and the mother and baby are immediately brought to the facility, the birth certificate shall be prepared by the facility personnel and signed within the required 72 hours. The certificate should be signed by one of the following in the indicated order of priority:

- 1) The physician in attendance at or immediately after the birth, or in the absence of such person;
- 2) Any other person in attendance at or immediately after the birth, or in absence of such person; or
- 3) The father, the mother, or, in the absence of the father and inability of the mother, the person in charge of the premises where the birth occurred.

See additional instructions and information in Item 5 concerning who should sign the certificate for the baby that is born on arrival (BOA) at the facility, or was delivered outside a facility and brought to the facility.

If the certifier mistakenly signs in an item other than 12, the certificate must be re-typed or re-printed.

Rubber stamps, electronic signatures or other facsimile signatures are not permitted. Use black or blue/black ink.

Item 12. CERTIFIER'S DATE SIGNED (Mo/Day/Yr)

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

It is acceptable for the certifier to handwrite the date in numbers or for the facility staff to enter the date.

See additional instructions and information in Item 5.

Purpose of Item: The certification validates the accuracy of the date, time, and place of birth of the child recorded on the certificate.

Item 12. CERTIFIER'S TITLE AND PRINTED NAME

MD DO Hospital Designee CNM/CM CPM
 Other Midwife Other, Specify _____

Certifier's Printed Name _____

Check the appropriate box to identify the title of the person whose signature appears in Item 12.

See additional instructions and information in Item 5.

MD = doctor of medicine, DO = doctor of osteopathy, CNM/CM = certified nurse midwife, CPM = certified professional midwife. Other midwives should be identified as 'Other Midwife.' If 'Other, Specify' is checked, type or print the title of the certifier on the line provided (i.e., father, mother, RN, LPN, Nurse, EMS technician).

Enter in the 'Certifier's Printed Name' item the name of the individual who certified that the birth occurred.

Purpose of Item: This item provides information about the certifier and indicates the type of person who attended the birth when the certifier is the attendant.

REGISTRAR (Items 13-14)

Item 13. REGISTRAR'S SIGNATURE

When the WinEBC or non-WinEBC original document is received in the Tennessee OVR, the deputy registrar reviews and signs the certificate.

When the birth occurred in WinEBC or non-WinEBC facilities, there is no general authorization for local/deputy registrars in county health departments to sign birth certificates for their relatives or friends. Original birth certificates sent from the facility to the Tennessee OVR are to be signed by one of the deputy registrars in the Tennessee OVR. Note: If the birth certificate clerk is asked permission for the local/deputy registrar in the particular county health department to sign, the birth certificate clerk should call 615-532-2644 or 615-532-2677.

When the birth occurred at home and the birth certificate was filed in the county health department, the local or deputy registrar signs in Item 13 and dates in Item 14, when the certificate is accepted for filing. Use black or blue/black ink to sign/date.

The local or deputy registrar signs certificates only for those home births occurring in his/her jurisdiction (county).

If the certifier inadvertently signed in Item 13 or any item other than Item 12, retype or reprint the certificate.

Purpose of Item: The signature documents the fact that the certificate has been accepted by and filed with the registrar.

Item 14. DATE FILED BY REGISTRAR (Mo/Day/Yr)

This item is completed by the Tennessee OVR deputy registrar or the county's local or deputy registrar when the certificate is filed. Do not use numbers for the month. Spell out or abbreviate the name of the month. A date stamp is acceptable; exercise caution.

Purpose of Item: This item documents whether the certificate was filed within the time period specified by law.

LOWER PORTION OF THE BIRTH CERTIFICATE (Items 15-62)

The lower portion of the Certificate of Live Birth contains information that is used for medical and health studies only. Items 15-62 are excluded from certified copies of the certificate.

Purpose of Items: These data, along with selected items from the upper portion of the certificate, are essential in planning and evaluating a wide range of health activities including various aspects of maternal and child health programs.

Item 15. MOTHER'S MEDICAL RECORD NO.

Enter the mother's medical record number from the Facility Worksheet or the mother's prenatal records or from other medical reports that are in her chart.

Purpose of Item: This item identifies the mother's record and assists in matching with the child's record when date verification is required.

Item 16. CHILD'S MEDICAL RECORD NO.

Enter the child's medical record number from the Facility Worksheet or other source in the facility. A note of information is that the Child's Medical Record No. is also on the Newborn Screening Card (Filter Card).

Purpose of Item: This item identifies the birth record and assists when data verification is required.

Item 17. NEWBORN SCREENING SPECIMEN CONTROL NO.

Enter the newborn screening specimen control number (SCN) (frequently called PKU) which is an alphabetic character followed by 6 digits. The nurse or nursery clerk should provide the number to the birth certificate clerk.

When the SCN needs to be re-processed, generally use the first SCN number because the second number may not be known in the timeframe for processing the certificate.

Purpose of Item: This item is provided so that genetic screening (SCN) may be matched with birth certificate numbers thereby providing public health information about children who need to be followed.

Item 18. FACILITY ID (NPI)

Print the facility's National Provider Identification Number (NPI).

For WinEBC, if the facility has a NPI, the item will automatically complete based on the facility code assigned through the WinEBC.

For home births or births in non-WinEBC facilities, the NPI may be left blank. However, if as a health care provider the attendant has a NPI, the number should be entered.

Item 19. MOTHER MARRIED AT BIRTH, CONCEPTION, OR ANY TIME BETWEEN? Yes No

IF NO, HAS PATERNITY ACKNOWLEDGMENT FORM BEEN COMPLETED? Yes No

POLICY: Regardless of whether the mother is separated from her husband or is in the process of getting a divorce, the mother is considered to be married.

If the mother is married or is in the process of getting a divorce or has been divorced less than 300 days before the birth of the child, her husband/ex-husband is presumed to be the legal father of the child. This is in accordance with the Tennessee Code Annotated § 36-2-304 (see copy in Appendix L, page 143). **Another man cannot be entered on the birth certificate as the father. The VAOP cannot be used.** Refer to pages 25-34 for additional information concerning mother's marital status. A copy of the TCA § 36-2-304 may be given to the parent(s).

Enter 'Yes' if the mother was married at the time of conception, at the time of birth, or at any time between conception and birth.

Enter 'Yes' if the mother has been divorced less than 300 days at the time of the birth. Her ex-husband is the presumed legal father according to T.C.A. § 36-2-304 (presumption of parentage).

Enter 'No' only if the mother is not married. If she has been divorced more than 300 days before the birth of the child, enter "No".

If the 'No' box is checked for mother married, and the VAOP has been signed, check the 'Yes' box for the acknowledgment of paternity. Otherwise check the 'No' box.

Purpose of Item: This information is used to monitor the substantial differences in health and fertility between married and unmarried women. It enables the study of health problems encountered during and after pregnancies of unmarried women. This information allows researchers to measure medical risk factors of out-of-wedlock children and their mothers. These children tend to have lower birth weight and higher infant mortality, and they may be born to mothers with less prenatal care. Because of these differences, unmarried women and their babies are more likely to require additional health services.

This item is also a check to ensure that paternity information is only added in those cases when the mother is married or when an unmarried mother and the child's father have a right to a VAOP.

SOCIAL SECURITY CARD INFORMATION FOR PARENT(S) (Item 20)

The Tennessee Department of Health participates with the Federal Social Security Administration (SSA) in the Enumeration at Birth Project (EAB). The project involves submission of computerized records concerning specific information from the birth certificate to the SSA. The SSA then automatically issues the newborn a Social Security Number (SSN) and mails the social security card directly to the child's parent's address that was entered in Item 10.

Item 20. SOCIAL SECURITY CARD REQUESTED FOR CHILD? Yes No

Check 'Yes' or 'No' based on the mother's response on the signed Mother's Worksheet.

If the child died, and is named, the parent(s) may request a social security card for the child.

The proper applicant for issuance of a SSN through the EAB is the parent.

If the adoption agency or adopting family asks that the social security card be mailed to them, this is not an acceptable request. This request cannot be handled through the EAB. The requesting party will need to make application for the card at the local SSA office.

Items 21 and 22 PARENTS' SOCIAL SECURITY NUMBERS

Item 21. MOTHER'S SOCIAL SECURITY NO.

Item 22. FATHER'S SOCIAL SECURITY NO.

Enter the full nine-digit Social Security Number for the mother and of the father of this child obtained from the parent(s) on the signed Mother's Worksheet. This item should be completed for the mother on all certificates and for the father in all cases where the name of the father is shown on the certificate in item 11.

Every effort should be made to provide the social security numbers of the mother and father (if named). If the parent absolutely refuses to provide the number, enter 'refused' in the appropriate space.

If either parent has no social security number, enter 'None' in item 21 and/or item 22. If the social security numbers are not obtained by the time the certificate should be filed, enter 'N/A' or 'Not Available.'

Directive for Item: The Federal Welfare Reform Act of 1988 requires the Tennessee OVR to collect the parents' social security numbers at the time of birth registration.

Items 23 and 26 - PARENTS' EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of delivery)

- 8th grade or less
- 9th – 12th grade, no diploma
- High school graduate or GED completed
- Some college credit but no degree
- Associate degree (e.g. AA, AS)
- Bachelor's degree (i.e. BA, AB, BS)
- Master's degree (e.g. MA, MS, MEng, MEd, MSW, MBA)
- Doctorate (e.g. PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD)
- Unknown

Item 23. MOTHER
Item 26. FATHER

Based on the mother's and/or father's response on the signed worksheet, check the appropriate box in the listing on the certificate. If the mother leaves the item blank on the worksheet and the person completing the certificate is unable to contact her, check "Unknown."

Make no entry in item 26 if the father's name is not entered in item 11a.

Purpose of Item: Education is correlated with fertility and birth outcome, and is used as an indicator of socioeconomic status. It is used to measure the effect of education and socioeconomic status on health, childbearing, and infant mortality.

Items 24 and 27 - PARENTS' OF HISPANIC ORIGIN? (Check the box that best describes whether the parents are Spanish/Hispanic/Latina or Latino. Check the "No" box if the parent is not Spanish/Hispanic/Latina or Latino)

- No, not Spanish/Hispanic/Latina or Latino
- Yes, Mexican, Mexican American, Chicana
- Yes, Puerto Rican
- Yes, Cuban
- Yes, other Spanish/Hispanic/Latina or Latino
Specify _____
- Unknown

Item 24. MOTHER
Item 27. FATHER

Based on the mother's or father's response on the signed worksheet, select the corresponding checkbox on the certificate and fill in any literal (written) responses. The entry in this item should reflect the response of the parent(s).

Item 24 should be checked for the mother on all certificates.

Item 27 should be checked for the father in all cases where the name of the father is shown in Item 11a.

See Appendix N, page 146, for a listing of Hispanic Origin - Other Entries Reported on Certificates and Reports.

Enter the response in this space even if it is not a Hispanic origin.

If an ethnic origin not on the list is indicated, record it in the 'Specify' space.

This item is not a part of the Race item. A person of Hispanic origin may be of any race. Each question, Race and Hispanic Origin, should be asked independently.

If no response to the Hispanic Origin question, check 'Unknown.'

For the purposes of this item, 'Hispanic' refers to those people whose origins are from Spain, Mexico, or the Spanish-speaking countries of Central or South America. Origin can be viewed as the ancestry, nationality, lineage, or country in which the person or his or her ancestors were born before their arrival in the United States.

Purpose of Item: Hispanics are the nation's largest minority group. This item provides data to measure differences in fertility and pregnancy outcome as well as variations in health care for people of Hispanic and non-Hispanic origin. Collection of data on persons of Hispanic origin make it possible to obtain valid demographic and health information on this important group of Americans.

Items 25a-b and 28a-b PARENTS' RACE (Check one or more races to indicate what the parent considers herself/himself to be)

- White
- Black or African American
- American Indian or Alaska Native
Name of the enrolled or principle tribe _____
- Asian Indian
- Chinese
- Filipino
- Japanese
- Korean
- Vietnamese
- Other Asian, Specify _____
- Native Hawaiian
- Guamanian or Chamorro
- Samoan
- Other Pacific Islander, Specify _____
- Other, Specify _____
- Unknown

25b. and 28b. Which of the above does the mother/father consider her/his primary race? _____

Item 25a. MOTHER

Item 28b. FATHER

Based on the mother's or father's response on the signed worksheet, select all the corresponding checkboxes on the certificate and complete exactly as given. For example, if both 'Black' and 'Chinese' are checked, select both responses.

The entry in this item should reflect the response of the parent(s). The entry of race should not be based on observation.

See Appendix O, page 147, for a listing of Race-Other Entries Reported on Certificates and Reports. If the mother or father reports their race to be one of the races in this listing, enter the race as reported.

Item 25a and 25b should be checked for the mother on all certificates.

Item 28a and 28b should be checked for the father in all cases where the name of the father is shown in Item 11a.

There is no set rule as to how many generations are to be taken into account in determining race. The response is to reflect the racial group with which the parents identify.

Spell out the name of race for the 'Other, Specify' checkboxes.

If no response to the race question, check 'Unknown.'

Purpose of Item: Information concerning race is essential in producing data for minority groups. It is used to study racial variations in childbearing, disparity issues, access to health care, and the pregnancy outcomes (infant mortality and birth weight). Race is an important variable in planning for, and evaluating the effectiveness of health programs, and in preparing population estimates.

Item 29. PLACE WHERE BIRTH OCCURRED

- Hospital
- Freestanding birthing center
- Home Birth: Planned to deliver at home? Yes No
- Clinic/Doctor's office
- Other, Specify _____

Check the box that best describes the type of place where the birth occurred.

If 'Home Birth' is checked, check the box for whether the home birth was planned.

If the type of place is not known, type or print 'unknown' in the 'Other, Specify' space.

Item 30. ATTENDANT'S NAME, TITLE, AND NPI

Name: _____

Title: MD DO CNM/CM CPM
 Other Midwife Other, Specify _____

NPI: _____

The attendant at birth is defined as the individual physically present at the delivery who is responsible for the delivery. For example, if an intern or nurse-midwife delivers an infant under the supervision of an obstetrician who is present in the delivery room, the obstetrician is to be reported as the attendant. If the obstetrician is not physically present, the intern or nurse midwife should be reported as the attendant.

When the person who signed in item 12 (certifier) was not the attendant at birth, enter the name of the person in attendance at birth on the line provided, and check the appropriate box to identify his or her title. MD = doctor of medicine, DO = doctor of osteopathy, CNM/CM = certified nurse midwife, CPM = certified professional midwife. Other midwives should be identified as "Other Midwife." If "Other (Specify)" is checked, type or print the title of the attendant on the line provided (i.e., RN, LPN, nurse, father, mother, EMS technician, police officer, fireman, etc.).

If the birth did not occur in a facility, the attendant or certifier should complete Item 30.

The NPI is the National Provider Identification Number. If the attendant does not have an NPI number, enter 'None.' If the attendant should have an NPI number but it is unknown, enter 'Unknown.'

Purpose of Item: The attendant's name is important in case of queries. The title provides information on the type of attendant, which is used to assess the service rendered. This information will permit separate identification of deliveries attended by certified nurse midwives, certified professional midwives, and other midwives.

Item 31. MOTHER TRANSFERRED FOR MATERNAL MEDICAL OR FETAL INDICATIONS FOR DELIVERY? Yes No

If yes, enter name of facility mother transferred from: _____

Transfer includes hospital to hospital or birthing facility to facility.

Check 'Yes' if the mother was transferred from one hospital or birthing facility to another facility before the child was delivered. If the mother was transferred before delivery, enter the name of the facility and location from which she was transferred.

If the mother was transferred more than once, enter the name of the last facility and location from which she was transferred.

Check 'No' if this is the first facility the mother was admitted to for delivery.

Check 'No' if the mother was transferred from home, a doctor's office, jail, health department clinic, or such like.

Purpose of Item: This information is used to study transfer patterns and determine whether timely identification and movement of high-risk patients is occurring.

When records are not available for date of first prenatal care visit, obtain the information from the mother. Work with the mother to remember year, then work with her to recall the month. Finally, see if she can remember the day. Record that information in the item for date of first prenatal care visit.

If the mother is unable to supply the information, complete all parts of the date that are available; leave the rest blank.

If it is not known whether the mother had prenatal care, or if she had care but the date of the first visit is not known, enter 'Unknown.'

If the mother had no prenatal care, check the 'No' box in Item 32.

Item 34b. DATE OF LAST PRENATAL CARE VISIT $\frac{\text{M}}{\text{M}} / \frac{\text{D}}{\text{D}} / \frac{\text{Y}}{\text{Y}} \frac{\text{Y}}{\text{Y}}$

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; leave the rest blank.

If it is not known whether the mother had prenatal care, or if she had care but the date of the last visit is not known, enter 'Unknown.'

If the mother had no prenatal care, check the 'No' box in Item 32.

Item 35. MOTHER'S HEIGHT _____ (feet/inches)

Enter the mother's height in feet and inches. If the record indicates height in fractions such as 5 feet 6 ½ inches, enter 5 feet, 6 inches.

If the mother's height is unknown, enter 'Unknown' in the space.

Information for this item should be obtained from the mother's medical chart or the physician. If the medical chart is not available or does not include this information, and the physician is unavailable, the mother should be asked to respond to this item.

Item 36. MOTHER'S PREPREGNANCY WEIGHT _____ (pounds)

Enter weight in whole pounds only. Do not include fractions. For example, enter 140 ½ pounds as 140.

If the mother's prepregnancy weight is unknown, enter 'Unknown' in the space.

Information for this item should be obtained from the mother's medical chart or the physician. If the medical chart is not available or does not include this information, and the physician is unavailable, the mother should be asked to respond to this item.

Item 37. MOTHER'S WEIGHT AT DELIVERY _____ (pounds)

Enter the mother's delivery weight in whole pounds only. Do not include fractions.

If the mother's delivery weight is unknown, enter 'unknown' in the space.

Information for this item should be obtained from the mother's medical chart or the physician. If the medical chart is not available or does not include this information, and the physician is unavailable, the mother should be asked to respond to this item.

Item 38. DID MOTHER GET WIC FOOD FOR HERSELF DURING THIS PREGNANCY? Yes No

This item is to be completed based on information obtained from the mother's response on the signed worksheet. Either the 'Yes' or 'No' box must be checked.

If the Mother's Worksheet indicates 'unknown,' enter 'unknown.'

Items 39-40 PREGNANCY HISTORY (Complete each section)

When birth certificates or fetal death reports are prepared for a plural delivery, items 39-40 on the birth certificate of the first-born should not include any of the other deliveries from this pregnancy.

- If this child is a first twin, information regarding the second twin is not to be recorded in birth certificate items 39a-c.
- For the certificate of live birth or report of fetal death of the second-born, these items should include information about the first-born of the plural delivery.
- Similarly, for the third-born, these items should include information about the first- and second- born, and so on.

Items 39a-c NUMBER OF PREVIOUS LIVE BIRTHS (Do not include this child)

Item 39a. Now living _____ None

Enter the number of live births which occurred to this mother prior to the birth of this child, and who are still living. Do not include this child. Do not include children by adoption.

If this was a multiple delivery, include all live born infants who preceded the live born infant in this delivery. If this child was first born in a multiple delivery, do not include this infant. If second born, include the first born, etc.

Check 'None' if this is the first live birth to this mother or if all previous children are dead.

Item 39b. Now dead _____ None

Enter the number of live births which occurred to this mother prior to the birth of this child, and who are no longer living. Do not include this child. Do not include children by adoption.

If this was a multiple delivery, include all live born infants who preceded the live born infant in this delivery. If this child was first born in a multiple delivery, do not include this infant. If second born, include the first born, etc.

Check 'None' if this is the first live birth to this mother or if all previous children are still living.

Item 39c. Date of last live birth _____ / _____
M M Y Y Y Y

Enter the date (month and year) of birth of the last live born child of the mother.

If this certificate is for the second birth of a twin set, enter the date of birth for the first baby of the set, if it was born alive. Similarly, for triplets or other multiple births, enter the date of birth of the previous live birth of the set.

If all previously born members of a multiple set were born dead, enter the date of the mother's last delivery that resulted in a live birth.

Enter 'None' if the mother has not had a previous live birth. Do not leave this item blank.

Item 40. NUMBER OF OTHER PREGNANCY OUTCOMES

Item 40a. Other outcomes _____ None

Enter the number of fetuses that were delivered dead regardless of the length of gestation. Include each recognized loss of a product of conception, such as ectopic pregnancy, miscarriage, stillbirth, spontaneous abortion, or induced abortion.

Check 'None' if this is the first pregnancy for this mother or if all previous pregnancies resulted in live-born infants.

If it is unknown if there were other pregnancy outcomes, enter 'unknown.'

Item 40b. Date of last other pregnancy outcome $\frac{\text{M M}}{\text{Y Y Y Y}}$

Enter the date (month and year) of the last other pregnancy outcome that was not a live birth regardless of the length of gestation.

If this certificate is for the second birth of a twin set and the first was born dead, enter the date of delivery of that fetus. Similarly, for other multiple births, if any previous member of the set was born dead, enter the date of delivery of that fetus.

If all previously born members of a multiple set was born alive, enter the date of the mother's last delivery that resulted in a fetal death.

If the mother has never had an other pregnancy outcome, enter 'None.' Do not leave this item blank.

Purpose of Items: These items are used to determine live-birth order and total-birth order, which are important in studying trends in childbearing and child spacing. They are also useful in studying health problems associated with birth order - for example, first births to older women - and determining the relationship of birth order to infant and perinatal mortality.

In studying child spacing, the dates of last live birth and other terminations are used to compute the intervals between live births and fetal deaths and between pregnancies. This information allows researchers to measure known risk factors associated with the mother's previous pregnancies, such as prior fetal loss, short interpregnancy interval, and high parity.

Item 41. DATE LAST NORMAL MENSES BEGAN

 / /

M M / D D / Y Y Y Y

Enter the complete date (month, day, and year) of the beginning of the mother's last normal menstrual period. This information may be obtained from the physician, facility worksheet, medical records, etc.

When records are not available for date last normal menses began, obtain the information from the mother. Work with the mother to remember the year, then work with her to recall the month. Finally, see if she can remember the day. Record that information in the item for date last normal menses began.

If the mother is unable to supply the information, complete all parts of the date that are available; leave the rest blank.

Enter 'unknown' if the complete date cannot be determined. Do not leave this item blank.

Purpose of Item: This item is used in conjunction with the date of birth to determine the length of gestation, which is closely related to infant morbidity and mortality. Length of gestation is linked with birth weight to determine the maturity of the child at birth.

Item 42. PRINCIPLE SOURCE OF PAYMENT FOR THIS DELIVERY

- Private Insurance
- Medicaid/TennCare
- Self-pay
- Other, Specify: _____

This item should be completed by the facility's staff person.

If the birth did not occur in a facility, the attendant or certifier should complete it.

Check the one box that best describes the principal source of payment for this delivery.

If the 'Other, Specify' box is selected, specify the payer.

If the principal source of payment is not known, enter 'unknown' in the space.

Purpose of Item: This item is strongly associated with pregnancy outcomes among payment categories. The Medicaid/TennCare response will provide a measure of socioeconomic status, as well as an indication of program participation.

Item 43. CIGARETTE SMOKING BEFORE AND DURING PREGNANCY
 For each time period, enter either the number of cigarettes or the number of packs of cigarettes smoked. If none, enter "0."

Average number of cigarettes or packs of cigarettes smoked per day

	# of cigarettes		# of packs
Three Months Before Pregnancy	_____	or	_____
First Three Months of Pregnancy	_____	or	_____
Second Three Months of Pregnancy	_____	or	_____
Last Three Months of Pregnancy	_____	or	_____

This item is to be completed by the facility based on information obtained from the mother.

If the birth did not occur in a facility, it is to be completed by the attendant based on information obtained from the mother.

As noted above, the instruction by the Item 43 and item name is 'For each time period, enter either the number of cigarettes or the number of packs of cigarettes smoked.' If none, enter '0.'

The Mother's Worksheet gives the instruction to the mother as: "How many cigarettes OR packs of cigarettes did you smoke on an average day during each of the following time periods? If you NEVER smoked, enter zero for each time period." The entry of 'unknown' is not an acceptable entry.

Purpose of Item: Higher quality cigarette smoking data are possible by collecting in trimesters. It also helps evaluate the health impact of changes in smoking at different points in the pregnancy.

Items 44-50 MEDICAL AND HEALTH INFORMATION - CHECKBOX ITEMS

Information regarding risk factors in this pregnancy, infections present and/or treated during this pregnancy, obstetric procedures, onset of labor, characteristics of labor and delivery, method of delivery, and maternal morbidity are to be completed by the attendant or the attendant's designated representative.

- The use of the Facility Worksheet (Appendix D, page 128) is encouraged.
- **Do not give the birth certificate or a worksheet to the mother, father, or guardian to complete items 44-50.**

Review each checkbox listed, and carefully check the appropriate box(es). Clearly check the box.

Item 44. RISK FACTORS IN THIS PREGNANCY (Check all that apply)

Diabetes

- Prepregnancy (Diagnosis prior to this pregnancy)
 Gestational (Diagnosis in this pregnancy)

Hypertension

- Prepregnancy (Chronic)
 Gestational (PIH, preeclampsia, eclampsia)
 Previous preterm birth
 Other previous poor pregnancy outcome (includes perinatal death, small for gestational age/intrauterine growth restricted birth)
 Vaginal bleeding during this pregnancy prior to the onset of labor
 Pregnancy resulted from infertility treatment
 Mother had a previous cesarean delivery.
 If yes, how many _____
 None of the above

The mother may have more than one risk factor. Check all that apply.

Information for this item should be obtained from the mother's medical chart or the physician. If the medical chart is not available or does not include this information, and the physician is unavailable, the mother should be asked to respond to these items.

If the mother had none of the risk factors, check the "None of the above" box. Do not leave the item blank.

The following definitions of the risk factors in this pregnancy may be used as information guides:

Diabetes (prepregnancy): Glucose intolerance requiring treatment diagnosed prior to this pregnancy.

Diabetes (gestational): Glucose intolerance requiring treatment diagnosed during this pregnancy.

Hypertension (prepregnancy)(Chronic): Elevation of blood pressure above normal for age, gender, and physiological condition diagnosed prior to the onset of this pregnancy.

Hypertension (gestational)(PIH, preeclampsia, eclampsia): Elevation of blood pressure above normal for age, gender, and physiological condition diagnosed during this pregnancy. May include proteinuria (protein in the urine) without seizures or coma and pathologic edema (generalized swelling, including swelling of the hands, legs and face). Eclampsia is with proteinuria with generalized seizures or coma. May include pathologic edema.

Previous preterm birth: History of pregnancy(ies) terminating in a live birth of less than 37 completed weeks of gestation.

Other previous poor pregnancy outcome (includes perinatal death, small for gestational age/intrauterine growth restricted birth): History of pregnancies continuing into the 20th week of gestation (post menstrual age) and resulting in any of the listed outcomes. Perinatal death includes fetal and neonatal deaths.

Vaginal bleeding during this pregnancy prior to the onset of labor: Any reported or observed bleeding per vaginum at any time in the pregnancy presenting prior to the onset of labor.

Pregnancy resulted from infertility treatment: Any assisted reproduction technique, artificial insemination, drugs (e.g., Clomid, Pergonal), or technical procedures (e.g., in-vitro fertilization) used to initiate the pregnancy.

Previous cesarean: Previous operative delivery in which the fetus is extracted through an incision in the maternal abdominal and uterine walls.

Purpose of Item: This information allows for the identification of specific maternal conditions that are often predictive of poor maternal and infant outcome. It can be used for planning intervention and prevention strategies.

Item 45. INFECTIONS PRESENT AND/OR TREATED DURING THIS PREGNANCY
(Check all that apply)

- Gonorrhea
- Syphilis
- Herpes Simplex Virus (HSV)
- Chlamydia
- Hepatitis B
- Hepatitis C
- None of the above

Information for this item should be obtained from the mother's medical chart or the physician. If the medical chart is not available or does not include this information, and the physician is unavailable, the mother should be asked to respond to this items.

The following definitions for infections present and/or treated during this pregnancy may be used as information guides:

Gonorrhea – a positive test for *Neisseria gonorrhoeae*

Syphilis (also called lues) – a positive test for *Treponema pallidum*

Herpes Simplex Virus (HSV) – a positive test for the herpes simplex virus

Chlamydia – a positive test for *Chlamydia trachomatis*

Hepatitis B (HBV, serum hepatitis) – a positive test for the hepatitis B virus

Hepatitis C – (non A, non B hepatitis (HCV) – a positive test for the hepatitis C virus

Check all the boxes that apply. If the mother had none of the listed infections, check "None of the above." Do not leave the item blank.

Item 46. OBSTETRIC PROCEDURES (Check all that apply)

- Cervical cerclage
- Tocolysis
- External cephalic version
 - Successful
 - Failed
- None of the above

This information should be obtained from the mother's medical chart or the physician.

The following definitions for obstetric procedures may be used as information guides:

Cervical cerclage: Circumferential banding or suture of the cervix to prevent or treat passive dilatation. Includes MacDonald's suture, Shirodkar procedure, abdominal cerclage via laparotomy

Tocolysis: Administration of any agent with the intent to inhibit preterm uterine contractions to extend length of the pregnancy

External cephalic version: Attempted conversion of a fetus from a non-vertex presentation to a vertex presentation by external manipulation

Successful: Fetus was converted to vertex presentation

Failed: Fetus was not converted to vertex presentation

Check all the boxes that apply. If the mother had none of the listed procedures or treatments, check the 'None of the above' box. Do not leave the item blank.

Purpose of Item: Information on obstetric procedures is used to measure the use of advanced medical technology during pregnancy and labor, and to investigate the relationship of these procedures to type of delivery and pregnancy outcome.

Item 47. ONSET OF LABOR (Check all that apply)

- Premature rupture of the membranes (prolonged \geq 12 hrs)
- Precipitous labor (< 3 hrs)
- Prolonged labor (\geq 20 hrs)
- None of the above

The following definitions regarding onset of labor may be used as information guides:

Premature rupture of the membranes (prolonged >12 hours) – spontaneous tearing of the amniotic sac (natural breaking of the "bag of waters") 12 hours or more before labor begins

Precipitous labor (<3 hours) – labor that progresses rapidly and lasts for less than 3 hours

Prolonged labor (> 20 hours) – labor that progresses slowly and lasts for 20 hours or more

Check all boxes that apply. If none are indicated, check 'None of the above.'

If the data are not available, check 'None of the above.' Do not leave this item blank.

Item 48. CHARACTERISTICS OF LABOR AND DELIVERY (Check all that apply)

- Induction of labor
- Augmentation of labor
- Non-vertex presentation
- Steroids (glucocorticoids) for fetal lung maturation received by the mother prior to delivery
- Antibiotics received by the mother during labor
- Clinical chorioamnionitis diagnosed during labor or maternal temperature $\geq 38^{\circ}\text{C}$ (100.4°F)
- Moderate/heavy meconium staining of the amniotic fluid
- Fetal intolerance of labor such that one or more of the following actions was taken: in-utero resuscitative measures, further fetal assessment or operative delivery
- Epidural or spinal anesthesia during labor
- None of the above

This information should be obtained from the mother's medical chart or the physician.

The following definitions concerning characteristics of labor and delivery may be used as information guides:

Induction of labor: Initiation of uterine contractions by medical and/or surgical means for the purpose of delivery before the spontaneous onset of labor.

Augmentation of labor: Stimulation of uterine contractions by drug or manipulative technique with the intent to reduce the time to delivery.

Non-vertex presentation: Includes any non-vertex fetal presentation, e.g., breech, shoulder, brow, face presentation, and transverse lie in the active phase of labor or at delivery other than vertex.

Steroids (glucocorticoids) for fetal lung maturation received by the mother prior to delivery: Includes betamethasone, dexamethasone, or hydrocortisone specifically given to accelerate fetal lung maturation in anticipation of preterm delivery. Excludes steroid medication given to the mother as an anti-inflammatory treatment.

Antibiotics received by the mother during labor: Includes antibacterial medications given systemically (intravenous or intramuscular) to the mother in the interval between the onset of labor and the actual delivery (Ampicillin, Penicillin, Clindamycin, Erythromycin, Gentamicin, Cefataxime, Ceftriaxone, etc.).

Clinical chorioamnionitis diagnosed during labor or maternal temperature >38°C (100.4°F): A clinical diagnosis of chorioamnionitis during labor made by the delivery attendant. Usually includes more than one of the following: fever, uterine tenderness and/or irritability, leukocytosis, and fetal tachycardia. Any recorded maternal temperature at or above the febrile threshold as stated.

Moderate/heavy meconium staining of the amniotic fluid: Staining of the amniotic fluid caused by passage of fetal bowel contents during labor and/or delivery which is more than enough to cause a greenish color change of an otherwise thin fluid.

Fetal intolerance of labor such that one or more of the following actions was taken in-utero resuscitation measures, further fetal assessment, or operative delivery: *In utero resuscitative measures* such as any of the following: maternal position change, oxygen administration to the mother, intravenous fluid administered to the mother, amnioinfusion, support of maternal blood pressure, and administration of uterine relaxing agents. *Further fetal assessment* includes any of the following: scalp pH, scalp stimulation, acoustic stimulation. *Operative delivery*-operative intervention to shorten time to delivery of the fetus such as forceps, vacuum, or cesarean delivery.

Epidural or spinal anesthesia during labor: Administration to the mother of a regional anesthetic for control of the pain of labor, i.e., delivery of the agent into a limited space with the distribution of the analgesic effect limited to the lower body.

Check all boxes that apply. If none of the characteristics of labor and delivery apply to this delivery, check 'None of the above.' Do not leave this item blank.

Purpose of Item: This information is used to identify pregnancy characteristics during labor and delivery and their relationship to method of delivery and birth outcome.

Item 49. METHOD OF DELIVERY

- A. Was delivery with forceps attempted but unsuccessful? Yes No
- B. Was delivery with vacuum extraction attempted but unsuccessful? Yes No
- C. Fetal presentation at birth
 Cephalic
 Breech
 Other
- D. Final route and method of delivery (Check one)
 Vaginal/Spontaneous
 Vaginal/Forceps
 Vaginal/Vacuum
 Cesarean If Cesarean, was a trial of labor attempted? Yes No

The following definitions for method of delivery may be used as information guides:

Attempted forceps or vacuum: Obstetric forceps, ventouse or vacuum cup was applied to the fetal head in an unsuccessful attempt to effect delivery of the head through the vagina.

Cephalic presentation: Presenting part of the fetus listed as vertex, occiput anterior (OA), occiput posterior (OP).

Breech presentation: Presenting part of the fetus listed as breech, complete breech, frank breech, footling breech.

Other presentation: Any other presentation or presenting part not listed above.

Spontaneous delivery: Delivery of the entire fetus through the vagina by the natural forces of labor with or without manual assistance from the delivery attendant.

Forceps delivery: Delivery of the fetal head through the vagina by application of obstetrical forceps to the fetal head.

Vacuum delivery: Delivery of the fetal head through the vagina by application of a vacuum cup or ventouse to the fetal head.

Cesarean delivery: Extraction of the fetus, placenta and membranes through an incision in the maternal abdominal and uterine walls.

Complete each section by checking the appropriate boxes. Do not leave any section blank. If more than one method was used, check all methods that apply to this delivery. Do not leave this item blank.

Purpose of Item: This information is used to relate the method of delivery with birth outcome, to monitor changing trends in obstetric practice, and to determine which groups of women are most likely to have cesarean delivery. The method of delivery is relevant to the health of mothers, especially if it is by cesarean section. Information from this item can be used to monitor delivery trends across the United States.

Item 50. MATERNAL MORBIDITY (Check all that apply)
(Complications associated with labor and delivery)

- Maternal transfusion
- Third or fourth degree perineal laceration
- Ruptured uterus
- Unplanned hysterectomy
- Admission to intensive care unit
- Unplanned operating room procedure following delivery
- None of the above

The following definitions of maternal morbidity may be used as information guides:

Maternal transfusion: Includes infusion of whole blood or packed red blood cells during the mother's confinement in the facility.

Third or fourth degree perineal laceration: 3rd degree laceration extends completely through the perineal skin, vaginal mucosa, perineal body and anal sphincter. 4th degree laceration is all of the above with extension through the rectal mucosa.

Ruptured uterus: Tearing of the uterine wall.

Unplanned hysterectomy: Surgical removal of the uterus that was not planned prior to admission for delivery. Includes an anticipated or possible but not definitely planned procedure.

Admission to intensive care unit: Any admission, planned or unplanned, of the mother to a facility/unit designated as providing intensive care.

Unplanned operating room procedure following delivery: Any transfer of the mother to a surgical area for an operative procedure that was not planned prior to the admission for delivery. Excludes postpartum tubal ligations.

Check all boxes that apply. If the mother has none of the complications, check 'None of the above.' Do not leave this item blank.

Item 51. BIRTHWEIGHT (grams preferred, specify unit)

grams lb/oz

Enter the infant's birthweight in grams.

If the weight in grams is not available, enter the birthweight in lbs. and oz..

Do not convert pounds and ounces (lbs. and oz.) to grams.

If birthweight is not known, enter 'unknown' in the space.

Check the box to specify whether grams or lb/oz are used.

Purpose of Item: This is the single most important characteristic associated with infant mortality. It is also related to prenatal care, socioeconomic status, marital status, and other factors surrounding the birth. Consequently, it is used with other information to plan for and evaluate the effectiveness of health care.

Item 52. OBSTETRIC ESTIMATE OF GESTATION _____ (completed weeks)

Enter the length of gestation in completed weeks. This is the infant's gestation as based on the birth attendant's final estimate of gestation.

Do not complete this item based on infant's date of birth and the mother's date of last normal menses.

If the attendant has not done a clinical estimate of gestation, and the facility personnel cannot obtain it from the attendant, enter 'None.' Do not leave this item blank.

Purpose of Item: This item provides information on gestational age when the item on date last normal menses began contains invalid or missing information. For a record with a plausible date last normal menses began, it provides a crosscheck with length of gestation based on ultrasound or other techniques.

Item 53. APGAR SCORE
Score at 5 minutes _____

If 5 minute score is less than 6, what is the
Score at 10 minutes _____

Enter the infant's Apgar score at 5 minutes. Do not enter a score if taken earlier than 5 minutes.

If the score at 5 minutes is less than 6, enter the infant's Apgar score at 10 minutes.

If the score at 5 minutes is unknown or was not taken, enter 'Unknown.'

Roman Numerals, fractions, and a range of scores, i.e., 6-8, should not be used.

For a home delivery, the Apgar scores will generally not be taken. 'Not taken' should be entered for the score at 5 minutes. There will be exceptions such as when the child was delivered by a certified nurse midwife or certified professional midwife.

Purpose of Item: The Apgar score is regarded as a reliable summary measure for evaluating the physical condition of the infant at birth.

Items 54-55 PLURALITY - BIRTH ORDER

Plurality refers to the pregnancy even when one child is born alive and one is a fetal death. When a plural delivery occurs, prepare and file a separate Certificate of Live Birth or Report of Fetal Death (Stillbirth) (if required, based on weight) for each child or fetus. File certificates or reports relating to the same plural delivery at the same time, or attach a note to the birth certificate indicating the whereabouts of the fetal death report.

Item 54. PLURALITY (Single, Twin, Triplet, etc.) Specify _____

Specify if this birth was single, twin, Siamese twin, triplet, quadruplet, etc.

Include all products of the pregnancy, that is, all live births and fetal deaths delivered at any point during the pregnancy.

Item 55. IF NOT SINGLE BIRTH (Born First, Second, Third, etc.) Specify _____

If this is a single birth, leave this item blank.

For multiple deliveries, enter the order that this infant was delivered in the set, e.g., first, second, third, etc.

Count all live births and fetal deaths delivered at any point in the pregnancy.

Purpose of Items: These items are related to other items on the certificate (for example, period of gestation and birth weight) that have important health implications. This information is also used to study twin deliveries and high-risk infants who may require additional medical attention.

Items 56-57 NEWBORN INFORMATION - CHECKBOX ITEMS

Information regarding abnormal conditions of the newborn and congenital anomalies of the newborn are to be completed by the attendant or the attendant's designated representative. The use of the Facility Worksheet (Appendix D, page 128) is encouraged.

Do not give the birth certificate or a worksheet to the mother, father, or guardian to complete items 56-57.

Review each checkbox listed, and carefully check the appropriate box(es). Clearly check the box.

Item 56. ABNORMAL CONDITIONS OF THE NEWBORN (Check all that apply)

- Assisted ventilation required immediately following delivery
- Assisted ventilation required for more than six hours
- NICU admission
- Newborn given surfactant replacement therapy
- Antibiotics received by the newborn for suspected neonatal sepsis
- Seizure or serious neurologic dysfunction
- Significant birth injury (skeletal fracture(s), peripheral nerve injury, and/or soft tissue/solid organ hemorrhage which requires intervention)
- None of the above

The following definitions for abnormal conditions of newborn may be used as information guides:

Assisted ventilation required immediately following delivery: Infant given manual breaths with bag and mask or bag and endotracheal tube within the first several minutes from birth for any duration. Excludes oxygen only and laryngoscopy for aspiration of meconium.

Assisted ventilation required for more than 6 hours: Infant given mechanical ventilation (breathing assistance) by any method for more than 6 hours. Includes conventional, high frequency and/or continuous positive pressure (CPAP).

NICU admission: Admission into a facility or unit staffed and equipped to provide continuous mechanical ventilatory support for the newborn.

Newborn given surfactant replacement therapy: Endotracheal instillation of a surface active suspension for the treatment of surfactant deficiency either due to preterm birth or pulmonary injury resulting in decreased lung compliance (respiratory distress). Includes both artificial and extracted natural surfactant.

Antibiotics received by the newborn for suspected neonatal sepsis: Any antibacterial drug given systemically (intravenous or intramuscular) (e.g., penicillin, ampicillin, gentamicin, cefotaxime, etc.)

Seizure or serious neurologic dysfunction: Seizure defined as any involuntary repetitive, convulsive movement or behavior. Serious neurologic dysfunction defined as severe alteration of alertness such as obtundation, stupor, or coma, i.e., hypoxic-ischemic encephalopathy. Excludes lethargy or hypotonia in the absence of other neurologic findings. Excludes symptoms associated with CNS congenital anomalies.

Significant birth injury (skeletal fracture(s), peripheral nerve injury and/or soft tissue/solid organ hemorrhage which requires intervention): Defined as present immediately following delivery or manifesting following delivery. Includes any bony fracture or weakness or loss of sensation, but excludes fractured clavicles and transient facial nerve palsy. Soft tissue hemorrhage requiring evaluation and/or treatment includes sub-galeal (progressive extravasation within the scalp) hemorrhage, giant cephalohematoma, extensive truncal, facial and/or extremity ecchymosis accompanied by evidence of anemia and/or hypovolemia and or hypotension. Solid organ hemorrhage includes subcapsular hematoma of the liver, fractures of the spleen, or adrenal hematoma.

Check all boxes that apply if more than one abnormal condition exists.

If none of the abnormal conditions of the newborn are indicated, check 'None of the anomalies listed above.' Do not leave this item blank.

Purpose of Item: Information on abnormal conditions of the newborn helps measure the extent infants experience medical problems and can be used to plan for their health care needs. This item also provides a source of information on abnormal outcome in addition to congenital anomaly or infant death. These data allow researchers to estimate the number of high-risk infants who may benefit from special medical services.

Item 57. CONGENITAL ANOMALIES OF THE NEWBORN (Check all that apply)

- Anencephaly
- Meningomyelocele/Spina bifida
- Cyanotic congenital heart disease
- Congenital diaphragmatic hernia
- Omphalocele
- Gastroschisis
- Limb reduction defect (excluding congenital amputation and dwarfing syndromes)
- Cleft lip with or without Cleft palate
- Cleft palate alone
- Down Syndrome
 - Karyotype confirmed
 - Karyotype pending
- Suspected chromosomal disorder
 - Karyotype confirmed
 - Karyotype pending
- Hypospadias
- None of the anomalies listed above

The following definitions for congenital anomalies of the newborn may be used as information guides:

Anencephaly: Partial or complete absence of the brain and skull. Also called anencephalus, acrania, or absent brain. Babies with craniorachischisis (anencephaly with contiguous spine defect) should also be included in this category.

Meningomyelocele/Spina Bifida: Spina bifida refers to herniation of the meninges and/or spinal cord tissue through a bony defect of spine closure. Meningomyelocele refers to herniation of meninges and spinal cord tissue. Babies with meningocele (herniation of meninges without spinal cord tissue) should also be included in the category. Both open and closed (covered with skin) lesions should be included. Spina bifida occulta (a midline bony spinal defect without protrusion of the spinal cord or meninges) should not be included in this category.

