

# **APPENDIX 1**

## **Revised Statutes of Arizona, Civil Code, Title 41 (1913)**

BY AUTHORITY OF THE LEGISLATURE.

THE  
REVISED STATUTES  
OF ARIZONA  
1913

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CIVIL CODE

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COMPILED AND ANNOTATED BY  
SAMUEL L. PATTEE,  
CODE COMMISSIONER.

THE MCNEIL COMPANY  
PHOENIX, ARIZONA  
1913

**4403.** Any person who wilfully secretes himself or others known to have a contagious or infectious disease, or any health officer, superintendent of public health or any member of any local board of health who shall neglect or refuse to perform any of the duties required to be performed by him under the provisions of this chapter, and any person who fails to comply with or violates any of the provisions of this chapter or neglects or refuses to conform to any rule, regulations or measures adopted by the local board of health within whose jurisdiction he shall at the time be, and which shall have been published or shall have come to his knowledge, or refuses or neglects promptly to obey any orders, directions or instructions given to him by such board of health, shall be guilty of a misdemeanor, and upon conviction thereof shall be punished by a fine of not less than ten nor more than fifty dollars, or by imprisonment in the county jail not exceeding thirty days, or by both, and any physician convicted under this chapter shall have his license revoked.

Penalty for violating regulations of Board of Health Sec. 35, id.

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## CHAPTER II.

### VITAL STATISTICS.

(Chapter 14 Laws 1913—3rd Special Session.)

**4404.** The state board of health shall have charge of registration of births and deaths; to prepare the necessary methods, forms and blanks for obtaining and preserving such records and to insure the faithful registration of the same in the townships, cities, counties and in the central bureau of vital statistics at the office of the secretary of the state board of health. The said board shall be charged with the uniform and thorough enforcement of the law throughout the state, and shall from time to time, promulgate any additional forms and amendments that may be necessary for this purpose.

State Board of Health to have charge of registration of births and deaths, Ch. 76, Laws 1909, Sec. 1.

**4405.** The several county boards of health in this state shall have charge of the registration of births and deaths within their respective counties and shall be charged with the uniform and thorough enforcement of the law throughout their respective

County Board of Health to have charge in counties, Sec. 2, id.

counties subject to the supervisory control of the state board of health and the state registrar of vital statistics.

Secretary of  
State Board of  
Health, Ch. 74,  
Laws 1912, Sec.  
3, 1st Sp. Sess.

**4406.** The secretary of the state board of health shall have general supervision over the central bureau of vital statistics, which is hereby authorized to be established by said board, and shall be the state registrar of vital statistics.

He shall receive an annual salary at the rate of one thousand dollars from the date of the taking effect of this law, to be paid in equal installments at the end of every three months, in addition to his salary as state superintendent of public health. He shall also be allowed annually a sum, not to exceed twenty-five hundred dollars for the purchase of official books, records, files, certificates, and papers, and for other necessary expense that may be incurred in the proper conduct of the office. Suitable fire proof vault and filing cases for the permanent and safe preservation of all official records made and returned under this chapter shall be provided by the custodian of the capitol for the bureau of vital statistics in the state capitol.

The accounts of the state registrar of vital statistics shall be audited by the state board of health and the same, together with his salary, shall be paid out of the state treasury.

Registration dis-  
tricts, Ch. 76,  
Laws 1909, Sec. 4.

**4407.** For the purpose of this chapter the state shall be divided into registration districts as follows: Each city and incorporated town shall constitute a primary registration district; and for that portion of each county outside of the cities and incorporated towns therein the several county boards of health shall define and designate the boundaries of a sufficient number of rural registration districts, which they may change from time to time as may be necessary to insure the convenience and completeness of registration.

Secretary of  
County Board of  
Health, local regis-  
trars, Sec. 5, id.

**4408.** The secretary of each county board of health in the state shall be county registrar of vital statistics for that county and within thirty days after the taking effect of this chapter, or as soon hereafter as possible, each county board of health shall appoint a local registrar of vital statistics for each registration district in that county, and the county registrar shall immediately report the names and addresses of such local registrars to the state registrar of vital statistics. The term of office of local registrars, appointed by said boards shall be for two years, beginning with the first day of January of the year in which this chapter shall take effect, and their successors shall be appointed at least ten days before the expiration of their terms of office; provided, that in cities where health officers or other officials are conducting



effective registration of births and deaths under local ordinances at the time of the taking effect of this chapter, such officials shall be appointed as local registrars in and for such cities, and shall be subject to the rules and regulations of the state registrar, and to all of the provisions of this chapter.

Any local registrar, appointed by said county board, who fails or neglects to discharge efficiently the duties of his office as laid down in this chapter, or who fails to make prompt and complete returns of births and deaths, as required thereby, shall be forthwith removed from his office by said county board of health, and his successor appointed, in addition to any other penalties that may be imposed, under other sections of this chapter, for failure or neglect to perform his duty.

Each local registrar appointed by said county board shall, immediately upon his acceptance of appointment as such, appoint a deputy, whose duty it shall be to act in his stead in case of absence, illness or disability, who shall in writing accept such appointment, and who shall be subject to all rules and regulations governing the action of local registrars. And when it may appear necessary for the convenience of the people in any rural district, the local registrar is hereby authorized, with the approval of the county registrar, to appoint one or more suitable persons to act as sub-registrars, who shall be authorized to receive certificates and to issue burial or removal permits in and for such portions of the district as may be designated; and each sub-registrar shall note, over his signature, the date on which each certificate was filed, and shall forward all certificates to the local registrar of the district within five days, and in all cases before the third day of the following month; provided, that all sub-registrars shall be subject to the supervision and control of the county registrar, and may be by him removed for neglect or failure to perform their duties in accordance with the provisions of this chapter or the rules and regulations of the state registrar, and they shall be liable to the same penalties for neglect of duties as the local registrar.

**4409.** The body of any person whose death occurs in the state shall not be interred, deposited in a vault or tomb, cremated or otherwise disposed of, or removed from or into any registration district or be temporarily held pending further disposition more than seventy-two hours after death, until a permit for burial, removal or other disposition thereof shall have been properly issued by the local registrar of the registration district in which the death occurred. And no such burial or removal permit shall be issued by any registrar until a complete and satisfactory certificate of death has been filed with him as hereinbefore provided;

Regulation of  
burial or removal  
of dead bodies,  
Sec. 6, id.

provided, that when a dead body is transported by common carrier into a registration district in Arizona for burial, then the transit and removal permit, issued in accordance with the law and health regulations of the place where the death occurred, when said death occurs outside of this state, shall be accepted by the local registrar of the district into which the body has been transported for burial or other disposition, as a basis upon which he shall issue a local burial permit, in the same way as if the death occurred in his district, but shall plainly enter upon the face of the burial permit the fact that it was a body shipped in for interment, and give the actual place of death; but a burial permit shall not be required from the local registrar of the district in which interment is made, when a body is removed from one district in Arizona to another in the state, for the purpose of burial or other disposition, either by common carrier, hearse, or other conveyance; and no local registrar shall, as such, require from undertakers or persons acting as undertakers any fee for the privilege of burying dead bodies.

Stillborn children, Sec. 7, id.

**4410.** Stillborn children or those dead at birth shall be registered as births and also as deaths, and a certificate of both the birth and death shall be filed with such local registrar, in the usual form and manner, the certificate of birth to contain, in place of the name of the child, the word "stillbirth". The medical certificate of the cause of death shall be signed by the attending physician, if any, and shall state the cause of death as "stillborn", with the cause of the stillbirth, if known, whether a premature birth, and, if born prematurely, the period of uterine gestation, in months, if known; and a burial or removal permit in the usual form shall be required. Midwives shall not sign certificates of death for stillborn children; but such cases, and stillbirths occurring without attendance of either physician or midwife, shall be treated as deaths without medical attendance.

Contents of certificate of death, Sec. 8, id.

**4411.** The certificate of death shall contain the following items:

- (1) Place of death, including state, county, township, city, the ward, street and house number. If in a hospital or other institution, the name of the same to be given instead of the street and house number. If in an industrial camp, the name of the camp to be given.
- (2) Full name of decedent. If an unnamed child, the surname preceded by "unnamed".
- (3) Sex.
- (4) Color or race—as white, black (negro or negro descent) Indian, Chinese, Japanese, or other.
- (5) Conjugal condition—as single, married, widowed or divorced.

- (6) Date of birth, including the year, month and day.
- (7) Age, in years, months, and days.
- (8) Place of birth; state or foreign country.
- (9) Name of father.
- (10) Birthplace of father; state or foreign country.
- (11) Maiden name of mother.
- (12) Birth of mother; state or foreign country.
- (13) Occupation. The occupation to be reported of any person who had any remunerative employment; women as well as men.
- (14) Signature and address of informant.
- (15) Date of death, year, month and day.
- (16) State of medical attendance on decedent, fact and time of death, time last seen alive.
- (17) Cause of death, including the primary and contributory causes or complications, if any, and duration of each.
- (18) Signature and address of physician or official making the medical certificate.
- (19) Length of residence at place of death and in state. Special information concerning deaths in hospitals and institutions, and of persons dying away from home, including the former or usual residence, and place where the disease was contracted.
- (20) Place of burial or removal.
- (21) Date of burial or removal.
- (22) Signature and address of undertaker.
- (23) Official signature of local and county registrars, with the date when certificate was filed, and registered number.

The personal and statistical particulars (items 1 to 13) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in the death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, including only symptoms of disease or conditions resulting from disease, will

not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar shall be returned to the physician for correction and definition. Causes of death, which may be the result of either disease or violence, shall be carefully defined, and if from violence its nature shall be stated, and whether accidental, suicidal, or homicidal. And in case of deaths in hospitals, institutions, or away from home, the physician shall furnish the information required under this head (item 20), and shall state where, in his opinion, the disease was contracted.