Cyanotic congenital heart disease: Congenital heart defects which cause cyanosis. Includes but is not limited to transposition of the great arteries (vessels), teratology of Fallot, pulmonary or pulmonic valvular atresia, tricuspid atresia, truncus arteriosus, total/partial anomalous pulmonary venous return with or without obstruction.

Congenital diaphragmatic hernia: Defect in the formation of the diaphragm allowing herniation of abdominal organs into the thoracic cavity.

Omphalocele: A defect in the anterior abdominal wall, accompanied by herniation of some abdominal organs through a widened umbilical ring into the umbilical stalk. The defect is covered by a membrane, (different from gastroschisis, see below), although this sac may rupture. Also called exomphalos. Umbilical hernia (completely covered by skin) should not be included in this category.

Gastroschisis: An abnormality of the anterior abdominal wall, lateral to the umbilicus, resulting in herniation of the abdominal contents directly into the amniotic cavity. Differentiated from omphalocele by the location of the defect and absence of a protective membrane.

Limb reduction defect: (excluding congenital amputation and dwarfing syndromes) Complete or partial absence of a portion of an extremity secondary to failure to develop.

Cleft Lip with or without Cleft Palate: Cleft lip with or without cleft palate refers to incomplete closure of the lip. Cleft lip may be unilateral, bilateral or median; all should be included in this category.

Cleft Palate alone: Cleft palate refers to incomplete fusion of the palatal shelves. This may be limited to the soft palate or may also extend into the hard palate. Cleft palate in the presence of cleft lip should be included in the "Cleft Lip with or without Cleft Palate" category, rather than here.

Down Syndrome: Trisomy 21

Suspected chromosomal disorder: Includes any constellation of congenital malformations resulting from or compatible with known syndromes caused by detectable defects in chromosome structure.

Hypospadias: Incomplete closure of the male urethra resulting in the urethral meatus opening on the ventral surface of the penis. Includes first degree - on the glans ventral to the tip, second degree - in the coronal sulcus, and third degree - on the penile shaft.

Check all boxes that apply.

If none of the congenital anomalies of the newborn are indicated, check the 'None of the anomalies listed above' box. Do not leave this item blank.

Note regarding Down Syndrome: If karyotype status is unknown, leave both 'Karyotype confirmed' and 'Karyotype pending' boxes blank.

Purpose of Item: Information on congenital anomalies is used to identify health problems that require medical care and monitor the incidence of the stated conditions. It is also used to study unusual clusters of selected anomalies, to track trends among different segments of the population, and to relate the prevalence of anomalies to other characteristics of the mother, infant, and the environment.

Item 58. WAS INFANT TRANSFERRED WITHIN 24 HOURS OF DELIVERY?

Yes No

If yes, name of facility infant transferred to: _____

'Transfer' is defined as moving the child from the facility (hospital) where the delivery occurred to another facility. 'Facility' is defined as another birthing facility.

Check 'Yes' if the infant was transferred from this facility to another facility within 24 hours of delivery, and enter the name of the facility to which the infant was transferred.

If the name of the facility where transferred to is not known, enter 'unknown.'

If the infant was transferred more than once, enter the name of the first facility to which the infant was transferred.

Check 'No' if the infant was not transferred to another facility.

Check 'No' if the infant was moved to the newborn intensive care unit in the same facility.

Purpose of Item: This information is used to examine transfer patterns and perinatal outcomes by type of facility 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 59. IS INFANT BEING BREASTFED? Yes No

Check 'Yes' if the infant is being breastfed or the mother is attempting to breastfeed at discharge from facility.

Check 'No' if the infant is not being breastfed at discharge from facility.

This item refers to the action of breast feeding or pumping milk, not the intent to breastfeed.

Preferred source for this item may be the labor and delivery summary, maternal progress note, newborn flow record, lactation consult, etc.

For births outside of a facility, the attendant should complete the item.

Do not leave this item blank.

Item 61. WHAT LANGUAGE IS SPOKEN PREDOMINANTLY IN THE HOME?

- English Spanish/Spanish Creole German French
 Chinese Vietnamese Korean Arabic
 Other, Specify _____ Unknown

Based on the mother's information in the signed Mother's Worksheet, select one checkbox which best represents what language is spoken in the mother's home.

Item 62. WHAT IS THE COMBINED HOUSEHOLD INCOME FOR THE LAST 12 MONTHS?

- < \$10,000 \$25,000-34,999 \$75,000-\$99,999
 \$10,000-\$14,999 \$35,000-49,999 \$100,000 or more
 \$15,000-\$24,999 \$50,000-\$74,999 Unknown/Refused

Based on the mother's information in the signed Mother's Worksheet, select one checkbox which best applies to the total household income in the home in which the mother lives.

If the information is unknown or the mother refused to give information, check the 'Unknown/Refused' box.

PART V
BIRTH CERTIFICATES AND DEATH CERTIFICATES
ADDITIONAL INFORMATION

BIRTH CERTIFICATES AND DEATH CERTIFICATES - ADDITIONAL INFORMATION

Additional information related to the registration process for birth certificates and death certificates appears in this section in alphabetic order by subject matter.

Adoption - Newborn Child Known to be Given for Adoption at Time of Birth

When facility personnel are informed the newborn child will be adopted, the birth certificate is completed in the usual manner. That is, the child's last name is the natural mother's current legal name. If the mother chooses not to name the child, the adopting agency or attorney for the adopting parents may name the child. No information about the adopting parents is entered on the certificate.

The Tennessee OVR suggests the facility not give the mother the 'Mother's Copy,' unless she asks for it. If the adopting agency or attorney requests the 'Mother's Copy,' it is acceptable to give it to them since the application may be used for requesting a certified copy as requirement for finalizing adoption proceedings.

While it may be known the child is to be adopted, if the unmarried mother and the biological father want to complete the VAOP and register it with the birth certificate, this is an acceptable request. In this case, the mother should be given the opportunity to request a Social Security Number (Item 20) for her newborn child.

Upon receipt of required legal documents concerning final decree of adoption, the Tennessee OVR prepares a new certificate of birth in the adopted name. The name of the facility where birth occurred is not usually entered on the new certificate. The original birth certificate, which was submitted by the facility, is removed from the Tennessee OVR active files and is permanently sealed following the preparation of the new certificate.

Amendments - Procedures for Requesting Amendment be Made on Birth Certificate

Amendments may be made on the original birth certificate at anytime. When a request is made before the child's first birthday, no fee is required. The requestor pays only for the certified copy. After the child is one year old, the requestor must pay \$15.00 for amendment of a birth certificate plus the fee for the certified copy.

Who is responsible for notifying the Tennessee OVR when a change needs to be made on the birth certificate?

1. Facility's Responsibility, or
Certified Nurse Midwife's Responsibility, or
Certified Professional Midwife's Responsibility, or
Other Midwife's Responsibility

When the child is less than one year old and the error is in sex of child (Item 2), date of birth (Item 3), or time of birth (Item 4), the above mentioned personnel need to submit a notarized affidavit to the Tennessee OVR giving the name of child, date of birth, county of birth, parents' names, and specify the item in error and how it should be corrected. Send the notarized affidavit to the following address:

Amendment Unit
Tennessee Vital Records
Central Services Building, 1st Floor
421 5th Avenue, North
Nashville, TN 37243

Special Note to WinEBC Facility: The following WinEBC tip which previously appeared in this handbook is listed below for convenience.

~~ **WinEBC tip** ~~ Important Notice regarding duplicate birth certificates: If the birth certificate clerk needs to make changes to a birth certificate that has been downloaded to the Tennessee OVR, do not call for a password to unlock the record. The correct procedure is to send a notarized affidavit and copy of the signed mother's worksheet to the Amendment Unit at the address in No. 1 above. Any duplicate certificates received in the Tennessee OVR will be returned to the facility.

2. Facility's Responsibility, or
Certified Nurse Midwife's Responsibility, or
Certified Professional Midwife's Responsibility, or
Other Midwife's Responsibility

When an item was incorrectly entered on the original birth certificate (example: mother's date of birth), however the signed mother's worksheet is correct, the above mentioned personnel should submit a notarized statement and a copy of the mother's worksheet to the Tennessee OVR in order to correct the item. The notarized affidavit should give the name of child, date of birth, county of birth, parent(s) names, and specify the item in error and how it should be corrected. **Important Awareness Note:** A note should be included in the affidavit that the error was made by the facility personnel. Send the notarized affidavit to the address listed in No. 1 above.

3. Parent's responsibility

At anytime, when a change must be made for items other than sex of child, date of birth, and time of birth, the parent is responsible for making a written request to the Tennessee OVR. Corrections may be made on the 'Mother's Copy' or the parent may explain the requested change in written correspondence to the Tennessee OVR.

The requested change requires a notarized affidavit of both parents unless no father is shown. When making the request to correct the parent(s) information, a certified copy of the parent(s) birth certificate must be submitted with the notarized affidavit.

After the child is one year old and the error is in sex, date of birth or time of birth, the parent should be responsible for obtaining documentation from the facility's medical records or other source and sending it to the Tennessee OVR. Depending upon the nature of the request, a certified court order or documentary evidence may be required to make changes. The \$15.00 amendment fee must be submitted.

Artificial Insemination - Birth from Artificial Insemination

A child born to a married woman as a result of artificial insemination, with consent of such married woman's husband, is deemed to be the legitimate child of the husband and wife. This is clearly covered in T.C.A. § 68-3-306.

Certified Copies of Birth Certificates and Fees

The short form of the birth certificate is a certified computerized transcript that shows child's name, birth date, sex, county of birth, certificate number, parents' names and file date. The cost is \$7.00; each additional copy is \$4.00.

The long form certified copy of the birth certificate is a photocopy of the legal portion of the birth certificate which includes items 1-14. The cost is \$12.00; each additional copy is \$4.00.

The mother is given the 'Mother's Copy' of the birth certificate. This copy clearly discusses the types of certified copies available, the fee of each, and where to send her request for copies. Either copy is certified with the State Seal and is legally acceptable for school registration, passport application, little league documentation, medical needs, etc.

Additional information concerning fees and how to obtain certified copies is included in Appendix U, page 174.

Certified Court Order

The original court order is retained in the Tennessee court or other state's court. Depending upon the requirement for the court order, the parent should provide the birth certificate clerk or the Tennessee OVR with a copy that has the original signature of the judge or original signature of the court official. The certified court order must not be confused with a notarized statement.

Checklist for Reviewing Birth Certificate Before Mailing Certificate

For the initial review of the original birth certificate, and before mailing the certificate, some basic criteria must be met by the facility or other birth attendant. The following checklist, although not exhaustive, is provided for consideration:

- + Did the birth occur within Tennessee?
- + Is the certificate the current form (Rev. 1/04 or later)?
- + Is it an original certificate, either typed or printed in black or dark ink?
- + Did the certifier sign in black or blue/black ink, and date in item 12?
- + Are all items complete or accompanied by a satisfactory explanation for omission?
- + Are the names spelled consistently throughout?
- + Is the month of birth spelled out (no numbers)?
- + If this is a multiple birth, are all birth certificates or fetal death reports accounted for?
- + Are the state and county of residence in agreement?
- + Is the month, day, and year accurate on the "date last normal menses began"?
- + Are the dates of "last live birth" and "last other pregnancy outcome" recorded?
- + Are the birth weight and Apgar scores entered?
- + Is the "None" box or other appropriate boxes completed for each of the items 44-48, 50, and 56-57?
- + Is the completed VAOP attached if mother is not married and the father is named?
- + Is the certificate neatly done with no erasures or white outs?
- + **WinEBC facility, please notice** - Is the certificate clearly printed straight on the paper, no black marks, no black streaks, no stains, etc.?

Death Certificate - Who should prepare the newborn's death certificate?

If the funeral home picks up the newborn's body, funeral home personnel are to prepare the death certificate, obtain the certifier's signature and medical certification, and file the original death certificate with the local health department in the county of death. However, facility personnel should obtain the cause of death information and signature from the appropriate physician, and then provide the partially completed original death certificate to the funeral director.

If the facility has been authorized by the parent(s) to handle the final disposition of the newborn's body, the facility personnel are responsible for preparing the death certificate, obtaining the certifier's signature and medical certification, and filing the original death certificate with the local health department in the county of death. See also Appendix X, page 181, Part II, No. 2, for similar information.

Disposal of Human and Fetal Remains - For those persons responsible in the facility for the release or disposal of human and fetal remains, see the guidance document in Appendix X, pages 180-181.

Form - Application for Certified Copy of Certificate of Birth (PH-1654)

In order to further assist the mother, the facility may choose to maintain a supply of the form, Application for Certified Copy of Certificate of Birth (PH-1654 - Shown in Appendix V, page 178). Oftentimes, the mother misplaces her 'Mother's Copy' of birth certificate, or never receives it, and requests that the facility furnish her a replacement. The mother could be given the birth application form upon request. The form may be ordered from the Tennessee OVR. The address is listed below in the next paragraph.

Forms - Where to Order Forms Displayed in Handbook

The person responsible for filing the birth certificate or fetal death report should maintain a sufficient supply of blank forms at all times. Photocopies which have been made of the blank certificates or reports will not be accepted for filing. The request for forms should be made in writing by listing the title of form, the form number, and quantity of forms needed. There is no charge for the forms. Send the request to the following address:

Tennessee Office of Vital Records
Central Services Building, 1st Floor
421 5th Avenue, North
Nashville, TN 37243
Attention: Shirley Clark

Delivery of forms cannot be made to a post office box. Allow at least two weeks for the order to be filled.

Requests for forms may be submitted by fax at (615) 741-9860.

For purposes of following up the status of the submitted order for forms, the telephone number is (615) 532-2646.

Foundling Report

A Birth Report of Foundling (PH-1656, Appendix F, page 131) is required for the report and registration of a child that is known to have been born alive and is found alive or dead and whose name, date of birth, place of birth, and parentage are unknown. The person or agency assuming custody of the child is responsible for completing the foundling report and filing it with the Tennessee OVR. For assistance in obtaining the form and preparing the form for official registration of the foundling, call 615-532-2677.

Low Birth Weight Survey Queries

Low birth weight queries are a vital step in carrying out the matching process of infant death certificates and birth certificates. When the child's birth weight is 1,000 grams or less (2 lbs. 3 oz. or less), a computer generated form identifying the name of child, date of birth, mother's maiden name, and birth weight is sent with an identifying cover letter to the facility's staff person who is responsible for determining the status of the very low birth weight child. The query asks if the child was discharged alive, transferred to another facility, is still an inpatient, or if the child expired.

When the birth certificate was initially prepared and submitted for filing, the birth weight may have been entered as unknown. When the follow-up query is sent, the question will be asked to see if the weight was later determined such as when the baby was sent to the newborn intensive care unit.

It is urgent that the query be responded to in the suggested time period because if the child expired, immediate attention is taken to assure that the matching death certificate is registered. Subsequently, the original birth certificate is stamped "Deceased" in order to deter the possible fraudulent attempt to obtain a certified copy of the birth certificate.

Query Process - Review of Birth Certificates

It is generally recognized that not all birth certificates will be 100 percent complete and/or accurate when first presented for registration. Prior to accepting a certificate for registration, the certificate must be reviewed to determine if the legal requirements and/or standards for acceptability for registration have been met. At the state level, the Tennessee OVR has the overall responsibility for reviewing each birth certificate received for completeness and accuracy of information. Querying is an essential part of the birth certificate registration process.

It is the responsibility of the facility staff to assist the Tennessee OVR by answering inquiries in a prompt manner. According to the T. C. A. § 68-3-208, "Medical records will be made available to the state registrar or any direct representative thereof for the limited purpose of gathering information on birth certificates, death certificates and reports of fetal deaths."

Depending upon the nature of the incomplete or inconsistent data, the Tennessee OVR may utilize the telephone for obtaining the information in order to register the birth certificate in a more timely and efficient manner. When the certifier did not sign, the original birth certificate is returned to the facility staff in order to get the certificate to the responsible certifier.

The query process involves sending to the birthing facility staff a computer generated form when incomplete or inconsistent data is observed. The query form will identify the child's name, date of birth, mother's name, and the desired information.

Registration of Birth Certificate One Year After the Birth

If a birth certificate has not been filed with the Tennessee OVR within the first year following the birth, by law the birth must be recorded as a delayed registration. The mother should apply for a certified copy of the birth certificate in order that a thorough search can be made for the birth certificate. Subsequently, if Tennessee OVR does not find a birth certificate on file, a delayed birth certificate is filed based on documents and affidavits that support the facts of birth (date, place, parent(s) names).

If the facility staff realizes that a birth certificate was not prepared and submitted for filing within a year of the date of birth, the facility staff should notify the Tennessee OVR of the oversight. The facility staff should inform the parent(s) to apply for a certified copy of the birth certificate, and if no certificate is located in the Tennessee OVR, the parent(s) will be given further instructions and the fee for filing a delayed birth certificate. The mother may submit copies of the medical records that prove the child was delivered at the birthing facility, or was examined at the facility. This documentation will be used in the registration process of the delayed birth certificate.

Release of Fetal Remains to Family

According to T.C.A. § 68-3-506(a), "Prior to final disposition of a dead fetus, irrespective of the duration of pregnancy, the funeral director, the person in charge of the institution or other person assuming responsibility for final disposition of the fetus, shall obtain from the parents authorization for final disposition on a form prescribed and furnished or approved by the State Registrar."

If there is no local ordinance stating otherwise, it is acceptable for the family to take the dead fetus for proper burial. Burial in a family cemetery is acceptable. However, the family needs to be responsible and check about the the local ordinances or consult with the county attorney to be sure there is no prohibition against their burying in the selected area. The parent(s) should sign the form that the facility furnishes. The Tennessee OVR no longer provides a form, however the State Registrar may be asked to approve the facility's form. See also Appendix X (pages 180-181) for State Registrar's guidance document for disposal of human and fetal remains.

Safe Haven Law for Registration of Birth Certificate

According to T.C.A. § 68-11-255, when an unharmed newborn is brought to the facility, and the mother does not wish to be identified, the Certificate of Live Birth should not be used for registering the birth. The facts of birth are to be registered in accordance with T.C.A. § 68-3-307 (Infants of unknown parentage). The form, Birth Report of Foundling (PH-1656, Appendix F, page 131) is to be used. The mother's name is not listed on the form. The facility personnel should call 615-532-2677 to obtain a Birth Report of Foundling form and assistance in completing the form.

Surrogate Motherhood

For the purpose of this handbook, the definition of a surrogate mother is a woman who is pregnant with and will deliver a baby that was conceived with the knowledge and intent that another woman was the genetic mother or would become the legal mother. Facility personnel who are preparing a birth certificate for a birth involving a surrogate mother are encouraged to contact the Tennessee OVR for procedures regarding completion of the certificate. If the facility personnel are informed of the birth in advance, they should contact the Tennessee OVR in advance. Information may be obtained by calling 615-532-2654.

Two Women as Mother on Birth Certificate - Not Acceptable

If the birth certificate clerk is requested to put two women on the certificate in items 8a and 8c (mother's name) as the mothers, this is not in accordance with Tennessee Law. The certificate is prepared with only the name of the woman who delivered the child listed in items 8a and 8c, and her personal information entered into the other appropriate items of the certificate. The two women should be advised to petition the court for their request.

PART VI
VOLUNTARY ACKNOWLEDGMENT OF PATERNITY (VAOP)

VOLUNTARY ACKNOWLEDGMENT OF PATERNITY (VAOP)

These instructions pertain to the January 2004 revision of the Tennessee Voluntary Acknowledgment of Paternity (VAOP). The current English and Spanish forms are shown in Appendix G and Appendix H (pages 132-133), respectively.

The completed original VAOP should be filed with the birth certificate within ten (10) days after the birth occurs.

The original birth certificate and the original VAOP should be mailed by the WinEBC facilities and the non-WinEBC facilities to the Tennessee OVR at least one or more times a week. When certificates and VAOPs are filed in a timely manner, the parents' or guardians' needs are met without unnecessary delay.

The T.C.A. § 68-3-302 and T.C.A. § 68-3-305 were changed effective July 1, 1997. The law states that the VAOP constitutes a presumption of paternity for the named father and provides a basis for establishing support without the need for further legal proceedings to establish paternity.

This law placed added responsibility on the facility. Immediately before or after the child's birth to an unmarried woman in the facility, an authorized representative of the facility is **required** to:

- 1) Provide the unmarried mother and the named father, if present, with written and oral instructions about the rights and responsibilities of acknowledging paternity. The Tennessee Paternity Acknowledgment Program provides brochures for new parents, and audio tapes and video tapes for new parents to listen to or watch. If the facility needs these materials, call toll free 1-800-457-2165. The facility representative is required to offer these materials to the new parents before they are given the VAOP. See Appendix G and Appendix H (pages 132-133) for the English and Spanish versions.
- 2) Provide the unmarried mother and the named father, if present, a VAOP. They should be given the opportunity to complete it and submit it to the birth certificate clerk before the mother leaves the facility (or within 10 days of the birth).

The facility's **specific instructions** for preparing the VAOP are:

- 1) The form is to be **used only when the mother is not married**. Do not use the form if the mother is married, separated, is in the process of getting a divorce, or has been divorced less than 300 days.
- 2) The original VAOP form, not a copied form, must be either produced from the WinEBC system, typed, or completed in permanent black ink or dark ink. The VAOP is rejected if there are white outs or strike throughs. Please exercise care in completing the VAOP form.
- 3) Refer to the Tennessee Paternity Acknowledgment Program Hospital Training Manual for general instructions concerning the preparation of the VAOP form.

- 4) Complete Section I of the VAOP with the exact information as listed on the Certificate of Live Birth.
- 5) Complete Section II, Items A through Item G (State) of the VAOP with the required information about the mother of the child. Do not leave Item B (maiden surname) blank. Do not enter 'same' for maiden name.
- 6) Complete Section III, Items A and B (Father's Address, County, Telephone Number and Driver's License Number) of the VAOP giving the required information about the father. Do not enter 'same' for father's residential address.

The birth certificate clerk is not required to gather data about either parent's employment or insurance. Collection of this particular information is optional.

- 7) Carefully observe Section IV of the VAOP. **It is required that the mother and father have the rights and responsibilities of establishing paternity explained to them.**
- 8) Complete Section V and VI of the VAOP with affidavits of father and mother by obtaining signatures of father, mother, and notary public(s).
- 9) **Matricula Consular Identification Cards:** The Tennessee General Assembly passed a law in 2003 which prohibits acceptance of the Matricula Consular as proof of identity for purpose of obtaining a Tennessee driver's license. **Since the VAOP is a state form, the Matricular Consular is not an acceptable document for verifying the identify of those who sign it.**

Description of the card: The Matricula Consular is a normal ID card size. The seal of Mexico is in the left upper corner and the words 'MEXICO MATRICULA CONSULAR CONSULAR ID CARD' scrolls across the top. The person's photo is on the left side of the card under the word MEXICO. The right side contains the name, birth date, address in the U.S., issue and expiration dates, and the consulate where the card was issued.

- 10) Too many VAOPs are oftentimes signed by parents with a name that is a little different than the name that is printed on the birth certificate and/or on the VAOP. This is acceptable if the parents sign the VAOP with the same signature that appears on their identification (ID) cards, and if the notary public makes a special statement. Three examples follow:
 - a. If the typed VAOP and birth certificate show the mother's name as Jane Elane Wilson Jones and Mother's signature on her ID card reads Jane E. W. Jones and the mother signs like the signature on her ID card, then the notary public should write the following statement on the notary public section of the VAOP: **'The mother's signature is the legally acceptable signature according to her ID card.'**

- b. If the typed VAOP and birth certificate show the father's name as John Henry Jones and the father's signature on his ID card is stylized (scrubbily) and not easy to read and the father signs like the stylized signature on his ID card, then the notary public should write the following special statement on the notary public section of the VAOP: **'The father's signature is the legally acceptable signature according to his ID card.'**
- c. If the typed VAOP and birth certificate show the father's name as Jorge Armando Salvador Hernandez and father's signature on his ID card reads Jorge A. Salvador and the father signs like the signature on his ID card, then the notary public should write the following statement on the notary public section of the VAOP: **'The father's signature is the legally acceptable signature according to his ID card.'**

Note: Many VAOPs show the parent's signature as different from the typed certificate and/or VAOP, or so stylized that the Tennessee OVR cannot determine if it was the parent's legal signature. Be sure that the special notary public statement mentioned in the above No. 10 (a,b,c) appears written on the actual VAOP form. The statement must not be written on an attachment or sticky note and put with the VAOP form. If the above procedure is not followed, the original VAOP form is returned to the birth certificate clerk as a reject until corrected.

- 11) If the new parent is a minor (under 18 years of age), his or her parent or legal guardian must give consent to the completion of the VAOP. The parent or legal guardian must sign Section V and/or Section VI.

Emancipation: If the minor presents the birth certificate clerk with certified court papers declaring freedom (emancipation) from the parent(s), the VAOP may be completed without consent of the minor's parent or legal guardian. See page 81 for information concerning 'Certified Court Order.' The certified court order should be mailed with the birth certificate and VAOP to the Tennessee OVR. The address is on page v.

- 12) Send the completed original VAOP with the original Certificate of Live Birth to the Tennessee OVR.
- 13) Send a copy of the VAOP to the child support office in the county where the mother resides. No exceptions for birth certificates.

Special Note regarding Fetal Deaths: According to T.C.A. § 68-3-504(b), the VAOP may be used with fetal deaths. **The WinEBC must not be used in order to produce the VAOP for the fetal death report.** When the VAOP is used with the Report of Fetal Death (Stillbirth), do not send a copy of the VAOP to the child support agency.

- 14) The facility is **not** responsible for forwarding a copy of the VAOP to an out of state agency, if the mother resides outside of Tennessee. Tennessee OVR is not responsible for having knowledge of the paternity laws in the other 49 states.
- 15) Provide **both** the mother and father with copies of the completed and signed VAOP.

In no case should the filing of the child's birth certificate be delayed if the parents request a delay in completing the VAOP past the 10 days after birth.

There are no restrictions in the Vital Records Act concerning the age of the mother and father as long as the minor parent's parent or legal guardian consents to the completion of the VAOP and signs it.

Power of Attorney: A single mother who has power of attorney for her serviceman who is being deployed during war or is overseas cannot use the power of attorney to complete the VAOP.

Question: Can parents complete a VAOP before the child is born (i.e., when the biological father is in the military and will be out of the country at time of birth)?

Answer: The VAOP cannot be signed before the birth and cannot be signed by anyone other than the mother and father.

What should be done if either parent changes his/her about using the VAOP, after the form has been accepted in the facility?

POLICY: If the original birth certificate and the original signed and sealed VAOP are still in the facility, regardless of whether the certifier has signed the birth certificate, both original documents must be sent to the Tennessee OVR. The certifier signs the birth certificate. Do not destroy the signed and sealed VAOP.

The parent who desires to rescind (cancel) the VAOP must do so within the 60 day period after the last notarized signature on the VAOP.

The parent can go to the local health department, the local child support office or contact the Tennessee OVR for the rescission form.

See Appendix I, page 135, for the Rescission of Voluntary Acknowledgment of Paternity form and the discussion of the rescinded VAOP that follows on page 91.

The completion of the VAOP is voluntary. If the mother or the named father are not sure who the father is, or are not sure they wish to acknowledge paternity at this time, neither one should sign the VAOP. The Certificate of Live Birth should be prepared giving the child the mother's current legal surname. No man is to be shown as the father.

The VAOP can be submitted to the Tennessee OVR by the parents any time before the child's 19th birthday. At that time, the child's surname may be changed to the father's surname, and the father's name and personal information will be added to the birth certificate.

If the unmarried mother and named father have questions regarding their rights or responsibilities pertaining to the use of the VAOP, the parent may contact the local child support office in the county where the mother resides. The parent may also call the Tennessee Paternity Acknowledgment Program toll free 1-800-457-2165. Do not give the parent the telephone number for the Tennessee OVR when they inquire about their rights or responsibilities.

Rescission of Voluntary Acknowledgment of Paternity

Effective July 1, 1997, the T.C.A. § 24-7-118 allows that either parent who signed a VAOP may rescind (cancel) the acknowledgment within the 60 day period after he or she signed it. See the Rescission of Voluntary Acknowledgment of Paternity form in Appendix I, page 135.

The facility is not responsible for the maintenance of a supply of the rescission forms. However, it is permissible for the facility to have the form for information purposes only. The facility should not give the parent a rescission form, and is not responsible for assisting the parent with the completion of the rescission form.

The parent should not go to the county health department and bring back the rescission form to the birth certificate clerk for purposes of sending it with the original birth certificate and the VAOP to the Tennessee OVR.

The parent may request the rescission form from the county health departments, the child support offices, or the Tennessee OVR. These offices only are to handle the request to rescind the VAOP.

Instructions for completing the rescission form are printed on the back of the form. The rescission form must be received by the Tennessee OVR within 60 days of the date that the VAOP was completed and signed. The fee of \$15.00 is required to be submitted with the Rescission of Voluntary Acknowledgment of Paternity. If more than 60 days have passed since the VAOP was completed, the parent will need to seek court action to change the paternity information.

Affidavit of Indigency for Rescission of Voluntary Acknowledgment of Paternity

The law requires that indigent parents be given the opportunity to submit a Rescission of Paternity form to the Tennessee OVR without the required \$15.00 fee. See Appendix J, page 138, for the Affidavit of Indigency for Rescission of Voluntary Acknowledgment of Paternity.

The facility is not responsible for the maintenance of a supply of the affidavit of indigency form. However, it is permissible for the facility to have the form for information purposes only. The facility is not responsible for assisting the parent with the rescission of paternity form. The parent may request the rescission form from the county health departments, the child support offices, or the Tennessee OVR.

When the Tennessee OVR receives the completed Rescission of Voluntary Acknowledgment of Paternity form and the required \$15.00 fee or the Affidavit of Indigency for Rescission of Voluntary Acknowledgment of Paternity, the child's birth certificate will be changed to remove the father's name and his personal information. The child's name will be changed, if necessary, to be the same as the mother's legal surname at the time of birth.

If the facility's clients have questions about the use of the Rescission of Voluntary Acknowledgment of Paternity form or the Affidavit of Indigency for Rescission of Voluntary Acknowledgment of Paternity form, they may contact the Amendment Unit in the Tennessee OVR at (615) 532-2685.

PART VII
REPORT OF FETAL DEATH (Stillbirth)

REPORT OF FETAL DEATH (Stillbirth)

These instructions pertain to the current September 2006 revision and the previous January 1989 revision of the Tennessee Report of Fetal Death. The current form is shown in Appendix P, page 152. **The fetal death information must not be entered into the WinEBC.**

Definition of 'fetal death' - According to the T.C.A. § 68-3-102(4), 'fetal death' is death prior to the complete expulsion or extraction from its mother of a product of human conception; the death is indicated by the fact that after such expulsion or extraction 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 voluntary muscles.

For definition of 'live birth,' see Appendix A, page 123.

The Report of Fetal Death (Stillbirth) is required for fetal deaths when the weight is 500 grams (approximates 1 lb., 2 oz.) or more regardless of the completed weeks of gestation. When the weight is not known and the completed weeks of gestation are 22 or more, the Report of Fetal Death (Stillbirth) is required to be filed.

T.C.A. § 68-3-504 requires that a fetal death report be filed with the Tennessee OVR within ten (10) days after delivery.

If the dead fetus is delivered in a facility, the person in charge of the facility, or designated representative, is responsible for completing items 1-27, and 29-31. The completed fetal death report should be mailed to the Tennessee OVR. See page v for address.

If the dead fetus was not delivered in a facility, the attending physician at or immediately after delivery is responsible for completing all items and filing the report directly with the Tennessee OVR. See page v for address.

If there is no medical attendant (such as a home delivery), and the dead fetus is brought to the facility, the facility should notify the medical examiner. The medical examiner shall investigate the cause and prepare and file the report with the Tennessee OVR. A midwife or other non-medical person is not to file the report of fetal death.

The completion of item 28 is the responsibility of the attending physician and/or medical examiner or their designated representative.

No Report of Fetal Death (Stillbirth) is needed if the event was a legal intentional termination of pregnancy (induced abortion) with the intention other than to remove a dead fetus. See definition of 'Induced Termination of Pregnancy' in Appendix A, page 123.

The funeral home is not responsible for filing the Report of Fetal Death (Stillbirth).

If the funeral home requests the facility personnel to give a copy of the completed Report of Fetal Death (Stillbirth) for their files or to take a copy to the crematory, and the facility kept a copy of the completed form, the facility personnel should copy Items 1-10 only for the funeral home.

Certified Copies: The parents, and no one else (i.e., attorney) may obtain a certified copy of the Report of Fetal Death (Stillbirth) from the Tennessee OVR. The delivery must be listed on the form as having occurred in the third trimester of pregnancy (defined as 24th week). If the delivery occurred prior to this time, the mother will need to contact the facility's medical records department for information from her chart.

Release of Fetal Remains to Family: According to T.C.A. § 68-3-506(a), "Prior to final disposition of a dead fetus, irrespective of the duration of pregnancy, the funeral director, the person in charge of the institution or other person assuming responsibility for final disposition of the fetus, shall obtain from the parents authorization for final disposition on a form prescribed and furnished or approved by the state registrar."

If there is no local ordinance stating otherwise, it is acceptable for the family to take the body of dead fetus for proper burial. Burial in a family cemetery is acceptable. However, it is the family's responsibility to find out what the local ordinances are in order to be sure there is no prohibition against their burying in the selected area. The parent(s) should sign the form that the facility furnishes. The Tennessee OVR no longer provides the form, however the State Registrar may be asked to approve the facility's form. See Appendix X, pages 180-181, Part I, No. 2 for additional information.

STATE FILE NUMBER The state file number is entered by the Tennessee OVR. Do not write in this space.

FETUS - NAME The form was revised 9/06, and includes the space above Item 1 for Name of Stillborn Child, if Desired by Mother. No provision was made for naming the fetus on the January 1989 form. However, if the parents have given the dead fetus a name, the name may be listed in the empty space immediately above item 1. Do not refuse to accept the name for the dead fetus that has been given.

ABOUT THE FETUS (Items 1-5)

Item 1. FACILITY NAME *(If not institution, give street and number)*

Enter the full name of the facility where the delivery occurred.

If the delivery occurred on a moving conveyance enroute to or on arrival at a facility, enter the full name of the facility.

If the delivery occurred at home, enter the house number and street name of the place where delivery occurred.

If the delivery occurred at some place other than those described above, enter the number and street name of the location. Specify the place of delivery such as motel or dormitory room.

If the delivery occurred on a moving conveyance that was not enroute to a facility, enter as the place of delivery the name of facility or the address where the dead fetus was first removed from the conveyance.

Purpose of Item: This information is used to study relationships of facility and non-facility pregnancy termination. Information on place of delivery, together with residence information, provides data to evaluate the utilization and distribution of health services.

Item 2. SEX OF FETUS

Enter 'Male,' 'Female,' or 'Unknown' if a determination is not possible. Do not abbreviate or use other symbols. Do not leave this item blank.

Purpose of Item: This information is used to measure fetal and perinatal mortality by sex. It helps identify differences in the impact of environmental and biological factors between the sexes.

Item 3. DATE OF DELIVERY (*Month, Day, Year*)

Enter the month, day, and year the fetus was delivered.

Enter the full name of the month; January, February, March, etc. Do not use a number or abbreviation to designate the month.

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

Purpose of Item: This item is used in conjunction with date last normal menses began to calculate length of gestation, which is an essential element in the study of low-birth-weight deliveries.

Item 4. CITY, TOWN, OR LOCATION OF DELIVERY

Enter the name of the city, town, or location where the delivery occurred. For deliveries occurring on a moving conveyance, enter the city, town, or location where the dead fetus was first removed from the conveyance.

Item 5. COUNTY OF DELIVERY

Enter the name of the county where the delivery occurred. For deliveries occurring on a moving conveyance, enter the county where the dead fetus was first removed from the conveyance.

If a dead fetus is found in Tennessee and the place of fetal death is unknown, the fetal death should be registered in Tennessee. The county where the fetus was found should be considered the place of fetal death.

Purpose of Item: Information from items 1 and 4-5, together with residence information, provides data to evaluate the utilization and distribution of health services.

ABOUT THE PARENTS (Items 6-14)

Item 6a. MOTHER'S NAME (*First, Middle, Last*)

Enter the first, middle, and last name of the mother.

This is the mother's current legal name at the time of this delivery, whatever she considers it to be (i.e., Gayle Sue Smith or Gayle Jones Smith or Gayle J. Smith or Gayle Smith).

Item 6b. MAIDEN SURNAME

Enter the last name of the mother as given at birth or adoption, not a name acquired by marriage.

Do not leave blank even though it is the same last name as in item 6a. Entries of 'None,' 'Same,' and 'N/A' are not acceptable.

Purpose of Item: The mother's name is used to identify the record. The maiden surname is important for matching the record with other records because maiden surname remains constant throughout a lifetime, in contrast to other names, which may change because of marriage or divorce.

Item 7. MOTHER'S DATE OF BIRTH (*Month, Day, Year*)

Enter the month, day, and year that the mother was born. Do not enter the mother's age.

Enter the full name of the month; January, February, March, etc. Write out the month.

Do not use a number or abbreviation to designate the month.

If the year is unknown, or if no information is available, enter 'unknown.'

Purpose of Item: This item is used to calculate the age of the mother, which is one of the most important factors in the study of childbearing and pregnancy outcome.

Items 8a-f MOTHER'S RESIDENCE

Tennessee is bordered by eight states. Care should be exercised in interviewing the mother and entering correct state and county names in items 8a and 8b.

These items refer to the mother's residence address, not her postal address.

Do not include post office boxes or rural route numbers.

The mother's residence is the place where the mother actually resides. The state, county, city, and street address should be the place where the mother's house is located.

Do not 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 or friend for the purpose of awaiting the delivery is considered temporary and should not be entered here.

Place of residence during a tour of military duty or during attendance at college should be entered as the place of residence.

For mothers who live in a group home, mental institution, penitentiary, or facility for the chronically ill, enter the location of the facility as the mother's residence.

Enter all of the address that is known. For example, a homeless woman could only have a city, county and state entered.

Item 8a. RESIDENCE - STATE

Enter the name of the state in which the mother lives. The two-letter abbreviation for the state may be used. See Appendix M and M2, pages 144-145, for the standard abbreviation. This may differ from the state in the mailing address.

If the mother is not a U.S. resident, enter the name of the country and the name of the nearest unit of government that is the equivalent of a State.

The state named in item 8a must agree with the county in Item 8b.

Item 8b. RESIDENCE - COUNTY

Enter the name of the county where the mother's house is located.

The county named must agree with the state in Item 8a.

Item 8c. RESIDENCE - CITY, TOWN, OR LOCATION

Enter the name of the city, town, or location where the mother lives. This may differ from the city, town, or location in her mailing address.

Item 8d. RESIDENCE- STREET AND NUMBER OR RURAL LOCATION

Enter the number and street name of the place where the mother lives.

If this location has no number and street name, enter the rural route number, name of road, P.O. box number, highway number, etc. that will aid in identifying the location.

Item 8e. RESIDENCE - INSIDE CITY LIMITS? 1 Yes 2 No

Check 'Yes' if the location entered in item 8c is incorporated, and the mother's residence is inside its boundaries. Otherwise, check 'No.'

Item 8f. RESIDENCE - ZIP CODE

Enter the ZIP Code of the place where the mother resides.

Purpose of Items: Statistics on fetal deaths are tabulated by place of the residence of the mother. These data are used in planning for and evaluating community services and facilities, including maternal health programs. ZIP Code information may be used for environmental impact studies for small geographic areas.

Item 9. FATHER'S NAME (*First, Middle, Last*)

Enter the first, middle, and last name of the father.

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

In general, if the fetus was delivered to a mother who was married at the time of delivery, conception or at anytime between to the natural father, enter the name of her husband.

If the mother is not married, and the natural father is named, the VAOP may be used. This is the same form that is used for birth certificates. **The WinEBC must not be used in order to produce the VAOP for the fetal death report.**

According to T.C.A. § 68-3-504(b), all personal data pertaining to the father may be shown. The information for the VAOP must either be typed or handwritten. The original VAOP should be submitted at the same time as the original fetal death report.

For information concerning the use of the VAOP with the Report of Fetal Death (Stillbirth), refer to the guidelines for child's name on the birth certificate beginning on page 25.

A supply of blank VAOP forms should be maintained by the birth certificate clerk.

The father's name is used to identify the record.

Item 10. FATHER'S DATE OF BIRTH (*Month, Day, Year*)

Enter the month, day, and year that the father was born. Do not enter the father's age.

Enter the full name of the month; January, February, March, etc. Write out the month. Do not use a number or abbreviation to designate the month.

Make no entry if the father's name is not entered in item 9.

Purpose of Item: This item is used to calculate the age of the father, which is important in the study of childbearing. For example, it is used to study the association between congenital anomalies and children of older parents.

Items 11a and 11b PARENTS' RACE-American Indian, Black, White, etc.
(*Specify below*)

Item 11a. MOTHER

Item 11b. FATHER

Enter the race of the mother and race of the father as obtained from the parent(s).

This item should be completed for the mother on all fetal death reports and for the father in all cases where the name of the father is entered in Item 9.

The entry in this item should reflect the response of the parent(s); it should not be based on observation.

See Appendix O, page 147, for a listing of Race-Other Entries Reported on Certificates and Reports. If the mother or father reports their race to be one of the races in this listing, enter the race as reported.

For Asians and Pacific Islanders, enter the national origin of the mother and father, such as Chinese, Japanese, Korean, Filipino, or Hawaiian.

If the parent indicates that the mother and/or father is of mixed race, enter the races or ancestries. 'Bi-racial' is an acceptable entry.

Do not use a single letter such as 'C' or 'A. Indian.' Neither sufficiently identifies race. Spell out the name of race.

Make no entry in item 11b if the father's name is not entered in item 9.

Purpose of Item: Information of race is essential in producing data for minority groups. It is used to study racial variations in childbearing, access to health care and the pregnancy outcomes (perinatal mortality and birth weight). Race is an important variable in planning for, and evaluating the effectiveness of health programs.

Items 12a-b PARENTS OF HISPANIC ORIGIN?

(Specify Yes or No - If yes, specify Cuban, Mexican, Puerto Rican, etc.)

Yes 0 No

Specify:

Item 12a. MOTHER

Item 12b. FATHER

Check 'Yes' or 'No.' If 'Yes' is checked, enter the specific Hispanic group as obtained from the parent(s).

Item 12a should be checked for the mother on all fetal death reports, and for the father in all cases where the name of the father is entered in Item 9. The entry in this item should reflect the response of the parent(s).

This item is not a part of the Race item. A person of Hispanic origin may be of any race. Each question, Race and Hispanic origin, should be asked independently.

See Appendix N, page 146, for a listing of Hispanic Origin-Other Entries Reported on Certificates and Report.

For the purposes of this item, 'Hispanic' refers to those people whose origins are from Spain, Mexico, or the Spanish-speaking countries of Central or South America. Origin can be viewed as the ancestry, nationality, lineage, or country in which the person or his or her ancestors were born before their arrival in the United States.

If a person indicates that he or she is of multiple Hispanic origin, enter the origins as reported (for example, Mexican-Puerto Rican).

If a person indicates that he or she is Mexican-American or Cuban-American, enter the Hispanic origin as stated.

Make no entry in item 12b if the father's name is not entered in item 9.

Purpose of Item: Hispanics are the nation's largest minority group. This item provides data to measure differences in fertility and pregnancy outcome as well as variations in health care for people of Hispanic and non-Hispanic origin. Collection of data on persons of Hispanic origin makes it possible to obtain valid demographic and health information on this important group of Americans.

Items 13a-b PARENTS' EDUCATION *(Specify only highest grade completed)*
Elementary/Secondary (0-12) College (1-4 or 5+)

Item 13a. MOTHER

Item 13b. FATHER

Enter the highest number of years of regular schooling completed by the mother and father in either the space for elementary/secondary school or the space for college. An entry should be made in only one of the spaces. The other space should be left blank.

If no information is available, enter 'unknown.' If the information is absolutely refused, enter Refused.

Make no entry in item 13b if the father's name is not entered in item 9.

Report only those years of school that were completed. A person who enrolls in college but does not complete one full year should not be identified with any college education in this item.