Investigation of  
cause of death,  
Sec. 9, *id.*

**4412.** In case of any death occurring without medical attendance, it shall be the duty of the undertaker to notify the local registrar of such death, and when so notified the registrar shall inform the local health officer and refer the case to him for immediate investigation and certification, prior to issuing the permit; provided that in such isolated districts where the local registrar cannot communicate with the local health officer within six hours after such notification of death, and in such cases only, the registrar is authorized to make the certificate and return from the statement of relatives or other persons having adequate knowledge of the facts; provided, further, that if the death was caused by unlawful or suspicious means, the registrar shall then refer the case to the coroner for his investigation and certification. And any coroner whose duty it is to hold an inquest on the body of any deceased person, and to make the certificate of death required for a burial permit, shall state in his certificate the name of the disease causing death, or the means of death; causes or violence, and whether accidental, suicidal or homicidal; as determined by the inquest; and shall, in either case, furnish such information as may be required by the state registrar properly to classify the death.

Duties of under-  
taker, Sec. 10, *id.*

**4413.** The undertaker, or person acting as undertaker, shall be responsible for obtaining and filing the certificate of death with the local registrar of the district in which the death occurred, and securing a burial or removal permit, prior to any disposition of the body. He shall obtain the personal and statistical particulars required from the person best qualified to supply them, over the signature and address of his informant. He shall then present the certificate to the attending physician, if any, or to the health officer or coroner, as directed by the local registrar, for the medical certificate of the cause of death and other particulars necessary to complete the record as specified in the preceding section. And he shall then state the facts required relative to the date and place of burial, over his signature and with his address, and present the

completed certificate to the local registrar, who will issue a permit for burial, removal or other disposition of the body. The undertaker shall deliver the burial permit to the sexton, or person in charge of the place of burial, before interring or otherwise disposing of the body; or shall attach the transit permit containing the registration removal permit to the box containing the corpse, when shipped by any transportation company; said permit to accompany the corpse to its destination, where, if within the State of Arizona, it shall be delivered to the sexton or to other person in charge of the place of burial.

4414. If the interment, or other disposal of the body is to be made within this state, the wording of the burial permit may be limited to a statement by the registrar, and over his signature that a satisfactory certificate of death having been filed with him, as required by law, permission is granted to inter, remove, or otherwise dispose of the deceased, stating the name, age, sex, cause of death and other necessary details upon the form prescribed by the state registrar.

Permit to remove body from State, Sec. 11, id.

4415. No sexton or person in charge of any premises in which interments are made shall inter or permit the interment or other disposal of any body unless it is accompanied by a burial, removal or transit permit, as herein provided. And each sexton or person in charge of any burial ground, shall, indorse upon the permit the date of interment, over his signature, and shall return all permits so indorsed to the local registrar of his district within five days from the date of interment, or within the time fixed by the local board of health. He shall also keep a record of all interments made in the premises under his charge, stating the name of the deceased person, place of death, date of burial, and name and address of the undertaker; which record shall at all times be open to public inspection.

Burial permit, Sec. 12, id.

4416. All births that occur in this state shall be immediately registered in the districts in which they occur, as hereinafter provided.

Registry of births, Sec. 13, id.

4417. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this chapter, with the local registrar of the district in which the birth occurred, within five days after the date of birth. And if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, householder or owner of the premises, manager or superintendent of public or private institutions in which the birth occurred, to notify the local registrar within five days after the

Certificate of birth, Sec. 14, id.

birth, of the fact of such a birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth; provided that in cities the certificate of birth shall be filed at a less interval than five days after birth, if so required by municipal ordinance now in force or that may hereafter be enacted.

Contents of certificate of birth, Sec. 15, id.

**4418.** The certificate of birth shall contain the following items:

- (1) Place of birth, including state, county, township or town, or city. If in a city, the ward, street, and house number; if in a hospital or other institution, the name of the same to be given, instead of the street and house number.
- (2) Full name of child. If the child dies without a name, before the certificate is filed, enter the words, "died unnamed". If the child has not yet been named at the date of filing the certificate of birth, the space for "full name of child" is to be left blank, to be filled out subsequently by a supplemental report, as hereinafter provided.
- (3) Sex of child.
- (4) Whether a twin, triplet, or other plural birth. A separate certificate shall be required for each child in case of plural birth, giving number of child in order of birth.
- (5) Whether legitimate or illegitimate.
- (6) Full name of father.
- (7) Residence of father.
- (8) Color or race of father.
- (9) Birthplace of father; state or foreign country.
- (10) Age of father at last birthday, in years.
- (11) Occupation of father.
- (12) Maiden name of mother.
- (13) Residence of mother.
- (14) Color or race of mother.
- (15) Birthplace of mother; state or foreign country.
- (16) Age of mother at last birthday, in years.
- (17) Occupation of mother.
- (18) Number of child of this mother, and number of children of this mother now living.
- (19) Born at full term?
- (20) The certificate of attending physician or midwife as to attendance at birth, including statement of year, month, day and hour of birth and whether the child was alive or dead at birth. This certificate shall be signed by the attending physician or midwife, with date of signature and address; if there is no physician

or midwife in attendance, then the father or mother of the child, household or owner of the premises, or manager or superintendent of public or private institution, or other competent person whose duty it shall be to notify the local registrar of such birth, as required by section 14 [Par. 4417] of this chapter.

(21) Exact date of filing in office of local registrar, attested by his official signature, and registered number of birth, as hereinafter provided.

All certificates, either of birth or death shall be written legibly, in writing or by typewriting, in unfading black ink, and no certificate shall be held to be complete and correct that does not supply all of the items of information called for herein, or satisfactorily account for their omission.

Supplemental  
report of name of  
child, Sec. 16, id.

**4419.** When any certificate of birth of a living child is presented without the statement of the given name, then the local registrar shall make out and deliver to the parents of the child a special blank for the supplemental report of the given name of the child, which shall be filled out as directed and returned to the local registrar as soon as the child shall have been named.

Registry of phy-  
sicians, midwives  
and undertakers,  
Sec. 17, id.

**4420.** Every physician, midwife and undertaker shall, without delay, register his or her name, address and occupation with the local registrar of the district in which he or she resides, or may hereafter establish a residence; and shall thereupon be supplied by the local registrar with a copy of this chapter, together with such rules and regulations as may be prepared by the state registrar relative to its enforcement. Within thirty days after the close of each calendar year each local registrar shall make a return to the respective county registrar of all physicians, midwives or undertakers who shall have been registered in his district during the whole or any part of the preceding calendar year; and within ten days thereafter, each county registrar shall forward a copy of such list to the state registrar; provided, that no fee or other compensation shall be charged by local registrars to physicians, midwives or undertakers for registering their names under this chapter or making returns thereof to the county registrar.

Record of hos-  
pitals, etc., Sec.  
18, id.

**4421.** All superintendents or managers, or other persons in charge of hospitals, alms-houses, lying-in or other institutions, public or private, to which persons resort for treatment of disease, confinement, or are committed by process of law, are hereby required to make a record of all the personal and statistical particulars relative to the inmates in their institutions at the date of approval of this chapter, that are required in the forms



of the certificates provided for by this chapter, as directed by the state registrar; and thereafter such record shall be, by them, made for all future inmates at the time of their admission. And in cases of persons admitted or committed for medical treatment of disease, the physician in charge shall specify for entry in the record, the nature of the disease, and where, in his opinion, it was contracted. The personal particulars and information required by this chapter shall be obtained from the individual himself if it is practicable to do so; and when they cannot be so obtained, they shall be secured in as complete a manner as possible from relatives, friends, or other persons acquainted with the facts.

State Registrar  
to furnish blank  
forms, Sec. 19, id.

**4422.** The state registrar shall prepare, print and supply to all county registrars all blanks and forms used in registering, recording, and preserving the returns, or in otherwise carrying out the purposes of this chapter; and shall prepare and issue such detailed instructions as may be required to secure the uniform observance of its provisions and the maintenance of a perfect system of registration. No other blanks shall be used than those supplied by the state registrar. He shall carefully examine the certificates received monthly from the county registrars, and if any such are incomplete and unsatisfactory he shall require such further information to be furnished as may be necessary to make the record complete and satisfactory. And all physicians, midwives, informants or undertakers connected with any case, and all other persons having knowledge of the facts are hereby required to furnish such information as they may possess regarding any birth or death upon demand of the state registrar, in person, by mail, or through the local county registrar. He shall further arrange, bind and permanently preserve the certificates in a systematic manner, and shall prepare and maintain a comprehensive and continuous card index of all births and deaths registered; the cards to show the name of child or deceased, place and date of birth or death, number of certificate, and the volume in which it is contained. He shall inform all registrars what diseases are to be considered as infectious, contagious, or communicable and dangerous to the public health, as decided by the state board of health, in order that when deaths occur from such diseases proper precautions may be taken to prevent the spreading of dangerous diseases.

Blank forms to  
be furnished to  
local registrars,  
Sec. 20, id.

**4423.** It shall be the duty of the county registrars to supply blank forms of certificates and such instructions as are supplied to him by the state registrar to all local registrars in their respective counties.

Each county registrar shall carefully examine each certificate of birth or death when received from the local registrars and if any



such are incomplete or unsatisfactory, he shall require such further information to be furnished as may be necessary to make the record complete and satisfactory.

He shall number consecutively the certificates of birth and death, in two separate series, beginning with the "number one" for the first birth and first death in each calendar year, and sign his name as registrar and attest the date of filing in his office.

He shall also make a complete and accurate copy of each birth and death certificate registered by him to be kept and permanently preserved in his office as the local record of such birth and death in such manner as directed by the state registrar, and he shall, on the tenth day of each month, transmit to the state registrar all original certificates registered by him during the preceding month.