Count formal schooling. Do not include beauty, barber, trade, business, technical, or other special schools when determining the highest grade completed.

Do not make entries such as '(0-8),' '(0-12),' etc. in elementary/secondary or "(1-4)" in college. Enter the highest grade (i.e., either 8 for eighth grade, or 3 for three years of college).

Do not enter degrees obtained, e.g., 'A.A.,' 'B.S.,' 'M.B.A.,' 'Ph.D.,' etc.

GED is equivalent to 12 years of school. Enter 12 years only.

Purpose of Item: Education is correlated with fertility and birth outcome, and is used as an indicator of socioeconomic status. It is used to measure the effect of education and socioeconomic status on health, childbearing, and infant mortality.

Items 14a-d PARENTS' OCCUPATION AND BUSINESS/INDUSTRY
(Worked during last year)

Enter the information even if the parent(s) was retired, disabled, or institutionalized at the time of this delivery.

Both occupation and business/industry items on the fetal death report should accurately describe the parents' occupation. See Appendix Q, page 153, for illustrations of acceptable entries for both.

Item 14a. MOTHER - OCCUPATION
Item 14c. FATHER - OCCUPATION

Enter the occupation of the parent(s) during the last year. The occupation is the kind of work the parents(s) did during most of the previous year, such as claim adjuster, farmhand, coal miner, homemaker, janitor, store manager, college professor, or civil engineer. Even if the mother resigned her employment early in the pregnancy, that occupation should be reported.

Make no entry in item 14c if the father's name is not entered in item 9.

If the mother did not work outside her home in the previous 12 months, report her occupation as 'Homemaker' and her industry (item 14b) as 'Own home.' If the father did not work during the previous 12 months, report his occupation as 'Unemployed' and the industry (item 14d) as 'None.' In determining which occupation to report for a parent who held more than one job during the year, give the occupation held during the pregnancy. If both jobs were held during the pregnancy, give the occupation worked for the longest length of time.

Enter 'Student' if the parent(s) was a student, and was never regularly employed or employed full time during the year prior to delivery.

Item 14b. MOTHER - BUSINESS/INDUSTRY
Item 14d. FATHER - BUSINESS/INDUSTRY

Enter the kind of business or industry to which the occupation listed in items 14a and/or 14c was related, such as insurance, farming, coal mining, hardware store, retail clothing, university, or government. Do not enter firm or organization names.

Make no entry in item 14d if the father's name is not entered in item 9.

Purpose of Item: Information from these items is useful in studying occupationally related fetal mortality and in identifying job-related risk areas. These items are used to obtain information on the potential impact of the work environment on the fetus.

MEDICAL AND HEALTH INFORMATION (Items 15-27)

Items 15a-e PREGNANCY HISTORY (Complete each section)

When birth certificates or fetal death reports are prepared for a plural delivery, items 15a-e on the first-delivered should not include any of the other deliveries from this pregnancy. For example, if this child is a first twin, information regarding the second twin is not to be recorded in items 15a-e. On the birth certificate or fetal death report of the second-delivery, these items should include information about the first-delivery of the plural delivery. Similarly, for the third-delivery, these items should include information about the first- and second-deliveries, and so on.

Items 15a-c LIVE BIRTHS

Item 15a. Now Living Number ____ 00 None

Enter the number of live births which occurred to this mother prior to this delivery who are still living at the time of this delivery. Do not include children by adoption.

Check 'None' if this is the first delivery to this mother or if all previous children are dead.

Item 15b. Now Deceased Number ____ 00 None

Enter the number of live births which occurred to this mother prior to this delivery who are no longer living at the time of this delivery. Do not include any children by adoption.

Check 'None' if this is the first delivery to this mother or if all previous children are still living.

Item 15c. DATE OF LAST LIVE BIRTH (Month, Year)

Enter the date (month and year) of birth of the last live-born child of the mother.

If this report is for the second delivery of a twin set, enter the date of birth for the first baby of the set, if it was born alive. Similarly, for triplets or other multiple births, enter the date of birth of the previous live birth of the set. If all previously born members of a multiple set were born dead, enter the date of the mother's last delivery that resulted in a live birth.

Enter 'None' if the mother has not had a previous live birth. Do not leave this item blank.

Enter the full name of the month; January, February, March, etc. Spell out or abbreviate the month. Do not use a number to designate the month.

Items 15d-e OTHER TERMINATIONS *Any time after conception
(Do not include this fetus)*

Item 15d. Number ____ 00 None

Enter the number of fetuses that were delivered dead regardless of the length of gestation. Include each recognized loss of a product of conception, such as ectopic pregnancy, miscarriage, stillbirth, and spontaneous or induced abortion. Do not include this fetus.

Check 'None' if this is the first pregnancy for this mother or if all previous pregnancies resulted in live-born infants.

Item 15e. DATE OF LAST OTHER TERMINATION *(Month, Year)*

Enter the date (month and year) of the last termination of pregnancy that was not a live birth regardless of the length of gestation.

If the mother has never had such a termination, enter 'None.' Do not leave this item blank.

Enter the full name of the month; January, February, March, etc. Spell out or abbreviate the month. Do not use a number to designate the month.

If this report is for the second delivery of a twin set and the first was born dead, enter the date of delivery of that fetus. Similarly, for other multiple births, if any previous member of the set was born dead, enter the date of delivery of that fetus. If all previously born members of a multiple set were born alive, enter the date of the mother's last delivery that resulted in a fetal death.

Purpose of Items: These items are used to determine total-birth order, which is important in studying trends in childbearing and child spacing. They are also useful in studying health problems associated with birth order. For example, first births to older women, and determining the relationship of birth order to perinatal mortality.

In studying child spacing, the dates of last live birth and other terminations are used to compute the intervals between live births and fetal deaths and between pregnancies. This information allows researchers to measure known risk factors associated with the mother's previous pregnancies, such as prior fetal loss, short interpregnancy interval, and high parity.

Item 16. MOTHER MARRIED TO FATHER?

(At delivery, conception, or any time between) 1 Yes 2 No

Enter 'Yes' if the mother was married to the father (her husband) at the time of conception, at the time of delivery, or at any time between conception and delivery.

If the mother is married (this includes separation), and a man other than her husband is the natural father, enter 'Yes.' The VAOP cannot be used for this fetus.

Purpose of Item: This information is used to monitor the substantial differences in health and fertility between married and unmarried women. It enables the study of health problems encountered during and after pregnancies of unmarried women. Unmarried women are more likely to require additional health services.

Item 17. DATE LAST NORMAL MENSES BEGAN (*Month, Day, Year*)

Enter the complete date (month, day, and year) of the beginning of the mother's last normal menstrual period, as obtained from the physician or facility record. If the information is unavailable from these sources, obtain it from the mother.

When records are not available for date last normal menses began, obtain the information from the mother. Work with the mother to remember the year, then work with her to recall the month. Finally, see if she can remember the day. Record that information for date last normal menses began.

If the mother is unable to supply the information, complete all parts of the date that are available; leave the rest blank.

Enter the full name of the month; January, February, March, etc. Spell out or abbreviate the month. Do not use a number to designate the month.

Enter 'Unknown' if the complete data cannot be determined. Do not leave this item blank.

Purpose of Item: This item is used in conjunction with the date of delivery to determine the length of gestation, which is closely related to infant morbidity and mortality. Length of gestation is linked with the weight of the fetus to determine the maturity of the fetus.

Items 18-19 PRENATAL CARE

Item 18. MONTH OF PREGNANCY PRENATAL CARE BEGAN

First, Second, Third, etc. Specify: _____
00 No care

Enter the month of this pregnancy (second, third, fourth, etc.) when the mother first visited a physician, a local health department clinic, or other health care provider or attended a prenatal clinic for medical supervision of this pregnancy (e.g., 1, 2, 3, etc.). Prenatal care from any and all of these sources should be counted.

Do not enter the name of a month, e.g., January, February, etc., or the number of months. Do not enter the number of weeks.

The month of pregnancy in which prenatal care began is measured from the date the last normal menses began, and not from the date of conception.

If no prenatal care was received, check 'No Care.' If item 19 (prenatal visits) is reported as 'None,' item 18 should be completed as 'No Care.' Do not leave item blank.

Item 19. PRENATAL VISITS Number _____ 00 No care

Enter the total number of visits made for medical supervision of the pregnancy by a physician, local health department clinic, or other health care provider during the pregnancy.

If no prenatal care was received, enter 'None.' If item 18 (month of pregnancy prenatal care began) is reported as 'None,' this item should also be completed as 'None.' Do not leave this item blank.

Purpose of Item: This information is used to determine the relationship of prenatal care to the outcome of the pregnancy.

Item 20. WEIGHT OF FETUS (*Specify Unit*)

Enter the weight of this fetus as it is recorded in the facility record in either grams or pounds and ounces. Do not convert from one measure to the other. Specify the type of measure used (grams or pounds and ounces).

Note: If the weight of fetus is less than 500 grams (approximates 1 lb. 2 oz.), do not complete the Report of Fetal Death (Stillbirth).

Purpose of Item: This is the single most important characteristic associated with viability of the fetus. It is also related to prenatal care, socioeconomic status, marital status, and other factors surrounding the delivery. Consequently, it is used with other information to plan for and evaluate the effectiveness of health care.

Item 21. CLINICAL ESTIMATE OF GESTATION (Weeks)

Enter the length of gestation in weeks. This is the length of gestation as estimated by the attendant after delivery. Do not compute this information from the date last normal menses began and date of delivery.

If the attendant has not done a clinical estimate of gestation, enter 'None.' Do not leave this item blank.

Note: If the weight of fetus is not known, and the estimate of weeks is less than 22, do not complete the Report of Fetal Death (Stillbirth).

Purpose of Item: This item provides information on gestational age when the item on date last normal menses began contains invalid or missing information. For a record with a plausible date last normal menses began, it provides a cross-check with length of gestation based on ultrasound or other techniques.

Items 22a-b PLURALITY - BIRTH ORDER

When a plural delivery occurs, prepare and file a separate Certificate of Live Birth or Report of Fetal Death (Stillbirth) for each child or fetus. File birth certificates or fetal death reports relating to the same plural delivery at the same time, or attach a note to the fetal death report indicating the whereabouts of the birth certificate.

Item 22a. PLURALITY - Single, Twin, Triplet, etc. (Specify)

Specify if this delivery was single, twin, Siamese twin, triplet, quadruplet, etc.

Item 22b. IF NOT SINGLE BIRTH - Born First, Second, Third, etc. (Specify)

Specify the order in which the fetus being reported was delivered; first, second, etc.

If this is a single delivery, leave the item blank.

If these are Siamese twins, enter "simultaneous."

Purpose of Items: These items are related to other items on the fetal death report (for example, period of gestation and weight of fetus) that have important health implications. The occurrence of plural deliveries is related to the age of the mother and birth order. Survival differences related to order of delivery exist for multiple births.

Items 23-27 MEDICAL AND HEALTH INFORMATION - CHECKBOX ITEMS

Review each checkbox listed, and carefully check the appropriate box(es).

Do not enter IUFD (intra-uterine fetal demise) anywhere in items 23-27.

Before entering any free text on the 'Other' line for items 23a, 23b, 24, 25, and 27, the facility personnel should be familiar with the checkbox items in order that no duplicated conditions will be reported.

See Appendix R, page 155, for a listing of definitions for the medical items and synonyms. While the conditions in the listing were originally abstracted from a resource for medical definitions for conditions on birth certificates, the definitions are applicable, when appropriate, for the Report of Fetal Death.

The number(s) printed to the left of each checkbox is a code number the data entry operator will use for the respective response.

Items 23 a-b RISK FACTORS FOR THIS PREGNANCY

Items 23a. MEDICAL RISK FACTORS FOR THIS PREGNANCY *(Check all that apply)*

- | | | |
|---|----|--------------------------|
| Anemia (Hct. <30/Hgb. <10) | 01 | <input type="checkbox"/> |
| Cardiac disease | 02 | <input type="checkbox"/> |
| Acute or chronic lung disease | 03 | <input type="checkbox"/> |
| Diabetes | 04 | <input type="checkbox"/> |
| Active genital herpes | 05 | <input type="checkbox"/> |
| Hydramnios | 06 | <input type="checkbox"/> |
| Oligohydramnios | 07 | <input type="checkbox"/> |
| Hemoglobinopathy | 08 | <input type="checkbox"/> |
| Hypertension, chronic | 09 | <input type="checkbox"/> |
| Hypertension, pregnancy-induced | 10 | <input type="checkbox"/> |
| Eclampsia | 11 | <input type="checkbox"/> |
| Incompetent cervix | 12 | <input type="checkbox"/> |
| Previous infant 4000 + grams (8 lbs. 14 oz.+) | 13 | <input type="checkbox"/> |
| Previous preterm infant (less than 37 wks) | 14 | <input type="checkbox"/> |
| Previous small-for-gestational-age infant | 15 | <input type="checkbox"/> |

Renal disease	16	<input type="checkbox"/>
Rh sensitization	17	<input type="checkbox"/>
Uterine bleeding	18	<input type="checkbox"/>
None	00	<input type="checkbox"/>
Other _____	19	<input type="checkbox"/>

(Specify)

Check each of the medical risk factors that the mother experienced during this pregnancy. If the mother experienced medical risk factor(s) not identified in the list; for example, pre-eclampsia, rubella, AIDS, gonorrhea, or syphilis, check 'Other' and enter the risk factor on the line provided. Medical risk factors should be identified from the facility record or physician record.

If there were no medical risk factors, check 'None.' Do not leave this item blank.

Purpose of Item: This information allows for the identification of specific maternal conditions that are often predictive of poor maternal and infant outcome. It can be used for planning intervention and prevention strategies.

Item 23b. OTHER RISK FACTORS FOR THIS PREGNANCY *(Complete all items)*

Tobacco use during pregnancy 1 Yes 2 No
 Average number cigarettes per day _____

Alcohol use during pregnancy 1 Yes 2 No
 Average number drinks per week _____

Weight gained during pregnancy _____ lbs.

Other _____
(Specify)

Complete each of the three questions/statements in this item. Do not leave any item blank.

Check 'Yes' for tobacco use if the mother smoked tobacco at any time during the pregnancy. If 'Yes' is checked, specify the average number of cigarettes the mother smoked per day during her pregnancy. If, on the average, she smoked less than one cigarette per day, enter 'Less than 1.' Check 'No' if the mother did not smoke during the entire pregnancy. If 'No' is checked, do not make any entry on the line requesting the average number of cigarettes per day.

Check 'Yes' for alcohol use if the mother consumed alcoholic beverages at any time during the pregnancy. Check 'No' if the mother did not consume any alcoholic beverages during the entire pregnancy. If 'Yes' is checked, specify the average number of drinks she consumed per week. One drink is equivalent to 5 ounces of wine, 12 ounces of beer, or 1 1/2 ounces of distilled liquor. If, on the average, she drank less than one drink per week, enter 'Less than 1.' If 'No' is checked, do not make any entry on the line requesting the average number of drinks per week.

Enter the amount of weight gained by the mother during the pregnancy in pounds. Do not enter the total weight of the mother. If no weight was gained, enter "None." If the mother lost weight during her pregnancy, enter the amount of weight lost (for example, 'lost 10 pounds').

Purpose of Item: Information for this item should be obtained from the mother's medical chart or the physician. If the medical chart is not available or does not include this information, and the physician is unavailable, the mother should be asked to respond to these items.

Smoking and drinking during pregnancy may have an adverse impact on pregnancy outcome. This information is used to evaluate the relationship between certain lifestyle factors and pregnancy outcome, and to determine at what levels these factors clearly begin to affect pregnancy outcome.

Item 24. OBSTETRIC PROCEDURES *(Check all that apply)*

- | | | |
|--------------------------------------|----|--------------------------|
| Amniocentesis | 01 | <input type="checkbox"/> |
| Electronic fetal monitoring-internal | 02 | <input type="checkbox"/> |
| Electronic fetal monitoring-external | 03 | <input type="checkbox"/> |
| Induction of labor | 04 | <input type="checkbox"/> |
| Stimulation of labor | 05 | <input type="checkbox"/> |
| Tocolysis | 06 | <input type="checkbox"/> |
| Ultrasound | 07 | <input type="checkbox"/> |
| Chorionic villus sampling | 08 | <input type="checkbox"/> |
| None | 00 | <input type="checkbox"/> |
| Other <i>(Specify)</i> _____ | 09 | <input type="checkbox"/> |

Check each type of procedure that was used during this pregnancy. More than one procedure may be checked. If a procedure was used that is not identified in the list, check 'Other' and specify the procedure on the line provided. If no procedures were used, check 'None.' Do not leave this item blank. This information should be obtained from the mother's medical chart or the physician.

Purpose of Item: Information on obstetric procedures is used to measure the use of advanced medical technology during pregnancy and labor, and to investigate the relationship of these procedures to type of delivery and pregnancy outcome.

Item 25. COMPLICATIONS OF LABOR AND/OR DELIVERY
(Check all that apply)

- | | | |
|--|----|--------------------------|
| Febrile (>100 ⁰ F. or 38 ⁰ C) | 01 | <input type="checkbox"/> |
| Meconium, moderate/heavy | 02 | <input type="checkbox"/> |
| Premature rupture of membranes (>12 hrs. ≤ 24 hrs.) | 03 | <input type="checkbox"/> |
| Prolonged rupture of membranes (> 24 hrs. prior to del.) | 04 | <input type="checkbox"/> |
| Abruptio placenta | 05 | <input type="checkbox"/> |
| Placenta previa | 06 | <input type="checkbox"/> |
| Other excessive bleeding | 07 | <input type="checkbox"/> |
| Seizures during labor | 08 | <input type="checkbox"/> |
| Precipitous labor (<3 hours) | 09 | <input type="checkbox"/> |
| Prolonged labor (>20 hours) | 10 | <input type="checkbox"/> |
| Dysfunctional labor | 11 | <input type="checkbox"/> |
| Breech | 12 | <input type="checkbox"/> |
| Malpresentation | 13 | <input type="checkbox"/> |
| Cephalopelvic disproportion | 14 | <input type="checkbox"/> |
| Cord prolapse | 15 | <input type="checkbox"/> |
| Anesthetic complications | 16 | <input type="checkbox"/> |
| Fetal distress | 17 | <input type="checkbox"/> |
| None | 00 | <input type="checkbox"/> |
| Other _____ | 18 | <input type="checkbox"/> |
- (Specify)*

Check each medical complication present during labor and/or delivery. Check complications here even if they are a part of the cause of fetal death in item 28. If a complication was present that is not identified in the list, check 'Other' and specify the complication on the line provided. If there were no complications, check 'None.' Do not leave this item blank. This information should be obtained from the mother's medical chart or the physician.

Purpose of Item: These data are used to identify pregnancy complications during labor and delivery that were associated with fetal deaths and their relationship to method of delivery and birth outcome.

Item 26. METHOD OF DELIVERY *(Check all that apply)*

- | | | |
|--|----|--------------------------|
| Vaginal | 01 | <input type="checkbox"/> |
| Vaginal birth after previous C-section | 02 | <input type="checkbox"/> |
| Primary C-section | 03 | <input type="checkbox"/> |
| Repeat C-section | 04 | <input type="checkbox"/> |
| Forceps | 05 | <input type="checkbox"/> |
| Vacuum | 06 | <input type="checkbox"/> |
| Hysterotomy | 07 | <input type="checkbox"/> |
| Hysterectomy | 08 | <input type="checkbox"/> |

Check the method of delivery of the fetus. If more than one method was used, check all methods that apply to this delivery. Do not leave this item blank. This information should be obtained from the mother's medical chart or the physician.

Purpose of Item: This information is used to relate the method of delivery with birth outcome, to monitor changing trends in obstetric practice, and to determine which groups of women are most likely to have cesarean delivery. The method of delivery is relevant to the health of mothers, especially if it is by cesarean section. Information from this item can be used to monitor delivery trends across the United States.

Items 27. CONGENITAL ANOMALIES OF FETUS (Check all that apply)

- | | | |
|---|----|--------------------------|
| Anencephalus | 01 | <input type="checkbox"/> |
| Spina bifida/Meningocele | 02 | <input type="checkbox"/> |
| Hydrocephalus | 03 | <input type="checkbox"/> |
| Microcephalus | 04 | <input type="checkbox"/> |
| Other central nervous system anomalies
(Specify) _____ | 05 | <input type="checkbox"/> |
| Heart malformations | 06 | <input type="checkbox"/> |
| Other circulatory/respiratory anomalies
(Specify) _____ | 07 | <input type="checkbox"/> |
| Rectal atresia/stenosis | 08 | <input type="checkbox"/> |
| Tracheo-esophageal fistula/Esophageal atresia | 09 | <input type="checkbox"/> |
| Omphalocele/Gastroschisis | 10 | <input type="checkbox"/> |
| Other gastrointestinal anomalies
(Specify) _____ | 11 | <input type="checkbox"/> |
| Malformed genitalia | 12 | <input type="checkbox"/> |
| Renal agenesis | 13 | <input type="checkbox"/> |
| Other urogenital anomalies
(Specify) _____ | 14 | <input type="checkbox"/> |
| Cleft lip/palate | 15 | <input type="checkbox"/> |
| Polydactyly/Syndactyly/Adactyly | 16 | <input type="checkbox"/> |
| Club foot | 17 | <input type="checkbox"/> |
| Diaphragmatic hernia | 18 | <input type="checkbox"/> |
| Other musculoskeletal/integumental anomalies
(Specify) _____ | 19 | <input type="checkbox"/> |
| Down syndrome | 20 | <input type="checkbox"/> |
| Other chromosomal anomalies
(Specify) _____ | 21 | <input type="checkbox"/> |
| None | 00 | <input type="checkbox"/> |
| Other _____
(Specify) | 22 | <input type="checkbox"/> |

The information for this item should be obtained from the medical chart or the physician.

Check each anomaly of the fetus even if the condition is a 'possible' anomaly. The checklist of anomalies is grouped according to major body systems. If an anomaly is present that is not identified in the list, check 'Other' and specify the anomaly on the line provided.

Note that each group of system-related anomalies includes an 'Other' category for anomalies related to that particular system. If there is a question as to whether the anomaly is related to a specific system, enter the description of the anomaly in 'Other' (Specify) at the bottom of the list (check box 27).

If there are no congenital anomalies of the fetus, check 'None.' Do not leave this item blank.

Purpose of Item: Information on congenital anomalies is used to identify health problems that would have required medical care had the infant been born alive. It is important for monitoring the incidence of these conditions among all known products of conception. Collection of this information is also necessary to study unusual clusters of selected anomalies and track trends among different segments of the population.

CAUSE OF FETAL DEATH (Item 28)

Detailed instructions for completing the section on cause of fetal death, together with examples of properly completed records, are contained in Part VIII beginning on page 117. These items should be completed by the person whose name appears in item 30. **Do not leave cause of fetal death blank.**

PART I. CAUSE OF FETAL DEATH

Enter on line (a) the fetal or maternal condition directly causing the fetal death. Enter on lines (b) and (c) fetal and/or maternal conditions, if any, that gave rise to the immediate cause on line (a), stating the underlying cause last. Also, specify whether the condition was fetal or maternal.

PART II. OTHER SIGNIFICANT CONDITIONS

Enter any conditions contributing to the fetal death but not resulting in the underlying cause listed in Part I.

Cause of fetal death should include information provided by the pathologist if an autopsy or other type of postmortem exam was done. If microscopic exams for a fetal death are still pending at the time the report is filed, the attendant whose name appears in Item 30 should report the additional information in a notarized affidavit to the Tennessee OVR as soon as it is available.

Purpose of Item: This item provides medical information for ranking causes of fetal death and for analyzing the conditions leading to fetal death. Information on cause of fetal death is correlated with information from other items on the report, such as length of gestation and prenatal care.

Item 29. FETUS DIED BEFORE LABOR, DURING LABOR OR DELIVERY, UNKNOWN (Specify)

Indicate when the fetus died by specifying one of the above choices. The physician makes the decision if there is any question concerning whether the event is determined to be a fetal death or a live birth.

See Appendix A, page 123, for definitions of 'live birth' and 'fetal death.'

Purpose of Item: This item is used as a check to ensure that the delivery was properly reported as a fetal death and was not a live birth.

Item 30. ATTENDANT'S NAME AND TITLE (Type/Print)

Name _____

1 MD 2 DO 3 CNM 4 Other Midwife
5 Other (Specify) _____

Type or print the full name of the physician, medical examiner, or other person in attendance at this delivery on the line provided and check the appropriate box to identify his or her title. MD = doctor of medicine, DO = doctor of osteopathy, CNM = certified nurse midwife. Lay midwives should be identified as 'Other Midwife.' If Other (Specify) is checked, type or print the title of the attendant on the line provided.

It is not required that the attendant sign in Item 30. If he or she requests to sign, that is acceptable. He/she needs to be reminded that the original Report of Fetal Death (Stillbirth) should be filed with the Tennessee OVR within 10 days after the delivery.

Purpose of Item: This item identifies the person to be contacted and queried for missing medical information. Additionally, the type of attendant is used to assess the service rendered and quality of care.

Item 31. NAME AND TITLE OF PERSON COMPLETING REPORT (Type/Print)

Name _____
Title _____

Type or print the full name and title of the person completing the report of fetal death.

Note: It is important that this item be completed. It identifies the person to be contacted for missing information.

PART VIII
CAUSE OF FETAL DEATH (Stillbirth)
INSTRUCTIONS FOR COMPLETING

CAUSE OF FETAL DEATH (Stillbirth) - INSTRUCTIONS FOR COMPLETING

The primary responsibility of the medical attendant whose name appears in Item 30 of the fetal death report is to complete the cause of fetal death or designate a representative to do so. If there was no medical attendant, the county medical examiner shall investigate the cause and file the report. In addition to entering information on the causes of fetal death, this person should also see that the time, date, and place of fetal death are correctly entered. He or she should also check the medical and health information in the report.

Item 28. CAUSE OF FETAL DEATH (Stillbirth)

A facsimile of the section on cause of fetal death of the fetal death report is shown below. It is designed to facilitate reporting of the causes of fetal death and places upon the medical attendant the responsibility of indicating the course of events leading to the fetal death. He or she is the best person to decide which of several conditions was directly responsible for the fetal death and what antecedent conditions, if any, gave rise to the immediate cause. For statistical and research purposes, it is important that the reporting of the medical information on the fetal death report be specified as precisely as possible.

28		Enter only one cause per line for a, b, and c.	
CAUSE OF FETAL DEATH CAUSE OF DEATH	PART I. Fetal or maternal condition directly causing fetal death.	{ IMMEDIATE CAUSE	Specify Fetal or Maternal
	Fetal and/or maternal conditions if any, giving rise to the immediate cause(s), stating the underlying cause last.	a. _____ DUE TO (OR AS A CONSEQUENCE OF).	Specify Fetal or Maternal
		b. _____ DUE TO (OR AS A CONSEQUENCE OF):	Specify Fetal or Maternal
		c. _____	
	PART II. <u>Other significant conditions</u> of fetus or mother contributing to fetal death but not resulting in the underlying cause given in Part I. _____ _____	29. FETUS DIED BEFORE LABOR, DURING LABOR OR DELIVERY, UNKNOWN (Specify)	

As can be seen, the section on cause of fetal death consists of two parts. Part I is for reporting the sequence of events leading to the fetal death, proceeding backward from the immediate cause of fetal death. In Part II, other significant contributory conditions to the fetal death are reported. In reporting the causes of fetal death, conditions in the fetus or mother, or of the placenta, cord, or membranes, should be reported if they are believed to have adversely affected the fetus. Cause of fetal death should include information provided by the pathologist if tissue analysis, autopsy, or another type of postmortem exam was done. If microscopic exams for a fetal death are still pending at

the time the report is filed, the additional information should be reported to the Tennessee OVR as soon as it is available. If you have any questions about the procedures for doing this, contact the Tennessee OVR.

Item 28. PART I - CAUSE OF FETAL DEATH

Only one cause is to be entered on each line of Part I. Additional lines should be added when necessary. For each cause, indicate in the space provided whether the condition was fetal or maternal. The underlying cause of fetal death should be entered on the lowest line used in Part I. The underlying cause of fetal death is the condition that started the sequence of events between normal health of the mother or fetus and the immediate cause of fetal death.

Item 28. LINE (a) IMMEDIATE CAUSE

In Part I, the immediate cause of fetal death is reported on line (a). This is the fetal or maternal disease or condition directly causing the fetal death. An immediate cause of fetal death must always be reported and entered on line (a). It can be the sole entry in the cause of fetal death section if that condition was the only condition causing the fetal death.

Item 28. LINES (b) AND (c) DUE TO (OR AS A CONSEQUENCE OF)

On line (b) report the disease, injury, or complication, if any, that gave rise to the immediate cause of fetal death. If this, in turn, resulted from another condition, record that condition on line (c). The underlying cause of fetal death should be reported on the lowest used line in Part I.

The words 'due to (or as a consequence of),' which are printed between the lines of Part I, apply not only to sequences with an etiological or pathological basis but also the sequences where an antecedent condition is believed to have prepared the way for the more immediate cause by damage to tissues or impairment of function.

SPECIFY FETAL OR MATERNAL

Space is provided at the end of each line in Part I for recording whether the condition was 'Fetal' or 'Maternal.' This should be entered for all conditions.

Item 28. PART II - CAUSE OF FETAL DEATH (OTHER SIGNIFICANT CONDITIONS)

Record on these lines other important diseases or conditions in the fetus or mother that were present at the time of fetal death which may have contributed to the fetal death but did not result in the underlying cause of fetal death listed in Part I.

EXAMPLES OF REPORTING CAUSES OF FETAL DEATH

Case History No. 1

The mother was a 29-year old gravida 1, para 0 woman with a history of drug abuse. She had a normal pregnancy until 28 weeks gestation, when hydramnios was noted. Ultrasonography suggested anencephaly. No fetal movement was noted, nor were fetal heart sounds audible. Labor was induced, and a stillborn anencephalic fetus weighing 1100 grams was delivered.

28.		Enter only one cause per line for a, b, and c.		
CAUSE OF FETAL DEATH	PART I. Fetal or maternal condition directly causing fetal death.	} IMMEDIATE CAUSE	Specify Fetal or Maternal	
	Fetal and/or maternal conditions if any, giving rise to the immediate cause(s), stating the underlying cause last.		a. <u>Anencephaly</u>	Fetal
			b. DUE TO (OR AS A CONSEQUENCE OF):	Specify Fetal or Maternal
			c. DUE TO (OR AS A CONSEQUENCE OF):	Specify Fetal or Maternal
PART II. <u>Other significant conditions</u> of fetus or mother contributing to fetal death but not resulting in the underlying cause given in Part I.			29. FETUS DIED BEFORE LABOR, DURING LABOR OR DELIVERY, UNKNOWN	
<u>Maternal Drug Use</u>			<i>(Specify)</i> Before Labor	

Note: The drug(s) should be specified when known.

Case History No. 2

The mother, a 32-year-old primigravida with severe pre-eclampsia, developed an abruptio placenta at 35 weeks gestation. The fetus was observed by fetal monitoring to be without heart sounds for 20 minutes before delivery was accomplished. This was assumed to be intrauterine hypoxia.

28.		Enter only one cause per line for a, b, and c.		
CAUSE OF FETAL DEATH	PART I. Fetal or maternal condition directly causing fetal death.	} IMMEDIATE CAUSE	Specify Fetal or Maternal	
	Fetal and/or maternal conditions if any, giving rise to the immediate cause(s), stating the underlying cause last.		a. <u>Intrauterine Hypoxia</u>	Fetal
			b. DUE TO (OR AS A CONSEQUENCE OF):	Specify Fetal or Maternal
			c. DUE TO (OR AS A CONSEQUENCE OF):	Specify Fetal or Maternal
PART II. <u>Other significant conditions</u> of fetus or mother contributing to fetal death but not resulting in the underlying cause given in Part I.			29. FETUS DIED BEFORE LABOR, DURING LABOR OR DELIVERY, UNKNOWN	
			<i>(Specify)</i> Before Labor	

APPENDIXES

- A. Definitions of Live Birth, Fetal Death, and Induced Termination of Pregnancy
- B. Mother's Worksheet for Child's Birth Certificate (PH-1675)
- C. Spanish Mother's Worksheet for Child's Birth Certificate (PH-1675S)
- D. Facility Worksheet for Child's Birth Certificate (PH-1676)
- E. Certificate of Live Birth (PH-1651A)
- F. Birth Report of Foundling (PH-1656)
- G. Voluntary Acknowledgment of Paternity (PH-2595)
- H. Spanish Voluntary Acknowledgment of Paternity (PH-3708)
- I. Rescission of Voluntary Acknowledgment of Paternity (PH-3490)
- J. Affidavit of Indigency for Rescission of Voluntary Acknowledgment of Paternity (PH-3500)
- K. Tennessee Code Annotated (TCA) § 68-3-305 (Surname of Child)
- L. Tennessee Code Annotated (TCA) § 36-2-304 (Presumption of Parentage)
- M. M2. Standard State, Country, and Canadian Provinces Abbreviations
- N. Hispanic Origin - Other Entries Reported on Certificates and Reports
- O. Race - Other Entries Reported on Certificates and Reports
- P. Report of Fetal Death (Stillbirth) (PH-1668)
- Q. Occupation and Industry - Illustrations of Acceptable Entries for Both
- R. Medical Definitions for Report of Fetal Death (Stillbirth)
- S. Institutional Report of Births (PH-1652)
- T. Institutional Report of Deaths, Fetal Deaths, and D.O.A.'s (PH-1661)
- U. Fees and Services for Birth Certificate

APPENDIXES (continued)

- V. Application for Certified Copy of Certificate of Birth (PH-1654)
- W. Vital Records Filed with the Tennessee Office of Vital Records
- X. Disposal of Human and Fetal Remains – Guidance Document
- Y. Certifier Designation (Hospital Designee)

APPENDIX A

Definitions of Live Birth, Fetal Death, and Induced Termination of Pregnancy

The following definitions are from the Tennessee Code Annotated (T.C.A.) § 68-3-102. They conform to the definitions adopted by the World Health Organization.

Live Birth

(9) 'Live birth' is 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 any 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. Heartbeats shall be distinguished from transient cardiac contractions, and respirations shall be distinguished from fleeting respiratory efforts or gasps;

Notice - During 2005, the Tennessee Legislature passed, and the Governor signed into law a new definition of Live Birth. The change from the old definition to the new definition is within the last underlined sentence above. Based upon the new definition, the physician attendant determines if the product of the delivery which has deceased should be declared as a fetal death or a live birth followed by death. If the physician attendant determines life, the birth must be registered as a live birth and a death certificate must also be filed by the person assuming custody of the body.

Fetal Death

(4) 'Fetal death' is death prior to the complete expulsion or extraction from its mother of a product of human conception; the death is indicated by the fact that after such expulsion or extraction 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 voluntary muscles.

Induced Termination of Pregnancy

(7) 'Induced termination of pregnancy' is the intentional termination of pregnancy with the intention other than to produce a live-born infant or to remove a dead fetus.

APPENDIX B

Mother's Medical Record No. _____
Mother's Name _____



**Tennessee Department of Health
Mother's Worksheet for Child's Birth Certificate**

The information you provide below will be used to create your child's birth certificate. The birth certificate is a document that will be used for legal purposes to prove your child's age, citizenship and parentage. This document will be used by your child throughout his/her life. State laws provide protection against the release of identifying medical and health information from the birth certificates to ensure the confidentiality of the parents and their child.

It is very important that you provide complete and accurate information to all of the questions. In addition to information used for legal purposes, other information from the birth certificate is used by health and medical researchers to study and improve the health of mothers and newborn infants. Items such as marital status, education, race, smoking, income, and Social Security numbers will be used only for statistics and research studies and will not appear on copies of the birth certificate issued to you or your child.

PLEASE PRINT CLEARLY

1. What will be your baby's legal name as it should appear on the birth certificate?

First	Middle	Last	Suffix (Jr., III, etc.)
-------	--------	------	-------------------------

2. What is your current legal name?

First	Middle	Last	Suffix (Jr., III, etc.)
-------	--------	------	-------------------------

3. Have you ever been married? Yes Go to question 4. No Go to question 5.

4. What name did you use prior to your first marriage?

First	Middle	Last	Suffix (Jr., III, etc.)
-------	--------	------	-------------------------

5. Where do you usually live? That is, where is your household/residence located?

Complete number and street: _____ Apartment No. _____
(Do not enter P. O. Box)

City, Town, or Location: _____ County: _____
(or Canadian Province)

State or Country: _____ Zip Code: _____

6. Is this household inside city limits? Yes No Don't know

7. What is your mailing address?

Same as residence If the mailing address is the same as where you live, go to Question 8.

P. O. Box: _____ Complete number and street: _____ Apartment No.: _____

City, Town, or Location: _____

State or Country: _____ Zip Code: _____

8. What is your date of birth? (Example: March 4, 1977 is 3 - 4 - 1977)

_____	_____	_____
Month	Day	Year

9. In what State, U.S. territory, or foreign country were you born? Please specify one of the following:

State _____ or U.S. territory (such as Puerto Rico, U.S. Virgin Islands, Guam, American Samoa or Northern Marianas) _____
or Foreign country _____

10. What is the highest level of schooling that you have completed at the time of delivery? Check the box that best describes your education. If you are currently enrolled, check the box that indicates the previous grade or highest degree received.

- 8th grade or less
- 9th - 12th grade, no diploma
- High school graduate or GED completed
- Some college credit, but no degree
- Associate degree (such as AA, AS)
- Bachelor's degree (such as BA, AB, BS)
- Master's degree (such as MA, MS, MEng, MEd, MSW, MBA)
- Doctorate (such as PhD, EdD) or Professional degree (such as MD, DDS, DVM, LLB, JD)

11. Are you Spanish/Hispanic/Latina? If not Spanish/Hispanic/Latina, check the "No" box. If Spanish/Hispanic/Latina, check the appropriate box.

- No, not Spanish/Hispanic/Latina
- Yes, Mexican, Mexican American, Chicano
- Yes, Puerto Rican
- Yes, Cuban
- Yes, other Spanish/Hispanic/Latina (such as Spaniard, Salvadoran, Dominican, Colombian). Specify _____

12. What is your race? Please check one or more races to indicate what you consider yourself to be.

- White
- Black or African American
- American Indian or Alaska Native, name of enrolled or principal tribe _____
- Asian Indian
- Chinese
- Filipino
- Japanese
- Korean
- Vietnamese
- Other Asian, Specify _____
- Native Hawaiian
- Guamanian or Chamorro
- Samoan
- Other Pacific Islander, Specify _____
- Other, Specify _____

13. What do you consider your primary race to be? Please check one.

- White
- Black or African American
- American Indian or Eskimo
- Chinese
- Japanese
- Hawaiian
- Filipino
- Other Asian or Pacific Islander
- Other Race not mentioned above. Specify _____

14. Did you receive WIC (Women, Infants & Children) food for yourself because you were pregnant with this child?

- Yes
- No
- Don't know

15. What is your height? _____ feet _____ inches

16. What was your weight before you became pregnant with this child? _____ pounds

17. How many cigarettes OR packs of cigarettes did you smoke on an average day during each of the following time periods? If you NEVER smoked, enter zero for each time period.

	# of cigarettes	OR	# of packs
Three months before pregnancy	_____	OR	_____
First three months of pregnancy	_____	OR	_____
Second three months of pregnancy	_____	OR	_____
Last three months of pregnancy	_____	OR	_____

18. Were you married at the time of birth, or were you married at conception, or were you married at any time between conception and giving birth?

- Yes Go to question 19 (after reading the instructions).
No If not married, will a voluntary acknowledgment of paternity form be completed for this child and signed by you and the father before you leave the hospital?
Yes, a voluntary acknowledgment of paternity form will be completed. Go to Question 19. *
No, a voluntary acknowledgment of paternity form will not be completed. Go to Question 26.

*Please note the following instructions concerning the presumed legal father of the child.

If you are now married, or were married at the time of conception, or were married anytime between conception and birth, or are now separated, or are in the process of getting a divorce, or have been divorced less than 300 days, your husband is the presumed legal father of your child. His name and personal information must be entered on the birth certificate.

If you are not married now, and were not married at the time of conception or anytime between conception and birth, the father's information can be entered on the birth certificate only if you and the biological father acknowledge paternity. Acknowledging paternity will legally establish the man completing the form as the child's father. Both you and the biological father must mutually agree, complete and sign the Voluntary Acknowledgment of Paternity form (PH-2595) before a notary public. If you or the father of the baby is less than 18 years old, then you or the father are a minor. Minors must have consent of a parent or legal guardian. The minor's parent or legal guardian must show consent by signing the form. If you plan to acknowledge paternity during the hospital stay, list the biological father's name and personal information in Questions 19-25, and 29b.

19. What is the current legal name of your baby's father?

First Middle Last Suffix (Jr., III, etc.)

20. What is the father's date of birth? (Example: March 4, 1976 is 3 - 4 - 1976) Month Day Year

21. In what State, U.S. territory, or foreign country was the father born? Please specify one of the following:

State or U.S. territory (such as Puerto Rico, U.S. Virgin Islands, Guam, American Samoa or Northern Marianas) or Foreign country

22. What is the highest level of schooling that the father has completed? Check the box that best describes his education. If he is currently enrolled, check the box that indicates the previous grade or highest degree received.

- 8th grade or less
9th - 12th grade, no diploma
High school graduate or GED completed
Some college credit, but no degree
Associate degree (such as AA, AS)
Bachelor's degree (such as BA, AB, BS)
Master's degree (such as MA, MS, MEng, MEd, MSW, MBA)
Doctorate (such as PhD, EdD) or Professional degree (such as MD, DDS, DVM, LLB, JD)

23. Is the father Spanish/Hispanic/Latino? If not Spanish/Hispanic/Latino, check the "No" box. If Spanish/Hispanic/Latino, check the appropriate box.

- No, not Spanish/Hispanic/Latino
Yes, Mexican, Mexican American, Chicano
Yes, Puerto Rican
Yes, Cuban
Yes, other Spanish/Hispanic/Latino (such as Spaniard, Salvadoran, Dominican, Colombian). Specify

24. What is the father's race? Please check one or more races to indicate what he considers himself to be.

- White
Black or African American
American Indian or Alaska Native, name of enrolled or principal tribe
Asian Indian
Chinese
Filipino
Japanese
Korean
Vietnamese
Other Asian, Specify
Native Hawaiian
Guamanian or Chamorro
Samoan
Other Pacific Islander, Specify
Other, Specify

25. What does the father consider his primary race to be? Please check one.

- White
- Black or African American
- American Indian or Eskimo
- Chinese
- Japanese
- Hawaiian
- Filipino
- Other Asian or Pacific Islander
- Other Race not mentioned above, Specify _____

26. What is the primary language spoken in the home?

- English
- Spanish/Spanish Creole
- German
- French
- Chinese
- Vietnamese
- Korean
- Arabic
- Other, Specify _____
- Unknown

27. Think of all the income from persons who lived with you. Which category is closest to your combined household income over the last 12 months?

- less than \$10,000
- \$10,000 - \$14,999
- \$15,000 - \$24,999
- \$25,000 - \$34,999
- \$35,000 - \$49,999
- \$50,000 - \$74,999
- \$75,000 - \$99,999
- \$100,000 or more
- Unknown/Refused

28. Do you want to request a Social Security Number for your child?

- Yes I authorize the State of Tennessee to provide the Social Security Administration with information from this certificate which is needed to assign a number.
- No

29. Furnishing parent(s) Social Security Number(s) (SSNs) is required by Federal Law, 42 USC 405(c)(section 205(c) of the Social Security Act).

29a. What is your Social Security Number?

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

29b. What is the father's Social Security Number? If you are not married, or if a paternity acknowledgment will not be completed, leave this item blank.

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

Certification: I certify that the personal information provided on this form is correct to the best of my knowledge and belief.

Name and signature of mother

Name _____

Signature _____ Date _____

Name and signature of father (optional)

Name _____

Signature _____ Date _____

Name and signature of person who obtained mother's worksheet information:

Name _____

Signature _____ Date _____

APPENDIX B

Mother's Worksheet for Child's Birth Certificate (PH-1675)

Generally, a birth worksheet is necessary for purposes of interviewing the mother in order to prepare the child's birth certificate. The Mother's Worksheet for Child's Birth Certificate is furnished by the Tennessee OVR upon request to a facility, clinic, or other attendant which is responsible for filing the Certificate of Live Birth. If the facility, clinic, or birth attendant has prepared a form which meets the Tennessee standard worksheet form, and has been approved by the Tennessee OVR, it may be used in lieu of this form. However, Tennessee OVR strongly recommends that the standard worksheet be used.