**4424.** It shall be the duty of the local registrars to supply blank forms of certificates to such persons as require them. Each local registrar shall carefully examine each certificate of birth and death when presented for record, to see that it has been made out in accordance with the provisions of this chapter and the instructions of the state registrar; and if any certificate of death is incomplete or unsatisfactory, it shall be his duty to call attention to the defects in the returns, and to withhold issuing the burial or removal permit until they are corrected. If the certificate is properly executed and complete, he shall then issue a burial or removal permit to the undertaker; provided, that in case the death occurred from some disease that is held by the state board of health to be infectious, contagious, or communicable and dangerous to the public health, no permit for the removal or other disposition of the body shall be granted by the registrar except under such conditions as may be prescribed by the state board of health. If a certificate of birth is incomplete, he shall immediately notify the informant, and require him to supply the missing items if they can be obtained. He shall immediately transmit all original certificates to the county registrar of his county. And if no births or deaths occurred in any month, he shall, on the fifth day of the following month, report that fact to the county registrar, on a card provided for that purpose.

Reports of Registrars correcting insufficient certificates, Sec. 21, id.

**4425.** Each county registrar shall receive, in addition to his salary as county superintendent of health the sum of three hundred dollars per annum, which shall be paid as other county expenses are paid.

Compensation of County Registrar, Sec. 23, id.

**4426.** The state registrar shall, upon request, furnish any applicant a certified copy of the record of any birth or death registered under provisions of this chapter, for the making and certification

Copies to be furnished, fees for such, Sec. 24, id.

of which he shall be entitled to a fee of fifty cents, to be paid by the applicant. And any such copy of the record of a birth or death, when properly certified by the state registrar to be a true copy thereof, shall be prima facie evidence in all courts and places of the facts therein stated. For any search of the files and records when no certified copy is made, the state registrar shall be entitled to a fee of fifty cents for each hour or fractional part of an hour of time of search, to be paid by the applicant. And the state registrar shall keep a true and correct amount of all fees by him received under these provisions, and turn the same over to the state treasurer.

Penalties for violation of chapter, Sec. 25, id.

**4427.** If any physician who was in medical attendance upon any deceased person at the time of death shall neglect or refuse to make out and deliver to the undertaker, sexton, or other person in charge of the interment, removal, or other disposition of the body, upon request, the medical certificate of the cause of death, hereinbefore provided for, he shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than five dollars nor more than fifty dollars. And if any physician shall knowingly make a false certification of the cause of death, in any case, he shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than fifty dollars nor more than two hundred dollars.

And any physician or midwife in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, who shall neglect or refuse to file a proper certificate of birth with the local registrar within the time required by this chapter, shall be deemed guilty of a misdemeanor, and upon conviction thereof, shall be fined not less than five dollars nor more than fifty dollars.

And if any undertaker, sexton, or other person acting as undertaker, shall inter, remove, or otherwise dispose of the body of any deceased person, without having received a burial or removal permit as herein provided, he shall be deemed guilty of a misdemeanor, and upon conviction thereof, shall be fined not less than twenty-five dollars nor more than one hundred dollars.

And any registrar, deputy registrar, or sub-registrar who shall neglect or fail to enforce the provisions of this chapter in his county or district, or shall neglect or refuse to perform any of the duties imposed upon him by this chapter or by the instructions and directions of the state registrar, shall be deemed guilty of a misdemeanor, and upon conviction thereof, shall be fined not less than ten dollars nor more than one hundred dollars.

And any person who shall wilfully alter any certificate of birth or death, or the copy of any certificate of birth or death, on file in the office of the local registrar, shall be deemed guilty of a misdemeanor, and upon conviction thereof, shall be fined not less than ten dollars nor more than one hundred dollars, or be imprisoned in the county jail not exceeding sixty days, or suffer both fine and imprisonment, in the discretion of the court.

And any other person or persons who shall violate any of the provisions of this chapter, or who shall wilfully neglect or refuse to perform any duties imposed upon them by the provisions of this chapter or shall furnish false information to a physician, undertaker, midwife, or informant, for the purpose of making incorrect certification of births or deaths, shall be deemed guilty of a misdemeanor, and upon conviction thereof, shall be fined not less than five dollars nor more than one hundred dollars.

And any transportation company or common carrier transporting or carrying, or accepting through its agents or employees for transportation or carriage, the body of any deceased person, without an accompanying permit issued in accordance with the provisions of this chapter, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than fifty dollars, nor more than two hundred dollars; provided, that in case the death occurred outside the state and the body is accompanied by a certificate of death, burial or removal, or transit issued in accordance with the law or board of health regulations in force where the death occurred, such death certificate, burial or removal or transit permit may be held to authorize the transportation or carriage of the body into or through the state.

**4428.** The local registrars are hereby charged with the strict and thorough enforcement of the provisions of this chapter in their several districts, under the supervision and direction of the county and state registrars. And they shall make an immediate report to the county registrar of any violation of this law coming to their notice by observation or upon complaint of any person, or otherwise. That county registrars are hereby charged with the thorough and efficient execution of the provisions of this chapter in every part of their respective counties, and with supervisory power over local registrars, to the end that all of its requirements shall be uniformly complied with. And they shall make an immediate report to the state registrar of any violation of this law coming to their notice by observation or upon complaint of any person or otherwise. They shall have authority to investigate cases of irregularity or violation of law, within their respective counties, personally or by accredited representative, and all local registrars shall

Duties of Registrars, Sec. 26, *id.*

aid them upon request in such investigation. The state registrar is hereby charged with the thorough and efficient execution of the provisions of this chapter in every part of the state and with supervisory power over county and local registrars, to the end that all of its requirements shall be uniformly complied with. He shall have authority to investigate cases of irregularity or violation of law, personally or by accredited representative, and all registrars shall aid him, upon request, in such investigations. When he shall deem it necessary, he shall report cases of violation of any of the provisions of this chapter to the county attorney of the county with a statement of the facts and circumstances; and when any such case is reported to him by the state registrar, the county attorney shall forthwith initiate and promptly follow up the necessary court proceedings against the parties responsible for the alleged violations of the law. And upon request of the state registrar, the attorney general shall likewise assist in the enforcement of the provisions of this chapter.

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### CHAPTER III.

#### PURE FOOD.

(Chapter 7 Laws 1913—3rd Special Session.)

Adulteration or  
misbranding or  
mislabeling prohib-  
ited, penalties, Ch.  
62, Sec. 1, Laws  
1912, Sp. Sess.

**4429.** The manufacture, production, preparation, compounding, packing, selling, offering for sale, or keeping for sale, within the State of Arizona, or the introduction into this state from any other state, territory, or the District of Columbia, or from any foreign country, of any article of food or liquor which is adulterated, mislabeled or misbranded, within the meaning of this chapter, is hereby prohibited. Any person, firm, company, or corporation, who shall import or receive from any other state or territory or the District of Columbia or from any foreign country, or who, having received, shall deliver for pay or otherwise, or offer to deliver to any other person, any article of food or liquor, adulterated, mislabeled, or misbranded, within the meaning of this chapter, or any person who shall manufacture, produce, prepare, compound, pack, sell, or offer for sale, or keep for sale, in the State of Arizona, any such adulterated, mislabeled, or misbranded, food or liquor, shall be guilty

# **APPENDIX 2**

**1925 Arizona Session Laws,  
Ch. 37 (7th Leg., Reg. Sess.)  
(H.B. 16)**

**ACTS**  
RESOLUTIONS and MEMORIALS  
OF THE  
**REGULAR SESSION**  
**Seventh Legislature**  
OF THE  
STATE OF ARIZONA  
**1925**



**Amendments to the Constitution**  
**Referendum and Initiative Measures**

Showing votes cast for and against  
at the general election held November 4, 1924

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Session Began January 12, 1925  
Session Adjourned March 14, 1925

CHAPTER 37.

(House Bill No. 16)

AN ACT

TO PROVIDE A STATE CODE OF VITAL STATISTICS; TO PROVIDE FOR THE ESTABLISHMENT OF A STATE BUREAU OF VITAL STATISTICS; TO PRESCRIBE THE POWERS AND DUTIES OF THE STATE BOARD OF HEALTH WITH RESPECT THERETO; TO PROVIDE THAT THE SECRETARY OF THE STATE BOARD OF HEALTH SHALL BE THE STATE REGISTRAR OF VITAL STATISTICS, TO PRESCRIBE HIS DUTIES AND POWERS AS SUCH, AND FIX HIS COMPENSATION; TO PROVIDE FOR LOCAL REGISTRARS, DEPUTY LOCAL REGISTRARS AND SUB-REGISTRARS, PRESCRIBE THEIR DUTIES AND POWERS, AND FIX THEIR COMPENSATION; TO PROVIDE FOR THE CREATION OF REGISTRATION DISTRICTS; TO PROVIDE FOR THE SYSTEMATIC REGISTRATION OF BIRTHS AND DEATHS, AND THE FACTS WITH RESPECT THERETO; TO PROVIDE THE DUTIES OF PHYSICIANS, MIDWIVES, UNDERTAKERS, SEXTONS AND OTHER PERSONS IN CONNECTION WITH THE BIRTHS AND DEATHS, AND THE INTERMENT, REMOVAL OR OTHER DISPOSAL OF DEAD BODIES, AND OTHERWISE TO PROVIDE A SYSTEMATIC AND COMPLETE METHOD OF MAKING, RECORDING AND PRESERVING THE VITAL STATISTICS OF THE STATE; TO PROVIDE PENALTIES FOR THE VIOLATION OF

THIS ACT; TO REPEAL CHAPTER 2, TITLE 41, REVISED STATUTES OF ARIZONA, 1913, CIVIL CODE, AND CHAPTER 9, SESSION LAWS OF ARIZONA, 1915, AND ALL ACTS AND PARTS OF ACTS IN CONFLICT WITH THE PROVISIONS OF THIS ACT, AND DECLARING AN EMERGENCY.