The Mother's Worksheet for Child's Birth Certificate is to be completed in its entirety by the mother or other responsible person. The information on this form will be transferred to the Certificate of Live Birth by hospital personnel and/or attendant.

The mother and/or father should sign the worksheet.

Form PH-1675S is the Spanish translation version of the Mother's Worksheet for Child's Birth Certificate (Appendix C).

Special Request: It is suggested that the signed mother's worksheet become a permanent record in the mother's chart. The Tennessee OVR may need to request a copy of the signed worksheet as documentation for amending the original birth certificate (i.e., child's surname, names of parents, and personal information, etc.).

APPENDIX C



Número de historia clínica de la madre _____
Nombre de la madre _____

Departamento de Salud de Tennessee

Planilla de información sobre la madre para la Partida de nacimiento del niño

Usaremos la información que usted nos da aquí para generar la partida de nacimiento de su niño (a). La partida de nacimiento es un documento que se usa con fines legales para comprobar la edad, nacionalidad y los padres del niño (a). Su niño (a) usará este documento a lo largo de su vida. Las leyes del estado estipulan la protección contra la divulgación de la información médica y de salud de la partida de nacimiento para garantizar la confidencialidad de los padres y sus hijos.

Es muy importante que la información que nos proporcione sobre cada una de las preguntas sea completa y exacta. Además de la información que se utiliza con fines legales, también hay investigadores médicos y de la salud que utilizan otros datos de la partida de nacimiento para estudiar y mejorar la salud de las madres y de los recién nacidos. Los datos tales como el estado civil, el nivel de educación, la raza, si fuma, los ingresos y los números de seguro social sólo se utilizan para estudios estadísticos y de investigación y no aparecerán en las copias de la partida de nacimiento que se le extiendan a usted o a sus hijos.

ESCRIBA CON LETRA DE MOLDE Y CLARA

1. ¿Cuál será el nombre legal de su niño (a) tal y como debe constar en la partida de nacimiento?

_____	_____	_____	_____
Nombre	Segundo nombre	Apellido	Sufijo (Jr., III, etc.)

2. ¿Cuál es su nombre legal actual?

_____	_____	_____	_____
Nombre	Segundo nombre	Apellido	Sufijo (Jr., III, etc.)

3. ¿Ha estado casada alguna vez? Sí Vaya a la pregunta 4. No Vaya a la pregunta 5.

4. ¿Cuál era su nombre antes del primer matrimonio?

_____	_____	_____	_____
Nombre	Segundo nombre	Apellido	Sufijo (Jr., III, etc.)

5. ¿Dónde vive por lo general? Es decir, ¿dónde está ubicado su hogar/domicilio?

Número y calle completos: _____ Número de apartamento: _____
(No use apartados postales)

Ciudad, Pueblo, o Lugar: _____ Condado: _____
(o Provincia en Canadá)

Estado o País: _____ Código Postal: _____

6. ¿Este hogar se encuentra dentro de los límites de la ciudad? Sí No No sé

7. ¿Cuál es su dirección postal?

La misma que la del domicilio. Si la dirección postal no es la misma que la de dónde reside, vaya a la pregunta 8.

Apartado postal: _____ Número y calle completos: _____ Número de apartamento: _____

Ciudad, Pueblo, o Lugar: _____

Estado o País: _____ Código Postal: _____

8. ¿Cuál es su fecha de nacimiento? (Ejemplo: Marzo 4 de 1977 es 3 - 4 -1977) _____

_____	_____	_____
Mes	Día	Año

9. ¿En qué estado, territorio estadounidense o país extranjero nació? Especifique cuál de los siguientes: Estado _____ o Territorio estadounidense (como Puerto Rico, Islas Vírgenes estadounidenses, Guam, Samoa Americana o las Islas Marianas del Norte) _____ o País extranjero _____

10. ¿Cuál fue el último grado que terminó en la escuela antes del parto? Marque la casilla que describe su nivel de educación. Si está matriculada en la actualidad, marque la casilla que indica el grado que haya terminado anteriormente o el diploma del nivel de educación más alto que haya obtenido.

- | | |
|---|---|
| <input type="checkbox"/> 8vo grado o menos | <input type="checkbox"/> Título de asociado (tal como Asociado en Artes, Asociado en Ciencias) |
| <input type="checkbox"/> 9no – 12mo grado, sin diploma | <input type="checkbox"/> Título de bachiller (tal como Bachiller en Artes, Bachiller en comercio, Bachiller en ciencias) |
| <input type="checkbox"/> Graduado de pre-universitario o si obtuvo el Diploma de Equivalencia General (GED, por sus siglas en inglés) | <input type="checkbox"/> Maestría (tal como Maestría en Artes, Maestría en Ciencias, Maestría en Ingeniería, Maestría en Educación, Maestría en Trabajo Social, Maestría en Comercio) |
| <input type="checkbox"/> Algunos créditos universitarios, pero no recibió un título | <input type="checkbox"/> Doctorado (tal como Doctorado en Filosofía, Doctorado en Educación) o Título Profesional (tal como Doctor en Medicina, Doctor en Estomatología, Doctor en Medicina Veterinaria, Doctor en Ley, Doctor en Jurisprudencia) |

11. ¿Usted es Española/Hispana/Latina? Si no es Española/Hispana/Latina, marque la casilla "No". Si es Española/Hispana/Latina, marque la casilla adecuada.

- | | |
|--|--|
| <input type="checkbox"/> No, no soy Española/Hispana/Latina | <input type="checkbox"/> Si, Española/Hispana/Latina de otro país tal como España, El Salvador, Dominicana, Colombia, etc. |
| <input type="checkbox"/> Si, Mejicana, Mejicana-Americana, Chicana | Especifique _____ |
| <input type="checkbox"/> Si, Puertorriqueña | |
| <input type="checkbox"/> Si, Cubana | |

12. ¿Cuál es su raza? Sírvase de marcar una casilla o todas las casillas de las razas que usted piensa que son su raza.

- | | |
|---|--|
| <input type="checkbox"/> Blanca | <input type="checkbox"/> Coreana |
| <input type="checkbox"/> Negra o Afro-norteamericana | <input type="checkbox"/> Vietnamita |
| <input type="checkbox"/> India-norteamericana o Nativa de Alaska, nombre de la tribu principal registrada _____ | <input type="checkbox"/> Otra raza asiática, especifique _____ |
| <input type="checkbox"/> Hindu-Asiática | <input type="checkbox"/> Nativa de Hawai |
| <input type="checkbox"/> China | <input type="checkbox"/> Nativa de Guam o Chamorro |
| <input type="checkbox"/> Filipina | <input type="checkbox"/> Samoano |
| <input type="checkbox"/> Japonesa | <input type="checkbox"/> Nativa de otra isla del Pacífico, especifique _____ |
| | <input type="checkbox"/> Otra, especifique _____ |

13. ¿Cuál considera que es su raza principal? Sírvase marcar una de las casillas.

- | | | |
|--|-----------------------------------|--|
| <input type="checkbox"/> Blanca | <input type="checkbox"/> China | <input type="checkbox"/> Filipina |
| <input type="checkbox"/> Negra o Afro-norteamericana | <input type="checkbox"/> Japonesa | <input type="checkbox"/> Otras Asiáticas o de las Islas del Pacífico |
| <input type="checkbox"/> India-norteamericana o Esquimal | <input type="checkbox"/> Hawaiana | <input type="checkbox"/> Otra raza que no se haya mencionado |
| | | Especifique _____ |

14. ¿Usted recibió comida del WIC (Mujeres, Lactantes y Niños, por sus siglas en inglés) mientras estaba embarazada de este niño (a)?

- Sí No No sé

15. ¿Cuánto mide? _____ pies _____ pulgadas

16. ¿Cuánto pesaba antes de este embarazo? _____ libras

17. ¿Durante los períodos de tiempo que aparecen a continuación cuántos cigarrillos O cajas de cigarrillo se fumó al día como promedio? Si NUNCA ha fumado, ponga cero en cada período de tiempo.

	# de cigarrillos		# de cajas
Tres meses antes del embarazo	_____	o	_____
El primer trimestre del embarazo	_____	o	_____
El segundo trimestre del embarazo	_____	o	_____
El último trimestre del embarazo	_____	o	_____

- China
- Filipina
- Japonesa

- Samoano
- Nativo de otra isla del Pacifico, especifique _____
- Otra, especifique _____

25. ¿Cuál es la raza que el padre considera como su raza principal? Sírvase marcar una de las casillas.

- | | | |
|--|-----------------------------------|--|
| <input type="checkbox"/> Blanca | <input type="checkbox"/> China | <input type="checkbox"/> Filipina |
| <input type="checkbox"/> Negra o Afro-norteamericana | <input type="checkbox"/> Japonesa | <input type="checkbox"/> Otras Asiáticas o de las Islas del Pacifico |
| <input type="checkbox"/> India-norteamericana o Esquimal | <input type="checkbox"/> Hawaiana | <input type="checkbox"/> Otra raza que no se haya mencionado |
| | | Especifique _____ |

26. ¿Cuál es el idioma que predomina en el hogar?

- | | | |
|--|-------------------------------------|--|
| <input type="checkbox"/> Inglés | <input type="checkbox"/> Chino | <input type="checkbox"/> Otro, especifique _____ |
| <input type="checkbox"/> Español/Español Criollo | <input type="checkbox"/> Vietnamita | <input type="checkbox"/> Desconocido |
| <input type="checkbox"/> Alemán | <input type="checkbox"/> Coreano | |
| <input type="checkbox"/> Francés | <input type="checkbox"/> Árabe | |

27. Teniendo en cuenta los ingresos de todas las personas que viven con usted ¿Cuál de estas categorías se acerca más a los ingresos combinados de su hogar en los últimos 12 meses?

- | | | |
|--|--|--|
| <input type="checkbox"/> menos de \$10,000 | <input type="checkbox"/> \$25,000 - \$34,999 | <input type="checkbox"/> \$75,000 - \$99,999 |
| <input type="checkbox"/> \$10,000 - \$14,999 | <input type="checkbox"/> \$35,000 - \$49,999 | <input type="checkbox"/> \$100,000 o más |
| <input type="checkbox"/> \$15,000 - \$24,999 | <input type="checkbox"/> \$50,000 - \$74,999 | <input type="checkbox"/> Desconozco/Me niego |

28. ¿Quisiera solicitar un número de seguro social para su niño (a)?

- Sí Autorizo al Estado de Tennessee a facilitarle a la Administración del Seguro Social la información que aparece en esta partida de nacimiento, la cual es necesaria para atribuir un número de seguro social.
- No

29. La ley federal, Título 42 del Código de los Estados Unidos, Artículos 405, Punto (c) y 205 Punto (c) de la Ley del Seguro Social, exige que los padres proporcionen su (s) número (s) de seguro social.

29a. ¿Cuál es su número de seguro social?

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

29b. ¿Cuál es el número de seguro social del padre? Si no está casada o si no va a llenar el formulario de reconocimiento voluntario, no responda a esta pregunta.

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

Certificación: Certifico que los datos personales que aparecen en este formulario están correctos según mi leal saber y entender.

Nombre y firma de la madre

Nombre _____

Firma _____ Fecha _____

Nombre y firma del padre (optativo)

Nombre _____

Firma _____ Fecha _____

Nombre y firma de la persona que obtuvo la planilla de información sobre la madre:

Nombre _____

Firma _____ Fecha _____

APPENDIX C

Planilla de informacion sobre la madre para la Partida de nacimiento del nino (PH-1675S) (Mother's Worksheet for Child's Birth Certificate)

Generally, a birth worksheet is necessary for purposes of interviewing the mother in order to prepare the child's birth certificate. The Spanish translation version of the Mother's Worksheet for Child's Birth Certificate is furnished by the Tennessee OVR upon request to a facility, clinic, or other birth attendant which is responsible for filing the Certificate of Live Birth.

The Spanish translation version of the Mother's Worksheet for Child's Birth Certificate is to be completed in its entirety by the mother or other responsible person. The information on this form will be transferred to the Certificate of Live Birth by facility personnel and/or attendant.

The mother and/or father should sign the worksheet.

Special Request: It is suggested that the signed mother's worksheet become a permanent record in the mother's chart. The Tennessee OVR may need to request a copy of the signed worksheet as documentation for amending the original birth certificate (i.e., child's surname, names of parents, and personal information, etc.).

APPENDIX D

Mother's Medical Record No. _____
Newborn Screening Specimen Control No. _____



Tennessee Department of Health
Facility Worksheet for Child's Birth Certificate

1. Mother's Name _____
2. Plurality _____
Specify single, twin, triplet, quadruplet, quintuplet, etc.
Include all live births and fetal losses delivered at any time in this pregnancy.
3. Birth Order _____
If not single birth, specify order this child was delivered as 1st, 2nd, 3rd, 4th, 5th, etc.
Include all live births and fetal losses delivered at anytime in this pregnancy.
4. Date of child's birth _____ 5. Time of birth _____ 24 hour clock
Month Day Year
6. Sex of child _____
Male, Female, Undetermined
7. Born in this facility or enroute to this facility?
 Yes Go to Question 12.
 No If not born in this facility, give name of another facility or a street and number. _____
8. Place where birth occurred
 Hospital Freestanding birthing center
 Clinic/Doctor's Office Other, Specify (e.g., plane, grocery store, school, etc.) _____
 Home birth:
Planned to deliver at home? Yes No
9. State of birth _____ If not born in Tennessee, do not continue.
10. County of birth _____ 11. City, Town or Location of birth _____

The preferred source of information for Questions 12-21 is the mother's prenatal care record.

12. Did the mother receive prenatal care? Yes No If No is checked, go to Question 16.
13. Date of first prenatal care visit (Prenatal care begins when a physician or other health professional first examines and/or counsels the pregnant woman as part of an ongoing program of care for the pregnancy.)
Month Day Year
14. Date of last prenatal care visit _____
Month Day Year
15. Total number of prenatal visits _____
16. Date last normal menses began _____
Month Day Year
- 17a. Number of previous live births now living (Do not include this child.) _____ Number None
- 17b. Number of previous live births now dead (Do not include this child.) _____ Number None
- 17c. Date of last live birth _____
Month Day Year
- 18a. Total number of other pregnancy outcomes (Include fetal losses of any gestational age; spontaneous losses, induced losses, and/or ectopic pregnancies. If this was a multiple delivery, include all fetal losses delivered before this infant in the pregnancy.)
_____ Number None
- 18b. Date of last other pregnancy outcome (Date last pregnancy ended which did not result in a live birth) _____
Month Year

19. **Medical risk factors in this pregnancy** (Check all that apply)

Diabetes - Glucose intolerance requiring treatment.

- Prepregnancy (Diagnosis prior to this pregnancy)
- Gestational (Diagnosis in this pregnancy)

Hypertension - Elevation of blood pressure above normal for age, gender, and physiological condition.

- Prepregnancy (Chronic) (Diagnosis prior to this pregnancy)
- Gestational (PIH, preeclampsia, eclampsia) (Diagnosis during this pregnancy)
- Previous preterm births - History of pregnancy(ies) terminating in a live birth of less than 37 completed weeks of gestation.
- Other previous poor pregnancy outcome (Includes perinatal death, small for gestational age/intrauterine growth restricted birth) - History of pregnancies continuing into the 20th week of gestation and resulting in any of the listed outcomes. Perinatal death includes fetal and neonatal deaths.
- Vaginal bleeding during this pregnancy prior to the onset of labor - Any vaginal bleeding occurring any time in the pregnancy prior to the onset of labor.
- Pregnancy resulted from infertility treatment - Any assisted reproduction treatment whether artificial insemination, drugs (e.g., Clomid, Pergonal) or technical procedures (e.g., in-vitro fertilization) used to initiate the pregnancy.
- Mother had a previous cesarean delivery - Previous operative delivery by extraction of the fetus, placenta and membranes through an incision in the maternal abdominal and uterine walls. If Yes, how many ____
- None of the above

20. **Infections present and/or treated during this pregnancy** (Check all that apply)

- Gonorrhea - a diagnosis of or positive test for *Neisseria gonorrhoeae*
- Syphilis - also called lues - a diagnosis of or positive test for *Treponema pallidum*
- Herpes Simplex Virus (HSV) - a diagnosis of or positive test for the herpes simplex virus
- Chlamydia - a diagnosis of or positive test for *Chlamydia trachomatis*
- Hepatitis B - HBV, serum hepatitis - a diagnosis of or positive test for the hepatitis B virus
- Hepatitis C - non A, non B hepatitis, HCV - a diagnosis of or positive test for the hepatitis C virus
- None of the above

21. **Obstetric procedures** (Check all that apply)

- Cervical cerclage - Circumferential banding or suture of the cervix to prevent or treat passive dilatation. Includes MacDonald's suture, Shirodkar procedure, abdominal cerclage via laparotomy.
- Tocolysis - Administration of any agent with the intent to inhibit preterm uterine contractions to extend length of the pregnancy.
- External cephalic version - Attempted conversion of a fetus from a non-vertex to a vertex presentation by external manipulation.
 - Successful
 - Failed
- None of the above

22. **Onset of Labor** (Check all that apply)

- Premature rupture of the membranes (prolonged \geq 12 hours) - Spontaneous tearing of the amniotic sac, (natural breaking of the bag of waters), 12 hours or more before labor begins.
- Precipitous labor (< 3 hours) - Labor that progresses rapidly and lasts for less than 3 hours.
- Prolonged labor (\geq 20 hours) - Labor that progresses slowly and lasts for 20 hours or more.
- None of the above

23. **Principal source of payment for this delivery**

- Private Insurance
- Medicaid/TennCare
- Self-pay
- Other, Specify _____

24. **Attendant's name** _____

25. **Attendant's title**

- M.D.
- D.O.
- CNM/CM
- CPM
- Other Midwife
- Other, Specify _____

26. **Attendant's N.P.I. Number** (National Provider Identifier) _____

27. **Infant's medical record number** _____

28. **Was the mother transferred to this facility for maternal medical or fetal indications prior to delivery?**
(Transfers include hospital to hospital, birth facility to hospital, etc.)

- Yes If Yes, enter the name of the facility mother transferred from: _____
- No

29. **Mother's weight at delivery** Pounds: _____

30. Characteristics of labor and delivery (Check all that apply)

- Induction of labor - Start of uterine contractions by medical and/or surgical means for the purpose of delivery before the spontaneous onset of labor.
- Augmentation of labor - Stimulation of uterine contractions by drug or manipulative technique with the intent to reduce the time to delivery.
- Non-vertex presentation - Includes any non-vertex fetal presentation, e.g., breech, shoulder, brow, face presentations, and transverse lie in the active phase of labor or at delivery other than vertex.
- Steroids (glucocorticoids) for fetal lung maturation received by the mother prior to delivery - Includes betamethasone, dexamethasone, or hydrocortisone specifically given to accelerate fetal lung maturation in anticipation of preterm delivery. Excludes steroid medication given to the mother as an anti-inflammatory treatment.
- Antibiotics received by the mother during labor - Includes antibacterial medications given systemically (intravenous or intramuscular) to the mother in the interval between the onset of labor and the actual delivery: Ampicillin, Penicillin, Clindamycin, Erythromycin, Gentamicin, Cefotaxime, Ceftriaxone, etc.
- Clinical chorioamnionitis diagnosed during labor or maternal temperature $\geq 38^{\circ}\text{C}$ (100.4°F) - Clinical diagnosis of chorioamnionitis during labor made by the delivery attendant. Usually includes more than one of the following: fever, uterine tenderness and/or irritability, leukocytosis and fetal tachycardia.
- Moderate/heavy meconium staining of the amniotic fluid - Staining of the amniotic fluid caused by passage of fetal bowel contents during labor and/or at delivery which is more than enough to cause a greenish color change of an otherwise clear fluid.
- Fetal intolerance of labor was such that one or more of the following actions was taken: in utero resuscitative measures, further fetal assessment, or operative delivery - *In Utero Resuscitative measures* such as any of the following - maternal position change, oxygen administration to the mother, intravenous fluids administered to the mother, amnioinclusion, support of maternal blood pressure, and administration of uterine relaxing agents. *Further fetal assessment* includes any of the following - scalp pH, scalp stimulation, acoustic stimulation. *Operative delivery* - operative intervention to shorten time to delivery of the fetus such as forceps, vacuum, or cesarean delivery.
- Epidural or spinal anesthesia during labor - Administration to the mother of a regional anesthetic for control of the pain of labor, i.e., delivery of the agent into a limited space with the distribution of the analgesic effect limited to the lower body.
- None of the above

31. Method of delivery (Complete A, B, C, and D)

- A. Was delivery with forceps attempted but unsuccessful? - Obstetric forceps was applied to the fetal head in an unsuccessful attempt at vaginal delivery. Yes No
- B. Was delivery with vacuum extraction attempted but unsuccessful? - Ventouse or vacuum cup was applied to the fetal head in an unsuccessful attempt at vaginal delivery. Yes No
- C. Fetal presentation at birth (Check one)
 - Cephalic - Presenting part of the fetus listed as vertex, occiput anterior (OA), occiput posterior (OP)
 - Breech - Presenting part of the fetus listed as breech, complete breech, frank breech, foaling breech
 - Other - Any other presentation not listed above
- D. Final route and method of delivery (Check one)
 - Vaginal/Spontaneous - Delivery of the entire fetus through the vagina by the natural force of labor with or without manual assistance from the delivery attendant.
 - Vaginal/Forceps - Delivery of the fetal head through the vagina by application of obstetrical forceps to the fetal head.
 - Vaginal/Vacuum - Delivery of the fetal head through the vagina by application of a vacuum cup or ventouse to the fetal head.
 - Cesarean - Extraction of the fetus, placenta and membranes through an incision in the maternal abdominal and uterine walls
If cesarean, was a trial of labor attempted? - Labor was allowed, augmented or induced with plans for a vaginal delivery.
 Yes No

32. Maternal morbidity (Check all that apply)

- Maternal transfusion - Includes infusion of whole blood or packed red blood cells associated with labor and delivery
- Third or fourth degree perineal laceration - 3rd degree laceration extends completely through the perineal skin, vaginal mucosa, perineal body and anal sphincter. 4th degree laceration is all of the above with extension through the rectal mucosa.
- Ruptured uterus - Tearing of the uterine wall.
- Unplanned hysterectomy - Surgical removal of the uterus that was not planned prior to the admission. Includes anticipated or possible but not definitively planned hysterectomy
- Admission to intensive care unit - Any admission of the mother to a facility/unit designated as providing intensive care.
- Unplanned operating room procedure following delivery - Any transfer of the mother back to a surgical area for an operative procedure that was not planned prior to the admission for delivery. Excludes postpartum tubal ligations.
- None of the above

33. Birthweight Enter weight in grams. _____
If weight in grams is not available, enter birthweight as lbs., oz. _____

34. Obstetric estimate of gestation at delivery - The birth attendant's final estimate of gestation based on all perinatal factors and assessments, but not the neonatal exam. Do not compute based on date of the last menstrual period and the date of birth. Completed wks. _____

35. Apgar score at 5 mins. _____ If 5 mins. score is less than 6, what is the Apgar score at 10 mins. _____

36. Abnormal conditions of the newborn (Check all that apply)

- Assisted ventilation required immediately following delivery - Infant given manual breaths for any duration with bag and mask or bag and endotracheal tube within the first several minutes from birth. Excludes oxygen only and laryngoscopy for aspiration of meconium.
- Assisted ventilation required for more than six hours - Infant given mechanical ventilation (breathing assistance) by any method for more than 6 hours. Includes conventional, high frequency and/or continuous positive pressure (CPAP).
- NICU admission - Admission into a facility or unit staffed and equipped to provide continuous mechanical ventilatory support for a newborn.
- Newborn given surfactant replacement therapy - Endotracheal instillation of a surface active suspension for the treatment of surfactant deficiency due to preterm birth or pulmonary injury resulting in respiratory distress. Includes both artificial and extracted natural surfactant.
- Antibiotics received by the newborn for suspected neonatal sepsis - Any antibacterial drug given systemically (intravenous or intramuscular) (e.g., penicillin, ampicillin, gentamicin, cefotaxime etc.)
- Seizure or serious neurologic dysfunction - Seizure is any involuntary repetitive, convulsive movement or behavior. Serious neurologic dysfunction is severe alteration of alertness such as obtundation, stupor, or coma, i.e., hypoxic-ischemic encephalopathy. Excludes lethargy or hypotonia in the absence of other neurologic findings. Exclude symptoms associated with CNS congenital anomalies.
- Significant birth injury (skeletal fracture(s), peripheral nerve injury, and/or soft tissue/solid organ hemorrhage which requires intervention) - Defined as present immediately following delivery or manifesting soon after delivery. Includes any bony fracture or weakness or loss of sensation, but excludes fractured clavicles and transient facial nerve palsy. Soft tissue hemorrhage requiring evaluation and/or treatment includes sub-galeal (progressive extravasation within the scalp) hemorrhage, giant cephalohematoma, extensive truncal, facial and/or extremity ecchymosis accompanied by evidence of anemia and/or hypovolemia and/or hypotension. Solid organ hemorrhage includes subcapsular hematoma of the liver, fractures of the spleen, or adrenal hematoma.
- None of the above

37. Congenital anomalies of the newborn (Check all that apply)

- Anencephaly - Partial or complete absence of the brain and skull. Also called anencephalus, acrania, or absent brain. Also includes infants with craniorachischisis (anencephaly with a contiguous spine defect).
- Meningomyelocele/Spina bifida - Spina bifida is herniation of the meninges and/or spinal cord tissue through a bony defect of spine closure. Meningomyelocele is herniation of meninges and spinal cord tissue. Meningocele (herniation of meninges without spinal cord tissue) should also be included in this category. Both open and closed (covered with skin) lesions should be included. Do not include Spina bifida occulta (a midline bony spinal defect without protrusion of the spinal cord or meninges).
- Cyanotic congenital heart disease - Congenital heart defects which cause cyanosis. Includes but is not limited to: transposition of the great arteries (vessels), tetralogy of Fallot, pulmonary or pulmonic valvular atresia, tricuspid atresia, truncus arteriosus, total/partial anomalous pulmonary venous return with or without obstruction.
- Congenital diaphragmatic hernia - Defect in the formation of the diaphragm allowing herniation of abdominal organs into the thoracic cavity.
- Omphalocele - A defect in the anterior abdominal wall, accompanied by herniation of some abdominal organs through a widened umbilical ring into the umbilical stalk. The defect is covered by a membrane (different from gastroschisis, see below), although this sac may rupture. Also called exomphalos. Do not include umbilical hernia (completely covered by skin) in this category.
- Gastroschisis - An abnormality of the anterior abdominal wall, lateral to the umbilicus, resulting in herniation of the abdominal contents directly into the amniotic cavity. Differentiated from omphalocele by the location of the defect and absence of a protective membrane.
- Limb reduction defect (excluding congenital amputation and dwarfing syndromes) - Complete or partial absence of a portion of an extremity associated with failure to develop.
- Cleft lip with or without Cleft palate - Incomplete closure of the lip. May be unilateral, bilateral or median.
- Cleft palate alone - Incomplete fusion of the palatal shelves. May be limited to the soft palate or may extend into the hard palate. Cleft palate in the presence of cleft lip should be included in the "Cleft Lip with or without Cleft Palate" category above.

Down Syndrome - (Trisomy 21)

- Karyotype confirmed
- Karyotype pending

Suspected chromosomal disorder - Includes any constellation of congenital malformations resulting from or compatible with known syndromes caused by detectable defects in chromosome structure.

- Karyotype confirmed
- Karyotype pending

- Hypospadias - Incomplete closure of the male urethra resulting in the urethral meatus opening on the ventral surface of the penis. Includes first degree - on the glans ventral to the tip, second degree - in the coronal sulcus, and third degree - on the penile shaft.
- None of the anomalies listed above

38. Was infant transferred within 24 hours of delivery? Transfer is defined as moving the child from the facility where the delivery occurred to another facility. This excludes admittance to the newborn intensive care unit within the facility where the child was delivered.

- Yes If yes, give name of facility infant transferred to: _____
- No

39a. Is infant living at time of report? Yes No Infant transferred, status unknown

39b. If not living, give date of death _____ 40. Is infant being breastfed? Yes No
Month Day Year

Name and signature of Labor and Delivery Nurse or Attendant who obtained facility worksheet information:

Name _____ Signature _____ Date _____

APPENDIX D

Facility Worksheet for Child's Birth Certificate

The Facility Worksheet for Child's Birth Certificate is furnished upon request to a facility which is responsible for filing the Certificate of Live Birth. If the facility has prepared a form which meets the needs of the facility, it may be used in lieu of this form. However, Tennessee OVR strongly recommends that the standard worksheet be used.

The Facility Worksheet for Child's Birth Certificate should be completed by the physician in attendance at the birth of the child or the labor and delivery nurse and remains in the facility's files. It is to be used for completing the medical portion and confidential portion of the Certificate of Live Birth with information that is best provided by the physician or the labor and delivery nurse.

The mother or other informant should not normally be asked to complete the medical items 29-34b, 37, 39-42, and 44-60 unless medical personnel do not have access to this information. The information for these items should be taken from the facility worksheet or from other data supplied by the physician.

The Tennessee OVR does not recommend that the Facility Worksheet for Child's Birth Certificate become a permanent record in the mother's chart.

APPENDIX E



TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF LIVE BIRTH

STATE FILE NUMBER: 141-

CHILD	1 CHILD'S NAME (First, Middle, Last, Suffix)				
	2 SEX	3 DATE OF BIRTH (Mo/Day/Yr)	4 TIME OF BIRTH (24 Hour)	5 FACILITY NAME (If not institution, give street and number)	
	6 CITY, TOWN, OR LOCATION OF BIRTH			7 COUNTY OF BIRTH	
MOTHER	8a MOTHER'S CURRENT LEGAL NAME (First, Middle, Last, Suffix)			8b DATE OF BIRTH (Mo/Day/Yr)	
	8c MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last, Suffix)			8d BIRTHPLACE (State, Territory, or Foreign Country)	
	9a RESIDENCE OF MOTHER-STATE OR COUNTRY		9b COUNTY		9c CITY, TOWN, OR LOCATION
	9d STREET AND NUMBER		9e APT. NO.	9f ZIP CODE	9g INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input type="checkbox"/> No
	10 MOTHER'S MAILING ADDRESS <input type="checkbox"/> Same as residence, or				
Street and Number Apt. No. City State or Country Zip Code					
FATHER	11a FATHER'S CURRENT LEGAL NAME (First, Middle, Last, Suffix)		11b DATE OF BIRTH (Mo/Day/Yr)	11c BIRTHPLACE (State, Territory, or Foreign Country)	
CERTIFIER	12 CERTIFIER'S SIGNATURE AND DATE CERTIFIED				
	SIGNATURE			DATE SIGNED (Mo/Day/Yr)	
	TITLE <input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> HOSPITAL DESIGNEE <input type="checkbox"/> CNM/CM <input type="checkbox"/> CPM <input type="checkbox"/> Other Midwife <input type="checkbox"/> Other, Specify				
13 REGISTRAR'S SIGNATURE					14 DATE FILED BY REGISTRAR (Mo/Day/Yr)

PH-105-A
Rev. (1-04)

RDA 1359

INFORMATION FOR MEDICAL AND HEALTH USE ONLY

15 MOTHER'S MEDICAL RECORD NO.	16 CHILD'S MEDICAL RECORD NO.	17 NEWBORN SCREENING SPECIMEN CONTROL NO.	18 FACILITY ID (NPI)
19 MOTHER MARRIED AT BIRTH, CONCEPTION, OR ANY TIME BETWEEN? IF NO, HAS PATERNITY ACKNOWLEDGMENT FORM BEEN COMPLETED?		20 SOCIAL SECURITY CARD REQUESTED FOR CHILD?	
21 MOTHER'S SOCIAL SECURITY NO.		22 FATHER'S SOCIAL SECURITY NO.	

MOTHER	23. MOTHER'S EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of delivery) <ul style="list-style-type: none"> <input type="checkbox"/> 8th grade or less <input type="checkbox"/> 9th - 12th grade, no diploma <input type="checkbox"/> High school graduate or GED completed <input type="checkbox"/> Some college credit but no degree <input type="checkbox"/> Associate degree (e.g. AA, AS) <input type="checkbox"/> Bachelor's degree (e.g. BA, AB, BS) <input type="checkbox"/> Master's degree (e.g. MA, MS, MEng, MEd, MSW, MBA) <input type="checkbox"/> Doctorate (e.g. PhD, EdD) or Professional degree (e.g. MD, DDS, DVM, LLB, JD) <input type="checkbox"/> Unknown 	24. MOTHER OF HISPANIC ORIGIN? (Check the box that best describes whether the mother is Spanish/Hispanic/Latina. Check the "No" box if mother is not Spanish/Hispanic/Latina) <ul style="list-style-type: none"> <input type="checkbox"/> No, not Spanish/Hispanic/Latina <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, other Spanish/Hispanic/Latina Specify _____ <input type="checkbox"/> Unknown 	25a. MOTHER'S RACE (Check one or more races to indicate what the mother considers herself to be) <ul style="list-style-type: none"> <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native Name of the enrolled or principal tribe _____ <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian, Specify _____ <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander, Specify _____ <input type="checkbox"/> Other, Specify _____ <input type="checkbox"/> Unknown 25b. Which of the above does the mother consider her primary race? _____																					
FATHER	26. FATHER'S EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of delivery) <ul style="list-style-type: none"> <input type="checkbox"/> 8th grade or less <input type="checkbox"/> 9th - 12th grade, no diploma <input type="checkbox"/> High school graduate or GED completed <input type="checkbox"/> Some college credit but no degree <input type="checkbox"/> Associate degree (e.g. AA, AS) <input type="checkbox"/> Bachelor's degree (e.g. BA, AB, BS) <input type="checkbox"/> Master's degree (e.g. MA, MS, MEng, MEd, MSW, MBA) <input type="checkbox"/> Doctorate (e.g. PhD, EdD) or Professional degree (e.g. MD, DDS, DVM, LLB, JD) <input type="checkbox"/> Unknown 	27. FATHER OF HISPANIC ORIGIN? (Check the box that best describes whether the father is Spanish/Hispanic/Latino. Check the "No" box if father is not Spanish/Hispanic/Latino) <ul style="list-style-type: none"> <input type="checkbox"/> No, not Spanish/Hispanic/Latino <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, other Spanish/Hispanic/Latino Specify _____ <input type="checkbox"/> Unknown 	28a. FATHER'S RACE (Check one or more races to indicate what the father considers himself to be) <ul style="list-style-type: none"> <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native Name of the enrolled or principal tribe _____ <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian, Specify _____ <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander, Specify _____ <input type="checkbox"/> Other, Specify _____ <input type="checkbox"/> Unknown 28b. Which of the above does the father consider his primary race? _____																					
MEDICAL AND HEALTH INFORMATION	29. PLACE WHERE BIRTH OCCURRED <ul style="list-style-type: none"> <input type="checkbox"/> Hospital <input type="checkbox"/> Free-standing birthing center <input type="checkbox"/> Home Birth: Planned to deliver at home? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Clinic/Doctor's office <input type="checkbox"/> Other, Specify _____ 																							
32. DID THE MOTHER RECEIVE PRENATAL CARE? <input type="checkbox"/> Yes <input type="checkbox"/> No		33. TOTAL NUMBER OF PRENATAL VISITS FOR THIS PREGNANCY _____ (if none, enter 0)	34a. DATE OF FIRST PRENATAL CARE VISIT M M / D D / Y Y Y Y	34b. DATE OF LAST PRENATAL CARE VISIT M M / D D / Y Y Y Y																				
35. MOTHER'S HEIGHT _____ (feet/inches)	36. MOTHER'S PREPREGNANCY WEIGHT _____ (pounds)	37. MOTHER'S WEIGHT AT DELIVERY _____ (pounds)	38. DID MOTHER GET WIC FOOD FOR HERSELF DURING THIS PREGNANCY? <input type="checkbox"/> Yes <input type="checkbox"/> No																					
39. NUMBER OF PREVIOUS LIVE BIRTHS (Do not include this child) <ul style="list-style-type: none"> 39a. Now living: <input type="checkbox"/> None <input type="checkbox"/> One <input type="checkbox"/> Two <input type="checkbox"/> Three <input type="checkbox"/> Four <input type="checkbox"/> Five <input type="checkbox"/> Six <input type="checkbox"/> Seven <input type="checkbox"/> Eight <input type="checkbox"/> Nine <input type="checkbox"/> Ten <input type="checkbox"/> More 39b. Now dead: _____ 	39c. Date of last live birth M M / Y Y Y Y	40. NUMBER OF OTHER PREGNANCY OUTCOMES <ul style="list-style-type: none"> 40a. Other outcomes: <input type="checkbox"/> None <input type="checkbox"/> One <input type="checkbox"/> Two <input type="checkbox"/> Three <input type="checkbox"/> Four <input type="checkbox"/> Five <input type="checkbox"/> Six <input type="checkbox"/> Seven <input type="checkbox"/> Eight <input type="checkbox"/> Nine <input type="checkbox"/> Ten <input type="checkbox"/> More 40b. Date of last other pregnancy outcome: M M / Y Y Y Y 	41. DATE LAST NORMAL MENSES BEGAN M M / D D / Y Y Y Y																					
42. PRINCIPLE SOURCE OF PAYMENT FOR THIS DELIVERY <ul style="list-style-type: none"> <input type="checkbox"/> Private Insurance <input type="checkbox"/> Medicaid/Medicare <input type="checkbox"/> Self-pay <input type="checkbox"/> Other, Specify _____ 	43. CIGARETTE SMOKING BEFORE AND DURING PREGNANCY For each time period, enter either the number of cigarettes or the number of packs of cigarettes smoked. If none, enter 0. Average number of cigarettes or packs of cigarettes smoked per day <table border="0" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;"># of cigarettes</th> <th style="text-align: center;">or</th> <th style="text-align: center;"># of packs</th> </tr> </thead> <tbody> <tr> <td>Three Months Before Pregnancy</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">or</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>First Three Months of Pregnancy</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">or</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>Second Three Months of Pregnancy</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">or</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>Last Three Months of Pregnancy</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">or</td> <td style="text-align: center;">_____</td> </tr> </tbody> </table>					# of cigarettes	or	# of packs	Three Months Before Pregnancy	_____	or	_____	First Three Months of Pregnancy	_____	or	_____	Second Three Months of Pregnancy	_____	or	_____	Last Three Months of Pregnancy	_____	or	_____
	# of cigarettes	or	# of packs																					
Three Months Before Pregnancy	_____	or	_____																					
First Three Months of Pregnancy	_____	or	_____																					
Second Three Months of Pregnancy	_____	or	_____																					
Last Three Months of Pregnancy	_____	or	_____																					

MEDICAL AND HEALTH INFORMATION	44. RISK FACTORS IN THIS PREGNANCY (Check all that apply) Diabetes <input type="checkbox"/> Prepregnancy (Diagnosis prior to this pregnancy) <input type="checkbox"/> Gestational (Diagnosis in this pregnancy) Hypertension <input type="checkbox"/> Prepregnancy (Chronic) <input type="checkbox"/> Gestational (PIH, preeclampsia, eclampsia) <input type="checkbox"/> Previous preterm birth <input type="checkbox"/> Other previous poor pregnancy outcome (includes perinatal death, small for gestational age/intrauterine growth restricted birth) <input type="checkbox"/> Vaginal bleeding during this pregnancy prior to the onset of labor <input type="checkbox"/> Pregnancy resulted from infertility treatment <input type="checkbox"/> Mother had a previous cesarean delivery. If yes, how many _____ <input type="checkbox"/> None of the above	46. OBSTETRIC PROCEDURES (Check all that apply) <input type="checkbox"/> Cervical cerclage <input type="checkbox"/> Tocolysis External cephalic version <input type="checkbox"/> Successful <input type="checkbox"/> Failed <input type="checkbox"/> None of the above	49. METHOD OF DELIVERY A. Was delivery with forceps attempted but unsuccessful? <input type="checkbox"/> Yes <input type="checkbox"/> No B. Was delivery with vacuum extraction attempted but unsuccessful? <input type="checkbox"/> Yes <input type="checkbox"/> No C. Fetal presentation at birth <input type="checkbox"/> Cephalic <input type="checkbox"/> Breech <input type="checkbox"/> Other D. Final route and method of delivery (Check one) <input type="checkbox"/> Vaginal/Spontaneous <input type="checkbox"/> Vaginal/Forceps <input type="checkbox"/> Vaginal/Vacuum <input type="checkbox"/> Cesarean If cesarean, was a trial of labor attempted? <input type="checkbox"/> Yes <input type="checkbox"/> No
	45. INFECTIONS PRESENT AND/OR TREATED DURING THIS PREGNANCY (Check all that apply): <input type="checkbox"/> Gonorrhea <input type="checkbox"/> Syphilis <input type="checkbox"/> Herpes Simplex Virus (HSV) <input type="checkbox"/> Chlamydia <input type="checkbox"/> Hepatitis B <input type="checkbox"/> Hepatitis C <input type="checkbox"/> None of the above	47. ONSET OF LABOR (Check all that apply) <input type="checkbox"/> Premature rupture of the membranes (prolonged, ≥ 12 hrs) <input type="checkbox"/> Precipitous labor (<3 hrs) <input type="checkbox"/> Prolonged labor (≥ 20 hrs) <input type="checkbox"/> None of the above	48. CHARACTERISTICS OF LABOR AND DELIVERY (Check all that apply) <input type="checkbox"/> Induction of labor <input type="checkbox"/> Augmentation of labor <input type="checkbox"/> Non-vertex presentation <input type="checkbox"/> Steroids (glucocorticoids) for fetal lung maturation received by the mother prior to delivery <input type="checkbox"/> Antibiotics received by the mother during labor <input type="checkbox"/> Clinical chorioamnionitis diagnosed during labor or maternal temperature ≥ 38 C (100.4°F) <input type="checkbox"/> Moderate/severe meconium staining of the amniotic fluid <input type="checkbox"/> Fetal intolerance of labor such that one or more of the following actions was taken: maternal resuscitative measures, further fetal assessment or operative delivery <input type="checkbox"/> Epidural or spinal anesthesia during labor <input type="checkbox"/> None of the above

NEWBORN INFORMATION

NEWBORN	51. BIRTHWEIGHT (grams preferred; specify unit) _____ <input type="checkbox"/> grams <input type="checkbox"/> lb/oz	56. ABNORMAL CONDITIONS OF THE NEWBORN (Check all that apply) <input type="checkbox"/> Assisted ventilation required immediately following delivery <input type="checkbox"/> Assisted ventilation required for more than six hours <input type="checkbox"/> NICU admission <input type="checkbox"/> Newborn gown/surfactant replacement therapy <input type="checkbox"/> Antibiotics received by the newborn for suspected neonatal sepsis <input type="checkbox"/> Seizure or serious neurologic dysfunction <input type="checkbox"/> Significant birth injury (skeletal fracture(s), peripheral nerve injury, and/or soft tissue/solid organ hemorrhage which requires intervention) <input type="checkbox"/> None of the above	57. CONGENITAL ANOMALIES OF THE NEWBORN (Check all that apply) <input type="checkbox"/> Anencephaly <input type="checkbox"/> Meningocele/spina bifida <input type="checkbox"/> Cyanotic congenital heart disease <input type="checkbox"/> Congenital diaphragmatic hernia <input type="checkbox"/> Omphalocele <input type="checkbox"/> Gastroesophageal <input type="checkbox"/> Limb reduction defect (excluding congenital amputation and dwarfing syndromes) <input type="checkbox"/> Cleft lip with or without Cleft palate <input type="checkbox"/> Cleft palate alone Down Syndrome <input type="checkbox"/> Karyotype confirmed <input type="checkbox"/> Karyotype pending Suspected chromosomal disorder <input type="checkbox"/> Karyotype confirmed <input type="checkbox"/> Karyotype pending <input type="checkbox"/> Hypoaplasias <input type="checkbox"/> None of the anomalies listed above
	52. OBSTETRIC ESTIMATE OF GESTATION _____ (completed weeks)	58. WAS INFANT TRANSFERRED WITHIN 24 HOURS OF DELIVERY? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name of facility infant transferred to: _____	60a. IS INFANT LIVING AT TIME OF REPORT? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Infant transferred, status unknown
	53. APGAR SCORE Score at 5 minutes _____ If 5 minute score is less than 6, what is the score at 10 minutes: _____	59. IS INFANT BEING BREASTFED? <input type="checkbox"/> Yes <input type="checkbox"/> No	60b. If not living, give date of death _____ M M / D D / Y Y Y Y
	54. PLURALITY (Single, Twin, Triplet, etc.) Specify _____	55. IF NOT SINGLE BIRTH (Born First, Second, Third etc.) Specify _____	
HOUSEHOLD	61. WHAT LANGUAGE IS SPOKEN PREDOMINANTLY IN THE HOME? <input type="checkbox"/> English <input type="checkbox"/> Spanish/Spanish Creole <input type="checkbox"/> German <input type="checkbox"/> French <input type="checkbox"/> Chinese <input type="checkbox"/> Vietnamese <input type="checkbox"/> Korean <input type="checkbox"/> Arabic <input type="checkbox"/> Other, Specify _____ <input type="checkbox"/> Unknown	62. WHAT IS THE COMBINED HOUSEHOLD INCOME FOR THE LAST 12 MONTHS? <input type="checkbox"/> < \$10,000 <input type="checkbox"/> \$25,000 - \$34,999 <input type="checkbox"/> \$75,000 - \$99,999 <input type="checkbox"/> \$10,000 - \$14,999 <input type="checkbox"/> \$35,000 - \$49,999 <input type="checkbox"/> \$100,000 or more <input type="checkbox"/> \$15,000 - \$24,999 <input type="checkbox"/> \$50,000 - \$74,999 <input type="checkbox"/> Unknown/Refused	

APPENDIX F

BIRTH REPORT OF FOUNDLING

DEPARTMENT OF PUBLIC HEALTH

STATE OF TENNESSEE

VITAL RECORDS

AUTHORITY TO FILE THIS RECORD IS PROVIDED BY SECTION 129-2 PUBLIC ACTS OF 1977

DATA REQUIRED ARE TO BE SUPPLIED OVER THE SIGNATURE OF THE PERSON FINDING THIS CHILD

THIS REPORT SHALL BE SUBJECT TO THE CONDITIONS GOVERNING A CERTIFICATE OF BIRTH

WRITE PLAINLY USE INK.