**Be It Enacted by the Legislature of the State of Arizona:**

Section 1. This Act shall be known as the State Code of Vital Statistics.

Section 2. The State Board of Health, hereinafter referred to as the Board, shall establish a State Bureau of Vital Statistics, which shall be furnished suitable offices in the Capitol Building, shall have charge of the registration of births and deaths, as hereinafter provided, and shall prepare all necessary instructions, forms and blanks for obtaining and preserving such records.

Section 3. The secretary of the Board shall be State Registrar of Vital Statistics, hereinafter referred to as the State Registrar, and shall have general supervision over the State Bureau of Vital Statistics. He shall be a medical practitioner of not less than five years' practice in his profession, and a competent vital statistician. He shall receive Twenty-Eight Hundred Dollars per annum. The Board shall provide for such clerical and other assistants as may be necessary to carry out the purposes of this Act, and fix their compensation.

Section 4. For the purposes of this Act the state shall be divided into registration dis-



tricts as follows: Each incorporated city or town shall constitute a primary registration district; and such portions of each county as are not embraced within the boundaries of incorporated cities and towns shall be divided by the State Registrar into rural registration districts, with definite boundaries but such districts may be changed or consolidated from time to time.

Section 5. Within ninety days after the taking effect of this Act, or as soon thereafter as possible, the State Registrar shall appoint a local registrar of vital statistics for each registration district in the state. The term of office of such local registrars shall be two years. Where local health officers or other officials are, in the judgment of the State Registrar, conducting effective registration of births and deaths under local ordinances at the time this Act takes effect, such officials may be appointed as local registrars in and for such cities. At least ten days before the expiration of the term of office of any such local registrar, his successor shall be appointed.

A local registrar, who, in the judgment of the State Registrar, fails or neglects to discharge efficiently the duties of his office as set forth in this Act, or to make prompt and complete returns of births and deaths as required thereby, shall be forthwith removed by the State Registrar and may be subjected to the penalties provided in Section 22.

Each local registrar shall, immediately upon his acceptance of appointment as such, appoint a deputy, whose duty it shall be to act in his stead in case of his absence or disability. Such deputy shall in writing accept said appointment,

and be subject to all rules and regulations governing local registrars. When it appears necessary for the convenience of the people in any rural district, the local registrar is hereby authorized, with the approval of the State Registrar, to appoint suitable persons to act as subregistrars, to receive certificates and to issue burial or removal permits in and for such portions of the district as may be designated. Any such subregistrar shall note, on each certificate, over his signature, the date of filing, and shall forward the same to the local registrar of the district within ten days, and in all cases before the third day of the following month. Such subregistrars shall be subject to the supervision and control of the State Registrar, and may be by him removed for failure to perform the duties imposed by this Act or by the rules and regulations of the said registrar, and shall be subject to the same penalties for neglect of duty as the local registrar.

Section 6. The body of any person whose death occurs in this State, or which shall be found dead therein, shall not be interred, deposited in a vault or tomb, cremated or otherwise disposed of, nor removed from or into any registration district, nor be held pending further disposition, more than seventy-two hours after death, except upon a permit for burial, removal, or other disposition issued by the local registrar of the registration district in which the death occurs or the body is found, and no such burial or removal permit shall be issued until, whenever the same is practicable, a complete and satisfactory certificate of death has been filed with such local registrar as hereinafter provided. When a dead body is transported from outside

the State into a registration district in Arizona for burial, the transit or removal permit, issued in accordance with the law and health regulations of the place where the death occurred, shall be accepted by the local registrar of the district into which the body has been transported for burial or other disposition, as authority for the issuance of a burial permit. He shall note upon the face of such permit that the body was transported into the State for interment, and shall give the actual place of death.

Section 7. A stillborn child, which has advanced to the fifth month of uterogestation, shall be registered both as a birth and as a death, and separate certificates of such birth and death shall be filed with the local registrar, the certificate of birth to contain in place of the name of the child, the word "stillbirth". The medical certificate of the cause of death shall be signed by the attending physician, if any, and shall state the cause of death as "stillborn", and whether the same, if known, was a premature birth, and if so the period of uterogestation, in months, if known. A burial or removal permit shall be required as in other cases. Midwives shall not sign certificates of death for stillborn children. Stillbirths occurring where a midwife only is in attendance, and stillbirths occurring without the attendance of either physician or midwife, shall be treated as deaths without medical attendance, as provided in Section 9.

Section 8. Each certificate of death shall contain the following items, which are hereby declared necessary for the legal, social, and sanitary purposes subserved by registration records.

(1) Place of death, including state, county, township, village or city. If in a city, the ward,

street, and house number; if in a hospital or other institution, the name of the same instead of the street and house number. If in an industrial camp, the name of the camp.

(2) Full name of decedent. If an unnamed child, the surname preceded by "Unnamed".

(3) Sex.

(4) Color or race—as white, black, mulatto (or other negro descent), Indian, Chinese, Japanese, or other.

(5) Conjugal condition—as single, married, widowed or divorced.

(6) Date of birth, including the year, month, and day.

(7) Age, in years, months and days. If less than one day, the hours or minutes.

(8) Occupation. The occupation to be reported of any person, male or female, who had any remunerative employment, with the statement of (a) trade, profession or particular kind of work; (b) general nature of industry, business or establishment in which employed (or employer).

(9) Birthplace; at least state or foreign country, if known.

(10) Name of father.

(11) Birthplace of father; at least state or foreign country, if known.

(12) Maiden name of mother.

(13) Birthplace of mother; at least state or foreign country, if known.

(14) Signature and address of informant.

(15) Official signature of registrar, with

the date when certificate was filed, and registered number.

(16) Date of death, year, month, and day.

(17) Certification, under the signature and address of the physician or official making such medical certificate, as to medical attendance on decedent, fact and time of death, time last seen alive, and the cause of death, with contributory (secondary) cause of complication, if any, and duration of each, and whether attributed to dangerous or insanitary conditions of employment.

(18) Length of residence (for transients or recent residents, and for inmates of hospitals and other institutions) at place of death and in the state, together with the place where disease was contracted, and former or usual residence.

(19) Place of burial or removal; date of burial.

(20) Signature and address of undertaker or person acting as such.

The personal and statistical particulars (Items 1 to 13) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. Such certificate shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in the death,

giving first the name of the disease causing death (primary cause), and the contributory (secondary) cause, if any, and the duration of each. Indefinite and unsatisfactory terms, denoting only symptoms of disease or conditions resulting from disease, will not be held sufficient for the issuance of a burial or removal permit; and any certificate containing only such terms, as defined by the Registrar, shall be returned to the physician or person making the medical certificates for correction and more definite statement. Causes of death which may be the result of either disease or violence shall be carefully defined; and if from violence, the means of injury shall be stated, and whether (probably) accidental, suicidal, or homicidal. In case of deaths in hospitals or institutions, or of non-residents, the physician shall supply the information required under Item 18, if he is able to do so, and may state where, in his opinion, the disease was contracted.

Section 9. In case of a death occurring without medical attendance, (as the practice of medicine is defined in Section 4738, and 4739 of the Revised Statutes of Arizona Civil Code, 1913), it shall be the duty of the undertaker to notify the local registrar of such death, and when so notified the registrar shall, prior to the issuance of a permit, inform the local health officer and refer the case to him for immediate investigation and certification; provided, that when the local health officer is not a physician, or when there is no such official, and in such cases only, the local registrar is authorized to make the certificate and return from the statements of relatives or other persons having adequate knowledge of the facts; pro-

vided, further, that if the local registrar has reason to believe that the death may have been due to any unlawful act or to neglect, he shall refer the case to the coroner or other proper officer for investigation and certification. The coroner or other officer whose duty it is to hold an inquest on the body of any deceased person, and to make the certificate of death required for a burial permit, shall state in such certificate the name of the disease causing death, or if from external causes, (1) the means of death; and (2) whether (probably) accidental, suicidal, or homicidal; and shall, in any case, furnish such information as may be required by the State Registrar in order properly to classify the death.

Section 10. The undertaker, or person acting as undertaker, shall file the certificate of death with the local registrar of the district in which the death occurred and obtain a burial or removal permit prior to any disposition of the body. In preparing such certificate he shall obtain the required personal and statistical particulars from the person best qualified to supply them, over the signature and address of his informant. He shall then present the certificate to the attending physician, if any, or to the health officer or coroner, as directed by the local registrar, for the medical certificate. He shall then fill in the facts required relative to the date and place of burial or removal, over his signature and with his address, and present the completed certificate to the local registrar, in order to obtain a permit for burial, removal or other disposition of the body. The undertaker shall deliver the burial permit to the person in charge of the place of burial, before interring or otherwise disposing of

the body. In case the body is to be shipped by any transportation company, the removal permit shall be attached to the box containing the corpse, and shall accompany the same to its destination, where, if within the state of Arizona, it shall be delivered to the person in charge of the place of burial.

Any person, firm, or corporation selling a casket, shall keep a record showing the name and postoffice address of the purchaser, name of deceased, date of death, and place of death of deceased, which record shall be open to inspection of the State Registrar at all times. On the first day of each month every person, firm or corporation selling caskets shall report to the State Registrar each sale for the preceding month, on a blank provided for that purpose; provided, however, that no person, firm or corporation selling caskets to dealers or undertakers only shall be required to keep such record, nor shall such report be required from undertakers when they have direct charge of the disposition of a dead body.

Any person, firm, or corporation selling a casket at retail, and not having charge of the disposition of the body, shall inclose within the casket a notice to be furnished by the State Registrar calling attention to the requirements of the law, a blank certificate of death, and the rules and regulations of the Board concerning the burial or other disposition of dead bodies.

Section 11. If the interment, or other disposition of a body is to be made within the state, the wording of the burial or removal permit may be limited to a statement by the local registrar, over his signature, that a satisfactory certificate



of death having been filed with him, as required by law, permission is granted to inter, remove, or dispose otherwise of the body, stating the name, age, sex, cause of death, and other necessary details upon the form prescribed by the State Registrar.

Section 12. No person in charge of any premises on which interments are made shall inter or permit the interment or other disposition of any body unless it is accompanied by a burial, removal or transit permit, as herein provided. Any such person shall indorse upon each burial permit, over his signature, the date of the interment authorized thereby, and shall return all permits so indorsed to the local registrar of his district within ten days from the date of any such interment, or within the time fixed by the local board of health. He shall keep a record of all bodies interred or otherwise disposed of on the premises under his charge, in each case stating the name of each deceased person, place of death, date of burial or disposal, and the name and address of the undertaker, and such record shall at all times be open to official inspection; provided, that the undertaker or person acting as such, when burying a body in a cemetery or burial ground having no person in charge, shall sign the burial or removal permit, giving the date of burial, and shall write across the face of the permit the words "No person in charge", and within ten days shall file the burial or removal permit with the local registrar of the district in which the cemetery is located.

Section 13. Within ten days after the date of any birth, there shall be filed with the local registrar of the district in which the birth occurred a certificate thereof, which certificate

shall be upon the form prescribed by the Board. It shall be the duty of the physician, midwife, or person acting as midwife, in attendance upon a birth, to file such certificate, in accordance with the provisions of this Act. If no physician, midwife, or person acting as midwife, is in attendance upon the birth, it shall be the duty of the father or mother of the child, the householder or owner of the premises where the birth occurs, or the manager or superintendent of the institution where birth occurs, in the order named, to report to the local registrar within ten days thereafter, the fact of such birth. Should the physician, midwife, or person acting as midwife, in attendance upon a birth, be unable by diligent inquiry, to obtain the information required in Section 14, or in the case of births reported by some person other than a physician, midwife or person acting as a midwife, it shall be the duty of the local registrar to procure from the most authentic source such information as will enable him to prepare the certificate of birth therein prescribed. It shall be the duty of any person interrogated to answer correctly and to the best of his knowledge all questions put to him by the local registrar with respect to any such birth, with the view to eliciting the information necessary to make a complete record thereof, as contemplated by Section 14 and when required so to do by the local registrar, to verify over his signature any statement so made.

Section 14. Each certificate of birth shall contain the following items, which are hereby declared necessary for the legal, social, and sanitary purposes subserved by registration records;

(1) Place of birth, including state, county, township, or town, village or city. If in a city,

the ward, street and house number; if in a hospital or other institution, the name of the same, instead of the street and house number.

(2) Full name of child. If the child dies without a name, before the certificate is filed, enter the words "Died unnamed". If the living child has not yet been named at the date of filing certificate of birth, the space for "full name of child" is to be left blank, to be filled out subsequently by a supplemental report, as hereinafter provided.

(3) Sex of child.

(4) Whether a twin, triplet, or other plural birth. A separate certificate shall be required for each child in case of plural births.

(5) For plural births, number of each child in order of birth.

(6) Whether legitimate or illegitimate.

(7) Date of birth, including the year, month, and day.

(8) Full name of father.

(9) Residence of father.

(10) Color or race of father.

(11) Age of father at last birthday, in years.

(12) Birthplace of father; at least state or foreign country, if known.

(13) Occupation of father. The occupation to be reported if the father is engaged in any remunerative employment, with statement of (a) trade, profession, or particular kind of work;

(b) general nature of industry, business or establishment in which employed (or employer).

(14) Maiden name of mother.

(15) Residence of mother.

(16) Color or race of mother.

(17) Age of mother at last birthday, in years.

(18) Birthplace of mother; at least state or foreign country, if known.

(19) Occupation of mother. The occupation to be reported if the mother is engaged in any remunerative employment, with statement of (a) trade, profession, or particular kind of work; (b) general nature of industry, business or establishment in which employed (or employer).

(20) Number of children born to the mother, including present birth.

(21) Number of living children of mother.

(22) The certificate of attending physician or midwife as to attendance at birth, including statement of year, month, day (Item 7), and hour of birth, and whether the child was born alive or stillborn. This certification shall be signed by the attending physician or midwife, with date of signature and address; if there is no physician or midwife in attendance, then by the father or mother of the child, householder, owner of the premises, or manager or superintendent of public or private institution where the birth occurred, or other competent person, whose duty it shall be to notify the local registrar of such birth, as required by Section 13.

(23) Exact date of filing in office of local registrar, attested by his official signature, and registered number of birth, as hereinafter provided.

Section 15. When any certificate of birth of a living child is presented without the statement of the given name, the local registrar shall make out and deliver to the parents of the child a special blank for the supplemental report of the given name of the child, which shall be filled out as directed, and returned to the local registrar as soon as the child shall have been named.

Section 16. Every physician, midwife, and undertaker within the State of Arizona, shall without delay register his or her name, address and occupation with the State Registrar and with the local registrar of the registration district in which he or she resides, or in which he or she may hereafter establish a residence. The State Registrar shall thereupon supply such physician, midwife or undertaker with a copy of this Act, together with the rules and regulations prescribed by the State Registrar for its enforcement. Within thirty days after the close of each calendar year each local registrar shall make a return to the State Registrar of all physicians, midwives, or undertakers registered in his district during the preceding calendar year. No fee shall be exacted or other charge made by the State Registrar or local registrars for registering the name of any physician, midwife or undertaker, or for making return thereof to the State Registrar.

Section 17. Every superintendent, manager, or other person in charge of a hospital, almshouse, lying-in or other institution, public or private, to which persons resort for treatment of

diseases or for confinement, or to which they are committed by process of law, shall make a record of the personal and statistical particulars relative to the inmates in any such institution at the date on which this Act becomes effective, as called for in the forms of the certificates prescribed in this Act, or as directed by the State Registrar; and thereafter such record shall be by them made of all future inmates at the time of and as admitted. And in the case of persons admitted or committed for treatment of disease, the physician in charge shall specify for entry in the record, the nature of the disease, and where, in his opinion, it was contracted. The personal particulars and information required by this section shall be obtained from the individual himself if it is practicable to do so; and when they cannot be so obtained, they shall be obtained in as complete a manner as possible from relatives, friends, or other persons acquainted with the facts.

Section 18. The State Registrar shall prepare, print, and supply to all local registrars all blanks and forms to be used in registering, recording and preserving the returns required by, or in otherwise carrying out the purposes of this Act; and shall prepare and issue such detailed instructions as may be necessary for the uniform observance of its provisions and for the maintenance of a perfect system of registration; and no blanks other than those supplied by the State Registrar shall be used. The State Registrar shall carefully examine the certificates received monthly from the local registrars, and if any such are incomplete or unsatisfactory he shall require such further information as may be necessary to make the record complete. All physicians, midwives and undertakers, and all other persons having

knowledge of the facts, are hereby required, upon demand by the State Registrar, in person, by mail or through a local registrar, to supply, upon a form to be provided by the State Registrar, or upon the original certificate, such information as they may possess regarding any birth or death, provided, that no certificate of birth or death after its acceptance for registration by the local registrar, and no other record made in pursuance of this Act, shall be altered or changed in any respect otherwise than by amendments properly dated, signed, and witnessed. The State Registrar shall arrange in a systematic manner, and shall bind and permanently preserve all certificates required by this Act to be filed with him. He shall maintain a comprehensive and continuous card index of all births and deaths registered; said index to be arranged alphabetically, in the case of deaths, by the names of decedents, and in the case of births, by the names of fathers and mothers. He shall inform all registrars what diseases are to be considered infectious, contagious, or communicable and dangerous to the public health, as decided by the Board, in order that when deaths occur from such diseases proper precautions may be taken to prevent their spread.

Any cemetery company or association, church or historical society or association, or any other company, society or association, or any individual which or who is in possession of any record of births or deaths which may be of value in establishing the genealogy of any resident of this State, may file such record or a duly authenticated transcript thereof with the State Registrar, and it shall be his duty to preserve such record or transcript and to make a record and

index thereof in such form as to facilitate the finding of any information contained therein. Such record and index shall be open to inspection by the public, subject to such reasonable conditions as the State Registrar may prescribe. If any person desires a transcript of any record filed in accordance herewith, the State Registrar shall furnish the same upon application, together with a certificate that it is a true copy of such record as filed in his office, and for furnishing such transcript and certificate he shall be entitled to a fee of twenty-five cents for such certificate, and in addition thereto ten cents per folio or fifty cents per hour or fraction thereof for the time necessarily consumed in preparing such transcript.

Section 19. Local registrars shall supply blank forms of certificates to such persons as require them, and shall carefully examine all certificates of birth or death when presented for record, in order to ascertain whether or not the same are in accordance with the provisions of this Act and the instructions of the State Registrar. If any certificate of death is incomplete or unsatisfactory, it shall be the duty of the local registrar to call attention to the defect therein, and to withhold the burial or removal permit until such defects are corrected. All certificates shall be written legibly, in durable black ink. No certificate shall be held to be complete and correct that does not supply all of the items of information called for therein, or satisfactorily account for their omission. If a certificate of death is properly executed and complete, the local registrar shall issue to the undertaker a burial or removal permit; provided, that if the death occurred from some disease which is held



by the Board to be infectious, contagious or communicable and dangerous to the public health, a permit for the removal or other disposition of such body shall be issued by the local registrar, only under such conditions as may be prescribed by the Board. If a certificate of birth is incomplete, the local registrar shall immediately notify the informant, and require him to supply the missing items of information if they can be obtained. He shall number consecutively the certificates of birth and death, in two separate series, beginning with number one for the first birth and for the first death in each calendar year, and shall sign his name as such local registrar in attest of the date of filing in his office. He shall also make a complete and accurate copy of all birth and death certificates registered by him, in a record book to be supplied by the State Registrar, which shall be preserved permanently in his office as the local record, in the manner prescribed by the State Registrar. On or before the tenth day of each month he shall transmit to the State Registrar all original certificates registered by him for the preceding month. If no births or deaths occurred in such month, he shall report that fact to the State Registrar, on a card to be provided for the purpose.