ALL ITEMS MUST BE COMPLETE AND ACCURATE

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE • PUBLIC HEALTH SERVICE

1. NAME ASSIGNED _____

2. PLACE FOUND: A. COUNTY _____ CIVIL DISTRICT _____
 B. CITY OR TOWN _____ INSIDE CITY LIMITS? YES NO

3. DATE FOUND _____ APPROXIMATE DATE OF BIRTH _____

4. SEX _____ 5. COLOR OR RACE _____

6. PERSON OR INSTITUTION WITH WHOM THE CHILD HAS BEEN PLACED FOR CARE:
 A. NAME _____
 B. ADDRESS _____

7. NAME ASSIGNED BY: _____

8. OTHER IDENTIFYING DATA: _____

9. SIGNATURE: A. PERSON FINDING THIS CHILD _____
 B. ADDRESS _____
 C. DATE SIGNED _____

10A. REGISTRAR-SIGNATURE _____

10B. DATE RECEIVED BY LOCAL REGISTRAR
 MONTH DAY YEAR

PH-1855
 VR Rev. 7/78

APPENDIX G



VOLUNTARY ACKNOWLEDGMENT OF PATERNITY
STATE OF TENNESSEE
DEPARTMENT OF HEALTH-OFFICE OF VITAL RECORDS
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE NUMBER

TENNESSEE CODE ANNOTATED, SECTIONS 24-7-113, 68-3-203, 68-3-302 AND 85-3-305

INSTRUCTIONS

1. This is a legal form. Please read it carefully.
2. **Do not** sign this form until you have received an oral presentation of your rights and responsibilities. **Do not** sign this form if you do not understand what it means.
3. Use black ink. Do not use any white out or erasures or the form will **not** be accepted.
4. Once this form has been filed with the Tennessee Vital Records Office, a court order will be required to make changes in the child's name; provided, however, if either parent rescinds (cancels) the acknowledgment of paternity within the sixty (60) day period provided by law, the child's surname will automatically be changed to the mother's legal surname at the time of birth.
5. In Section I, enter the child's name exactly as you want it to be shown on the child's birth certificate. Both parents must agree. Enter all other information requested on the form, if applicable, to your current circumstances.
6. If you are under 18 years of age, your parent or guardian **must** be present at the time you complete this form and **must** sign below your signature to give consent.
7. Retain a copy of this form as you have completed it before the Notary Public for your records.

SECTION I - A.

Child's Name (as you want it shown on the birth certificate)	Date of Birth
	State and County of Birth
First _____ Middle _____ Last _____ Suffix _____	

FATHER'S INFORMATION

Father's Name			Date of Birth
First _____ Middle _____ Last _____ Suffix _____			
Birthplace - State or Foreign Country	Social Security Number	Spanish/ Hispanic/ Latino? <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes, Specify:	
Race (list all that apply)	Education - Highest level completed		

B. Social Security Number of Child (if available at the time of completion of form): _____

SECTION II - INFORMATION TO BE COMPLETED BY THE MOTHER OF THE CHILD

A. Name: _____ B. Maiden Surname: _____

C. Residential Address: _____ County: _____
 Phone Number: (____) _____

D. Mailing Address (if different): _____

E. Social Security Number: _____ F. Date of Birth: _____

G. Birthplace: City _____ State or Country: _____

H. Mother's Employer: _____ Phone No: (____) _____
 Employer's Address: _____

I. Mother's medical insurance company name: _____
 Policy Number: _____ Monthly cost of coverage for: \$ _____ Family \$ _____ Single

J. Driver's License No: _____

SECTION III - INFORMATION TO BE COMPLETED BY THE FATHER

A. Father's Residential Address: _____ County: _____
 Mailing Address (if different): _____
 Phone number: (____) _____ B. Driver's License No: _____

C. Father's employer: _____ Phone No. (____) _____
 Employer's address: _____

D. Father's medical insurance company name: _____
 Policy Number: _____ Monthly cost of coverage for: \$ _____ Family \$ _____ Single

SECTION IV - RIGHTS AND RESPONSIBILITIES INVOLVING PATERNITY ESTABLISHMENT

The following rights and responsibilities of establishing paternity must be explained to you!

- A. If you are the **father** of this child, by signing this voluntary acknowledgment of paternity:
1. You will be **conclusively presumed** to be the father of the child named above **unless**, within 60 days following completion of this form, the acknowledgment is rescinded (canceled) as described in Section IV. C. below.
 2. Your name will appear on the child's birth certificate as the father of the child.
 3. You will give your child the benefits of:
 - a. Knowing his or her father's identity
 - b. Having the opportunity for a legally recognized father-child relationship.
 - c. Having access to your health and medical information to help in caring for your child's possible future medical problems.
 - d. Having financial support from birth parents.
 - e. Having rights to other benefits which may include social security, veterans benefits, insurance, the right to inherit property and possibly others.

4. As the legal father you will have:
 - a. The ability to protect your legal rights to your child by having a say in any attempted adoption of your child by others.
 - b. The right to petition the court for visitation and custody.
 - c. The responsibility of providing financial and medical support. The court may enter an order, which will direct you to provide money for the financial support of your child and to provide for your child's medical care.
5. If you are the mother of this child, by signing this voluntary acknowledgment of paternity:
 1. The father's name will appear on your child's birth certificate.
 2. Your child will have a legal father from whom child support, medical support and other benefits such as social security, veterans benefits, the right to inherit property and possibly others will be available.
 3. The child's father will have the right to ask the court for visitation or custody of the child.
6. If you are either the mother or father of this child:
 1. You may revoke (cancel) this acknowledgment by obtaining from the local child support office or the Department of Health a Rescission of Voluntary Acknowledgment of Paternity form and filing the form and the required \$15.00 fee so that it is received by the Office of Vital Records in Nashville, Tennessee within sixty (60) days of the date of completion of this form. If you cannot pay the fee because you are poor, you may complete a sworn statement with the Rescission in which you describe your income, and the fee will be waived if you meet the waiver requirements.
 2. The acknowledgment may also be rescinded (canceled) by entry of an order which rescinds (cancels) the acknowledgment at a court or administrative hearing relating to the child held within sixty (60) days of the date of the completion of this form at which either parent is a party.
 3. If you believe that there has been fraud or a material mistake of fact in the completion of this acknowledgment, you may file an action in court to rescind this acknowledgment if you do so within five (5) years of the date of the completion of this form. If however, you are the father named in this acknowledgment, and you allege fraud by the mother of the child, an action to rescind the acknowledgment is not barred by the five (5) year limitation if the interests of the child, the State or any child support agency are not affected by such an action.
7.
 1. The identity of the father may be established by parentage tests such as genetic tests (DNA) if either the mother or person believed to be the father is unsure of the identity of the father.
 2. If the acknowledgment is not signed to establish a father of the child, a legal action may be filed by either the mother, the father, or by a State child support agency in order to establish a legal father of the child. Such an action, if successful, will make the father responsible for paying child support and medical support. The child may also be entitled to any of the benefits noted in Section IV A.3 e. above. The mother, alleged father and the child will be required to submit to genetic testing to determine the identity of the father if the alleged father's identity is disputed. Costs for such tests may be recovered in the legal action from the mother or father.

SECTION V - AFFIDAVIT OF FATHER

State of Tennessee

County of _____

City of _____

First being duly sworn, affiant states:

I am _____ I certify and acknowledge that I am the father of the child whose name appears in Section I and I further certify and acknowledge that all of the information in Section I is correct. I further acknowledge that I have been orally advised of my rights and responsibilities as set forth in Section IV above in signing an acknowledgment of paternity. I certify that I understand all of the information on this form and that I sign this acknowledgment of paternity freely and voluntarily.

Further affiant saith: not.

Signature of Father: _____

If the father is less than 18 years of age, his parent or legal guardian must be present at the time the voluntary acknowledgment is completed by the father and must sign below to indicate his or her consent.

Name of father's parent or guardian (please print) _____

Signature of father's parent or guardian _____

SEAL Sworn to and subscribed before me this _____ day of _____, 20____

Signature of Notary Public _____ My commission expires: _____, 20____

SECTION VI - AFFIDAVIT OF MOTHER

State of Tennessee

County of _____

City of _____

First being duly sworn, affiant states:

I am _____ I certify and acknowledge that I am the mother of the child whose name appears in Section I. I further certify and acknowledge that the person named in Section I is the father of the child in Section I. I further acknowledge that I have been orally advised of my rights and responsibilities as set forth in Section IV above in signing an acknowledgment of paternity. I certify that I understand all of the information on this form and that I sign this acknowledgment of paternity freely and voluntarily.

Further affiant saith: not.

Signature of Mother _____

If the mother is less than 18 years of age, her parent or legal guardian must be present at the time the voluntary acknowledgment is completed by the mother and must sign below to indicate his or her consent.


Name of mother's parent or guardian (please print) _____

Signature of mother's parent or guardian _____

SEAL Sworn to and subscribed before me this _____ day of _____, 20____

Signature of Notary Public _____ My commission expires: _____, 20____

APPENDIX H


VOLUNTARY ACKNOWLEDGMENT OF PATERNITY
 STATE OF TENNESSEE
 DEPARTMENT OF HEALTH OFFICE OF VITAL RECORDS
 DEPARTMENT OF HUMAN SERVICES
 TENNESSEE CODE ANNOTATED, SECTIONS 24-7-113, 68-3-203, 68-3-302 AND 68-3-305

CERTIFICATE NUMBER

INSTRUCTIONS

1. This is a legal form. Please read it carefully.
2. **Do not** sign this form until you have received an oral presentation of your rights and responsibilities. **Do not** sign this form if you do not understand what it means.
3. Use black ink. Do not use any white out or erasures on the form will **not** be accepted.
4. Once this form has been filed with the Tennessee Vital Records Office, a court order will be required to make changes in the child's name; provided, however, if either parent rescinds (cancels) the acknowledgment of paternity within the sixty (60) day period provided by law, the child's surname will automatically be changed to the mother's legal surname at the time of birth.
5. In Section I, enter the child's name exactly as you want it to be shown on the child's birth certificate. Both parents must agree. Enter all other information requested on the form, if applicable, to your current circumstances.
6. If you are under 18 years of age, your parent or guardian **must** be present at the time you complete this form and **must** sign below your signature to give consent.
7. Retain a copy of this form as you have completed it before the Notary Public for your records.

SECTION I.A

Child's Name (as you want it shown on the birth certificate) <small>(Nombre del niño/a como Ud. quiere que seas en la acta nupcial)</small>				Date of Birth - (Fecha de nacimiento)	
First - Primer Nombre				State and County of Birth <small>(Estado y Condado donde nació el niño/a)</small>	
Middle - Segundo Nombre		Last - Último apellido(s) al Ud. los plebeas usar		Suffix	

FATHER'S INFORMATION

Father's Name (Nombre del padre)				Date of Birth (Fecha de nacimiento) del padre	
First - Primer Nombre		Middle - Segundo Nombre		Suffix	
Birthplace - State or Foreign Country <small>(País donde nació el padre - Estado o País)</small>		Social Security Number <small>(Número de Seguro Social)</small>		Spanish/ Hispanic/ Latino? <input type="checkbox"/> YES <input type="checkbox"/> NO <small>(¿Es hispano?) If Yes, Specify: (Especifique):</small>	
Race (Raza) - (Si es no está apply)				Education (Educación - Highest level completed)	

B. Social Security Number of Child (if available at the time of completion of form)
(Número de Seguro Social del niño/a si está disponible al momento de completar el formulario)

SECTION II. INFORMATION TO BE COMPLETED BY MOTHER OF CHILD (INFORMACIÓN SOBRE LA MADRE)

A. Name <small>(Nombre y apellido)</small>		B. Maiden Surname <small>(Apellido de soltera de la madre)</small>	
Residential Address <small>(Dirección de la madre)</small>		County <small>(Condado)</small>	
Phone Number <small>(Número de teléfono)</small>			
C. Mailing Address (if different) <small>(Dirección donde recibir cartas (si es diferente escriba aquí otro número completo))</small>			
E. Social Security Number <small>(Número de seguro social)</small>		F. Date of Birth <small>(Fecha de nacimiento)</small>	
G. Birthplace - City <small>(Dirección de nacimiento de madre)</small>		State or Country <small>(Estado o País)</small>	
H. Mother's Employer <small>(Empresaria de madre)</small>		Phone No. <small>(Número de Teléfono)</small>	
Employer's Address <small>(Dirección del empleador)</small>			
I. Mother's medical insurance company name <small>(Nombre de compañía de seguro médico de la madre)</small>			
Policy Number <small>(Número de póliza)</small>		Monthly cost of coverage for: \$ _____ Family \$ _____ Single \$ _____ <small>(Costo mensual de cobertura para: Familia Soltero)</small>	
J. Driver's License No. <small>(Número de licencia de conducir)</small>			

SECTION III. INFORMATION TO BE COMPLETED BY FATHER (INFORMACION SOBRE EL PADRE)

A. Father's Residential Address <small>(Dirección del padre)</small>		County <small>(Condado)</small>	
Mailing Address (if different) <small>(Dirección de correo si es diferente desde aquí otra manuscrita al Ud)</small>			
Phone number <small>(Número de teléfono)</small>			
C. Father's employer <small>(Empresario)</small>		B. Driver's License No. <small>(Número de licencia de conducir)</small>	
Employer's address <small>(Dirección de empleo)</small>			
D. Father's medical insurance company name <small>(Nombre de compañía de seguridad médica del padre)</small>			
Policy Number <small>(Número de póliza)</small>		Monthly cost of coverage for: \$ _____ Family \$ _____ Single \$ _____ <small>(Costo mensual de cobertura para: Familia Soltero)</small>	

SECTION IV. RIGHTS AND RESPONSIBILITIES INVOLVING PATERNITY ESTABLISHMENT
The following rights and responsibilities of establishing paternity must be explained to you!

1. If you are the **father** of this child, by signing this voluntary acknowledgment of paternity:
 - a. You will be **conclusively presumed** to be the father of the child named above **unless**, within 60 days following completion of this form, the acknowledgment is rescinded (canceled) as described in Section IV, C. below.
 - b. Your name will appear on the child's birth certificate as the father of the child.
 - c. You will give your child the benefits of:
 1. Knowing his or her father's identity.
 2. Having the opportunity for a legally recognized father-child relationship.
 3. Having access to your health and medical information to help in caring for your child's possible future medical problems.
 4. Having financial support from birth parents.
 5. Having rights to other benefits which may include social security, veterans' benefits, insurance, the right to inherit property and possibly others.

- 4. As the legal father you will have
 - a. The ability to protect your legal rights to your child by having a say in any attempted adoption of your child by others
 - b. The right to petition the court for visitation and custody.
 - c. The responsibility of providing financial and medical support. The court may enter an order, which will direct you to provide money for the financial support of your child and to provide for your child's medical care.
- B. If you are the mother of this child, by signing this voluntary acknowledgment of paternity:
 - 1. The father's name will appear on your child's birth certificate.
 - 2. Your child will have a legal father from whom child support, medical support and other benefits such as social security, veterans benefits, the right to inherit property and possibly others will be available.
 - 3. The child's father will have the right to ask the court for visitation or custody of the child.
- C. If you are either the mother or father of this child:
 - 1. You may revoke (cancel) this acknowledgment by obtaining from the local child support office or the Department of Health a Rescission of Voluntary Acknowledgment of Paternity form and filing the form and the required \$15.00 fee so that it is received by the Office of Vital Records in Nashville, Tennessee within sixty (60) days of the date of completion of this form. If you cannot pay the fee because you are poor, you may complete a sworn statement with the Rescission in which you describe your income, and the fee will be waived if you meet the waiver requirements.
 - 2. The acknowledgment may also be rescinded (canceled) by entry of an order which rescinds (cancels) the acknowledgment at a court or administrative hearing relating to the child held within sixty (60) days of the date of the completion of this form at which either parent is a party.
 - 3. If you believe that there has been fraud or a material mistake of fact in the completion of this acknowledgment, you may file an action in court to rescind this acknowledgment if you do so within five (5) years of the date of the completion of this form. If however, you are the father named in this acknowledgment, and you allege fraud by the mother of the child, an action to rescind the acknowledgment is not barred by the five (5) year limitation if the interests of the child, the State or any child support agency are not affected by such an action.
- D. 1. The identity of the father may be established by parentage tests such as genetic tests (DNA) if either the mother or person believed to be the father is unsure of the identity of the father.
- 2. If the acknowledgment is not signed to establish a father of the child, a legal action may be filed by either the mother, the father, or by a State child support agency in order to establish a legal father of the child. Such an action, if successful, will make the father responsible for paying child support and medical support. The child may also be entitled to any of the benefits noted in Section IV, A.3.e. above. The mother, alleged father and the child will be required to submit to genetic testing to determine the identity of the father if the alleged father's identity is disputed. Costs for such tests may be recovered in the legal action from the mother or father.

SECTION V. AFFIDAVIT OF FATHER (DECLARACIÓN JURADA DEL PADRE)

State of Tennessee
 County of _____
 City of _____

First being duly sworn, affiant states:

I am _____ I certify and acknowledge that I am the father of the child whose name appears in Section I and I further certify and acknowledge that all of the information in Section I is correct. I further acknowledge that I have been orally advised of my rights and responsibilities as set forth in Section IV above in signing an acknowledgment of paternity. I certify that I understand all of the information on this form and that I sign this acknowledgment of paternity freely and voluntarily.

Further affiant saith: not.

 Signature of Father (Firma del Padre)

If the father is less than 18 years of age, his parent or legal guardian must be present at the time the voluntary acknowledgment is completed by the father and must sign below to indicate his or her consent. (Si es menor de 18 años, sus padres o guardian legal tienen que estar presente cuando este reconocimiento este completado y tienen que firmar abajo para indicar su consentimiento.)

 Name of father's parent or guardian (please print)
(Escriba el nombre del padre o del guardian de la ley)

 Signature of father's parent or guardian
(Firma del padre o guardian de la ley)

SEAL Sworn to and subscribed before me this _____ day of _____, 20____

 Signature of Notary Public (Firma del Abogado Publico) My commission expires: _____, 20____

SECTION VI. AFFIDAVIT OF MOTHER (DECLARACIÓN JURADA DE LA MADRE)

State of Tennessee
 County of _____
 City of _____

First being duly sworn, affiant states:

I am _____ I certify and acknowledge that I am the mother of the child whose name appears in Section I. I further certify and acknowledge that the person named in Section I is the father of the child in Section I. I further acknowledge that I have been orally advised of my rights and responsibilities as set forth in Section IV above in signing an acknowledgment of paternity. I certify that I understand all of the information on this form and that I sign this acknowledgment of paternity freely and voluntarily.

Further affiant saith: not.

 Signature of Mother (Firma de la Madre)

If the mother is less than 18 years of age, her parent or legal guardian must be present at the time the voluntary acknowledgment is completed by the mother and must sign below to indicate his or her consent. (Si es menor de 18 años, sus padres o guardian legal tienen que estar presente cuando este reconocimiento este completado y tienen que firmar abajo para indicar su consentimiento.)

 Name of mother's parent or guardian (please print)
(Escriba el nombre del padre o del guardian de la ley)

 Signature of mother's parent or guardian
(Firma del padre o guardian de la ley)

SEAL Sworn and subscribed before me this _____ day of _____, 20____

 Signature of Notary Public (Firma del Notario Publico) My commission expires: _____, 20____

INSTRUCCIONES SOBRE EL RECONOCIMIENTO VOLUNTARIO DE LA PATERNIDAD

1. Esto es una forma legal. Por favor lea cuidadosamente.
2. No firme esta forma hasta que usted ha recibido una presentación oral de sus derechos y responsabilidades. No firme esta forma si usted no entiende lo que significa.
3. Utilice la tinta negra. No utilice ningún whiteout o las borraduras en esta forma o no serán validadas.
4. Una vez que esta forma se haya clasificado con la Oficina de Registros Esenciales de Tennessee, una orden de corte será requerido para realizar cambios en el nombre de niño, sin embargo, si cualquiera de los padres piensa rescindir (cancelar or quitar) el voluntario de paternidad dentro de los sesenta (60) días proporcionados por la ley, el apellido del niño sea cambiado automáticamente al apellido legal de la madre a la hora del nacimiento.
5. En la Sección I incorpore el nombre de niño exactamente como usted quisiera que fuera mostrado en el certificado de nacimiento de niño. Ambos padres deben de estar de acuerdo. Incorpore el resto de la información solicitada en la forma, si es aplicable a sus circunstancias actuales.
6. Si los padres son menor de 18 años de la edad, su padre o guardián legal tiene que estar presente cuando usted llenes el formulario y tiene que firmar debajo de su firma para dar consentimiento.
7. Conserve una copia de esta forma como usted la ha terminado delante de: notario público.

SECCIÓN IV. DERECHOS Y RESPONSABILIDADES QUE CONLLEVA EL ESTABLECIMIENTO DE PATERNIDAD

Deben explicar los siguientes derechos y responsabilidades del establecimiento de paternidad!

- A. Si usted es el padre de este niño, al firmar este reconocimiento voluntario de paternidad:
1. Se presumirá que la información concluyente que usted es el padre del niño nombrado arriba, a menos que, dentro de los 60 días siguiente a rellenar este formulario, se rescinda (cancele) el reconocimiento tal y como se describe a continuación en la Sección IV C.
 2. Su nombre aparecerá en el certificado de nacimiento del niño como el padre del mismo.
 3. Usted le proporcionará a su hijo los siguientes beneficios:
 - a. Conocer la identidad de su padre.
 - b. Tener la oportunidad de una relación de padre y su hijo, legalmente reconocida.
 - c. Tener acceso a su información médica y de salud para ayudar a cuidar su hijo en el caso de la posibilidad de complicaciones médicas en el futuro.
 - d. Tener un apoyo económico de ambos padres.
 - e. Tener derecho a conseguir otros beneficios que pueden incluir: seguro social, beneficios de veterano, seguridad, derecho a heredar propiedad y puede que otros beneficios.
 4. Como padre legal usted tendrá:
 - a. La capacidad de proteger sus derechos legales sobre su hijo, pudiendo intervenir en cualquier intento de adopción de su hijo por parte de otros.
 - b. Derecho a pedir al tribunal (la corte) visitación y custodia.
 - c. La responsabilidad de ofrecer apoyo médico y económico. El tribunal (la corte) puede dictar una orden que le obligue a usted de los económicamente de su hijo y para pagar la seguridad médica del mismo.
- B. Si usted es la madre de este niño, al firmar este reconocimiento voluntario de paternidad:
1. El nombre del padre aparecerá en el certificado de nacimiento de su hijo.
 2. Su hijo tendrá un padre legal de quien recibirá: apoyo económico, seguridad médica y otros beneficios tales como los del seguro social, beneficios de veterano, derecho a heredar propiedad y puede que haya otros beneficios a su disposición.
 3. El padre del niño tendrá derecho a pedir al tribunal que le permita visitar a su hijo o la custodia del mismo.
- C. Si usted es el padre o la madre de este niño:
1. Puede revocar (cancelar) este reconocimiento obteniendo de la oficina del apoyo económico del niño o del Departamento de Salud, un formulario de Rescisión del Reconocimiento Voluntario de Paternidad, y rellenado dicho formulario y pagando la cuota obligatoria de \$15.00 para que sea recibido en la Oficina de Registros Esenciales en Nashville, Tennessee dentro de los 60 días siguientes a la fecha de haber rellenado el formulario de paternidad. Si no puede pagar la cuota porque es pobre, puede rellenar una declaración jurada con la Rescisión en la que describe sus ingresos y la cuota no se le cobrará si usted cumple los requisitos para no tener que pagar.
 2. El reconocimiento también puede ser rescindido (cancelado) por una orden que rescinda el reconocimiento en un tribunal (la corte) o una audiencia administrativa en relación con el niño que tenga lugar dentro de los sesenta (60) días de la fecha de haber rellenado este formulario en la que este presente cualquiera de los dos padres.
 3. Si cree que ha habido fraude o una equivocación material de hecho al rellenar este reconocimiento, usted puede presentar una acción judicial para rescindir este reconocimiento si lo hace dentro de los cinco (5) años siguientes a la fecha en que se rellena este formulario. Si por el contrario usted es el padre nombrado en este reconocimiento, y usted alega fraude por parte de la madre del niño, en una acción para rescindir el reconocimiento no se aplica el límite de los cinco (5) años si los intereses del niño, el estado, o cualquier agencia de manutención infantil no resultan afectados por tal acción.
 4. La identidad del padre puede ser establecida con pruebas de paternidad tales como las pruebas genéticas (de ADN) tanto si la madre o si la persona que se supone que es el padre no está segura de la identidad del padre.
 5. Si no hay un reconocimiento firmado que establezca quien es el padre del niño, tanto la madre como el padre o una agencia estatal de manutención infantil pueden presentar una acción legal para establecer la paternidad legal del niño. Si tal acción tiene éxito, hará al padre responsable del pago de la manutención infantil y del seguro médico. El niño también puede tener derecho a todos los beneficios mencionados en la Sección IV A, B, C. La madre, el supuesto padre y el niño tendrán que presentarse a unas pruebas genéticas para determinar la identidad del padre si la identidad del supuesto padre resulta relacionada. Los costos de tales pruebas pueden recuperarse en la acción legal del padre o de la madre.

SECCIÓN V. DECLARACIÓN JURADA DEL PADRE

Certifico y reconozco que soy el padre del niño cuyo nombre aparece en la Sección I. También certifico y reconozco que toda la información de la Sección I es correcta. También reconozco que me han leído verbalmente mis derechos y responsabilidades tal y como se describen en la Sección IV mencionado arriba en la firma y reconocimiento de la paternidad. Certifico que entiendo toda la información en este formulario y que firmo este reconocimiento de paternidad libre y voluntariamente.

Si el padre es menor de 18 años, su padre o guardián legal tiene que estar presente en el momento en que se llena el reconocimiento voluntario por el padre y tiene que firmarlo debajo para indicar su consentimiento.

SECCIÓN VI. DECLARACIÓN JURADA DE LA MADRE

Certifico y reconozco que soy la madre del niño cuyo nombre aparece en la Sección I. También certifico y reconozco que la persona nombrada en la Sección I es el padre del niño de la Sección I. También reconozco que me han leído verbalmente mis derechos y responsabilidades tal y como se describen en la Sección IV mencionado arriba en la firma y reconocimiento de la paternidad. Certifico que entiendo toda la información en este formulario y que firmo este reconocimiento de paternidad libre y voluntariamente.

Si la madre es menor de 18 años, su padre/madre o guardián legal tiene que estar presente en el momento en que se llena el reconocimiento voluntario por la madre y tiene que firmarlo debajo para indicar su consentimiento.

APPENDIXES G and H

Voluntary Acknowledgment of Paternity (VAOP)

The English and Spanish versions of the VAOP are provided by the Tennessee OVR, and are to be used by facilities, clinics, or other birth attendants to help the unmarried mother and natural father fulfill their desires for naming the child. The VAOP may also be used with the Report of Fetal Death (Stillbirth). Tennessee law requires the Tennessee OVR to provide the form.

Before giving the parents the VAOP in order to consider establishing paternity, the facility or clinic personnel or other birth attendant should refer to the instructions in Part VI (beginning on page 86) of this handbook concerning the written and oral information to the parents. The Tennessee Paternity Acknowledgment Program Hospital Training Manual gives general and specific instructions for completing the paternity form.

The law, T.C.A. § 68-3-305 (b)(2) and T.C.A. § 68-3-504(b), establishes procedures for preparing the Certificate of Live Birth and Report of Fetal Death (Stillbirth) if the mother is not married so that the father's name may be placed on the birth certificate or fetal death report. If the mother and natural father are not married, they may submit a sworn statement (VAOP) at the time the certificate or report is prepared which 1) acknowledges paternity, 2) requests the child be given the father's surname or mother's current legal surname, and 3) requests the father's name and personal information be entered on the Certificate of Live Birth (items 11a, 11b, 11c, 22, and 26-28) or Report of Fetal Death (Stillbirth) (Items 9-10, 11b, 12b, 13b, 14c, 14d).

For additional information concerning name of child and father's personal information, refer to pages 25-34 and 43 for birth certificates and page 99-100 for fetal deaths. The Item 18, 'Mother married to father?', should be marked 'No' when the VAOP is used.

File the VAOP with the birth certificate or fetal death report. The Tennessee OVR cannot accept birth certificates or fetal death reports for out of wedlock births which contain the father's name and other information unless the certificate or report is accompanied by the VAOP. Under no circumstances should the filing of the certificate or report be delayed past 10 days after the delivery in order to get the VAOP completed.

APPENDIX I



RESCISSION OF VOLUNTARY ACKNOWLEDGMENT OF PATERNITY
RESCISSION DEL RECONOCIMIENTO VOLUNTARIO DE PATERNIDAD
STATE OF TENNESSEE
DEPARTMENT OF HEALTH - OFFICE OF VITAL RECORDS
TENNESSEE CODE ANNOTATED, SECTIONS 24-7-113 and 68-3-203

Before you complete this form, read the instructions on the reverse side.
Antes de llenar esta forma, por favor lees las instrucciones en el lado inverso.

AFFIDAVIT
DECLARACION JURADA

STATE OF _____
COUNTY OF _____

I, _____, being duly sworn, state under oath
jurado debidamente y estando bajo el juramento digo

1 I signed a Voluntary Acknowledgment of Paternity form for the child named
Yo firmé un Reconocimiento Voluntario de Paternidad para el niño que se llama

_____, who was born on
que nació el

Child's Name - Nombre del Niño
Month - Mes Day - Día Year - Año en el City - Ciudad County - Condado

2 The father named on the Voluntary Acknowledgment of Paternity was
El nombre del padre indicado en el Reconocimiento Voluntario de Paternidad es

3 I freely and voluntarily wish to rescind (cancel) that Acknowledgment of Paternity.
Yo libremente y voluntariamente deseo al rescindir (cancelar o quitar) el Reconocimiento Voluntario de Paternidad.

4 My Social Security Number is _____
Mi Numero del Seguro Social es _____

5 I understand that even if I rescind (cancel) the Voluntary Acknowledgment of Paternity for this child, a paternity
action may still be brought against the individual named as father on the Voluntary Acknowledgment of Paternity
form.
Entiendo que aunque yo rescindo (cancelo) el Reconocimiento Voluntario de Paternidad para este niño, una acción de la paternidad se puede
llevar a cabo contra el padre nombrado en la forma del Reconocimiento Voluntario de Paternidad.

6 I understand that the Voluntary Acknowledgment of Paternity which I signed for the above-named child will be
rescinded (voided) and the father's name will be removed from the child's birth certificate ONLY if this form is
received at the Tennessee Vital Records Office within sixty (60) days following the date I signed the Voluntary
Acknowledgment of Paternity form in the presence of a notary public. I understand that completion and filing of
this form within the time limits stated above cancels the legal father-and-child relationship and all the
benefits and legal obligations of the named father associated therewith.
Entiendo que la forma del Reconocimiento Voluntario de Paternidad que firmé se rescinde (cancelates) y el nombre del padre se quita del
certificado de nacimiento del niño SÓLO si esta forma es recibida en la Oficina de Registros Esenciales de Tennessee dentro de sesenta (60)
días desde la fecha que se firmó el Reconocimiento Voluntario de Paternidad en la presencia de un notario público. Entiendo que al
completar y archivar esta hoja dentro de los límites de tiempo expresado arriba, se cancela la relación legal del padre y el niño y
todos los beneficios y obligación legal del padre.

7. Current mailing address - Dirección: _____

Printed Name of Person - Nombre de la Persona en Letras de Molde

Signature of Person - Firma de la Persona

Seal Subscribed and sworn before me this the _____ day of _____, 20____

Signature of Notary - Firma del Notario

My commission expires _____ 20____
Mi comisión expira el _____

INSTRUCTIONS

1. This is a legal document. Please read it and complete it carefully.
2. **Do not** sign this form if you do not understand what it means.
3. Use black ink. Your signature must be notarized. **Do not** use any white out or erasures or the form will **not** be accepted.
4. Mail this completed form to:

Tennessee Vital Records Office
Central Services Building, 1st Floor
421 5th Avenue, North
Nashville, Tennessee 37247
5. You must enclose a fee of \$15.00 in the form of a check or money order payable to Tennessee Vital Records in order for this form to be processed.
6. The name of the father and other information concerning the father will be removed from the child's birth certificate **ONLY** if the completed form and the fee are received at the Tennessee Vital Records Office within sixty (60) days following the date you completed the Voluntary Acknowledgment of Paternity. The child's surname will be changed, if necessary, to the legal surname of the mother at the time of the child's birth.
7. If you wish to obtain a certified copy of the altered birth certificate, enclose an additional fee of \$7.00 for a short form (computer printed abstract) or \$12.00 for a long form (photocopy of the original document).
8. Retain a copy of this form as you have completed it before the Notary Public for your records.

INSTRUCCIONES

- 1) Esto es un documento legal. Por favor leelo y llenalo cuidadosamente.
- 2) **No** firme esta forma si usted no entiende lo que significa.
- 3) Utilice la tinta negra. Su firma debe ser verificada alante de un notario. **No utilice** ningún whiteout o las borraduras o la forma **no** será validada.
4. Envíe esta forma a:

Tennessee Vital Records Office
Central Services Building, 1st Floor
421 5th Avenue, North
Nashville, Tennessee 37247
- 5) Usted debe de incluir un cheque o money order pagado a Tennessee Vital Records de \$15.00 dolares para poder procesar esta forma.
- 6) El nombre del padre y de la otra informacion referente al padre será quitado de la acta de nacimiento del niño solo si ha llenada este formulario y el dinero se recibun en la Oficina de Registros de Tennessee entre los sesenta (60) dias que siguen la fecha que usted completaste el formulario del Reconocimiento Voluntario de Paternidad. En caso de necesidad, el apellido del niño será cambiado al apellido legal de la madre a la hora de nacimiento del niño.
- 7) Si usted desea obtener una copia certificada de la acta de nacimiento alterada, debe de incluir en el cheque o money order adicional de \$7.00 dolares para una forma corta (extracto de computadora) o \$12.00 dolares para una forma larga (fotocopia del documento original).
- 8) Cuando usted termina de llenar esta forma alantes de un notario público esté seguro de conservar una copia para sus ficheros.

APPENDIX I

Rescission of Voluntary Acknowledgment of Paternity

The Rescission of Voluntary Acknowledgment of Paternity (English and Spanish versions) may be used to cancel a VAOP. The form was developed jointly by the Department of Health and the Department of Human Services in order to comply with the legal provisions that became effective July 1, 1997.

Either parent may request the Rescission form from the county health departments, the child support offices, or the Tennessee OVR.

See page 91 of this handbook for further information concerning the parent's requirements for use of the Rescission of Voluntary Acknowledgment of Paternity form.

APPENDIX J



STATE OF TENNESSEE
DEPARTMENT OF HEALTH - OFFICE OF VITAL RECORDS
DEPARTMENT OF HUMAN SERVICES
TENNESSEE CODE ANNOTATED, SECTIONS 24-7-113 and 68-3-203

AFFIDAVIT OF INDIGENCY
Declaración Jurada De La Indigencia
FOR Para el
RESCISSION OF VOLUNTARY ACKNOWLEDGMENT OF PATERNITY
Rescisión Del Reconocimiento Voluntario De Paternidad

INSTRUCTIONS:

1. If you are completely without money to pay the \$15.00 fee for the Rescission of Voluntary Acknowledgment of Paternity, follow the instructions on this form. Si usted está totalmente sin el dinero para pagar el honorario \$15.00 para la rescisión del reconocimiento voluntario de paternidad, siga las instrucciones en esta forma.
2. This is a legal document and is made under oath; read it carefully. You may be prosecuted for perjury for providing false statements on this affidavit. Esto es un documento jurídico y se hace bajo juramento: leelo cuidadosamente. Usted puede ser procesado para declaraciones falsas en esta declaración jurada.
3. This affidavit should be completed ONLY if you believe that you qualify for a waiver of the \$15.00 fee required to cancel the Voluntary Acknowledgment of Paternity, which you have signed previously. Esta declaración jurada debe ser llenado SOLAMENTE si usted cree que usted califica para una renuncia del honorario \$15.00 requerido para cancelar el reconocimiento voluntario de Paternity, que usted ha firmado anterior.
4. If you complete this affidavit, attach it to the completed Rescission of Voluntary Acknowledgment of Paternity form and submit both forms to the Tennessee Office of Vital Records. Si usted llena esta declaración jurada, únala a la rescisión completado del reconocimiento voluntario de paternidad y someta ambas formas a la oficina de registros de Tennessee.

AFFIDAVIT

STATE OF _____
COUNTY OF _____

First being duly sworn according to law, affiant states under penalty of perjury:
Primer debido que es jurado según la ley, la persona bajo pena del testimonio falso a las cortes juras:

I am, _____ (NAME, PLEASE PRINT).
Yo soy _____ (Nombre en letras mayuscula)

I have completed a Rescission of Voluntary Acknowledgment of Paternity, which is attached to this Affidavit of indigence. *He terminado una rescisión del reconocimiento voluntario de paternidad, que se une a esta declaración jurada de la indigencia*

I affirm that I qualify for the waiver of the \$15.00 fee for filing of the Rescission of Voluntary Acknowledgment of Paternity because of my poverty and I affirm that I am entitled to claim the exemption because I am completely unable to pay the required fee. *Afirmo que califico para la renuncia del honorario \$15.00 para registrar la rescisión del reconocimiento voluntario de Paternidad debido a mi pobreza y afirmo que tengo derecho a demandar la exención porque no puedo pagar el honorario requerido.*

Further affiant sayeth not. *La persona bajo juramento no tiene nada más para agregar.*

NAME-PLEASE PRINT *Nombre en letras mayuscula*

SIGNATURE *Firma*

Sworn to and subscribed before me this ____ day of _____

NOTARY PUBLIC
PH-3500 (Rev. 4/03)

My Commission Expires
RDA N/A

APPENDIX J (continued)

Affidavit of Indigency for Rescission of Voluntary Acknowledgment of Paternity

The Rescission of Voluntary Acknowledgment of Paternity (English and Spanish versions) may be used by either parent and requires a \$15.00 fee to file the request. The law requires that indigent parents be given the opportunity to submit a Rescission form to the Tennessee OVR without the required \$15.00 fee.

With each Rescission form distributed by the county health department, child support office or the Tennessee OVR, the Affidavit of Indigency for Rescission of Voluntary Acknowledgment of Paternity form should be made known to the parent.

See page 92 of this handbook for further information concerning the use of the Affidavit of Indigency for Rescission of Voluntary Acknowledgment of Paternity form.

APPENDIX K

Tennessee Code Annotated (T.C.A.) § 68-3-305 (Surname of Child)

§ 68-3-305. Father's name on birth certificate - Surname of child. (a) (1) If the mother was married at the time of either conception or birth, or anytime between conception and birth, to the natural father of the child, the name of the natural father shall be entered on the certificate and the surname of the child shall be entered on the certificate as one of the following:

(A) The surname of the natural father; or

(B) The surname of the natural father in combination with either the mother's surname or the mother's maiden surname.

(2) If the surname of the child includes the mother's surname, mother's maiden surname, or any combination of those two (2) surnames but does not include the surname of the natural father, it may be so entered, but only upon the concurrent submission of a sworn application to that effect signed by both parents who mutually agree to that surname or combination of surnames.

(3) If a surname is not chosen by the parents within the ten (10) days required for filing of the birth certificate, the father's surname shall be entered on the birth certificate as the surname of the child. Within this ten (10) day period, the father may file and submit a sworn statement to the hospital that states that the parents do not agree on a surname in which case the father's surname shall be entered on the birth certificate as the surname of the child.

(4) If, within the first year after the child's date of birth, both the mother and the father sign and submit a sworn statement to the office of vital records that both parents wish to change the child's surname, then the office of vital records shall amend the child's birth certificate in accordance with the parents' request to change the child's surname if the chosen surname is either:

(A) The surname of the natural father;

(B) The surname of the mother;

(C) The mother's maiden surname; or

(D) Any combination of the surnames listed in subdivisions (a)(4)(A) through (a)(4)(C).

(5) If, within the first year after the child's date of birth, the parents cannot mutually agree on a surname, either one can submit a signed, sworn statement that acknowledges the disagreement, states the father was not available within the time allowed by law for filing of the birth certificate to participate in the choice of his child's surname, and requesting that the name be changed to the father's surname in which

APPENDIX K (continued)

Tennessee Code Annotated (T.C.A.) § 68-3-305 (Surname of Child)

case the father's surname shall be entered on the amended birth certificate as the surname of the child.

(b)(1) If the mother was not married at the time of either conception or birth or between conception and birth, the name of the father shall not be entered on the certificate of birth and all information pertaining to the father shall be omitted, and the surname of the child shall be that of either:

(A) The surname of the mother;

(B) The mother's maiden surname; or

(C) Any combination of the surnames listed in subdivisions (b)(1)(A) and (b)(1)(B).

(2)(A) If an original, sworn acknowledgment signed by both the mother and the biological father of the child on a form provided by the state registrar or the department of human services is submitted to the office of vital records, at any time prior to the child's nineteenth birthday, the legal surname of the father may be entered on the certificate as that of the child, and the father's name and other personal information may be entered in the spaces provided on the birth certificate, notwithstanding the absence of a marriage relationship between the parents of the child.

(B) The acknowledgment form shall be in the form of an affidavit, shall contain the social security numbers of the mother and father of the child and shall be approved by the state registrar and the department of human services. The state registrar and the department of human services shall modify the form to comply with the minimum regulations for such form which are finalized by the secretary of health and human services. An acknowledgment executed in conformity with this section shall be valid as long as it is executed on a form approved by the state registrar and the department of human services. A voluntary acknowledgment of paternity may be completed by a minor if a parent or legal guardian of the minor is present and consents at the time of completion of the acknowledgment.

(C) A legitimation by subsequent marriage of the individuals shown on the certificate of birth as the father and mother shall not require a new certificate of birth and the provisions of §§ 68-3-310(3), 68-3-311, and 68-3-313 shall not apply.

(3) Upon request of the department of human services or any of its contractors in the child support program established under Title IV-D of the Social Security Act, the office of vital records shall provide to them a certified copy of the acknowledgment of paternity form executed under this part.

APPENDIX K (continued)

Tennessee Code Annotated (T.C.A.) § 68-3-305 (Surname of Child)

(c) In any case in which paternity of a child is determined by a court of competent jurisdiction, the name of the father and surname of the child shall be entered on the certificate of birth in accordance with the finding and order of the court.