Section 20. Local registrars shall receive fifty cents for each birth certificate and each death certificate properly and completely made out and registered, and correctly recorded and promptly returned as required by this Act to the State Registrar. If no births or deaths are registered during any month, the local registrar shall receive fifty cents for each report promptly made to that effect as required by this Act. All amounts payable to local registrars under the

provisions of this Section shall be paid by the treasurers of the respective counties in which the several registration districts are located, upon certification by the State Registrar. The State Registrar shall annually certify to the treasurers of the several counties the number of births and deaths properly registered, with the names of the local registrars and the amounts due each, as provided by this Act.

Section 21. The State Registrar shall, upon request, supply to any applicant a certified copy of the record of any birth or death registered under the provisions of this Act, for the making and certification of which he shall be entitled to a fee of fifty cents, to be paid by the applicant. Any such copy of the record of a birth or death, when properly certified by the State Registrar, shall be prima facie evidence in all courts and places of the facts therein stated. For a search of the files and records when no certified copy is made, the State Registrar shall be entitled to a fee of fifty cents for each hour or fractional part of an hour of the time consumed in such search, to be paid by the applicant; provided, that the State Registrar shall, upon the request of any parent or guardian, supply, without fee, a certificate limited to a statement as to the date of birth of the child or ward of such parent or guardian, when the same shall be necessary for admission to school, or for the purpose of securing employment; and provided, further, that the United States Census Bureau may obtain, without expense to the State, transcripts or certified copies of births and deaths without payment of the fees herein prescribed. The State Registrar shall keep a true and correct account of all fees by him received, and shall transmit the said fees to the state treasurer.

Section 22. Any person who for himself, or as an officer, agent, or employee of any other person, or of any corporation or partnership, shall inter, cremate, or otherwise finally dispose of the body of a human being, or permit the same to be done, or shall remove said body from the primary registration district in which the death occurred or the body was found, without the authority of a burial or removal permit issued by the local registrar of the district in which the death occurred or in which the body was found; or who shall refuse or fail to furnish correctly any information in his possession, or shall furnish false information affecting any certificate or record, required by this Act; or who shall wilfully alter, otherwise than as provided by this Act, or shall falsify any certificate of birth or death, or any record established by this Act; or who, being required by this Act to fill out a certificate of birth or death and file the same with the local registrar, or deliver it, upon request, to any person charged with the duty of filing the same, shall fail, neglect, or refuse to perform such duty in the manner required by this Act; or who, being a local registrar, deputy registrar, or sub-registrar, shall fail, neglect, or refuse to perform his duty as required by this Act and by the instructions and direction of the State Registrar thereunder, shall be deemed guilty of a misdemeanor, and upon conviction thereof shall for the first offense be fined not less than five dollars nor more than fifty dollars, and for each subsequent offense not less than ten dollars nor more than one hundred dollars, or be imprisoned in the county jail not more than sixty days, or be both fined and imprisoned in the discretion of the court.

Section 23. Each local registrar is hereby charged with the strict and thorough enforcement of the provisions of this Act in his registration district, under the supervision and direction of the State Registrar. He shall make an immediate report to the State Registrar of any violation of this law coming to his knowledge, by observation, or upon the complaint of any person, or otherwise.

The State Registrar is hereby charged with the thorough and efficient execution of the provisions of this Act in every part of the State, and is hereby granted supervisory power over local registrars, deputy local registrars, subregistrars, to the end that all of the requirements of the Act shall be uniformly complied with. The State Registrar, either personally or by an accredited representative, shall have authority to investigate cases of irregularity or violation of law, and all registrars shall aid him, upon request, in such investigation. When he shall deem it necessary, he shall report cases of violation of any of the provisions of this Act to the prosecuting attorney of the county in which such violation has occurred, with a statement of the facts and circumstances; and when any such case is reported by the State Registrar, the prosecuting attorney shall forthwith initiate and diligently pursue the necessary proceedings against the person or corporation responsible for the alleged violation of law. Upon request of the State Registrar, the Attorney-General shall assist in the enforcement of the provisions of this Act.

Section 24. That Paragraphs 4404, 4405, 4406, 4407 and 4408, Revised Statutes of Arizona, 1913, Civil Code, as amended by Chapter 9, Session Laws of Arizona, 1915, and 4409,

4410, 4411, 4412, 4413, 4414, 4415, 4417, 4418, 4419, 4420, 4421, 4422, 4423, 4425, 4426, 4427, 4428, Revised Statutes of Arizona, 1913, Civil Code, be and the same hereby are repealed.

Section 25. All acts and parts of acts in conflict with the provisions of this Act are hereby repealed.

Section 26. Whereas, the preservation of the public peace, health and safety makes it necessary that the provisions of this Act shall become immediately operative, an emergency is hereby declared to exist, and this Act is therefore hereby exempted from the operation of the referendum provisions of the State Constitution and shall take effect and be in full force and effect from and after its passage by the legislature and approval by the Governor.

Approved March 16, 1925.

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CHAPTER 38.

(House Bill No. 17)

AN ACT

PROVIDING FOR THE RELIEF OF ROBERT WEST AND MAKING AN APPROPRIATION THEREFOR.

**Be It Enacted by the Legislature of the State of Arizona:**

Section 1. There is hereby appropriated out of any moneys in the general fund of the State not otherwise appropriated, the sum of \$500.00 for the relief of Robert West, who was injured on August 7, 1923, while engaged in his duties

# **APPENDIX 3**

**Arizona Revised Code, Ch.  
61, Art. 6 (1928)**



PREFACE

# The Revised Code of Arizona 1928

PUBLISHED BY THE AUTHORITY  
OF THE STATE

CODIFIED AND REVISED  
WITH HISTORICAL DATA.

BY

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ANNOTATED AND INDEXED

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OCT 14 2008

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PHOENIX, ARIZONA



he shall examine such cows as the board may direct. If such cow is found to be diseased, the state veterinarian shall proceed as directed by law for the eradication of tuberculosis among cattle. (§ 1, Ch. 69, L. '23, rev.)

**§ 2721. Selling products from diseased cow; penalty.** No person engaged in the production or manufacture of milk or milk products, shall sell, give away, exchange, or barter any milk, or milk products, in a raw, un-pasteurized or unsterilized state, from any cow afflicted with a disease dangerous to human health or life, after knowledge thereof, or after receiving notice of the presence of such disease in such cow from said board, or the state veterinarian. Any person may market milk, or milk products, through channels or methods which insure, to the satisfaction of said board, that said milk or milk products, will be thoroughly and effectively pasteurized or sterilized, before being offered to the consuming public as food. Any person violating this section is guilty of a misdemeanor. (§ § 2, 4, Ch. 69, L. '23, cons. & rev.)

Constitutionality of regulations as to milk. 42 A. L. R. 556.

**§ 2722. "Egg mash" containers to be marked and labeled; violations; penalty.** It shall be unlawful to sell, offer or expose for sale, any chicken or hen food, commonly known as egg mash, unless each original container has attached thereto a plainly marked tag, not less than two and one-half by five inches in size, on which is distinctly printed the analysis, guaranteed by the manufacturer, of the ingredients thereof. Any person violating this section shall be guilty of a misdemeanor and punished by a fine of not less than twenty-five nor more than fifty dollars, or by imprisonment for not less than thirty nor more than sixty days. (§ § 1, 3, Ch. 54, L. '23, cons. & rev.)

#### Article 5. Maternity and infancy hygiene.

**§ 2723. Provisions of congress accepted; agency designated.** The state of Arizona agrees to and accepts the conditions of the act of congress, entitled, "An Act for the promotion of the welfare and hygiene of maternity and infancy, and for other purposes," approved November 23, 1921, and designates the child hygiene division of the state board of health as the state agency to co-operate with the children's bureau of the department of labor for the administration of the provisions of said act. (§ 1, Ch. 70, L. '23, rev.)

**§ 2724. Limitation of powers of officials; reports.** The child hygiene division, in carrying out the provisions hereof, shall not enter any house or take charge of any child against

the objection of the parents, or either of them, or the person having custody of such child; nor shall anything herein limit the power of such a person to determine what treatment or correction shall be employed. The board of health shall cause reports to be made concerning the operations and expenditures of the division as said children's bureau shall direct. The money apportioned to this state under said act of congress shall not be used for the purchase, erection, rental or repair of any building, lands or equipment, nor for the payment of any maternity or infancy pension or gratuity. (§ § 4-5-6-7, Ch. 70, L. '23, cons. & rev.)

#### Article 6. Vital statistics.

**§ 2725. Bureau of vital statistics; state registrar.** The state board of health shall establish a state bureau of vital statistics, which shall have its offices in the capitol and shall have charge of the registration of births and deaths. The secretary of the board shall be state registrar of vital statistics, with general supervision over the bureau. He shall be a medical practitioner of not less than five years' practice in his profession, and a competent vital statistician. He shall receive twenty-eight hundred dollars per annum. (§ § 2-3, Ch. 37, L. '25, cons. & rev.)

Cited as Civ. Code, 1913, title 41, ch. 11, without construction or application. *Security Ben. Assn. v. Small*, (1928), ..... *Ariz.* ..... 272 *Pac.* 647.

See the article "Health," 13 *Cal Jur.* 291; 12 *R. C. L.* 1263.

**§ 2726. Registration districts; local registrars; subregistrars.** The state shall be divided into registration districts as follows: Each incorporated city or town shall constitute a primary registration district; and the remainder of the county shall be divided by the registrar into rural registration districts, with definite boundaries, and such districts may be changed or consolidated. The registrar shall appoint a local registrar of vital statistics for each registration district for a term of two years, forthwith removable by him for inefficiency, neglect of duties, or failure to make prompt and complete returns of births and deaths.

Each local registrar shall appoint a deputy, who shall accept said appointment in writing, and when necessary for the convenience of the people in any rural district, may, with the approval of the state registrar, appoint subregistrars, to receive certificates and to issue burial or removal permits for such portions of the district as may be designated. A subregistrar shall note on each certificate, over his signature, the date of filing, and forward the same to the local registrar of the district within ten days, and in all cases before the third day of the following month. A subregis-



trar shall be subject to the supervision and control of the state registrar, and removable by him for failure to perform his duties. (§ § 4-5, id., cons. & rev.)

**§ 2727. Burial; permits; certificates of death.** The body of a dead person shall not be interred, deposited in a vault, cremated or otherwise disposed of, nor removed from or into another registration district, nor held more than seventy-two hours after death, except upon a permit issued by the local registrar of the district in which the death occurs or the body is found, and such burial or removal permit shall not be issued until, when practicable, a complete and satisfactory certificate of death has been filed with such local registrar. When a dead body is transported from outside the state into a registration district in this state for burial, the transit or removal permit, if issued in accordance with the law of the place where the death occurred, shall be accepted by the local registrar as authority for the issuance of a burial permit, and he shall note upon such permit that the body was transported into the state for interment, and give the place of death. (§ 6, id., rev.)

**§ 2728. Registration of stillborn child.** A stillborn child, advanced to the fifth month of uterogestation, shall be registered both as a birth and as a death, and separate certificates of birth and death shall be filed, the certificate of birth to contain in place of the name of the child, the word "stillbirth." The medical certificate of the cause of death shall be signed by the attending physician, if any, and shall state the case of death as "stillborn," and whether the same, if known, was a premature birth, and if so the period of uterogestation. A burial or removal permit shall be required as in other cases. Midwives shall not sign certificates of death for stillborn children. Stillbirths occurring where a midwife only is in attendance, and stillbirths occurring without the attendance of either physician or midwife, shall be treated as deaths without medical attendance. (§ 7, id., rev.)

**§ 2729. Certificates of death; contents.** Each certificate of death shall contain the following items: 1. Place of death, including state, county, township, village or city. If in a city, street and house number; if in a hospital or other institution, the name of the same instead of the street and house number; if in an industrial camp, the name of the camp; 2. full name and sex of decedent. If an unnamed child, the surname preceded by "unnamed;" 3. color or race, as white, black, mulatto, or other negro descent, Indian, Chinese, Japanese, or other; 4. conjugal condition, as single, married, widowed or divorced; 5. date of

birth, including the year, month, and day, and age, in years, months and days; if less than one day, the hours or minutes; 6. occupation, if engaged in any remunerative employment, with the trade, profession or kind of work and the general nature and name of the business in which employed; 7. birthplace; at least state or foreign country, if known; 8. name of father, and his birthplace; at least state or foreign country, if known; 9. maiden name of mother, and her birthplace; at least state or foreign country, if known; 10. official signature of registrar, with the date when certificate was filed, and registered number; 11. date of death, year, month, and day; 12. length of residence (for transients or recent residents, and for inmates of hospitals and other institutions) at place of death and in the state, together with the place where disease was contracted, and former or usual residence; 13. the place of burial or removal and date of burial; the personal and statistical particulars shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts; the statement of the disposition of the body shall be signed by the undertaker or person acting as such, and his address given; 14. a medical certificate made and signed by the physician, if any, last in attendance on the deceased, specifying the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred, the cause of death, the course of disease or sequence of causes resulting in the death, naming the disease causing death and the contributory cause, if any, and the duration of each; indefinite and unsatisfactory terms, denoting only symptoms of disease or conditions resulting from disease, are not sufficient for the issuance of a burial or removal permit, and a certificate containing only such terms, as defined by the registrar, shall be returned to the physician or person making the medical certificate for correction and more definite statement. Causes of death shall be carefully defined, and if from violence, the means of injury shall be stated, and whether appearing accidental, suicidal, or homicidal. In deaths in hospitals or institutions, or of non-residents, the physician shall state the length of residence at place of death, if he is able to do so, and where, in his opinion, the disease was contracted. (§ 8, id., rev.)

**§ 2730. Death occurring without medical attendance.** If death occur without medical attendance, the undertaker shall notify the local registrar of such death, who shall, prior to the issuance of a permit, notify the local health officer and refer the case to him for immediate investigation and certification. When



the local health officer is not a physician, or when there is no such official, the local registrar may make the certificate and return from the statements of persons having knowledge of the facts; if, however, the local registrar believes that the death may have been due to an unlawful act or to neglect, he shall refer the case to the coroner for investigation and certification. The coroner shall state in such certificate the name of the disease causing death, or if from external causes, the means of death; and whether appearing accidental, suicidal, or homicidal; and such information as may be required by the state registrar. (§ 9, id., rev.)

**§ 2731. Duty of undertaker; report of sales of caskets.** The undertaker shall file the certificate of death with the local registrar and obtain a burial or removal permit prior to any disposition of the body; the personal and statistical particulars he shall obtain from the person best qualified to supply them, over the signature and address of his informant; and then present the certificate to the attending physician, if any, or to the health officer or coroner, as directed by the local registrar, for the medical certificate; fill in the date and place of burial or removal, over his signature and with his address, and present the completed certificate to the local registrar for a permit for the disposition of the body, and deliver the burial permit to the person in charge of the place of burial, before disposing of the body. If the body is to be shipped by a common carrier, the removal permit shall be attached to the box containing the corpse, and shall accompany the same to its destination, where, if within the state of Arizona, it shall be delivered to the person in charge of the place of burial.

Any person selling a casket, except a person selling caskets to dealers or undertakers only, or undertakers having direct charge of the disposition of the dead body, shall keep a record showing the name and post office address of the purchaser, name of deceased, date of death, and place of death of deceased, which record shall be open to inspection of the state registrar, and on the first day of each month report to the state registrar each sale for the preceding month, on a blank provided for that purpose. Any person selling a casket at retail, and not having charge of the disposition of the body, shall inclose within the casket a notice, to be furnished by the state registrar, calling attention to the requirements of the law, a blank certificate of death, and the rules and regulations of the board concerning the burial or disposition of dead bodies. (§ 10, id., rev.)

**§ 2732. Duties of cemetery-keeper.** The person in charge of any premises on which interments are made shall not inter or permit the interment or other disposition of any body unless it is accompanied by a burial, removal or transit permit, upon the form prescribed by the state registrar; he shall indorse upon the burial permit, over his signature, the date of the interment and return the permit to the local registrar of his district within ten days from the date of the interment, or within the time fixed by the local board of health. He shall keep a public record of all bodies disposed of on the premises under his charge, stating the name of each deceased person, place of death, date of burial or disposal, and the name and address of the undertaker; the undertaker burying a body in a burial ground having no person in charge, shall so indorse, sign and file the permit, writing across the face of the permit the words "No person in charge." (§ 12, id., rev.)

**§ 2733. Birth certificate; duty to report birth.** Within ten days after the date of any birth, there shall be filed with the local registrar of the district in which the birth occurred, by the physician, midwife, or person acting as midwife, in attendance upon a birth, a certificate of birth upon a form prescribed by the state board of health. If no such person is in attendance upon the birth, the father or mother of the child, the householder or owner of the premises where the birth occurs, or the manager or superintendent of the institution where birth occurs, in the order named, shall report such birth to the local registrar within ten days. Should the physician, midwife, or person acting as midwife, be unable by diligent inquiry, to obtain the information required, or in the case of births reported by some other person, the local registrar shall procure from the most authentic source such information as will enable him to prepare the certificate. A person shall answer correctly all questions of the registrar with respect to such birth, and when requested by the registrar, verify over his signature such statements. (§ 13, id., rev.)

**§ 2734. Certificate of birth; contents.** The certificate of birth shall contain: 1. Place of birth, including state, county, town, village or city; if in a city, the street and house number; if in a hospital or other institution, the name thereof; 2. full name and sex of child. If the child dies without a name, before the certificate is filed, the words "died unnamed;" if not named at the date of filing the space for the name shall be filled out subsequently by a supplemental report; 3. whether a twin, triplet, or other plural birth, of which a separate certificate shall be filed for each child in



the order of birth; 4. whether the mother is a single woman and if so, her name; 5. date of birth, including the year, month, and day; 6. full name, residence, color or race of father, and age; 7. birthplace of father; at least state or foreign country, if known; 8. occupation of father, if engaged in any remunerative employment, with the trade, profession, or kind of work, and the general nature and name of the business in which employed; 9. maiden name, residence, color or race of mother, and age; 10. birthplace of mother; at least state or foreign country, if known; 11. occupation of mother, if engaged in any remunerative employment, with the trade, profession, or kind of work, and the general nature and name of the business in which employed; 12. number of children born to the mother, including present birth, and number of those living.

When a certificate of a living child is presented without the statement of the given name, the local registrar shall deliver to the parents of the child a special blank for a supplemental report of the given name of the child, to be filled out as directed, and returned to the local registrar as soon as the child shall have been named. (§ § 14-15, *id.*, cons. & rev.)