(d) In all other cases, the surname of the child shall be either:

(1) The surname of the mother; or

(2) The mother's maiden surname; or

(3) Any combination of the surnames listed in subdivisions (d)(1) and (d)(2).

(e) If the father is not named on the certificate of birth, no other information about the father shall be entered on the certificate.

[Acts 1977, ch. 128, § 6; T.C.A., § 53-445; Acts 1985, ch. 11, § 2; 1994, ch. 988, § 12.; 1997, ch. 551; §§ 40, 42; 2003, ch. 214, §§ 1, 2.]

APPENDIX L

Tennessee Code Annotated (T.C.A.) § 36-2-304 (Presumption of Parentage)

§ 36-2-304. Presumption of parentage - "(a) A man is rebuttably presumed to be the father of a child if:

- (1) He and the child's mother are married or have been married to each other and the child is born during the marriage or within three hundred (300) days after the marriage is terminated by death, annulment, declaration of invalidity, or divorce;
- (2) Before the child's birth, he and the mother have attempted to marry each other in compliance with the law, although the attempted marriage is or could be declared illegal, void and voidable;
- (3) After the child's birth, he and the mother have married or attempted to marry each other in compliance with the law although such marriage is or could be declared illegal, void, or voidable; and: . . ."

APPENDIX M

Standard State and Country Abbreviations

<u>State</u>	<u>Abbreviation</u>	<u>State</u>	<u>Abbreviation</u>
Alabama	AL	Montana	MT
Alaska	AK	Nebraska	NE
Arizona	AZ	Nevada	NV
Arkansas	AR	New Hampshire	NH
California	CA	New Jersey	NJ
Colorado	CO	New Mexico	NM
Connecticut	CT	New York	NY
Delaware	DE	North Carolina	NC
District of Columbia	DC	North Dakota	ND
Florida	FL	Ohio	OH
Georgia	GA	Oklahoma	OK
Hawaii	HI	Oregon	OR
Idaho	ID	Pennsylvania	PA
Illinois	IL	Rhode Island	RI
Indiana	IN	South Carolina	SC
Iowa	IA	South Dakota	SD
Kansas	KS	Tennessee	TN
Kentucky	KY	Texas	TX
Louisiana	LA	UTAH	UT
Maine	ME	Vermont	VT
Maryland	MD	Virginia	VA
Massachusetts	MA	Washington	WA
Michigan	MI	West Virginia	WV
Minnesota	MN	Wisconsin	WI
Mississippi	MS	Wyoming	WY
Missouri	MO		

<u>Country</u>	<u>Abbreviation</u>
Canada	CD
Cuba	CU
Guam	GU
Mexico	MX
Puerto Rico	PR
Virgin Islands	VI

APPENDIX M2

Canadian Provinces and Standard Abbreviations (for use with residence item)

<u>Province</u>	<u>Abbreviation</u>
Alberta	AB
British Columbia	BC
Manitoba	MB
New Brunswick	NB
Newfoundland	NF
Northwest Territories	NT
Nova Scotia	NS
Nunavut	UN
Ontario	ON
Prince Edward Island	PE
Québec	QC
Saskatchewan	SK
Yukon Territory	YT

APPENDIX N

Hispanic Origin - Other Entries Reported on Certificates and Reports

The checkbox in items 24 and 27 (birth certificate) and items 12a and 12b (fetal death report) should be checked 'Yes' if one of the following entries is given as the specific Hispanic group entered on the 'Specify' line. Otherwise, check 'No.'

Andalusian	Honduras (Hondureno)
Argentina (Argentino)	Iberia (Ibero)
Asturias	La Raza
Balearic Islands	Latin
Basque	Latin American
Belizian	Latino
Bolivan (Boliviano)	Majorca
Boricua (Borinqueno)	Mallorca (Mallorquin)
Californio	Meso American Indian
Canal Zone	Mestizo
Canary Islands	Mexican (Mexicano)
Caribbean	Mexican American
Castilian	Mexico
Catalonia	Mexican American Indian
Centroamericano	Nuevo Mexicano
Central American Indian	Nicaragua (Nicaraguense)
Chicano	Panama (Panameno)
Chile (Chileno)	Paraguay (Paraguayo)
Colombia (Colombiano)	Peru (Peruano)
Costa Rica (Costarricense)	Puerto Rican (Puertorriqueno)
Criollo	Salvadoreno
Cuban (Cubano)	South American
Dominican Republic (Dominicano)	South American Indian
Ecuador (Ecuadorino)	Spain
El Salvador	Spaniard
Espana	Spanish
Espanol	Spanish American
Falkland Islands	Spanish American Indian
Fernando Po	Tejano
Galapagos Islands	Uruguay (Uruguayo)
Gallego	Valencian
Guatemala (Guatemalteco)	Venezuela (Venezolano)
Hispanic	
Hispano	

APPENDIX O

Race - Other Entries Reported on Certificates and Reports

Afghanistan	Bilalian
African	Biracial
Alaskan Indian	Blanc
Aleut	Bohemian
Algerian	Bolivian
Alocona	Brava (Bravo)
Ameriasian	Brazilian
American	British Honduran
American Indian	Burmese
Amish	
Anglo-Saxon	Cajun
Arabian	Cambodian
Argentinian	Canadian
Armenian	Canadian Indian
Aryan	Cape Verde
Asian Indian	Carib
Asiatic	Caucasian
Assyrian	Central American Indian
Athapaskan	Ceylonese
Australian	Chamorro
Austrian	Chicano
Azores	Chinese
	Chuukese
Bahamian	Colestran
Bangladeshi	Colombian
Basque	Cosmopolitan
Bavarian	Costa Rican
Begri	Creole
Belizian	Crucian

Cuban	Guam (ian) (ese)
Czechoslovakian	Guatemalan
	Guyanese
Dominican	Gypsy
Dutch East Indian	
	Haitian
East Indian	Hamitic
East Indies	Hawaiian
Ebian	Hebrew
Ecuadorian	Hindu
Egyptian	Hispanic
English	Honduran
English-French	Hungarian
English-Irish	
Eritrean	Icelandic
Eskimoan	India
Ethiopia (n)	Indo-Aryan
Eurasian	Indonesian
European	Iran (ian)
	Iraqi
Fijian	Irish
Filipino	Islamic
Finnish	Israelite
French	Italian
French Canadian	
French Indian	Jackson (Jack) White
Georgian	Jamaican
German	Japanese
Ghanaian	Java
Gilbertese	Jew
Greek	Jordanian

Kenyan	Moor
Korean	Moroccan
Kuwaitian	Moslem
	Mosotho
	Mugandan
Ladina (Ladino)	Mulatto
Laotian (Asian)	Multi-racial
Latin American	Muslim
Latvian	
Lebanese	Nassau
Liberian	Native American
Libyan	Nepalese
Lithuanian	Nicaraguan
	Nigerian
Malada	Nipponese (Nipon)
Malawian	Nordic
Malayan	North American Indian
Maltese	Norwegian
Maori	Nubian
Marshallese	Occidental
Marshenese	Octaroon
Mauritian	Okinawan
Mediterranean	
Melanesian	Pakistani
Mestizo	Palauan
Mestizo-Inca	Panamanian
Mexican	Parsi
Mexican Indian	Persian
Micronesian	Phoenician
Mixed	Peruvian
Mohammedan (Moslem)	Polish

Polynesian
Ponapean
Portuguese
Puerto Rican
Punjabi

Quadroon

Red
Romanian
Rotanese
Russian
Ryukyuan

Saipanese
Salvadorian
Samoa (n)
Santo-Domingo
Saudi Arabia (n)
Saxon (y)
Scandinavian
Scotch
Selawik
Semitic
Serbian
Servian
Seychelloise
Siamese
Siamsh Am
Sicilian
Sikh

Singhalese
Sino Burman
Slovakian
Soanish
South American
South American Indian
Spanish
Sudanese
Sunni
Swedish
Syrian

Tahitian
Taimskin
Taiwanese
Tamil-Ceylonese
Tamil-Malayan
Tanzanian
Teutonic
Thai
Tibetan
Tongan
Trigueno
Trinidadian
Trukese
Tunisian
Turk

Ubontilian
Ugandan
Ukranian

Ulithian

Ute

Venezuela (n)

Vietnam (ese)

Welsh

West Indies (Indian)

Wiam (White American)

Yapanes

Yemenite

Yugoslavian

Zoroastrian

APPENDIX P

TENNESSEE DEPARTMENT OF HEALTH
REPORT OF FETAL DEATH (Stillbirth)

STATE FILE NUMBER

1. FACILITY NAME (If not mentioned give street and number) 2. SEX OF FETUS 3. DATE OF DELIVERY (Month Day Year) 4. COUNTY OF DELIVERY	NAME OF STILLBORN CHILD (if desired by mother) First Middle Last Name	
	5. TOWNSHIP OR LOCATION OF DELIVERY 6. COUNTY OF DELIVERY	
7. FATHER'S NAME (Last Middle First) 8. MOTHER'S SURNAME 9. MOTHER'S DATE OF BIRTH (Month Day Year)		10. RESIDENCE STATE 11. COUNTY 12. CITY/TOWN OR LOCATION 13. STREET AND NUMBER OR RURAL LOCATION
14. RACE (American Indian, Black, White, Other) (Specify) 15. OF HISPANIC ORIGIN? (Specify Yes or No) (First name: Cuban, Mexican, Puerto Rican, etc.) 16. EDUCATION (Specify only highest grade completed) 17. OCCUPATION AND INDUSTRY (Specify) (Specify industry and occupation)		18. FATHER'S DATE OF BIRTH (Month Day Year) 19. FATHER'S RACE (Specify) 20. FATHER'S EDUCATION (Specify) 21. FATHER'S OCCUPATION AND INDUSTRY (Specify)
22. PREGNANCY HISTORY (Complete each section) 23. MOTHER MARRIED TO FATHER? (At delivery, conception, or any time between) 1 Yes 2 No 24. DATE LAST NORMAL MENSTRUATION BEGAN (Month Day Year) 25. MONTH OF PREGNANCY PRENATAL CARE BEGAN (Just Specify Month, etc.) 26. PHENATAL VISITS (Specify) (Specify date) 27. MONTH OF PREGNANCY PRENATAL CARE BEGAN (Just Specify Month, etc.) 28. PHENATAL VISITS (Specify) (Specify date) 29. MONTH OF PREGNANCY PRENATAL CARE BEGAN (Just Specify Month, etc.) 30. PHENATAL VISITS (Specify) (Specify date)		
31. OBSTETRIC PROCEDURES (Check all that apply) 32. COMPLICATIONS OF LABOR AND/OR DELIVERY (Check all that apply) 33. FETAL ABNORMALITIES (Check all that apply)		
34. IMMEDIATE CAUSE (Specify) 35. DUE TO (OR AS A CONSEQUENCE OF) 36. DUE TO (OR AS A CONSEQUENCE OF)		
37. ATTENDING NAME AND TITLE (Type/print) 38. NAME AND TITLE OF PERSON COMPLETING REPORT (Type/print)		

APPENDIX Q

Occupation and Industry - Illustrations of Acceptable Entries for Both

The following examples illustrate the method for reporting some of the more common occupations and related industries for use on the Report of Fetal Death (Stillbirth)(Items 14a-d).

<u>Occupation</u>	<u>Business/industry</u>
Accountant.....	Internal Revenue Service
Attorney.....	Self-employed
Attorney.....	Legal Aid Society
Auditor.....	Savings and loan
Auto mechanic.....	Auto repair shop
Bookkeeper.....	Wholesale drugs
Bulldozer operator.....	County highway department
Camera operator.....	Television station
Carpenter.....	Building construction
Carpenter's helper.....	General contracting
Carpet installer.....	Retail carpet sales and installation company
Cashier.....	Bank
Chaplain.....	State prison
Chauffeur.....	City fire department
Chauffeur.....	Taxicab company
Chemist.....	Plastic film manufacturing
College professor.....	State university
Computer operator.....	Gas company
Computer programmer.....	Life insurance company
Construction contractor.....	General contracting
Delivery driver.....	Wholesale bakery
Dentist.....	County health department
Dressmaker.....	Dressmaking plant
Electrical engineer.....	Chemical plant
Electrician.....	Electric light and power company
Farmhand.....	Dairy farm
Field examiner.....	Veterans Administration (U.S. Government)
Fireman, city.....	Volunteer fire department
Flight engineer.....	Aircraft company (manufacturing, retail, or wholesale)
Geologist.....	Petroleum exploration
Groundskeeper.....	Entertainment park
Housewife or homemaker.....	Own home

APPENDIX Q

Insurance agent	Life insurance company
Janitor	City office building
Judge	County court
Key punch operator	City board of health
Licensed practical nurse	Manufacturing plant employee clinic
Mechanic, auto	Engine repair shop
Medical doctor	Board of health (State Government)
Miner	Coal mine
Motor operator (retired)	Urban transit system
Musician	Recording company
Owner (Embalmer and Manager)	Funeral home
Owner/Manager	Retail grocery store
Physician	Medical center
Pilot	Commercial airline
Plant manager	Petroleum refinery
President	Business college
Printer (Apprentice)	Printing shop
Production cost estimator	Auto body repair shop
Professor (English)	College
Quarry worker	Marble quarry
Radio operator	College radio station
Receptionist	Dentist's office
Registered nurse	Hospital
Secretary	Travel agency
Senator	U.S. Congress
Shipping clerk	Paper box factory
Stationary firefighter	Steel mill
Student	Junior college
Supervisor (Weaving)	Cotton cloth mill
Supervisor (Office)	Health and accident insurance company
Teacher, elementary school	City elementary school
Teacher, kindergarten	Private kindergarten
Teacher, high school	Private church school
Teacher, preschool	County elementary school
Teamster (Tractor Driver)	Logging camp
Truck driver	Moving and storage
Typist	Printing office
Weaver	Cotton cloth mill
X-Ray technician	City hospital

These examples of acceptable entries of occupation and related business/industry contain titles developed by the U.S. Bureau of the Census for proper classification of the labor force. These are provided as a guide for proper reporting.

APPENDIX R

Medical Definitions for Report of Fetal Death (Stillbirth)

Information regarding the mother's medical conditions and the fetus' congenital anomalies are to be completed by the attendant or designated representative.

Item 23a. Medical risk factors for this pregnancy (check all that apply)

- 01 Anemia - (Hct. less than 30 or Hgb. less than 10) - A symptom of some underlying disease (e.g., iron deficiency, chronic blood loss, sickle cell anemia) which manifests itself by weakness, ease of fatigue, and drowsiness. It is clinically defined as a hemoglobin level of less than 10.0 g/dl during pregnancy or a hematocrit of less than 30 percent during pregnancy.
- 02 Cardiac Disease - Mother has diagnosis of a disease of the heart, such as rheumatic heart disease, congenital heart disease, cyanotic heart disease, coronary thrombosis, bacterial endocarditis, cardiomyopathy, mitral valve prolapse, cardiovascular complications from Marfan syndrome, coarctation of the aorta, or kyphoscoliotic heart disease during this pregnancy.
- ◆ Synonyms to be included in this item:

Angina	Aortic/Mitral stenosis
Arrhythmia	Atrial/ventricular fibrillation
Cardiomegaly	Cardiomyopathy
Cardiovascular disease	Congenital heart disease (mother)
Congestive heart failure (CHF)	Cor pulmonale
Endocarditis	Mitral valve prolapse (MVP)
Myocarditis	Myocardial infarction (MI)
Pericarditis	Rheumatic heart disease
Valvular disease	Tachycardia
- 03 Acute or Chronic Lung Disease - Mother has diagnosis of a disease of the lungs during this pregnancy. Acute is a short and sharp course of lung disease like pneumonia or acute bronchitis. Chronic is of long duration, denoting a disease of slow progress and long continuance, like tuberculosis, cystic fibrosis, chronic bronchitis, chronic obstructive bronchitis, pulmonary edema, chronic obstructive emphysema, persistent asthma, chronic asthmatic bronchitis (the latter six make up chronic obstructive pulmonary disease (COPD)).

- ◆ Synonyms to be included in this item:

Asthma	Atelectasis
Bronchiectasis	Bronchiolitis
Bronchitis	Emphysema
Chronic obstructive pulmonary disease (COPD)	Pneumonia
Pulmonary fibrosis	Tuberculosis

- 04 Diabetes - Mother has diagnosis of type 1, juvenile onset diabetes, type 2, adult onset diabetes, or gestational diabetes mellitus during this pregnancy. Do not include family history of diabetes. Also note that juvenile diabetes can occur at any age.

Insulin Dependent – A syndrome resulting from a variable interaction of hereditary and environmental factors, and characterized by abnormal insulin secretion, inappropriately elevated blood glucose levels, and a variety of end organ complications including nephropathy, retinopathy, neuropathy, and accelerated atherosclerosis.

Insulin Dependent defines a group who is literally dependent on exogenous insulin to prevent ketoacidosis and death. (Former names: juvenile diabetes, juvenile-onset diabetes, ketosis-prone diabetes, and Brittle diabetes).

Other Diabetes - Non-insulin dependent diabetes mellitus (non-obese or obese) individuals who may or may not use insulin for symptom control but who do not need it for survival. (Former names: adult-onset diabetes, maturity-onset diabetes, ketosis resistant diabetes, stable diabetes, maturity-onset diabetes of youth).

Gestational diabetes, where glucose intolerance develops or is discovered during pregnancy (often during 2nd or 3rd trimester). It usually disappears or becomes subclinical following the end of pregnancy.

Secondary diabetes - where it is associated with certain conditions and symptoms such as pancreatic disease, changes in other hormones besides insulin, insulin receptor abnormalities, genetic syndromes and malnourished populations.

- 05 Active Genital Herpes - Infection of the skin of the genital area by herpes simplex virus. Lesions frequently develop four to seven days after contact. The condition tends to recur because the virus established latent infection of the sacral sensory nerve ganglia, from which it reactivates and reinfects the skin. Most fetal infection occurs because the virus was shed

from the cervix or lower genital tract and then either invades the uterus following rupture of the membranes or contacts the fetus with passage through the genital tract.

- 06 Hydramnios – Hydramnios or polyhydramnios is an excessive volume of amniotic fluid, somewhat arbitrarily defined as greater than 2,000 ml. Diagnosis is usually based on clinical impression or sonographic estimation. Hydramnios sufficient to cause clinical symptoms (usually > 3,000 ml.) occurs in about 1 in 1,000 pregnancies excluding multifetal pregnancies. Hydramnios is associated with central nervous system defects, gastrointestinal tract defects, and other birth defects. Also the incidence is increased by diabetes, hydropic variety of erythroblastosis and multifetal pregnancies.
- 07 Oligohydramnios – Volume of amniotic fluid falls or is far below normal, sometimes only a few ml. of viscid fluid. Cause is not understood. It is often observed with post-term births. Risk of cord compression and, in turn, fetal distress is increased. Oligohydramnios is almost always evident when there is either obstruction of the fetal urinary tract or renal agenesis. Fetal pulmonary hypoplasia is very common with oligohydramnios.
- 08 Hemoglobinopathy - A hematologic disorder caused by alteration in the genetically determined molecular structure of hemoglobin, which results in a characteristic complex of clinical and laboratory abnormalities and often, but not always, overt anemia. Most common sickle cell hemoglobinopathies are sickle cell anemia, sickle cell-hemoglobin C disease and sickle cell-B-thalassemia disease. Other hemoglobinopathies are hemoglobin E and C disease. Hb E is found mostly in Southeast Asians and Black population. Thalassemias are particularly common in persons of Mediterranean, African and Southeast Asian ancestry. Maternal morbidity and mortality, abortion, and perinatal mortality are appreciably but not uniformly increased with all of these diseases.
- 09 Hypertension, Chronic - Blood pressure persistently greater than 140/90, diagnosed prior to the onset of the pregnancy or before the 20th week of gestation.
- 10 Hypertension, Pregnancy-Induced - An increase in blood pressure of at least 30 mm Hg systolic or 15 mm Hg diastolic on two measurements taken 6 hours apart after the 20th week of gestation. The development of hypertension plus proteinuria or edema that is generalized and overt with onset rarely earlier than the 20th week of gestation. The blood pressure is 140/90 or greater, or there has been an increase of 30 mm Hg systolic or 15 mm Hg diastolic over baseline values on at least two occasions six or more hours apart. It is almost exclusively a disease of the nulliparous

- 17 Rh Sensitization - The process or state of becoming sensitized to the Rh factor (i.e., Rh antigen(s), especially D antigen) as when an Rh-negative woman is pregnant with an Rh-positive fetus. Unless mother was previously sensitized by transfusion, a first pregnancy is rarely affected. The risks of sensitization increase with each subsequent pregnancy.

- ◆ Synonyms to be included in this item:
Rh incompatibility Rh antibodies
Rh isoimmunization

Do not include preventive measures such as the use of Rhogam.

- 18 Uterine Bleeding - Any clinically significant bleeding during the pregnancy taking into consideration of the gestational age of the patient. Any second or third trimester bleeding of the uterus prior to the onset of labor. Conditions that predispose to uterine bleeding prior to labor onset are any abnormal placental implantation or development, trauma, overdistended uterus (multifetal pregnancy, hydramnios, distended with blood), small maternal blood volume and coagulation defects.

- 19 Other (Specify) – Other medical risk factors experienced by the mother that may cause or contribute to complications of this pregnancy. Examples are AIDS, preeclampsia, rubella, syphilis, gonorrhea, early onset of delivery and mental disorder.

Notice – The following conditions should not be listed in question 23a.

- Twins
- Previous C-section
- Advanced maternal age
- Teenage mother
- Late prenatal care
- No prenatal care
- Previous fetal death
- Heart or lung complications resulting from anesthesia, surgery, or drugs used in this delivery

Item 24. Obstetric procedures (check all that apply)

- 01 Amniocentesis – Surgical transabdominal perforation of the uterus to obtain amniotic fluid to be used in the detection of genetic disorders, fetal abnormalities (especially neural tube defects), and fetal lung maturity. The procedure is done between the 15th and 16th week of gestation with results available in weeks.
- 02 Electronic Fetal Monitoring-Internal - Internal leads may be placed, with an electrode attached to the fetal scalp and a catheter through the cervix into the uterus to measure amniotic fluid pressure. Internal fetal

monitoring provides more reliable information about fetal heart rate patterns and uterine contraction patterns than external.

- 03 Electronic Fetal Monitoring-External - Monitoring with external devices applied to the maternal abdomen, detect and record fetal heart tones and uterine contractions. External fetal monitoring can also be used as a non-stress test (NST) or as a contraction stress test (CST), sometimes called the oxytocin challenge test (OCT). In these tests, fetal heart rate is recorded and compared to fetal movement (NST), or to contractions induced by oxytocin (OCT) or those occurring spontaneously. These tests are frequently used to monitor problem pregnancies.
- 04 Induction of Labor - The initiation of uterine contractions before the spontaneous onset of labor by medial and/or surgical means for the purpose of delivery.
- ◆ Synonyms to be included in this item:
 - Amniotomy AROM (if labor has not yet begun)
 - Pitocin
 - Prostaglandin
 - Prostin gel
- 05 Stimulation of Labor – Augmentation of previously established labor by use of oxytocin.
- ◆ Synonyms to be included in this item:
 - Amniotomy/AROM-if labor is stalled
 - Augmentation
- 06 Tocolysis – Use of medications to inhibit preterm uterine contractions to extend the length of pregnancy and therefore avoid a preterm birth. Bedrest and tocolytic agents (e.g., magnesium sulfate, B-Adrenergic receptor stimulants (ritodrine, terbutaline, fenoterol) are used to attempt to arrest labor. Delivery is considered more advantageous than pharmacologic intervention if the pregnancy is beyond the 32nd week.
- 07 Ultrasound – Visualization of the fetus and the placenta by means of sound waves. Its primary usages are to date the fetus; detect sudden changes in fetal growth; detect multifetal pregnancies, certain fetal abnormalities, and complications of pregnancy (e.g., placenta previa).
- ◆ Synonym to be included in this item:
 - Sonogram
- 08 Chorionic Villus Sampling - A sample of chorionic villi is obtained by inserting a flexible catheter through the vagina and cervix, and advancing it to the site of fetal implantation under direct ultrasound guidance. About 10 to 30 mg of villi are then aspirated into a syringe; any contaminating

maternal tissue is removed under a dissecting microscope; and karyotypes can then be prepared directly from the villi. It is done at 8 to 10 weeks of gestation and results are available within hours or days. It is done to detect genetic defects.

- ◆ Synonym to be included in this item:
CVS

09 Other (Specify) - An example would be X-rays.

Item 25. Complications of labor and/or delivery (check all that apply)

01 Febrile (more than 100 degrees F. or 38 C.) - A fever greater than 100⁰ or 38⁰ occurring during labor and/or delivery.

02 Meconium, Moderate/Heavy – Meconium consists of undigested debris from swallowed amniotic fluid, various products of secretion, excretion and desquamation by the gastrointestinal tract. Moderate to heavy amounts of meconium in the amniotic fluid noted during labor and/or delivery.

03 Premature Rupture of Membranes (more than 12 hours, but less than 24 hours) – Rupture of the membranes at any time during pregnancy and greater than 12 hours but less than 24 hours before the onset of labor. Premature rupture of the membranes is an important cause of perinatal morbidity and mortality.

- ◆ Synonym to be included in this item:
PROM (if greater than 12 hours, but less than 24 hours)

04 Prolonged Rupture of Membranes (more than 24 hours prior to delivery) – Rupture of the membranes occurred more than 24 hours prior to onset of labor.

- ◆ Synonyms to be included in this item:
PROM (if greater than 24 hours)

05 Abruptio Placenta - Premature separation of a normally implanted placenta from the uterus. Hemorrhage may be external (pass through the cervix) or concealed (retained behind the placenta). The placenta is an organ joining the mother and offspring, providing endocrine secretion and selective exchange of soluble, but not particulate. The condition is associated with poor perinatal outcome.

06 Placenta Previa - Implantation of the placenta over or near the internal os (opening) of the cervix. The placenta may cover the internal os completely (total previa) or partially (partial previa) or it may encroach on the internal os (low implantation or marginal previa). The most

characteristic event in placenta previa is painless hemorrhage, which usually does not appear until near the end of the second trimester later. It frequently cannot be distinguished from abruptio placenta by clinical findings. The best way to differentiate is by ultrasound.

- 07 Other Excessive Bleeding – The loss of a significant amount of blood from conditions other than abruptio placenta or placenta previa. There are many other causes of hemorrhage during labor and/or delivery (e.g., trauma, uterine atony, small maternal blood volume, coagulation defects.)
- 08 Seizures During Labor – Seizures occurring during labor because of epilepsy, encephalitis, meningitis, cerebral tumor, acute porphyria, ruptured cerebral aneurysm, hysteria, eclampsia or any other etiology.
- 09 Precipitous Labor (less than 3 hours) - Extremely rapid labor and delivery lasting less than three hours.
- 10 Prolonged Labor (more than 20 hours) – Abnormally slow progress of labor (greater than 20 hours) because of weak or non-coordinated uterine forces, inadequate forces generated by the voluntary muscles, faulty presentation or abnormal development of the fetus and/or abnormalities of the birth canal.
- 11 Dysfunctional Labor - Same as dystocia (literally difficult labor) and same things as noted for prolonged labor.

◆ Synonyms to be included in this item:

Arrest of dilation	Arrest/non-progression of labor
Atony of uterus	Desultory labor
Failure to progress	Irregular labor
Hypertonic/incoordinate/ prolonged contractions	Prolonged active/ latent phase
Transverse arrest	Uterine inertia
Uninducible cervix	

- 12 Breech - At birth, the presentation of the fetal buttocks rather than the head. There are several varieties of breech presentation: frank breech, complete breech, and single or double footling presentation.
- 13 Malpresentation- Other malpresentations other than breech (e.g., face, brow, shoulder, compound).
- ◆ Synonyms to be included in this item:

Face/brow presentation	Footling
Oblique presentation	Persistent occiput posterior
Prolapsed arm	Transverse lie
Unstable lie	
- 14 Cephalopelvic Disproportion – A condition in which the relationship of the size, presentation and position of the fetal head to the maternal pelvis prevents dilation of the cervix and/or descent of the fetal head.
- ◆ Synonyms to be included in this item:
 - Abnormality of pelvis
 - Contracted pelvis
 - CPD
 - Fetal abnormality causing disproportion
 - Fetopelvic disproportion
- 15 Cord Prolapse – Premature expulsion of the umbilical cord in labor before the fetus is delivered. Occult prolapse occurs with intact membranes when the cord presents ahead of the presenting part or is trapped in front of a shoulder. Overt prolapse occurs with ruptured membranes when the cord presents in front of the presenting part, most commonly with breech presentation. Unless prompt delivery is accomplished, fetal death results from compression of the cord between the presenting part and the margin of the pelvic inlet.
- 16 Anesthetic Complications - Any complication during labor and/or delivery brought on by an anesthetic agent/s (e.g., aspiration, hypotension, spinal blockage with respiratory paralysis, hypertension, bladder dysfunction).

17 Fetal Distress – Signs indicating fetal hypoxia which may include persistent abnormal fetal heart rate patterns, low scalp pH, significant meconium staining of amniotic fluid, low cord pH, at one minute Apgar score less than 3 or at 5 minutes Apgar score less than 5.

◆ Synonyms to be included in this item:

Decreased FHT variability
Extended fetal bradycardia
Fetal intolerance to labor
Multiple late decelerations

18 Other – Labor and delivery conditions that are not listed above.

Notice - Do not list the following conditions in question 25 for any checkbox:

Post-term
Premature labor
Preterm labor
Previous C-section
Preeclampsia

Item 26. Method of delivery

The definitions for the methods of delivery are not included in this handbook.

Item 27. Congenital anomalies of fetus (check all that apply)

01 Anencephalus – Absence of the cerebral hemispheres. Varying portions of the brainstem and spinal cord may be missing or malformed. These infants either are stillborn or die within a few days.

◆ Synonyms to be included in this item:

Acrania	Amyelencephalus
Anencephalic	Anencephaly
Heminaencephaly	Hemicephaly

02 Spina Bifida/Meningocele - Developmental anomaly characterized by defective closure of the bony encasement of the spinal cord, through which the cord and meninges may or may not protrude. Spina bifida is a defective closure of the vertebral column. In spina bifida cystica, the protruding sac can contain meninges (meningocele) spinal cord (myelocele), or both (myelomeningocele).

◆ Synonyms to be included in this item:

Meningomyelocele	Hydromeningocele
Myelocystocele	Myelocele
Syringomyelocele	Rachischisis

- 03 Hydrocephalus – Excessive accumulation of cerebrospinal fluid within the ventricles of the brain with consequent enlargement of the cranium. Associated defects are common, with spina bifida occurring in about one-third of the cases.
- 04 Microcephalus - A significantly small head usually associated with DeLange's syndrome, rubella, toxoplasmosis, cytomegalic inclusion disease, cebocephaly, and various chromosomal abnormalities.
- ◆ Synonyms to be included in this item:
 - Hydromicrocephaly
 - Micrencephalon
 - Microcephaly
- 05 Other Central Nervous System Anomalies (Specify) - Other anomalies of the central nervous system such as encephalocele, reduction deformities of the brain, and other specified anomalies of brain, spinal cord, and nervous system.
- 06 Heart Malformations - Congenital anomalies of the heart such as transposition of great vessels, Tetralogy of Fallot, ventricular septal defect, endocardial cushion defects, anomalies of pulmonary valve, tricuspid atresia and stenosis, stenosis and insufficiency of aortic valve.
- ◆ Synonyms to be included in this item:

Atresia/insufficiency/stenosis of Pulmonary valve	
Atrial septal defect	Cor Biloculare
Common atrium/AV canal/truncus/ventricle	Dextrocardia
Ectopia cordis	Malposition of heart
Endocardial cushion defects	Septal defect
Epstein's anomaly	Single ventricle
Hypoplastic left heart syndrome	Taussig-Bing
Pericardial defect	Uhs disease
- 07 Other Circulatory/Respiratory Anomalies (Specify) - List circulatory anomalies such as, patent ductus arterioles, coarctation of the aorta, etc. Anomalies of the respiratory system such as choanal atresia, congenital cystic lung and agenesis, hypoplasia and dysphasia of lung.
- 08 Rectal Atresia/Stenosis - Congenital absence, closure or narrowing of the rectum, atresia and stenosis of large intestine and anal canal.
- ◆ Synonyms to be included in this item:
 - Imperforate anus/rectum
 - Stricture of anus/rectum

osteodystrophies, and specified anomalies of muscle, tendon, facial and connective tissue. Some congenital anomalies of the integument are hereditary edema of legs, ichthyosis congenital, vascular hamartomas, specified and unspecified anomalies of hair, nails and breast or a large hemangioma.

- 20 Down Syndrome - Mongolism, Translocation Down Syndrome, Trisomy 21 or 22, G. The most common chromosomal defect with most cases resulting from an extra chromosome (Trisomy 21). The faces of the infants are mongoloid, with narrow, slanting, closely set palpebra fissures. The tongue is thick and fissured, and the palatal arch is often high. Fingers are stubby and mental retardation subsequently becomes apparent. Congenital heart disease is found in about 35 percent of patients with atrioventricular canal defect and ventricular septal defects being the most common. The risk of having a child with Down Syndrome increases with age. However, the majority are born to women in their twenties because of the high drop off of the fertility rate after that period.

- ◆ Synonyms to be included in this item:
 - Mongolism
 - Trisomy 21

- 21 Other Chromosomal Anomalies (Specify) – All other chromosomal aberrations, for example, Patau's syndrome, Trisomy 13-15, Trisomy 16-18, Edward's syndrome, autosomal deletion syndromes, Cri-du-chat syndrome, autosomal translocation, XO syndrome, Klinefelter's syndrome, XXX syndrome.

- 22 Other (Specify) - Other congenital anomalies not mentioned above. This includes the following anomalies:

- Anomalies of eye
- Anomalies of ear, face, neck
- Other – upper alimentary tract
- Other – digestive system
- Other and unspecified congenital anomalies

Notice – Do not include the following conditions in item 27:

- Congenital hemangioma
- Congenital neoplasm
- Respiratory distress
- Ankyloglossia
- Heart murmur
- Hip click
- Skin tags
- Tongue tie

Source: Prepared for the Association of Vital Records and Health Statistics by the Ad Hoc Committee on Medical Definitions, June 1990, and adapted for use in Tennessee for the January 1989 revision of Report of Fetal Death (Stillbirth).

APPENDIX S

Institutional Report of Births

Facility's Responsibility

The facility, certified nurse midwife, certified professional midwife, or other midwife are required by the Rules of the Tennessee Department of Health (Section 1200-7-1-.14(3)) to complete and submit the Institutional Report of Births to the Tennessee OVR on the third working day of the month after the event occurred.

For the facilities using the WinEBC software, the monthly report of births may be printed from that system.

In lieu of the Institutional Report of Births (form PH-1652), the responsible person may submit the report of births on a computer printout as long as the format is the same as PH-1652. The report should be signed by the responsible person.

The Institutional Report of Births form is to be used for the reporting of live births only.

- **Special Note regarding reporting of all deliveries that did not result in a live birth:** It is requested that all deliveries that did not result in a live birth be listed on the Institutional Report of Births. The responsible person may list the events by handwriting the information concerning the other deliveries at the bottom of the report or on a separate sheet of paper. This request is made as an added check to ensure that all deliveries that did not result in a live birth are reported to the Tennessee OVR. The information should list the mother's name, weight of fetus, and completed weeks of gestation.

The Institutional Report of Births should include all births for a single month only. If an omission in entering births from previous month(s) is observed, the event(s) should be listed on a separate monthly report. Furthermore, when a WinEBC batch (or more than one batch) of original birth certificates is sent to the Tennessee OVR each week, it is not required to send a partial institutional report for these certificates; in fact, it is discouraged.

APPENDIX T

Institutional Report of Deaths, Fetal Deaths, and D.O.A.'s

Facility's Responsibility

The facility is required by the Rules of the Tennessee Department of Health (Section 1200-7-1-.14 (3)) to complete and submit the Institutional Report of Deaths, Fetal Deaths, and D.O.A.'s to the county health department where the facility is located. This monthly report should be filed on the third working day of the month after the event occurred.

It is the responsibility of the facility to report fetal deaths on the Institutional Report of Deaths, Fetal Deaths, and D.O.A.'s form.

Each fetal death of 500 grams or more, or in the absence of weight, of 22 completed weeks gestation or more, must be listed on this form.

- **Notation of weight of fetus at delivery, along with other identifying information such as the mother's name, should be made on the report.** If the fetus was not weighed, list the completed weeks of gestation.

Question: When should the death in utero (i.e., missed abortion, miscarriage, spontaneous abortion, etc.) be listed on the monthly Institutional Report of Deaths, Fetal Deaths, and D.O.A.'s?

Answer: If the event was a missed abortion, or miscarriage, or spontaneous abortion, and the fetus was not weighed, and the fetal remains were sent to the pathology as a specimen only, it is not required that the event be listed on the monthly report. However, it is acceptable to list these events.

- If a funeral home takes the fetal remains, regardless of weight or weeks, the event must be listed on the Monthly Report of Deaths, Fetal Deaths, and D.O.A.'s. The mother's name and weight of fetus or completed weeks of gestation should be listed.

In lieu of the form PH-1661, the facility may submit the information on a computer printout as long as the format is the same as PH-1661. The report should be signed by the responsible person.

Local Registrar's Responsibility

The local registrar is responsible for collecting the Institutional Report of Deaths, Fetal Deaths, and D.O.A.'s and sending the monthly reports to the Tennessee OVR. The monthly report is due on the fifteenth of the month in the Tennessee OVR.

APPENDIX U

Fees and Services for Tennessee Birth Certificate

Computer-generated certified copy of birth certificate (Short Form) (available for year of birth 1949 to current)	\$7.00
Certified copy of birth certificate that is not computer generated (Long Form)	\$12.00
Additional copy of the same birth certificate ordered at the same time	\$4.00
Expedited service fee with credit card service	\$10.00

Written requests for certificates should be sent to:

Tennessee Office of Vital Records
Central Services Building - 1st Floor
421 5th Avenue, North
Nashville, TN 37243

Walk-in service is available at the Tennessee OVR during the hours of 8:00 a.m. to 4:00 p.m., Central Time, Monday through Friday.

Expedited service guarantees that the requested certified copy will be issued and mailed within one working day of receipt of the request. Persons who wish to request expedited service must charge the fee to their Visa, Mastercard, Discover, or American Express card. They may do so by calling (615) 741-0778. Expedited requests using a credit card may also be submitted using the Internet at: <http://health.state.tn.us/vr/index.htm> or they may be faxed to (615) 726-2559 (See Appendix U continued on next page).

The \$10.00 expedited service includes an additional fee for using Visa, Mastercard, Discover, or American Express plus the expedited service fee of \$5.00 and the cost of the certified copy.

Requests for certified copies of birth certificates must be accompanied by a photocopy of the requesting person's government issued identification card.

APPENDIX U

An applicant can FAX an expedited service request to the Tennessee OVR using (615) 726-2559. The following information is required:

- 1) Name and relationship of person requesting certificate
- 2) Purpose of copy
- 3) Full name(s) on certificate
- 4) Date of birth
- 5) Place of birth
- 6) Father's full name
- 7) Mother's full maiden name
- 8) Phone number where requestor can be reached
- 9) Address where to be mailed
- 10) Visa, Mastercard, Discover, or American Express card number with expiration date
- 11) Type of certificate (long form or short form) and number of copies
- 12) Regular mail or Federal Express
- 13) In addition, the applicant must present with a government issued identification card. If the request is made via mail, telephone or Internet, the requester must include a photocopy of his/her government issued ID card.

Short form certificates may also be obtained from certain county health departments. The issuance schedule and the telephone number for each is as follows:

<u>Health Department</u>	<u>Issuance Schedule</u>	<u>Phone Number</u>
Tennessee OVR, Nashville	Daily	615-741-1763
Anderson County	Daily	865-425-8800
Bledsoe County	Daily	423-447-2149
Blount County	Daily	865-983-4582
Bradley County	Daily	423-728-7020
Campbell County	Daily	423-562-8351
Cannon County	Daily	615-563-4243
Carter County	Daily	423-453-2521
Claiborne County	Daily	423-626-4291
Clay County	Daily	931-243-2651
Cocke County	Daily	423-623-8733
Cumberland County	Daily	931-484-6196
Davidson County*	Daily	615-340-5611
Dekalb County	Daily	615-597-7599
Dickson County	Daily	615-446-2839
Fentress County	Daily	931-879-9936
Franklin County	Daily	931-967-3826
Giles County	Daily	931-363-5506
Grainger County	Daily	865-828-5247

APPENDIX U

<u>Health Department</u>	<u>Issuance Schedule</u>	<u>Phone Number</u>
Greene County	Daily	423-798-1749
Hamblen County	Daily	423-586-6431
Hamilton County*	Daily	423-209-8025
Hancock County	Daily	423-733-2228
Hardeman County	Daily	731-658-5291
Hawkins County - Rogersville	Daily	423-272-7641
Hawkins County - Church Hill	Daily	423-357-5341
Henry County	Daily	731-642-4025
Hickman County**	Daily	931-729-3516
Humphreys County	Daily	931-296-2231
Jackson County	Daily	931-268-0218
Jefferson County	Daily	865-397-3930
Johnson County	Daily	423-727-9731
Knox County*	Daily	865-215-5100
Lawrence County**	Daily	931-762-9406
Lincoln County**	Daily	931-433-3231
Loudon County	Daily	865-458-2662
McMinn County	Daily	423-745-7431
Macon County	Daily	615-666-2142
Madison County	Daily	731-423-3020
Marion County	Daily	423-942-2239
Maury County**	Daily	931-388-5757
<u>Mid-Cumberland Region</u>		
Nashville Office***	Daily	615-650-7002
Monroe County	Daily	423-442-3993
Montgomery County	Daily	931-648-5747
Morgan County	Daily	423-346-6272
Overton County	Daily	931-823-5611
Pickett County	Daily	931-864-3178
Polk County-Copperhill	Daily	423-496-3275
Putnam County	Daily	931-528-2531
Rhea County	Daily	423-775-8910
Roane County	Daily	865-354-1220
Rutherford County	Daily	615-898-7785
Scott County	Daily	423-663-2445
Sevier County	Daily	865-453-1032
Shelby County*- Main	Daily	901-544-7608
Shelby County - Kirby	Daily	901-362-1015
Smith County	Daily	615-735-0242
<u>Southeast Region</u>		
Chattanooga Office****	Daily	423-634-3124
Sullivan County - Blountville	Daily	423-279-2780

APPENDIX U

<u>Health Department</u>	<u>Issuance Schedule</u>	<u>Phone Number</u>
Sullivan County - Kingsport	Daily	423-224-1600
Sumner County	Daily	615-206-1103
Unicoi County	Daily	423-743-9103
Union County	Daily	865-992-3867
Van Buren County	Daily	931-946-2643
Warren County	Daily	931-473-8468
Washington County	Daily	423-975-2200
West Tennessee Region		
Union City Office*****	Daily	731-884-2645
White County	Daily	931-836-2201
Williamson County	Daily	615-794-1542

* In addition, the certified photocopy of original birth certificate is available for persons born in that county at the following metropolitan health departments:

 Davidson – January 1966 to present

 Hamilton – Current year and previous four years

 Knox – August 1975 to present

 Shelby – All years

** The South Central Health Department Region: Applications and fees for short form birth certificates are accepted at the following county health departments: Bedford, Coffee-Manchester, Giles, Lewis, Marshall, Moore, Perry, and Wayne. The certified copies will be printed and mailed from either the Coffee-Tullahoma Health Department, Hickman County Health Department, Lawrence County Health Department, Lincoln County Health Department or the Maury County Health Department.

*** The Mid-Cumberland Health Department Regional Office does not accept walk-in requests. Applications and fees for short form birth certificates are accepted at the following county health departments: Cheatham, Houston, Robertson, Stewart, Trousdale, and Wilson. The certified copies will be printed and mailed from the Mid-Cumberland Regional Office in Nashville. The Dickson, Humphreys, Montgomery, Sumner, Rutherford, and Williamson County Health Departments issue short form birth certificates daily.

**** The Southeast Health Department Regional Office does not accept walk-in requests. Applications and fees for short form birth certificates are accepted at the following county health departments: Grundy, Meigs and Sequatchie. The certified copies will be printed and mailed from the Southeast Regional Office in Chattanooga.

***** The West Tennessee Health Department Regional Office does not accept walk-in requests. Applications and fees for short form birth certificates are accepted at the following county health departments: Benton, Carroll, Chester, Crockett, Decatur, Dyer, Fayette, Gibson, Hardin, Haywood, Henderson, Lake, Lauderdale, McNairy, Obion, Tipton and Weakley. The certified copies will be printed and mailed from the West Tennessee Regional Office in Union City.



DEPARTAMENTO DE SALUD DE TENNESSEE
OFICINA DE REGISTROS VITALES

SOLICITUD PARA COPIA CERTIFICADA DEL ACTA DE NACIMIENTO
(English Version on the Reverse Side)

Fecha: _____

Nombre completo en el certificado de nacimiento: _____

Primer nombre Segundo nombre Apellido(s)

¿Ha sido el nombre cambiado por otro que no sea el de matrimonio? Sí No

¿Si es cierto, cual fue el nombre original? _____

Fecha de nacimiento: _____ Sexo: Masculino o Femenino

Mes Dia Año

Lugar de nacimiento: _____

Ciudad Condado Estado

Hospital donde nació: _____

Nombre completo del padre: _____

Nombre completo de soltera de la madre: _____

Apellidos de la madre a la hora del nacimiento: _____

Nombre del hermano o hermana mayor: _____ Menor: _____

Firma de la persona que solicita la información: _____

Relación: _____

Propósito de esta copia: _____

Número telefónico donde podemos comunicarnos: () _____

Indique el número de cada tipo de certificado deseado e incluya la cuota apropiada:

De 1949 hasta el corriente:

Forma corta - \$7.00 para la primera copia. Copias adicionales del mismo registro compradas al mismo tiempo - \$4.00 cada una.

Forma larga - \$12.00 para la primera copia. Copias adicionales del mismo registro compradas al mismo tiempo - \$4.00 cada una.

Para nacimientos antes de 1949:

No hay forma corta disponible.

\$12.00 para la primera copia. Copias adicionales del mismo registro compradas al mismo tiempo - \$4.00 cada una.

Esos pagos son por la búsqueda de registros y no serán reintegrados aunque ningún registro esté archivado en esta oficina. Se hace una búsqueda de tres años por el pago inicial.

ES ILEGAL HACER ALGUNA DECLARACIÓN FALSA CON CONOCIMIENTO DE CAUSA Y VOLUNTARIAMENTE EN ESTA SOLICITUD.

Toda la información se debe completar y los pagos correspondientes se deben incluir para poder procesar esta petición. No envíe efectivo. Envíe un cheque o Money Order pagadero al: *Tennessee Vital Records*. **Además, a menos que esta solicitud sea certificada por un notario, usted debe enviar una fotocopia de alguna identificación oficial emitida por el gobierno que enseñe su firma.** Si no ha recibido una respuesta dentro de 45 días, por favor escriba o llame al Tennessee Vital Records al (615) 741-1763.

PH-1654 (Rev. 8/05)

RDA N/A

LLENE ABAJO / NO LO SEPARE

ESCRIBA EN LETRA DE MOLDE el nombre y la dirección de la persona que recibirá la copia certificada

ENVÍE A:

Nombre _____

Dirección o ruta _____

Ciudad y estado _____ Código postal _____

Tennessee Vital Records
421 5th Avenue North
1st floor, Central Services Building
Nashville, TN 37247

APPENDIX W

Vital Events Filed with the Tennessee Office of Vital Records

Birth Certificates

- Statewide filing of birth certificates began in 1914. Original certificates are maintained in the Tennessee OVR for 100 years. Thereafter, the original documents become public records, and at which time are transferred to the Tennessee State Library and Archives.
- Original certificates for births that occurred January 1, 1914 to current date are filed in the Tennessee OVR.
- Original certificates for births that occurred within the city limits of Chattanooga, Knoxville, and Nashville for 1881 to January 1, 1914 are on file.
- Enumeration birth records by school districts July 1, 1908 through June 30, 1912 (age of parents not shown) are on file. These records are also available at the Tennessee State Library and Archives.
- Delayed birth certificates beginning in 1900 for births that were not filed by the birth attendants at the time the birth occurred are on file. Since 1937, delayed birth certificates have been filed by the birth attendants.

Death Certificates

- Statewide filing of death certificates began in 1914. Original certificates are maintained in the Tennessee OVR for 50 years. Thereafter, the original documents become public records, and at which time are transferred to the Tennessee State Library and Archives.

Marriage Certificates and Divorce Certificates

- Statewide registration and filing of marriage certificates and divorce certificates began July 1, 1945. Original marriage and divorce certificates are maintained in the Tennessee OVR for 50 years. Thereafter, the original documents become public records, and at which time they are transferred to the Tennessee State Library and Archives.

Special Note Regarding Issuing Certified Copies

- **Only certified copies of birth records under 100 years old, or death, marriage or divorce certificates under 50 years old will be issued by the Tennessee OVR.**

APPENDIX X - DISPOSAL OF HUMAN AND FETAL REMAINS

The State Registrar sent to the CEOs of facilities a July 26, 2005 guidance document, and a subsequent September 9, 2005 amendment concerning disposal of human and fetal remains. This issue was addressed in two parts. The guidance document was revised August 27, 2007, and is provided below as a convenience for the facilities to use in their policies and procedures, as required.

PART I. Fetal Deaths

1. Tennessee Code Annotated (T.C.A.) § 68-3-504 directs facilities to complete a Report of Fetal Death (Stillbirth) form for fetal deaths that weigh >500 grams, or if weight cannot be ascertained, fetuses of >22 weeks gestation. The Report of Fetal Death (Stillbirth) is to be forwarded directly to the Tennessee Office of Vital Records (Tennessee OVR) within 10 days of the fetal death.
2. T.C.A. § 68-3-510 directs that facilities use a form to record the disposition of all fetal remains irrespective of length of gestation (e.g., a few weeks to full term), and irrespective of the manner of disposition. The form is to be provided or approved by the State Registrar. If the mother signs the form, and if the issues reflected below are contained within the form, the facility personnel may consider it approved. The issues are:
 - a. Release to a licensed funeral director: This is in accordance with policy similar to other deaths – see Part II below.
 - b. Disposal by the facility: The law does not speak to how disposition must occur. The Tennessee OVR recommends that the facility review local ordinances; consider community issues and that the facility personnel consult with the facility legal advisor, and perhaps the facility ethics committee.
 - c. Release of remains to someone other than a licensed funeral director: T.C.A. § 68-3-510 uses the term “funeral director, embalmer, or other person.” The Tennessee OVR interprets the “other person” verbiage to mean that pick-up of fetal remains can be made by the mother or legal father. See pages 140-142 in this handbook for definition of a legal father (copy of laws). If the mother or father removes the fetus from the facility, the staff must ensure that:
 - The parent(s) have been advised of any known local ordinances that pertain to where a burial may occur. They should also be advised that it is their responsibility to find out what the local ordinances are.
 - The mother has signed the above discussed form. The form must state that she understands that the body must be disposed of within 48 hours, and it must specify the intended place and method of disposition.

- In addition, the Tennessee OVR recommends that the facility's Deputy Registrar for Burial Transit Permits issue a permit to the parent(s). The permit should assist the parent(s) if there is an incident while they are transporting human remains.

PART II. Deaths of persons who once lived and then died, to include neonates

1. Funeral director pick-up: The facility must ensure the funeral director receives release forms, and the name of the physician who was in charge of the patient's care. If the funeral director states that the body will be transported out of Tennessee, the facility's Deputy Registrar for Burial Transit Permits should issue a permit. This procedure also applies to medical institutions that pick-up bodies that have been donated to medical science.
2. Release of remains to someone other than a licensed funeral director: T.C.A. § 68-3-502 (b) states "the funeral director, or person acting as such, who first assumes custody of the dead body shall file the death certificate." If the body is not managed by a funeral director, the facility is responsible for filing the death certificate. The facility personnel should obtain the demographic information that is necessary for completing the death certificate from the family. The facility should then transcribe the information onto the death certificate form, obtain the medical certification from the appropriate physician, and forward the certificate to the county health department Local Registrar in the county where death occurred.
3. If a Next of Kin (NOK) intends to remove the body from the facility, the staff must ensure that:
 - The name, address, and telephone number for the person receiving the body is included on the facility's Institutional Report of Deaths report that is submitted monthly to the Tennessee OVR.
 - The NOK has been advised of any known local ordinances that pertain to where a burial may occur. The person should also be advised that it is his/her responsibility to find out what the local ordinances are. It is strongly recommended that the facility review local ordinances, consider community issues, and consult the facility legal advisor.
 - The Tennessee OVR strongly recommends that the facility require the NOK to sign an affidavit stating that the body must be disposed of within 48 hours, stating the intended place of burial, and that no laws or property rights of others are being violated.
 - The facility assumes responsibility for completing the death certificate.
 - In addition, the Tennessee OVR recommends that the facility's Deputy Registrar for Burial Transit Permits issue a permit to the NOK. The permit should assist the NOK if there is an incident while transporting human remains.

APPENDIX Y – CERTIFIER DESIGNATION (HOSPITAL DESIGNEE)

The following is a suggested format by which the facility personnel may notify the Tennessee OVR to add hospital designee(s). It is acceptable to use the Tennessee OVR's letter (below) to transmit the information by mail or by fax to 615-741-9860.



STATE OF TENNESSEE
DEPARTMENT OF HEALTH
Office of Vital Records
CENTRAL SERVICES BUILDING, 1ST FLOOR
421 5TH AVENUE NORTH
NASHVILLE, TN 37243

I have designated the following staff person(s) to certify the Tennessee original birth certificates that are prepared by this facility:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

For the purpose of providing future additions or deletions to this list, I have designated _____ to serve as the primary contact person for this facility to the Tennessee Office of Vital Records.

Name of Facility: _____

Signed: _____ Date: _____

Title: _____

Return or fax this completed form to:

Shirley Clark
Tennessee Office of Vital Records
Central Services Building, 1st Floor
421 5th Avenue North
Nashville, TN 37243
Fax: 615-741-9860

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 (rev. 9/07)



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Exhibit K

Exhibit 5 to Deposition Transcript of
Mr. Edward Gray Bishop, III

[FILED UNDER SEAL]

Exhibit L

Exhibit 7 to Deposition Transcript of
Mr. Edward Gray Bishop, III

[FILED UNDER SEAL]

Exhibit M

Exhibit 8 to Deposition Transcript of
Mr. Edward Gray Bishop, III

[FILED UNDER SEAL]

Exhibit N

Exhibit 13 to Deposition Transcript of
Mr. Edward Gray Bishop, III

i FIND COVID-19 INFORMATION AND RESOURCES

i INFORMATION FROM TN DEPT OF HEALTH ABOUT THE ONGOING NOVEL CORONAVIRUS OUTBREAK

How do I get my certificate corrected?

The Tennessee Vital Records Office has currently suspended all functions until further notice.

For questions concerning changes or amendments to a vital record please email vramendments@tdhs.zendesk.com

The Office of Vital Records is required to follow Tennessee law when amending birth, death, marriage or divorce certificates. It is important to us and to you that the certificates issued by this office are accurate. For this reason, each request is given individual attention.

Generally, the documentation listed in the following frequently asked questions is adequate to make the requested correction. However, occasionally we will need additional information. We understand that each and every request is important and work diligently to complete them quickly. Please be patient as some amendment requests could take as long as 10-12 weeks.

Amendment Questions

1. [My given or middle name is missing or spelled incorrectly on my birth certificate. How do I get it corrected?](https://www.tn.gov/health/health-program-areas/vital-records/corrected-certificate.html)



2. [My name was legally changed. How do I get it changed on my birth certificate?](#)
3. [The date of birth is incorrect on my birth certificate. What is needed to correct it?](#)
4. [How do I correct the sex on my birth certificate?](#)
5. [The parent's name, date of birth or place of birth is incorrect on my birth certificate. How do I get it corrected?](#)
6. [What is a notarized affidavit? What should the affidavit include?](#)
7. [How do I get a court order?](#)
8. [What is acceptable documentary evidence?](#)
9. [What are some examples of acceptable documentary evidence?](#)

My given or middle name is missing or spelled incorrectly on my birth certificate.

How do I get it corrected?

1. If any of the following circumstances are true, a court order is needed to make a name change on the birth certificate:
 1. A new birth certificate was created due to an adoption or a court-order of parentage (this does not apply if the amendment is necessary because of a keying error made when creating the new certificate).
 2. The name on the certificate has been amended previously.
 3. Changing the first & middle name entirely requires review by this office before proceeding. Please contact this office for instructions.
2. If none of the circumstances listed in item 1 are true and the child is **less than one year old**, this office will need:
 1. A notarized affidavit, signed by all parents listed on the birth certificate, which shows the child's full name, date of birth, the incorrect name as it is listed on the certificate and the name as it should be correctly listed.
 2. No fee is required to amend a certificate that is less than one year old.
3. If none of the circumstances listed in item 1 are true and the registrant is **more than one year old**, this office will need:



1. A notarized affidavit, showing the child's full name, date of birth, the incorrect name as it is listed on the certificate and the name as it should be correctly listed.
2. Documentary evidence that supports the change being requested (see examples of acceptable documentary evidence).
3. A check or money order for the required amendment fee, and an additional fee for a copy of the corrected certificate.

([Back to Amendment Questions](#))

My name was legally changed. How do I get it changed on my birth certificate?

In the event of a court-ordered name change, to amend the birth certificate we require the following:

1. An original, certified copy of the court order that changed your name.
2. A check or money order for the required amendment fee, and an additional fee for a copy of the corrected certificate.

([Back to Amendment Questions](#))

The date of birth is incorrect on my birth certificate. What is needed to correct it?

If the date of birth has never been amended on the certificate, you should submit the following:

1. A signed and notarized affidavit, showing the full name, date of birth as it is shown on the certificate and the date of birth as it should be correctly listed.
2. Documentary evidence supporting the correct date of birth (see examples of acceptable documentary evidence).
1. If the correction is to the **day only**, the document must have been created prior to your 21st birthday.*
2. If the correction is to the **month**, the document should have been created prior to your 10th birthday.*
3. If the correction is to the **year**, the document should have been created prior to your 10th birthday,*
and we need a list of your siblings names and dates of birth.

4. A check or money order for the required amendment fee , and an additional fee for a copy of the corrected certificate.



*If the registrant is under the age of 21, the document must be dated at least 5 years prior to the request for amendment.

[\(Back to Amendment Questions\)](#)

How do I correct the sex on my birth certificate?

Tennessee law does not allow for the amendment of a birth certificate due to gender reassignment surgery. If a mistake was made on the certificate when recording the sex of the child, the following should be submitted to this office:

1. A signed and notarized affidavit, showing the full name, date of birth, the sex as it is shown on the certificate and the sex as it should be correctly listed.
2. Documentary evidence showing the correct sex of the individual (see [examples of acceptable documentary evidence](#)).
3. A check or money order for the required amendment fee, and an additional fee for a copy of the corrected certificate.

[\(Back to Amendment Questions\)](#)

A parent's name, date of birth or place of birth is incorrect on my birth certificate.

How do I get it corrected?

If any of the following are true, a court order would be required to amend the certificate.

1. The same information was previously amended
2. A new certificate was created due to adoption and the request for amendment is not due to a keying error made when creating the new certificate
3. A new certificate was created due to a court order of parentage, the requested amendment involves the father's information, and the request was not made to correct a keying error made when creating the new certificate.
4. A certificate is on file in this office, and the requested amendment involves the father's information.

Otherwise please submit the following:

1. A signed and notarized affidavit showing the full name, date of birth, the data as it is shown on the certificate, and the data as it should be correctly listed.



2. A copy of the parent's birth certificate which supports the amendment request.
3. A check or money order for the required amendment fee, and an additional fee for a copy of the corrected certificate.

([Back to Amendment Questions](#))

What is a notarized affidavit? What should the affidavit include?

A notarized affidavit is a written statement made under oath and signed in the presence of a notary public. The notary public places his/her seal on the document to verify that the signature is authentic. The affidavit submitted to this office must be signed by one of the following persons:

1. The registrant if they are over the age of 18.
2. If the registrant is under 18, a parent listed on the certificate or
3. The legal guardian of the child listed on the certificate (A copy of the guardianship papers must be included.)

The affidavit should include the name and date of the event, the incorrect data as it is listed on the certificate and the data as it should be listed.

([Back to Amendment Questions](#))

How do I get a court order?

For instructions on obtaining a court order contact the court clerk's office in your county of residence. [Click here](#) for Tennessee court clerks offices.

([Back to Amendment Questions](#))

What is acceptable documentary evidence?

The documentary evidence submitted in support of an amendment should be the oldest document available. It must provide all of the following information:

1. It must **support the facts of the amendment request**. For example, if you are asking that your name be amended the documentation must show your name as you wish it to be shown on your certificate. 

2. It must be **at least 5 years old** (sometimes older documents are required). If the amendment is for a child under 5, the document must have been created as close to the date of birth as possible.
3. It must show **the date that the document was created**
4. It must show the registrant's **full name and date of birth or age**

What are some examples of acceptable documentary evidence?

1. **A school record** - School records can be obtained by contacting the Board of Education in the county or district where you attended school. A list of Tennessee school districts with contact information can be found at the [Department of Education](#) website.
2. **A marriage certificate** – If the marriage occurred in Tennessee during 1951 or later, provide the names of the bride and groom and the date of marriage and we will retrieve the certificate.
3. **The birth certificate of a child** – If the birth occurred in Tennessee within the past 100 years, provide the child's name and date of birth and we will retrieve the certificate.
4. **A parent's birth certificate or death certificate** – If the birth occurred in Tennessee within the past 100 years or the death occurred in Tennessee within the past 50 years, provide names and dates and we will retrieve the certificate.
5. **A Social Security** - Instructions for requesting a numident can be found at the [Social Security Administration](#) website.
6. **A Federal Census Record** can be ordered through the U.S. Government Archives website by [clicking here](#) .

([Back to Amendment Questions](#))



Exhibit O

Deposition Transcript of Vanessa Lefler, Ph.D

In The Matter Of:

Kayla Gore v.

William Byron Lee

Vanessa Lefler

May 22, 2020



Min-U-Script® with Word Index

1 UNITED STATES DISTRICT COURT
2 MIDDLE DISTRICT OF TENNESSEE
3 NASHVILLE DIVISION

3 -----X

4 KAYLA GORE; JAIME COMBS; :

5 L.G.; AND K.N., :

6 Plaintiffs, : Case No.

7 v. : 3:19-CV-00328

8 WILLIAM BYRON LEE, in his official :

9 capacity as Governor of the State of :

10 Tennessee; and LISA PIERCEY, in her :

11 official capacity as Commissioner of the :

12 Tennessee Department of Health, :

13 Defendants. :

14 -----X

15
16 REMOTE VIDEOTAPED DEPOSITION OF

17 VANESSA LEFLER

18 Friday, May 22, 2020

19 Tennessee

20 12:59 p.m.

21
22 Job No.: 2020-85189

23 Pages: 1 - 90

24 STENOGRAPHICALLY REPORTED BY:

25 GISELLE MITCHELL-MARGERUM, RPR, CRI, CCR, LCR

1 **Deposition of VANESSA LEFLER, held remotely,**
2 **via videoconference at:**

3
4
5 **Tennessee**

6
7
8
9 **Pursuant to agreement, before Giselle**
10 **Mitchell-Margerum, Registered Professional Reporter,**
11 **Certified Reporting Instructor, Licensed Court Reporter**
12 **(TN), Certified Court Reporter (GA), and Notary Public**
13 **(Washington, D.C.).**

1 **A P P E A R A N C E S**

2 **ON BEHALF OF PLAINTIFFS:**

3 **LAMBDA LEGAL DEFENSE AND EDUCATION FUND, INC.**

4 **SASHA BUCHERT, ESQ.**

5 **1776 K Street NW, Suite 722**

6 **Washington, DC 20006**

7 **(202) 804-6245**

8

9 **ON BEHALF OF DEFENDANTS:**

10 **OFFICE OF THE ATTORNEY GENERAL**

11 **DIANNA BAKER SHEW, ESQ.**

12 **PO Box 20207**

13 **Nashville, TN 37202**

14 **(615) 532-1969**

15

16 **ALSO PRESENT:**

17 **JOHN WINEMILLER**

18 **TARA BORELLI**

19 **SARA SEDGWICK**

20 **SUNG JAE LIM**

21 **KEVIN MONTGOMERY**

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W I T N E S S I N D E X

Witness Page

VANESSA LEFLER (sworn)7

Examination by SASHA BUCHERT7

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1 P R O C E E D I N G S

2 (Witness sworn.)

3 MS. BUCHERT: Thank you so
4 much. Before we begin, I just want to
5 clarify that counsel stipulate that all
6 objections are reserved, except as to
7 form. And that this deposition is not
8 being recorded.

9 Good afternoon, Ms. Lefler.

10 THE WITNESS: Hi.

11 MS. BUCHERT: Is that how you
12 pronounce your last name?

13 THE WITNESS: Yes. Lefler is
14 correct.

15 MS. BUCHERT: Okay, great.
16 Thank you.

17 Thanks so much for being here today.
18 My name is Sasha Buchert, and I represent
19 the plaintiffs in this matter. Along
20 with my colleague, Tara Borelli, who also
21 works with LAMBDA Legal, representing the
22 plaintiffs in this matter.

23 And also joining us is John --
24 Mr. John Winemiller, who is representing
25 the plaintiffs, from the law firm,

1 Merchant & Gould.

2 THE WITNESS: Nice to meet you
3 all.

4 MS. BUCHERT: And I'll let the
5 defendants make their appearances.

6 MS. SHEW: This is Dianna Shew,
7 with the Tennessee Attorney General's
8 Office, representing the defendants in
9 this case. And also from the Tennessee
10 Attorney General's Office with me today,
11 virtually, are Sara Sedgwick and Jae Lim.

12 VANESSA LEFLER

13 Having been duly sworn testified as follows:

14 EXAMINATION BY MS. BUCHERT:

15 Q. Before we get started, I'd like to
16 go over some agreements for the deposition,
17 which will hopefully make this easier for
18 everyone. Although the deposition is on
19 video, we're not recording it.

20 What we're doing is asking the
21 court reporter to take a transcript of your
22 testimony, so anyone reading it will be able
23 to tell what responses were given. So you
24 will need to verbally say "yes" or "no" to any
25 questions I ask.

1 If you were to nod instead of
2 saying "yes" or "no," that would not be
3 recorded. Is that clear?

4 A. Yes, that is.

5 Q. And do you understand that you are
6 under oath today?

7 A. I do understand that.

8 Q. And that this requires you to
9 testify truthfully?

10 A. Yes.

11 Q. Okay. And next, we cannot speak at
12 the same time, because the court reporter
13 needs to be able to take down what each of us
14 says. So please let me finish asking the
15 questions before you start answering, and I
16 will try to finish answering before I ask you
17 another question.

18 Is that agreed?

19 A. Yes.

20 Q. Thanks. If you do not understand
21 something I ask, please let me know and I will
22 try to rephrase it for you. If you answer my
23 questions, I am going to assume you understood
24 it.

25 Is that agreed?

1 A. Yes.

2 Q. And you must answer the questions
3 audibly, with words. The court reporter
4 cannot take down nods of the head, or
5 "uh-huhs" or "uh-uhs." Is that clear?

6 A. Yes.

7 Q. Occasionally, one of the lawyers may
8 make an objection to a question that is asked.
9 Objections are made for the record only. You
10 must answer the question, unless instructed
11 not to, by the attorneys representing you.

12 Is that clear?

13 A. Yes. That's clear.

14 Q. Okay. And if you need a break,
15 please let me know, and I will try to
16 accommodate that, whenever needed. However,
17 if you or anyone needs a break, we ask that
18 you finished answering the line of question,
19 meaning that we can't take a break with an
20 open question pending.

21 Is that understood?

22 A. Yes. That's understood.

23 Q. Are you under any medication that
24 would prevent you from giving true and
25 accurate and complete testimony today?

1 A. No. I'm not.

2 Q. And will you tell me if you do not
3 understand any question of mine?

4 A. Yes.

5 Q. And will you tell me if my question
6 is ambiguous in any way?

7 A. Yes.

8 Q. And will you tell me if you need
9 more information to answer any question that I
10 ask?

11 A. Yes.

12 Q. And will you make every effort today
13 to answer all my questions carefully and
14 fully?

15 A. Yes, I will.

16 Q. And will you make every effort to
17 answer all of my questions accurately and
18 honestly?

19 A. Yes.

20 Q. Is there any reason why you can't do
21 all these things that I just asked about?

22 A. I can think of no reason.

23 Q. Throughout the day, I may refer to
24 the plaintiffs in this matter --

25 Ms. Kayla Gore; Ms. Jaime Combs; L.G.; and

1 K.N., who are transgender women.

2 As such, I'll be referring to
3 them using "she," "her" and "hers" pronouns,
4 and honorifics, such as, "Ms. Gore,"
5 consistent with their gender identity. And we
6 ask that you do the same.

7 Do you understand?

8 A. I do.

9 Q. And did you receive the exhibits
10 that we sent to defendants, that we'll be
11 using today?

12 A. I received a package of 11 exhibits
13 that are numbered "one" through "11."

14 Q. Great. And do you have printed
15 copies of those?

16 A. I have them electronically in front
17 of me, if that's okay.

18 Q. That's great. Okay. And we have
19 the ability to share them on the screen, that
20 I'll use for some of them. But I just wanted
21 to make sure that you had easy access to them.

22 A. Thank you.

23 Q. Okay. Well, let's get started.
24 Could you please state your full name for the
25 record?

1 A. My name is Vanessa Anne Lefler.

2 Q. Okay. And where do you work?

3 A. I work at the Tennessee Department
4 of Health.

5 Q. Okay. And what is your current
6 title?

7 A. My current title is Director of
8 Vital Statistics.

9 Q. Okay. And, have you ever been
10 deposed before?

11 A. I have never been deposed.

12 Q. Have you ever testified at a trial
13 or a hearing before?

14 A. I have testified at a trial before.

15 Q. Okay. And when was that?

16 A. That was, I believe, in October of
17 2019.

18 Q. And what was that case about?

19 A. That case was regarding -- an issue
20 regarding to -- access to abortion in
21 Tennessee.

22 Q. Okay. And what was your role?

23 A. My role was to describe with the
24 information that the state collects, about
25 abortion, from our Induced Termination of

1 Pregnancy data.

2 Q. And so, you were representing --
3 which party were you representing?

4 A. Oh. I was with the state of
5 Tennessee.

6 Q. Okay. Was the state of Tennessee --
7 was the state of Tennessee a defendant in that
8 case?

9 A. I believe so. I'm not sure.

10 Q. Okay. Did you serve as an expert in
11 that role?

12 A. No.

13 Q. And did you submit any written
14 testimony in that role?

15 A. No.

16 Q. How many times did you testify in
17 that role?

18 A. Once.

19 Q. Thank you. In your words, what is
20 this lawsuit about?

21 A. The question, as I understand it, is
22 whether the state should allow individuals to
23 change their gender designation on the birth
24 certificate, issued by the state of Tennessee.

25 Q. And, I'm sorry. I apologize. I

1 need to step back, because I forgot to ask a
2 question about your prior appearance during
3 the case that you worked on. And would just
4 like to know more about the content of that
5 testimony.

6 What, exactly, you testified?

7 A. I described what the state reports
8 each year, in terms of the total number of
9 abortions that are performed in the state.
10 The rate of abortion, relative to the live
11 birthrate, and the population of women in
12 reproductive age in the state.

13 And, also, the percentage of
14 abortions that are performed at certain
15 periods of gestational age.

16 Q. Is that -- was that the full extent
17 of the testimony?

18 A. I was also asked questions about
19 whether, in my estimation, there was any
20 observable trend in the gestational age at
21 which abortions were performed in the state.
22 And also asked questions about where abortions
23 are performed in the state, in terms of the
24 healthcare providers that provide that
25 service.

1 Q. Okay. Anything else?

2 A. Not that I remember.

3 Q. Okay. Thank you. How did you first
4 learn about this case?

5 A. I was asked to provide information
6 that is relevant to my work with the --
7 Tennessee's birth certificate data.

8 About whether we could know if there
9 was any particular characteristics about the
10 way that we collect "sex" on the Tennessee
11 birth certificate from our department, and the
12 state's attorneys.

13 Q. And when was that?

14 A. It was last fall. But I honestly
15 couldn't remember the date.

16 Q. And before you worked on this case,
17 had you ever worked with the Office of the
18 Attorney General for the state of Tennessee?

19 A. With respect to the case that I
20 testified in, about abortion access.

21 Q. Okay. Had you worked with them --
22 with the Office of the Attorney General for
23 the state of Tennessee, in any other role or
24 capacity?

25 A. No.

1 Q. Have you reviewed the amended
2 complaint in this case?

3 A. I have read it. Yes.

4 Q. Okay. I'd like to turn to what's
5 been premarked as "Exhibit 1." Can you pull
6 that up, or would you like me to share it on
7 the screen?

8 A. I can see it in front of me, thank
9 you.

10 (Exhibit 1 marked for identification)

11 Q. Okay. I'm showing you what's been
12 premarked as Exhibit 1. Have you seen this
13 document before?

14 A. I have seen this document before.

15 Q. And what is it?

16 A. Hold on a second. I need to scroll
17 up. I'm looking at the last page of it,
18 because I had it open.

19 Q. Okay. Take your time.

20 A. Yes. It reads that it is the
21 Amended Complaint for Declaration and
22 Injunctive Relief. And I believe it states
23 the key concerns and responses from the state.

24 Q. Okay. All right. And is this the
25 complaint which you just referred?

1 A. Yes.

2 Q. Okay. Have you reviewed the expert
3 report of Dr. Randi C. Ettner in this matter?

4 A. No. I don't believe I have.

5 Q. Okay. Have you reviewed the expert
6 report of Dr. Shayne Sebold Taylor in this
7 matter?

8 A. I'm not remembering.

9 Q. Have you reviewed any of the expert
10 reports associated with this case?

11 A. None that stands out specifically to
12 me. I know I have gone through on this
13 document, part of -- many of the pages, but
14 I'm not recalling any of the names that you're
15 specifically mentioning.

16 Q. Okay. So, to -- to the best of your
17 recollection, you don't remember reading any
18 of the declarations associated with this case?
19 The expert declarations.

20 A. To the best of my recollection, no.

21 Q. Okay. I'd like to turn to what's
22 been premarked as "Exhibit 2."

23 (Exhibit 2 marked for identification)

24 A. Yes.

25 Q. And ask you a few questions about

1 this. Is this -- have you seen this document
2 before?

3 A. This appears to be my résumé.

4 Q. And is your résumé up-to-date and
5 accurate?

6 A. Yes.

7 Q. I'd like to ask you a few questions
8 about the content of your résumé.

9 A. Yes.

10 Q. How long have you been -- how long
11 have you been the Director of Vital Statistics
12 & Public Health Administrator 2?

13 A. Since April 1st of 2018.

14 Q. Okay. And what are your duties?

15 A. My responsibilities are to supervise
16 the state's collection of vital events data,
17 which include information about birth, death,
18 fetal death, marriage, divorce, and induce
19 termination -- induced terminations of
20 pregnancy.

21 I manage our reporting of many of
22 those events to the Centers for Disease
23 Control and Prevention; and also, the Social
24 Security Administration; and also steward our
25 data sharing with other state government

1 agencies, researchers, and the public.

2 Q. And what did you do before becoming
3 the Director of Vital Statistics?

4 A. For a brief period, I was employed
5 as a Statistical Research Specialist with the
6 Department of Health. And before that, I was
7 a Professor of Political Science at Middle
8 Tennessee State University.

9 Q. Okay. And what were your duties at
10 the Division of Policy and Planning?

11 A. They were more involved in
12 performing data analysis and, actually,
13 compiling the files that we would share with
14 other divisions and state government agencies.

15 Q. And how long did you work in that
16 position -- in that role?

17 A. About three months.

18 Q. About three months? Okay. And you
19 said before joining the Tennessee Department
20 of Health, that you worked -- according to
21 your résumé -- at the Middle Tennessee State
22 University?

23 Is that accurate?

24 A. Yes. That's correct.

25 Q. Okay. And how long did you work

1 there?

2 A. I worked there for five and a half
3 years.

4 Q. Okay. And which department did you
5 work in?

6 A. Political Science and International
7 Relations.

8 Q. Okay. And were you in that
9 department for the entire time?

10 A. Yes.

11 Q. And did you teach any courses in
12 that department?

13 A. Yes. I taught many courses in
14 Political Science and International Relations.

15 Q. Okay. Can you give us some
16 examples?

17 A. I taught courses on introductory
18 international relations; international
19 security; conflict resolution; Model United
20 Nations; and research methods.

21 Q. And I noticed on the résumé that
22 there was -- you know, you've done some
23 significant work on conflict resolution. Is
24 that a particular interest of yours?

25 A. Yes. I wrote my doctoral

1 dissertation on conflict resolution, and I
2 very much enjoyed that topic.

3 Q. And what was your doctoral
4 dissertation about -- with regard to --

5 A. In --

6 Q. Sorry.

7 A. Yes. No. Thank you. My doctoral
8 dissertation was a theory about venue shopping
9 among countries, when they attempt to resolve
10 their disputes.

11 So, an example of that might be if a
12 country -- if two countries have a conflict,
13 would they decide to negotiate bilaterally, or
14 go to the United Nations.

15 Q. And what kind of research did you do
16 to put that together?

17 A. It was a combination of game theory,
18 to develop the model, and computer simulations
19 to design some of the important features of
20 that model, that could apply to real world
21 scenarios, that I tested with case studies,
22 and laboratory experiments.

23 Q. And it sounds like conflict --
24 international conflict resolution is a
25 passion. But are there other areas of

1 research that you did? You know, either while
2 at school, or while serving in your role at
3 Middle Tennessee?

4 A. Yes. So, my primary areas of
5 research are in international relations. I
6 have a paper published on the United Nations
7 Security Council; as well as another paper on
8 international conflict resolution; and a third
9 project on the use of laboratory experiments
10 in international relations.

11 I also did research on military
12 alliances and international organizations.

13 Q. Can you talk about the work you did
14 with regard to the UN Security Council? What
15 was that about?

16 A. The question that we -- my co-author
17 and I were wanting to answer was whether there
18 was any sense of representation between the
19 membership at large of the United Nations, and
20 the individual countries that are on the
21 United Nations Security Council.

22 Q. Okay. Thank you.

23 A. Uh-huh.

24 Q. And it looks like, according to your
25 résumé, you've got a bachelor's degree in

1 political science. Is that accurate?

2 A. Yes.

3 Q. And where was that degree from?

4 A. Westminster College in Fulton,
5 Missouri.

6 Q. And when did you obtain that degree?

7 A. 2006.

8 Q. Do you possess any other
9 undergraduate or graduate degrees?

10 A. No. I just have my bachelor's
11 degree from Westminster, and my PhD from the
12 University of Iowa.

13 Q. Do you have -- do you possess a
14 degree in medicine?

15 A. No.

16 Q. And you don't possess a degree in
17 psychology. Is that correct?

18 A. That is correct. I do not.

19 Q. And you don't possess a degree in
20 endocrinology. Is that correct?

21 A. That is correct.

22 Q. And you don't have any training in
23 neurobiology. Is that correct?

24 A. That is correct.

25 Q. And you don't have a degree in

1 biology. Is that accurate?

2 A. That is accurate.

3 Q. And your -- your résumé lists two
4 publications. Looks like one in 2015, and one
5 in 2017. Is that right?

6 A. Let me look. This résumé is not my
7 complete curriculum vitae, but it presents a
8 selection of my publications. So I can say
9 that, yes, this does list two publications.

10 It omits another journal publication
11 of mine, in the Review of the International
12 Organization, which was the paper about the
13 United Nations Security Council, that I
14 mentioned.

15 And, also, a paper with Oxford
16 Bibliographies, that I talked about, with
17 respect to laboratory experiments.

18 Q. Okay. Do either of these two
19 publications have anything to do with vital
20 statistics?

21 A. They do not use vital statistics as
22 their source of data. No.

23 Q. Do either of these publications have
24 to do with gender identity?

25 A. No. They do not.

1 Q. And do either of these publications
2 have to do with gender dysphoria?

3 A. No. They do not.

4 Q. And your CV also lists three
5 different presentations, or lectures. It
6 looks like -- is that accurate?

7 A. Yes.

8 Q. And did any of these lectures have
9 to do with vital statistics?

10 A. No. They were not based on data
11 that would use vital statistics.

12 Q. Did any of these lectures have to do
13 with gender identity?

14 A. No.

15 Q. And did any of these lectures have
16 to do with gender dysphoria?

17 A. No.

18 Q. Do you have any other publications
19 or presentations, other than those that are
20 listed on your CV?

21 A. From the ones that are listed on
22 this résumé, I did say that I have another
23 journal publication, and a publication in
24 Oxford Bibliographies. And I have delivered
25 many presentations at academic conferences

1 during my academic career.

2 Q. And did any of those lectures have
3 to do with vital statistics?

4 A. No, they did not.

5 Q. Did any of those lectures have to do
6 with gender identity?

7 A. Could you describe to me how you
8 might mean "gender identity" in that context?

9 Q. Well, how do you understand it?

10 A. So, for me, I would think that a
11 person's identity with a gender, and that how
12 that identity might impact their lives, could
13 be a relevant variable of interest.

14 Q. And was it a subject matter of your
15 lecture, to talk about gender identity,
16 specifically?

17 A. I'm glad to give the example that
18 I'm thinking of. In my graduate work, I was
19 the research assistant to a mentorship program
20 for women in higher education. And the goal
21 of that program was to encourage the promotion
22 and advancement of women in the field.

23 And so, we focused a lot on how
24 women's identity, and the differential ways in
25 which they are treated in higher ed, can

1 impact their career success.

2 Q. Did any of those lectures have to do
3 with transgender people?

4 A. Not explicitly. We just focused on
5 if people identified as women, that they would
6 be a member of the cohort that we were
7 interested in.

8 Q. And when you say "identified as
9 women," you're referring to transgender people
10 that would identify as women? And this would
11 be accepted?

12 A. Yes. That would be accepted. There
13 was no exclusion.

14 Q. Thank you. And did any of these
15 lectures have to do with gender dysphoria?

16 A. No.

17 Q. Do you have any other publications
18 or presentations, other than those that are
19 listed on your CV?

20 A. None other than I already talked
21 about.

22 Q. Great.

23 MS. SHEW: Just an objection.

24 I think she's clarified that it's her
25 résumé that we're looking at now.

1 MS. BUCHERT: Okay.

2 BY MS. BUCHERT:

3 Q. I'll rephrase the question. Do you
4 have any other publications or presentations,
5 other than those that are listed on your
6 résumé?

7 A. Yes. I do have other publications
8 and presentations other than those that are
9 listed on my résumé. This gives a selected
10 set of the publications and presentations.
11 And I have also described those other
12 publications.

13 Q. Thank you. Let's move on to the
14 professional and civic service. According to
15 your résumé, you serve on the Advisory Board
16 of the Tennessee Violent Death Reporting
17 System.

18 Is that accurate?

19 A. Yes. That's correct.

20 Q. What is the Tennessee Violent Death
21 Reporting System?

22 A. It is a program with the Tennessee
23 Department of Health Office of the State Chief
24 Medical Examiner, to collect information
25 specifically about homicides, suicides, and

1 some select accidental deaths, such as fatal
2 drug overdoses, where the cause of death is
3 due to a violent manner.

4 And its goal is to not only monitor
5 the specific outcomes, but also build a
6 network of data from law enforcement, mental
7 health, and health records, to try to build a
8 narrative of why those violent deaths occur.

9 Q. And what is the purpose of the
10 board?

11 A. The purpose of the board is to
12 advise the members of the Chief Medical
13 Examiner's Office, who are collecting the
14 data, on the data resources that are available
15 to them. And the possible application of
16 lessons learned from the information that that
17 team collects.

18 Q. Okay. And how long have you served
19 on the board?

20 A. Since its founding. So this has
21 been about a year, in January 2019.

22 Q. And it looks like you also serve on
23 the board of directors for UNA-USA, for the
24 Nashville Cordell Hull Chapter? Is that
25 accurate?

1 A. Yes.

2 Q. What is the UNA-USA organization?

3 A. The UNA-USA is an -- is a local
4 grassroots advocacy group that seeks to
5 promote the -- I guess, understanding and
6 appreciation of the United Nations in the
7 U.S..

8 There are similar organizations in
9 other countries, and many states in the
10 United States have chapters of this
11 organization.

12 Q. And what is the purpose of the
13 board?

14 A. The purpose of the board is to craft
15 the agenda and organize events that help the
16 organization fulfill its mission of outreach
17 and education.

18 Q. And how long have you served on the
19 board?

20 A. I have served for about four years.

21 Q. Okay. And what are your duties?

22 A. I have had a variety of
23 responsibilities on that board. As a general
24 board member, I give my advice and input on
25 the agenda and activities.

1 I have helped coordinate events that
2 the chapter has held. And I served very
3 briefly as an executive officer -- as a
4 vice president, and president, for a brief
5 period.

6 Q. Thank you. I'd like to talk about
7 your opinions a little bit. You were engaged
8 to render an expert opinion in this case. Is
9 that correct?

10 A. Yes.

11 Q. And what are your opinions in this
12 case?

13 A. My opinions in this case are that I
14 really don't have much of an opinion on, you
15 know, the state's role in making
16 determinations about sex at birth. And I am
17 seeking to, you know, basically make sure that
18 I can accurately explain how the vital
19 statistics are involved in that process.

20 Q. Okay. I'm going to show you -- I'd
21 like to ask you to turn to what's been
22 premarked as "Exhibit 3." The Defendants'
23 Expert Disclosures.

24 A. Yes.

25 (Exhibit 3 marked for identification)

1 Q. Have you seen this document before?

2 A. I have seen this document before.

3 Q. And what is it?

4 A. It is the expert disclosure of my
5 supervise, Mr. Gray Bishop, and myself, to
6 matters of vital records and vital statistics
7 in this case.

8 Q. Okay. And it contains a description
9 of your expected testimony and opinions. Is
10 that correct?

11 A. Yes.

12 Q. Okay. And now, I'd like to ask you
13 to turn to what has been premarked as
14 "Exhibit 4."

15 (Exhibit 4 marked for identification)

16 A. Yes.

17 Q. And have you seen this document
18 before?

19 A. I have.

20 Q. And what is it?

21 A. It is the declaration of my
22 statements for this case.

23 Q. And if you could turn to page three.
24 Is that your signature on the declaration
25 marked on Exhibit 4?

1 A. It is.

2 Q. Is your declaration accurate, in all
3 respects?

4 A. Yes, it is.

5 Q. Is your declaration complete, in all
6 respects?

7 MS. SHEW: Object to the form.

8 A. As far as I -- I don't know. Should
9 I -- do I need to wait on something, or do
10 I --

11 MS. SHEW: No. When I make an
12 objection to the form, then you may
13 answer the question if you --

14 THE WITNESS: Okay. Thank you.

15 As far as I know, the declaration is
16 complete. It is what I prepared.

17 Q. Is there anything you want to change
18 on your declaration?

19 A. No.

20 Q. Is there anything you want to delete
21 in your declaration?

22 A. No.

23 Q. Is there anything you wish to add
24 that would -- sorry.

25 Is there anything you wish you

1 had added to your declaration?

2 A. Nothing comes to mind.

3 Q. Did you purposely leave anything out
4 of your declaration?

5 A. No.

6 Q. Do you feel you need to do any
7 additional work relating to your declaration?

8 A. No.

9 Q. Is your declaration the -- sorry.
10 Strike that.

11 Do you believe that your
12 declaration contains all the information for
13 the Court and jury to understand all the work
14 you did in this case?

15 MS. SHEW: Objection to the
16 form.

17 A. As far as to my ability to speak to
18 the use of the vital statistics, it is
19 complete.

20 Q. And do you believe that your
21 declaration contains all of the information
22 for the Court, that it needs to decide this
23 case?

24 MS. SHEW: Same objection.

25 A. I'm uncertain whether the court can

1 make a determination based solely on this
2 declaration.

3 Q. Do you believe that your declaration
4 contains all of the information for the Court
5 and jury to evaluate what you did for
6 reliability?

7 MS. SHEW: Object to the form.

8 A. I have attempted to document
9 wherever I have received information for my
10 declaration. So, in that respect, I do
11 believe that it accurately portrays the work
12 that I did to make these statements.

13 Q. Having not reviewed the reports of
14 Dr. Ettner and Dr. Taylor, you are not
15 offering an opinion in response to their
16 reports or declarations. Correct?

17 A. No. I am not responding to those
18 other reports.

19 Q. And you're not offering an opinion
20 about the opinions expressed by Dr. Ettner and
21 Dr. Taylor. Correct?

22 A. No, I am not offering opinions about
23 those other statements.

24 Q. And you are also not offering an
25 opinion on the etiology of sex. Is that

1 correct?

2 A. No. I am not able to speak to the
3 etiology of sex.

4 Q. And you are not offering an opinion
5 on the etiology of gender identity. Is that
6 correct?

7 A. That is correct.

8 Q. And you're not offering an opinion
9 on the nature of gender identity. Is that
10 correct?

11 A. That is correct.

12 Q. And you're not offering an opinion
13 on the etiology of gender dysphoria. Is that
14 correct?

15 A. That is correct.

16 Q. And you're not offering an opinion
17 on the treatment of gender dysphoria. Is that
18 correct?

19 A. That is correct.

20 Q. And you're not offering an opinion
21 on the process of gender transition for
22 transgender persons. Is that correct?

23 A. That is correct.

24 Q. And you're not an attorney. Is that
25 correct?

1 A. I am not an attorney.

2 Q. Do you consider yourself an expert
3 in the field of psychiatry?

4 A. No.

5 Q. Do you consider yourself an expert
6 in the field of psychology?

7 A. No.

8 Q. Do you consider yourself an expert
9 in the field of neurobiology?

10 A. No.

11 Q. And do you consider yourself an
12 expert in the field of endocrinology?

13 A. No.

14 Q. And do you consider yourself an
15 expert on the subject of gender dysphoria?

16 A. No.

17 Q. And do you consider yourself an
18 expert on the subject of gender identity?

19 A. No.

20 Q. Okay. Without disclosing -- oh.
21 And I want to again remind you that if you
22 need a break, just let me know.

23 A. Thank you.

24 Q. Without disclosing the substance of
25 any conversations you might have had with your

1 counsel, when did you first speak with counsel
2 with regard to this case?

3 A. I know it was in fall 2019. But I
4 can't remember the month.

5 Q. And which attorneys did you speak
6 with?

7 A. Ms. Dianna Shew. And I also
8 remember having our department's general
9 counsel, Rachel Appelt, available. I'll
10 apologize that I don't remember any of our
11 other counsel's names.

12 Q. I'm sorry. Could you spell the --
13 Rachel's name? I haven't heard that one
14 before.

15 A. Her name is Rachel; R-A-C-H-E-L.
16 And her last name is Appelt; A-P-P-E-L-T.

17 Q. Thank you.

18 A. Sorry.

19 Q. How many times have you spoken with
20 defense counsel about the case?

21 A. Two or three times. It's not been
22 many.

23 Q. And when did those conversations
24 happen?

25 A. The primary conversations that we

1 had, again, were in fall 2019. And then we
2 spoke again in preparation for my deposition
3 today.

4 Q. What did you do to prepare for
5 today's deposition?

6 A. I reviewed the -- the statements
7 that I had prepared for this case. So, the
8 declaration and the expert disclosure. I
9 also -- I received the documents an hour
10 before our meeting today. I looked at all of
11 those briefly before we talked.

12 And I also spoke with our -- our
13 attorneys.

14 Q. What aspects of your education did
15 you rely upon in forming your opinion?

16 A. My research and training is in
17 statistics. And, particularly, event
18 statistics. A conflict is a type of event.
19 And that informs my current work in studying
20 and evaluating data.

21 So, in terms of understanding how
22 data rules and data collection processes are
23 structured, that helps me explain the
24 protocols that we follow for the CDC, and
25 other agencies and researchers that we release

1 data to.

2 And that would probably be my
3 primary way in which I've used my -- my
4 background in preparation for the statements
5 here.

6 I guess I will also say, having had
7 a background in research, it's very accessible
8 for me to read academic literature when it
9 comes to my profession. And, as I explained,
10 part of my profession is about monitoring data
11 release.

12 And so, a lot of the information
13 here has been relevant for my current job.

14 Q. Without revealing any substantive
15 conversations you've had with your attorneys,
16 did anyone help you prepare the declaration?

17 A. No. I prepared this. On my own.
18 Apart from the form. Because I don't know
19 that I would have known to write this very
20 specific style of writing with the -- "I am 18
21 years of age," and all these other, you know,
22 pieces.

23 Q. Did anyone help with your
24 declaration?

25 A. Again, apart from the form of, you

1 know -- again, I had never written a
2 declaration before this case. So -- but no.
3 All other pieces -- all of the facts included
4 in this are my own writing.

5 Q. And what other information was
6 provided to you by the defense counsel?

7 MS. SHEW: Object to the form.

8 I object to the form. I also object that
9 I believe that is attorney/client
10 privilege. You're asking her what
11 information her lawyers gave her.

12 Q. And were you instructed to assume
13 any facts in your opinion?

14 A. No. I was not instructed to assume
15 anything.

16 Q. Okay. In forming your opinion, did
17 you consider any documents, other than the
18 documents you just identified?

19 A. No.

20 Q. With regard to the studies that are
21 cited in your declaration, how did you come
22 about those studies?

23 A. Some of the documents that I cited
24 in this declaration are already familiar to
25 me. I used the guide to completing the

1 facility worksheets, from the National Center
2 for Health Statistics. Really, regularly, for
3 my job responsibilities.

4 Another important aspect of my job
5 responsibility is to review IRB requests from
6 researchers for vital statistics data. And,
7 through that, I have had to learn a lot more
8 about data linkage in health data.

9 And so, that -- to help me be more
10 educated in that area of my responsibility,
11 I'm familiar with the Heron and Herchon
12 [Phonetic] articles.

13 And, to me, it was also important to
14 understand, you know, when the Centers for
15 Disease Control define our parameters, in
16 particular ways, how does that information get
17 used in subsequent research.

18 And so, I conducted additional
19 literature review of the articles that pertain
20 to correlations of fetal sex and maternal and
21 child outcomes.

22 Q. Is a birth certificate an
23 identification document?

24 MS. SHEW: Object to the form.

25 A. I believe it can be used as an

1 identification document. I also understand
2 that it can be used as a document to establish
3 citizenship. And those are the areas that I'm
4 familiar with its use.

5 Q. Are there other ways in which you
6 understand it to be used, to document, or to
7 demonstrate identity?

8 A. None that I'm aware of. I could --
9 I can speak to its use for citizenship in
10 social security enumeration. And, just from
11 my personal experience, I know that I could
12 use my birth certificate to establish a
13 portion of citizenship for my passport
14 application, for example.

15 Q. Could you talk about that
16 experience? Like what does that look like?
17 Did you --

18 A. Which experience?

19 Q. I don't really understand the
20 difference between -- those are two
21 different -- documents that you referred to.
22 One was citizenship -- as I understood your
23 statement, one was, you know, citizenship --
24 card, maybe.

25 A. Okay --

1 Q. I'm not sure exactly what you were
2 saying.

3 A. Oh, sure.

4 Q. You know, the passport question.
5 And I was just curious if you could give me
6 more background about --

7 A. Sure.

8 Q. -- about that.

9 A. Sure. So, my familiarity with the
10 use of the birth certificate as a citizenship
11 document comes from one of my job
12 responsibilities.

13 Our department shares data with the
14 Social Security Administration to help newborn
15 infants get social security numbers. And,
16 sometimes, when maybe the parents don't
17 immediately give us permission to send that
18 information to the Social Security
19 Administration, and they want to know how to
20 get a social security number for their child,
21 they need to provide certain kinds of
22 documentation to the Social Security
23 Administration.

24 And, in trying to help those
25 parents, it helps them to understand how each

1 piece of documentation fits into their
2 application.

3 And, at least with the guidance that
4 I read, the Social Security Administration is
5 clear that a birth certificate is not an
6 identification tool, but it establishes
7 citizenship.

8 And, when combined with, say, a
9 medical record, or a photo ID that can prove
10 that you are the person you claim you are,
11 that can be together sufficient to establish
12 the information to get a social security
13 number.

14 And I know that when I submit my
15 application for a passport, I provide a photo
16 ID, and my birth certificate. So -- but I'm
17 not sure how the State Department uses the
18 birth certificate in that setting.

19 Q. Are there -- so, you had to submit
20 your birth certificate to the passport agency
21 to get a passport, or to -- is that accurate?

22 MS. SHEW: Object to the form.

23 A. I seem to remember I did.

24 Q. Are there any other circumstances
25 where you submitted your birth certificate?

1 A. I'm trying to remember. It's been
2 so long since I've had to, you know, renew my
3 driver's license without my current version of
4 my driver's license. And so, I'm not
5 remembering any recent. I'm sorry.

6 Q. Oh. Other than the birth
7 certificate -- other than the passport agency?

8 A. Other than the passport agency.
9 Yeah.

10 Q. Do you agree that it's important for
11 your birth certificate to reflect your
12 identity as "female?"

13 MS. SHEW: Object to the form.

14 A. I -- you know, it's important to me
15 that my birth certificate represent the facts
16 of who I say I am.

17 MS. BUCHERT: I -- I don't know
18 how you're feeling, but I would really
19 like to take a five-minute break, if
20 that's okay with everyone.

21 Do you mind taking a break?

22 THE WITNESS: That's fine with
23 me.

24 MS. BUCHERT: Okay. Great.

25 We'll go off the record, and come back in

1 five minutes and start up again.

2 THE WITNESS: Thank you.

3 (Short break.)

4 BY MS. BUCHERT:

5 Q. Ms. Lefler, I'd like you to turn to
6 what's marked as "Exhibit 3," and would ask
7 that you take a look at paragraph one of your
8 declaration. I think it's on page six.

9 A. Okay.

10 Q. And my understanding is that this
11 paragraph states that:

12 "The Office of Vital
13 Records...extracts information reported on the
14 Tennessee Department of Health Certificate of
15 Live Birth and then compiles that information
16 into data files that are used in public
17 health surveillance, research, and government
18 administration."

19 Is that accurate?

20 A. That is accurate.

21 Q. And are those data files drawn from
22 what is known as the "Tennessee Birth
23 Statistical System?"

24 A. The data file is the birth
25 statistical system. The information for that

1 statistical system is taken from the
2 information that is entered in the birth
3 certificate.

4 Q. Let's go to page six of this
5 exhibit.

6 A. Uh-huh.

7 Q. And in paragraph two, it states
8 that:

9 "The Tennessee Birth
10 Statistical System is the product of the
11 information obtained from the Certificate of
12 Live Birth combined with computer generated
13 values, for example, mother's age at the time
14 of delivery and gestational age, and
15 information linked from death certificates,
16 Social Security feedback, and standardized
17 race and ethnicity from the National Center
18 for Health Statistics.

19 In total, the Office of Vital
20 Statistics collects and maintains data on more
21 than 300 items for any given birth that occurs
22 in the state."

23 Did I read that correctly?

24 A. You did.

25 Q. Okay. Is one of the data elements

1 collected in the Tennessee birth statistical
2 systems system a baby's sex recorded at birth?

3 A. Yes. Sex recorded at birth is on
4 the -- is in our data.

5 Q. And that information is extracted
6 from the Certificate of Live Birth, soon after
7 the baby is born. Is that correct?

8 A. That's correct.

9 Q. And that information is extracted
10 within a year of birth. Is that correct?

11 A. Yes. That's correct. We finish
12 compiling our birth statistics by April of the
13 year following that event occurring. So it
14 could be between 15 and four months.

15 So, for babies born in January 2019,
16 we just finished reviewing their data. But
17 that's the same for babies born in
18 December 2019. We have a kind of collection
19 period. And then we stop -- we stop kind of
20 updating what we keep for statistical
21 purposes.

22 Q. Okay. And is the Tennessee Birth
23 Statistical System also known as the
24 "statistical file?"

25 A. Yes. That's correct.

1 Q. Okay.

2 A. Yes. I just -- I'm a terrible
3 writer and I want to -- you know.

4 Q. Yes. And, just to clarify, this
5 is -- we're talking about the disclosures now.
6 Not the declaration.

7 A. Yes. I think that's what I'm
8 looking at.

9 Q. Okay. Great.

10 A. Yes.

11 Q. And on paragraph three of exhibit --
12 of this exhibit -- Exhibit 3 -- it states
13 that:

14 "At least some portion, if not
15 all, of these data elements are provided to
16 contract representatives, researchers,
17 government agencies, and other data users for
18 application to public health surveillance,
19 research, and administrative and audit
20 functions."

21 Did I read that accurately?

22 A. Yes.

23 Q. And, just so I understand, the
24 information that is provided to researchers,
25 is that information contained -- that

1 information is contained within a statistical
2 file.

3 Is that correct?

4 A. Yes. That's correct.

5 Q. Okay. Could we go to Exhibit 4?

6 Your declaration?

7 A. Yes.

8 Q. And if you turn to paragraph one --
9 1A -- it states that sex recorded at the time
10 of birth is:

11 "Used as a direct indicator in
12 maternal and child health outcomes in public
13 health surveillance and research."

14 Is that accurate?

15 A. Yes. That's accurate.

16 Q. And the information used for the
17 public health surveillance and research,
18 referenced in paragraph 1A of your
19 declaration, comes from the statistical file.

20 Is that accurate?

21 A. That is accurate. Yes.

22 Q. Would you agree that other states
23 also have an interest in using sex recorded at
24 the time of birth, in public health
25 surveillance and research?

1 MS. SHEW: Objection to the
2 form.

3 A. I do know that other states do use
4 sex in reporting facts in maternal and child
5 health outcomes from the birth data.

6 Q. And do you provide copies -- a copy
7 of people's Certificate of Live Birth to those
8 entities that conduct public health
9 surveillance?

10 A. Do you mean -- could you rephrase
11 your question? I'm sorry.

12 Q. Sure. Do you provide the
13 Certificate of Live Birth to those entities
14 that request information from the Office of
15 Vital Statistics for public health
16 surveillance and research?

17 A. We share birth information. This is
18 an electronic file. Not a copy of the
19 physical document of the certificate -- with
20 our other state Vital Records Offices, through
21 our interjurisdictional exchange agreement.

22 Q. I'd like to ask you to look at
23 Exhibit 6.

24 (Exhibit 6 marked for identification)

25 Q. Which is --

1 A. Okay.

2 Q. And I'm showing you what's premarked
3 as "Exhibit 6," which was provided to us by
4 defendant's counsel in discovery.

5 MS. SHEW: And it's obvious on
6 the exhibit, but for the record, this is
7 a confidential Exhibit.

8 A. I see --

9 Q. Can you see this document?

10 A. I'm sorry. I was just confirming
11 that I could see the document.

12 Q. Thank you.

13 A. I don't know if you were waiting for
14 my response.

15 Q. Have you seen this document before?

16 A. Yes, I have.

17 Q. And what is it?

18 A. It is a summary of the number of
19 births that have occurred in the state of
20 Tennessee, from 1980 to 2018, with counts by
21 the sex that is recorded on the birth
22 statistical file.

23 Q. Okay.

24 A. As I'm reading the table, it also
25 includes specific information about the

1 individual certificates that had some other
2 sex, than "male" or "female."

3 Q. And, turning to table one -- sorry.
4 Can I ask a follow-up -- I'm going to ask a
5 follow-up question to the last series of
6 questions.

7 When I asked whether you shared
8 the Certificate of Live Birth with those
9 entities that are asking for public
10 surveillance, you testified that they don't --
11 that you don't share the actual birth
12 certificates, which I understand.

13 But the question I'm hoping you
14 can answer is whether that information that's
15 shared is the statistical file with those
16 entities. That research.

17 A. That's correct. It is the
18 statistical file.

19 Q. Okay. Thank you. And then, going
20 back to table one on Exhibit 6, it shows the
21 number of births per year, by sex, from 1980
22 to 2018. Is that correct?

23 A. That is correct.

24 Q. Okay. And it shows that 43 children
25 were born during this period of time, whose

1 sex designation on their birth certificate
2 is -- is listed an "unknown."

3 Is that accurate?

4 A. That is accurate.

5 Q. Okay. I'd like to go through a
6 couple of examples -- go into table two now.
7 And this is a little hard, because you'd have
8 to --

9 A. Yes.

10 Q. -- rotate.

11 A. I can turn it.

12 Q. But, the examples I wanted to go
13 through, I'd like you to look at -- again,
14 understanding that this information will
15 remain confidential, look at the example
16 pertaining to [Redacted name], which is ninth
17 from the bottom.

18 A. Okay. I see it now.

19 Q. And I'd like you to look at that
20 row, and then go all the way to the right, to
21 the field notes.

22 A. Yes.

23 Q. And in the field note, it says that:

24 "This record was corrected by
25 affidavit to change the child's sex to 'male,'

1 but not changed on the statistical file."

2 Did I read that correctly?

3 A. Yes.

4 Q. And this is the same statistical
5 file that we've been discussing today. Right?

6 A. Yes. That's correct.

7 Q. Okay. Can we turn to the fifth row
8 from the bottom?

9 A. Is that --

10 Q. Can you see --

11 A. Is that [Redacted name]?

12 Q. Yes. I think it's [Redacted name].

13 Yes.

14 A. Okay. Yes.

15 Q. And there in the notes, it also says
16 that:

17 "The record was corrected by
18 affidavit to change the child's sex to 'male,'
19 but not changed on the statistical file."

20 Is that accurate?

21 A. That is accurate.

22 Q. And this child, sadly, died in 2005.
23 Is that correct?

24 A. That's correct.

25 Q. And the death certificate identified

1 the person as male. Is that correct?

2 A. That's correct.

3 Q. So, just so I understand, the birth
4 certificate for this person, when it was
5 issued, showed the persons sex as "male." But
6 the statistical file on the computer system
7 shows that it is "unknown."

8 Is that correct?

9 A. Yes. Our statistical file showed
10 this person as having an unknown sex. And
11 when I looked at the current version of that
12 person's record, it indicated that their sex
13 was "male" on their birth certificate. And
14 that that was a change created by an
15 affidavit.

16 Q. So, based on what we've reviewed, it
17 is possible to correct a field on a person's
18 certificate of birth, for identification
19 purposes, and have that field remain unaltered
20 on the Office of Vital Statistics statistical
21 file?

22 Is that correct?

23 MS. SHEW: Object to the form.

24 A. It is possible for differences to
25 exist between the vital records and our

1 statistical file. I do not know when that
2 affidavit was submitted.

3 If it was submitted after the period
4 at which we stopped collecting our data for
5 statistical and research purposes, then that
6 would not change our file. So, that way, our
7 statistics can remain consistent over time.

8 Q. Let's flip back to Exhibit 3, and go
9 to page seven. And, in paragraph six, the
10 first sentence states:

11 "In fulfillment of
12 its responsibilities under Tennessee State Law
13 to prepare and publish accurate vital
14 statistics of the state, and the terms of its
15 agreements with data users, the Office of
16 Vital Statistics reviews and maintains records
17 in the Birth Statistical System for their
18 completeness and legal validity."

19 Did I read that correctly?

20 A. "Their logical validity." Yes.

21 Q. And, by "Birth Statistical System,"
22 again, you're referring to the statistical
23 file. Is that correct?

24 A. That is correct.

25 Q. And do you verify logical validity

1 through the performance of conditional logic
2 tests?

3 A. Yes, we do.

4 Q. Okay. Are these conditional logic
5 tests performed before or after the
6 statistical file is closed?

7 A. They are performed before we close
8 the file.

9 Q. Okay. So there comes a time when
10 you no longer perform conditional logic test
11 on a statistical file for a given year?

12 A. That is --

13 Q. Is that correct?

14 A. That is correct.

15 MS. BUCHERT: How are you
16 doing? Do you need a break? Are you
17 going strong?

18 THE WITNESS: I'm okay. Thank
19 you.

20 MS. BUCHERT: Okay, great.

21 BY MS. BUCHERT:

22 Q. Okay. I'd like to turn now to
23 Exhibit 7.

24 (Exhibit 7 marked for identification)

25 Q. And what I'm showing you, again, is

1 information that will remain confidential.

2 It's a premarked exhibit which was provided to
3 us by the defendants' counsel in discovery.

4 Have you ever seen this
5 document before?

6 A. I couldn't tell you if I have or
7 have not. I've seen many birth certificates,
8 so I don't know if I've seen this one
9 specifically.

10 Q. What is it?

11 A. It is a -- it is a birth certificate
12 that would be issued to an individual by the
13 state.

14 Q. And it lists the sex of the child as
15 "unknown." Is that correct?

16 A. That is correct.

17 Q. And, turning to the second page of
18 the exhibit, there is a note -- electronic
19 note for the birth record that says that the
20 child was born with both sex organs. Did I
21 read that correctly?

22 A. Yes.

23 Q. So, if this child is born with both
24 sex organs, is it your opinion that they
25 cannot identify as "male" or "female?"

1 MS. SHEW: Object to the form.

2 A. I don't have an opinion on how the
3 child can be identified. That field is
4 completed at the time of birth by the medical
5 provider.

6 Q. What would they have to show in
7 order to amend the sex designation on their
8 birth certificate?

9 MS. SHEW: Object to the form.

10 A. I'm not very involved in my role, in
11 how the vital records are amended. So, I'm
12 not sure the answer to your question.

13 Q. And could a person born with
14 ambiguous genitalia, designated as "unknown"
15 on a birth certificate, be able to update the
16 sex designation on their birth certificate,
17 based on their chromosomal make up?

18 MS. SHEW: Object to the form.

19 A. Again, I'm -- I'm not sure the
20 documentation needed to amend that field on
21 the birth certificate.

22 Q. And could a person born with
23 ambiguous genitalia, designated as "unknown"
24 on their birth certificate, be able to update
25 the sex designation on their birth

1 certificate, based on their hormonal make up?

2 MS. SHEW: Object to the form.

3 A. Again, I'm not sure what
4 documentation needs to be provided to update
5 that field.

6 Q. I'd like to go back to Exhibit 4,
7 your declaration, again. And, in paragraph 1B
8 of your declaration.

9 A. Okay.

10 Q. You refer to the congenital anomaly
11 known as "hypospadias." And I believe you
12 defined it in -- you used the definition from
13 one of your sources as:

14 "The incomplete closure of the
15 male urethra resulting in the urethral meatus
16 opening on the ventral surface of the penis."

17 Is that accurate?

18 A. Yes. That's accurate.

19 Q. Okay. And you haven't done any
20 research regarding this condition. Is that
21 correct?

22 A. No. I have done no research, apart
23 from the source that I cite there, for
24 defining the term.

25 Q. And you haven't written any

1 publications about it. Is that correct?

2 A. That's correct.

3 Q. You haven't given any presentations
4 on it. Is that correct?

5 A. That's correct.

6 Q. A child born with ambiguous
7 genitalia, with hypospadias, typically would
8 have their sex recorded at birth as "unknown."
9 Is that correct?

10 MS. SHEW: Object to the form.

11 A. I don't know that.

12 Q. What sex should be recorded on the
13 birth record of a child born with ambiguous
14 genitalia and hypospadias?

15 MS. SHEW: Object to the form.

16 A. The medical provider who prepares
17 the information for the birth certificate
18 should make that determination.

19 Q. What sex should children born with
20 ambiguous genitalia, with hypospadias, be
21 reared as?

22 MS. SHEW: Object to the form.

23 A. I don't have any expertise to say.

24 Q. Are you familiar with the condition,
25 "perineoscrotal hypospadias?"

1 A. I will admit, when I received the
2 exhibits, that I looked up that term before
3 joining this deposition today.

4 Q. And people born with ambiguous
5 genitalia, with this condition, have a Y
6 chromosome. Is that correct?

7 MS. SHEW: Object to the form.

8 A. I couldn't say, specifically. I
9 very quickly looked up what that terminology
10 means.

11 Q. I'd like to turn to that exhibit.

12 A. Sure.

13 Q. I'm showing what has been premarked
14 as Exhibit 8. That's a study titled,
15 "Ambiguous Genitalia with Perineoscrotal
16 Hypospadias in 46 XY Individuals: Long-term
17 Medical, Surgical, and Psychosexual Outcome."

18 (Exhibit 8 marked for identification)

19 Q. Have you ever seen this study?

20 A. I looked at it just before our
21 meeting today.

22 Q. And this article appears to be a
23 primary research peer reviewed study. Is that
24 correct?

25 A. That is --

1 MS. SHEW: Object to the form.

2 THE WITNESS: Oh, I'm sorry.

3 That is correct. It appears to be
4 published in a peer reviewed journal.

5 BY MS. BUCHERT:

6 Q. Is this the type of study that you
7 refer to in paragraphs 1A and 1B of your
8 declaration?

9 A. The citations I make in 1A of my
10 declaration are peer reviewed publications.
11 Yes.

12 Q. And the last sentence of the first
13 paragraph of this article -- not the
14 abstract -- states that:

15 "For this group of patients,
16 there is a lack of agreement about optimal sex
17 assignment (in terms of the child developing a
18 gender identity that is congruent with his or
19 her rearing) and types of genital surgery
20 associated with the best cosmetic and
21 functional outcome."

22 Did I read that correctly?

23 A. Yes.

24 Q. Were you able to find it?

25 A. Yes. Sorry.

1 Q. I don't mean to hurry you. Take as
2 much time as you need.

3 A. Yes. I think you read that
4 correctly.

5 Q. Okay. There is a lack of a medical
6 understanding -- or, sorry -- strike that.

7 There is a lack of medical
8 consensus on the appropriate sex assignment
9 for children born with ambiguous genitalia
10 with perineoscrotal hypospadias,
11 notwithstanding the presence of a Y
12 chromosome.

13 Is that correct?

14 MS. SHEW: Object to the form.

15 We are way outside her scope here.

16 A. I wouldn't feel comfortable agreeing
17 to that statement, based on this one article,
18 and that one sentence from it.

19 Q. And people born with that condition
20 are typically reared as "male" or "female,"
21 and not as "unknown." Is that correct?

22 MS. SHEW: Object to the form.

23 A. I would have -- I have no knowledge
24 of that.

25 Q. Okay. All right. Let's move on.

1 I'd like to ask you to look at
2 Exhibit 4 again.

3 A. Okay.

4 Q. And let's go to paragraph 1C. And
5 the first sentence of this paragraph states
6 that the sex at birth is necessary for:

7 "Inclusion in sets of personal
8 identifiers used in record matching programs
9 for administrative and auditing functions."

10 Is that correct?

11 A. Yes.

12 Q. Is one of the uses of these matching
13 programs the verification of a person's
14 identity?

15 A. I could not say. I know how it is
16 used in newborn screening, but that's not the
17 same, I think, as establishing a person's
18 identity.

19 Q. Okay. Let's go back to paragraph
20 four of Exhibit 3; disclosures. And this
21 paragraph states that:

22 "The primary data users to
23 which the Office of Vital Statistics delivers
24 birth data are the National Center for Health
25 Statistics, a branch of the Center for Disease

1 Control and Prevention (CDC), the Social
2 Security Administration (SSA), and Tennessee
3 State Government agencies."

4 Did I read that correctly?

5 A. You did.

6 Q. Is one of the Tennessee State
7 Government agencies to which this statement
8 refers to, the Tennessee Department of Safety
9 and Homeland Security?

10 A. I'm not aware of our sharing birth
11 data with Safety and Homeland Security.

12 Q. Okay. For the purpose of the next
13 few questions, when I refer to a transgender
14 person, I'm referring to someone whose gender
15 identity is different from the sex they were
16 designated at birth.

17 Is that understood?

18 A. Yes.

19 Q. Are you aware that transgender
20 people are able to correct the sex designation
21 on their social security records to match
22 their gender identity?

23 A. I'm not aware of how the Social
24 Security Administration maintains its identity
25 roles.

1 Q. Are you aware that the plaintiffs in
2 this case have corrected their social security
3 records to reflect their female gender
4 identity?

5 A. I'm not aware, specifically, of
6 that.

7 Q. Are you aware that transgender
8 people are able to update their sex
9 designation on their Tennessee-issued driver's
10 licenses to match their gender identity?

11 A. I read that very briefly in, I think
12 it's Exhibit 1, that you sent me. But I would
13 have no other general knowledge of that.

14 Q. Are you aware that some of the
15 plaintiffs in this case have corrected their
16 Tennessee-issued driver's licenses to reflect
17 their female gender identity?

18 A. Again, from my quick reading of
19 Exhibit 1, I believe I picked that up.

20 Q. Would you agree that Tennessee does
21 not permit a transgender person to update the
22 designation for the sex they were deemed at
23 birth, to the sex designation consistent with
24 their gender identity?

25 A. I understand that Tennessee State

1 Law has limitations on the reasons why a
2 person can change their sex designation on
3 their birth certificate. I'm not exactly
4 familiar with the language of the law beyond
5 that.

6 Q. Would you agree that because
7 transgender people cannot update the sex
8 designation on their birth certificate to
9 reflect their gender identity, but can do
10 so -- but can do so on their social security
11 records and their Tennessee-issued driver's
12 licenses, that that creates mismatches when
13 federal agencies, or other state agencies, try
14 to verify identify?

15 MS. SHEW: Object to the form.

16 A. I'm not sure the degree to which
17 other state and federal agencies are
18 performing matches with birth certificate
19 data, after a change in that information.

20 Q. Okay. I'd like to go back to the
21 declaration once again.

22 A. Sure.

23 Q. And section 1C --

24 A. Hold on a second. Sorry.

25 Q. Take your time.

1 A. Yes. Okay. Now I have it in front
2 of me.

3 Q. Okay. Section 1C, the declaration
4 states that records from your office are
5 shared with TennCare (Medicaid) --

6 A. Yes.

7 Q. -- and other places, and that sex is
8 a data element used to establish more
9 confident matches.

10 Is that accurate?

11 A. That is accurate.

12 Q. And your declaration then cites a
13 2014 article, herein "Evaluating bias due to
14 data linkage error in electronic healthcare
15 records."

16 A. Uh-huh.

17 Q. Is that correct?

18 I'd like to look at that
19 Exhibit; Exhibit 9.

20 (Exhibit 9 marked for identification)

21 A. I have it in front of me now.

22 Q. Okay. And on page eight of this
23 article --

24 A. Oh, sorry. I went too far. Thank
25 you.

1 Q. In the "Conclusion" section, it
2 states -- in the "Conclusion" section, it
3 states:

4 "Linkage of routine data is a
5 valuable resource for health research, but our
6 study highlights the importance of evaluating
7 the potential impact of linkage error on
8 results."

9 Was that accurate?

10 A. Yes. That is their initial
11 conclusion.

12 Q. And that sounds to me like it is --
13 like it is important for there to be
14 appropriate linkage of data in order to
15 conduct some health research.

16 Is that accurate?

17 A. Yes. The study emphasizes the
18 importance that linkages be as unbiased as
19 possible, in order to make better inferences.

20 Q. And are you aware that at least one
21 plaintiff in this case has a Medicaid card
22 that identifies her as "female," even though
23 her birth certificate identifies her as
24 "male?"

25 A. I'm not aware of that. I'm sorry.

1 Q. Using the example of that plaintiff,
2 if TennCare records designate her as "female,"
3 how would a birth certificate designating her
4 as "male" serve the records matching purpose
5 that you describe in section 1C?

6 MS. SHEW: Object to the form.

7 A. There are, as I understand from my
8 conversations with TennCare, a variety of ways
9 in which they use the birth certificate data.
10 Our primary agreement with them is to
11 establish the initial claim for the mother,
12 and for potential enrollment of the child in
13 additional services.

14 But, after that initial fact of
15 birth, I'm not sure how TennCare, as an
16 agency, is using birth data to link with their
17 own records.

18 Q. If the birth certificate of a
19 transgender woman, such as the plaintiffs,
20 designate her sex as "male," but other
21 identity documents, such as the social
22 security records, Medicaid card,
23 Tennessee-issued identity card, all reflect
24 her sex as "female," won't that inconsistency
25 of inputs lead to poor data quality, and lead

1 the linkage errors?

2 MS. SHEW: Object to the form.

3 A. There are always risks when linking
4 data that you will not be able to establish
5 perfect matches. This study highlights two
6 different methods by which researchers can
7 measure the confidence of their linkage
8 approaches.

9 And my familiarity with it is
10 because I review other research protocols for
11 the use of vital statistics that involve a lot
12 of data linkage.

13 And so, this particular research is
14 attempting to explain why one method might be
15 better, when we know that any effort to link
16 multiple data systems are going to result in
17 some failures. Either a falsely positive
18 match, or a false negative match.

19 Q. But in -- with regard to the
20 conclusion, do you believe it's important to
21 have consistent data input, to be able to
22 resolve those linkage issues with electronic
23 healthcare records?

24 MS. SHEW: Object to the form.

25 A. Ideally, it would be great, from our

1 research, or data analysis perspective, to
2 have data that are internally valid and
3 consistent across data systems.

4 But, it doesn't -- there are a
5 variety of variables that that's not the case
6 for. And that's why researchers have to
7 develop additional tools to measure the
8 confidence of their linkage.

9 It's a case for a number of
10 identifiers between vital statistics,
11 Medicaid, research enrollment cohorts, that we
12 won't have perfect information to get one
13 hundred percent accurate matches across all
14 those different data sets.

15 Q. How are you doing?

16 A. I'm --

17 Q. You want to keep going?

18 A. Yes. I can keep going.

19 Q. Would you agree that in order to
20 promote and maintain nationwide uniformity in
21 the system of vital records, the forms and
22 certificates and reports of the Tennessee
23 Office of Vital Records must look to the
24 federal agency responsible for national vital
25 statistics?

1 MS. SHEW: Object to the form.

2 A. I'm not sure how other state and
3 federal agencies evaluate the authenticity or
4 validity of a birth certificate.

5 Q. I think the question was less about
6 what other states consider, than about whether
7 there's a policy objective of promoting and
8 maintaining nationwide uniformity in the
9 system of vital records; the forms of
10 certificates through reports of the Tennessee
11 Office of Vital Records; and that those
12 entities should look to federal agencies
13 responsible for national vital statistics.

14 MS. SHEW: And objection.

15 A. I'm aware of national guidelines for
16 the items that should be collected by states
17 for their vital events information. Birth
18 certificates. Death certificates. But I'm
19 aware that those guidelines are then open for
20 each state to adopt.

21 Q. I'd like to -- I'd like you to turn
22 to Exhibit 10, which is Tennessee Code
23 Annotated 68-3-202.

24 (Exhibit 10 marked for identification)

25 Q. Do you recognize this document?

1 A. I can't say I've ever seen that -- I
2 mean, apart from just before our meeting. I
3 can't say I've ever seen it, specifically,
4 before, but I can understand that it is a copy
5 of the section from our Tennessee Code
6 Annotated.

7 Q. And, based on subsection (a) of this
8 law, would you agree that in order to promote
9 and maintain nationwide uniformity in the
10 system of vital records, the forms of
11 certificates, reports of the Tennessee Office
12 of Vital Records must look to the federal
13 agency responsible for national vital
14 statistics?

15 MS. SHEW: Object to the form.

16 A. A subset -- or the section (a) of
17 this portion of the code does say that the
18 reports or other returns required by this
19 chapter shall include, as a minimum, the items
20 recommended by the federal agency responsible
21 for national vital statistics.

22 Q. And do you think that it's important
23 for the Tennessee Office of Vital Records to
24 follow that guidance?

25 MS. SHEW: Object to the form.

1 A. I believe it's important that we
2 attempt to follow the law.

3 Q. You know what? What is the National
4 Center for Health Statistics?

5 A. The National Center for Health
6 Statistics is an office at the Center for
7 Disease Control and Prevention that collects
8 vital events information from all the states
9 and jurisdictions in the United States, to
10 build national databases for vital events
11 information.

12 Q. And is the National Center for
13 Health Statistics the federal agency
14 responsible for national vital statistics
15 referred to in subsection (a) of Tennessee
16 Code 68-3-202?

17 A. That would be my understanding.

18 Q. And does the Tennessee Office of
19 Vital Records look to NCHS for guidance on the
20 collection, maintenance, and recording of
21 vital statistics?

22 A. Yes. We work in close partnership
23 with our contract representatives at the CDC
24 to guide us on our data collection and
25 maintenance.

1 Q. And do you think that it's important
2 for the Tennessee Office of Vital Records to
3 follow guidance from NCHS?

4 A. Yes. Whenever it's possible for us
5 to follow the guidance from NCHS, I think that
6 it -- that we do so.

7 Q. I'd like to move to Exhibit 11.
8 (Exhibit 11 marked for identification)

9 Q. Do you recognize this document?

10 A. I have seen this document before.
11 Yes.

12 Q. And what is it?

13 A. It is the Model State Vital
14 Statistics Act and Regulations.

15 Q. And that was published in 1992? Is
16 that correct?

17 A. Yes.

18 Q. If we could go to the preface, which
19 is on page five of the PDF? The second
20 paragraph; specifically the second and third
21 sentences, state:

22 "The Model Act and Regulations
23 provide detailed guidance to State registrars
24 of vital statistics and State legislators who
25 are considering revision of their own State

1 vital statistics laws and regulations.

2 The Model Act and Regulations
3 serve to promote uniformity among States in
4 definitions, registration practices,
5 disclosure and issuance procedures, and in
6 many other functions that comprise a State
7 system of vital statistics."

8 Did I read that correctly?

9 A. Yes, you did.

10 Q. Okay. Do you agree with the
11 statement?

12 MS. SHEW: Object to the form.

13 A. I agree that that is the purpose of
14 the Model Act.

15 Q. And could we turn to page 10 of the
16 document? I think it's page 21 of the PDF.

17 And Section 21, paragraph (d),
18 states as follows:

19 "Upon receipt of a certified
20 copy of an order of (a court of competent
21 jurisdiction) indicating the sex of an
22 individual born in this State has been changed
23 by surgical procedure and whether such
24 individual's name has been changed, the
25 certificate of birth of such individual shall

1 be amended as prescribed by regulation."

2 Did I read that correctly?

3 A. I'm sorry. I'm still actually
4 trying to find --

5 Q. Oh. Take your time.

6 A. So -- I'm sorry. It would be
7 easier -- could you give me the section of
8 that again?

9 Q. Yes. It's page 19 of the PDF, and
10 it's under Section 21; Amendment of Vital
11 Records.

12 A. Oh, okay. I'm sorry. I got
13 confused with 21. I'm sorry. I went to page
14 21. Would you please reread the section that
15 you're referring to?

16 Q. Sure. So, it's Section 21,
17 subsection (d).

18 A. Okay.

19 Q. And it states the Model Act -- I'm
20 sorry.

21 "Upon receipt of a certified
22 copy of an order of (a court of competent
23 jurisdiction) indicating the sex of an
24 individual born in this State has been changed
25 by surgical procedure and whether such

1 individual's name has been changed, the
2 certificate of birth of such individual shall
3 be amended as prescribed by regulation."

4 Did I read that correctly?

5 A. You did read that correctly.

6 Q. Would you agree that Tennessee's
7 laws and regulations are inconsistent with the
8 guidance of the National Center for Health
9 Statistics?

10 MS. SHEW: Object to the form.

11 A. I'm not familiar enough with the
12 language of the Tennessee State Law to say
13 specifically.

14 Q. Could you say -- repeat, again, what
15 your understanding of the Tennessee law is?

16 MS. SHEW: Object to the form.

17 Q. With regard to amending. Could you
18 repeat, again, for me what your understanding
19 is of the Tennessee law that is at issue in
20 this case?

21 MS. SHEW: Object to the form.

22 A. As I understand it, the question
23 regards the situations in which a person may
24 change their sex designation on their birth
25 certificate, according to Tennessee law.

1 Q. And do you understand that to be
2 consistent with this provision in the National
3 Center for Health Statistics Model Act?

4 MS. SHEW: Object to the form.

5 A. I may have to be able to compare the
6 language of the section of the state law,
7 like, with the section we're talking about
8 here.

9 Q. And the last sentence states that --
10 strike that.

11 As we just established, though,
12 the Model State Vital Statistics Act,
13 published by the National Center for Health
14 Statistics, permits the amendment of the sex
15 designation on a person's birth certificate
16 following a person's change in sex, as a
17 result of a surgical procedure.

18 Is that accurate?

19 MS. SHEW: Object to the form.

20 A. The way I would understand this
21 section is, it describes the criteria by which
22 a state may establish sufficient cause to
23 change the sex designation of a person on
24 their birth certificate.

25 Q. Are you aware that 48 states permit

1 a transgender person to update the designation
2 that they were deemed at birth on their birth
3 certificate, to the sex designation consistent
4 with their gender identity?

5 A. I am aware that other states -- I
6 think -- I think I am aware it is 48 states do
7 allow individuals to -- in some place on their
8 birth record, to designate the gender identity
9 that they identify with.

10 Q. Would you agree that those states
11 report similar information to the National
12 Center for Health Statistics?

13 A. Yes. All states report sex at the
14 time of birth, to the Centers for Disease
15 Control.

16 Q. Would you agree that those states
17 report similar information to the Social
18 Security Administration?

19 A. Yes. As far as I know, other states
20 participate in the same program that we do,
21 and have the same reporting requirements.

22 Q. Would you agree that Tennessee's
23 policy is an outlier in the nation's system of
24 vital statistics, when it comes to permitting
25 a trans person to update the designation of

1 the sex they were deemed at birth, to the sex
2 designation consistent with their gender
3 identity?

4 MS. SHEW: Object to the form.

5 A. I'm not sure I could define what an
6 outlier is in this situation.

7 Q. Would you agree that other states
8 have similar interest to Tennessee's interest
9 in how our vital statistics are used to
10 conduct research?

11 A. I understand, from our conversations
12 that we have with other state Vital Records
13 Offices, and health statistics divisions, that
14 they do have a strong interest in providing
15 high quality and reliable data to researchers
16 and health epidemiologists.

17 Q. Would you agree that other states
18 have similar interest to Tennessee's interest,
19 in how vital statistics are used to verify a
20 person's identity?

21 A. I can't speak, you know, formally to
22 all states, because every state has different
23 data sharing regulations and policies.

24 So, I don't know if I could make a
25 similar kind of comment, other than to say

1 that there are likely many states that use
2 their data to assist researchers and federal
3 agencies.

4 Q. And would you agree that other
5 states permit transgender people to update the
6 sex designation on their birth certificate, so
7 that they reflect their gender identity?

8 A. I am aware of other states'
9 practices with respect to collecting and
10 modifying information with respect to sex and
11 gender on birth certificates.

12 MS. BUCHERT: Let's take
13 another five-minute break, if that's okay
14 with y'all. And come back at 3:51..

15 We are off the record.

16 (Short break.)

17 MS. BUCHERT: I don't have any
18 more questions today, Ms. Lefler. That
19 would conclude my portion of the
20 deposition.

21 Do you have any questions for
22 Ms. Lefler, Ms. Shew?

23 MS. SHEW: I have no questions
24 for Ms. Lefler. We are finished. All
25 right. She would like to read and sign.

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Anything else we need to wrap-up
today? All right.

MS. BUCHERT: Thank you
everyone.

MS. SHEW: Thanks everyone.
Thanks Vanessa.

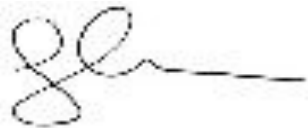
THE WITNESS: Thank you.
(Whereupon, the deposition adjourned
at 2:54 p.m.)

C E R T I F I C A T E

I, Giselle Mitchell-Margerum, RPR, CRI, CCR,
Licensed Court Reporter, Tennessee, do hereby certify
that the witness was first duly sworn by me and that I
was authorized to and did report said proceedings.

I further certify that the foregoing transcript is
a true and correct record of the proceedings; that said
proceedings were taken by me stenographically and
thereafter reduced to typewriting under my supervision;
that reading and signing was requested; and that I am
neither attorney nor counsel for, nor related to or
employed by, any of the parties to the action in which
this deposition was taken; and that I have no interest,
financial or otherwise, in this case.

IN WITNESS WHEREOF, I have hereunto set my
hand this 26th day of May 2020.



GISELLE MITCHELL-MARGERUM, RPR, CRI, CCR, LCR

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CERTIFICATE OF DEPONENT

I, VANESSA LEFLER, hereby certify that I have read the foregoing pages, numbered 1 through 87, of my deposition of testimony taken in these proceedings on Friday, May 22, 2020 and, with the exception of the changes listed on the next page and/or corrections, if any, find them to be a true and accurate transcription thereof.

Signed:
Name: VANESSA LEFLER
Date:

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ERRATA SHEET

Case Name: Kayla Gore, et al. v. William Byron Lee, al.

Witness Name: VANESSA LEFLER

Date:

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Subscribed and sworn to before

me this date day of month , 2020.

VANESSA LEFLER

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