**§ 2735. Registration of physicians, midwives and undertakers.** Every physician, midwife, and undertaker within the state, shall, without fee, register his name, address and occupation with the state registrar and with the local registrar of the registration district in which he resides. The registrar shall thereupon supply such persons with a copy of this article, together with the rules and regulations prescribed for its enforcement. Prior to the first of February of each calendar year each local registrar shall make a return to the state registrar of all physicians, midwives, or undertakers registered in his district during the preceding year. (§ 16, *id.*, rev.)

Who is a physician or surgeon within statute in relation to vital statistics. 8 A. L. R. 1070.

**§ 2736. Hospitals to keep statistical record of inmates.** Every person in charge of a hospital, almshouse, or other institution, public or private, to which persons resort, or to which persons may be committed, for treatment of diseases or for confinement, shall, when admitted, make a record of the personal and statistical particulars relative to the inmates, as directed by the state registrar. If admitted or committed for treatment of disease, the physician in charge shall enter in the record, the nature of the disease, and where contracted. The personal particulars and information shall be obtained from the individual himself if practicable, if not, then as far as possible from other persons. (§ 17, *id.*, rev.)

**§ 2737. State registrar to furnish blanks; may require further information; records of state registrar.** The state registrar shall prepare, print, and supply to all local registrars blanks, forms and detailed instructions for the uniform observance and maintenance of registration; and no blanks other than those supplied by him shall be used. He shall examine the certificates received monthly from the local registrars, and if incomplete or unsatisfactory he shall require further information to complete the record. All persons having knowledge of the facts, shall upon demand by the registrar, in person, by mail or through a local registrar, supply, upon a form to be provided by him, or upon the original certificate, such information as they may possess regarding any birth or death. No certificate of birth or death after its acceptance for registration by the local registrar, and no other record made in pursuance of this article, shall be altered or changed in any respect otherwise than by amendments properly dated, signed, and witnessed. The state registrar shall arrange in a systematic manner, and shall bind and permanently preserve all certificates. He shall maintain a card index of all births and deaths registered, arranged alphabetically, of deaths by the names of decedents, and of births by the names of fathers and mothers. He shall inform all registrars what diseases are to be considered infectious, contagious, or communicable and dangerous to the public health, as decided by the board. Any person who is in possession of any record of births or deaths which may be of value in establishing the genealogy of any resident of this state, may file such record or a duly authenticated transcript thereof with the state registrar, who shall preserve it and make a record and index thereof; and the registrar shall furnish upon application a certified copy thereof, upon payment of a fee of twenty-five cents for such certificate and ten cents per folio or fifty cents per hour or fraction thereof for the time necessarily consumed in preparing such transcript. (§ 18, *id.*, rev.)

**§ 2738. Duties of local registrars.** Local registrars shall supply blank forms of certificates to such persons as require them, and examine all certificates of birth or death when presented for record. All certificates shall be written legibly, in permanent black ink. When a certificate of death is properly executed and complete, the local registrar shall issue to the undertaker a burial or removal permit; if, however, the death occurred from infectious or contagious disease, the permit shall be issued only under such conditions as may be prescribed by the board. If a certificate of birth



is incomplete, the local registrar shall immediately notify the informant, and require him to supply the missing items of information if obtainable. He shall number consecutively the certificates of birth and death, in two separate series, beginning with number one for the first birth and for the first death in each calendar year, and sign his name as such local registrar in attestation of the date of filing in his office; he shall also make a complete and accurate copy of all birth and death certificates registered by him, in a record book to be supplied by the state registrar, which shall be preserved permanently in his office as the local record, in the manner prescribed by the state registrar. On or before the tenth day of each month he shall transmit to the registrar all original certificates registered by him for the preceding month. (§ 19, *id.*, rev.)

**§ 2739. Fees of local registrars.** Local registrars shall receive fifty cents for each birth or death certificate properly and completely made out and registered, correctly recorded and promptly returned. If no births or deaths are registered during any month, the local registrar shall receive fifty cents for each report promptly made to that effect. All amounts payable to local registrars shall be paid by the treasurers of the respective counties in which the several registration districts are located, upon certification by the state registrar. The state registrar shall annually certify to the treasurers of the several counties the number of births and deaths properly registered, with the names of the local registrars and the amounts due each. (§ 20, *id.*, rev.)

**§ 2740. Certified copies by state registrar.** The state registrar shall, upon request, supply to any applicant a certified copy of the record of any birth or death, for the making and certification of which he shall charge a fee of fifty cents. Any such copy of the record of a birth or death, when properly certified by the registrar, shall be prima facie evidence of the facts therein stated. For a search of the files and records when no certified copy is made, the registrar shall charge fifty cents for each hour or fractional part of an hour of the time consumed in such search; provided, that he shall, upon the request of any parent or guardian, supply, without fee, a certificate of the date of birth of the child or ward of such parent or guardian, when the same shall be necessary for admission to school, or for the purpose of securing employment; and the United States census bureau may obtain, without expense to the state, transcripts or certified copies of births and deaths without payment of the fees herein prescribed. (§ 21, *id.*, rev.)

When a certified copy of a record of birth or death is introduced in evidence, the court in instructing the jury with reference thereto should define the term "prima facie evidence," but, in view of Const. art. 6, sec. 12, should not comment upon the strength or weakness of such evidence. *Security Ben. Assn. v. Small*, (1928), ..... *Ariz.* ..... 272 *Pac.* 647.

Death certificate as evidence. 42 *A. L. R.* 1454.

**§ 2741. Violations defined; penalty.** Any person who for himself, or as an officer, agent, or employee of any other person, shall inter, cremate, or otherwise finally dispose of the body of a human being, or permit the same to be done, or shall remove said body from the primary registration district in which the death occurred or the body was found, without the authority of a burial or removal permit issued by the local registrar of the district in which the death occurred or in which the body was found; or who shall refuse or fail to furnish correctly any information in his possession, or shall furnish false information affecting any required certificate or record; or who shall wilfully alter, otherwise than as provided, or shall falsify any certificate of birth or death, or any record; or who, being required to fill out a certificate of birth or death and file the same with the local registrar, or deliver it, upon request, to any person charged with the duty of filing the same, shall fail, neglect, or refuse to perform such duty in the manner required; or who, being a local registrar, deputy registrar, or sub-registrar, shall fail, neglect, or refuse to perform his duty as required herein, and by the instructions and direction of the state registrar thereunder, shall be guilty of a misdemeanor, and shall for the first offense be fined not less than five nor more than fifty dollars, and for each subsequent offense not less than ten nor more than one hundred dollars, or be imprisoned in the county jail not more than sixty days, or by both such fine and imprisonment. (§ 22, *id.*, rev.)

**§ 2742. Registrar charged with enforcement.** Each local registrar shall make an immediate report to the state registrar of any violation of this law coming to his knowledge. The state registrar shall have supervisory power over local registrars, and sub-registrars; he may investigate any irregularity or violations of health laws, and all registrars shall aid him, upon request, in such investigation, and report violations to the proper county attorney with a statement of the facts and circumstances. (§ 23, *id.*, rev.)

**§ 2743. Hospital authorities to notify relative of person dying; removal of body; violations; penalty.** Whenever any patient, boarder or lodger in any hospital or sanitarium within the state shall die, the person in charge shall

immediately notify the family, relative or friend of said deceased, or some person known to said management to be interested in said deceased, of said death, if known to said person and within the county, and shall not remove the body, or cause or allow the removal of said body until the said person shall stipulate and name the undertaker to whom said remains

are to be delivered. Any person who shall remove, or cause or allow to be removed, the body of any deceased person to any undertaker other than the one chosen by the family, relative, friend, or person interested in the deceased, shall be guilty of a misdemeanor, and punished by a fine of not less than one hundred dollars. (§ § 1, 3, Ch. 165, L. '21, cons. & rev.)



# **APPENDIX 4**

## **Arizona Code, Ch. 68, Art. 6 (1939)**

# ARIZONA CODE

## 1939

Containing the  
GENERAL LAWS OF ARIZONA  
ANNOTATED

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Published by Authority of  
Laws 1939, chapter 89

Compiled under the Supervision of the Members of the  
Supreme Court of Arizona

Chief Justice  
Henry D Ross

Associate Justices  
Alfred C Lockwood      Archibald G McAlister

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IN SIX VOLUMES  
VOLUME FIVE

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Indianapolis  
THE BOBBS-MERRILL COMPANY  
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## ARTICLE 5

## MATERNITY AND INFANCY HYGIENE

## SECTION.

68-501. Provisions of Congress accepted  
—Agency designated.

## SECTION.

68-502. Limitation of powers of officials  
—Reports.

**68-501. Provisions of Congress accepted—Agency designated.**—The state of Arizona agrees to and accepts the conditions of the act of Congress, entitled, "An Act for the promotion of the welfare and hygiene of maternity and infancy, and for other purposes," approved November 23, 1921, and designates the child hygiene division of the state board of health as the state agency to co-operate with the children's bureau of the department of labor for the administration of the provisions of said act. [Laws 1923, ch. 70, § 1, p. 176; rev., R. C. 1928, § 2723.]

**Comparative Legislation.** Maternity and child welfare:

Ark. Digest of Stat. 1937, §§ 6449-6453.

Del. Rev. Code 1935, §§ 813-819.

Fla. Comp. Gen. Laws 1927, §§ 3987-3989.

Ga. Laws 1937, No. 348.

Idaho. Code 1932, §§ 38-801—38-804.

Ind. Burns' Stat. 1933, §§ 35-801—35-803.

Iowa. Code 1935, §§ 3999-4004.

La. Dart's Stat., § 3451.1 et seq.

Maine. Laws 1937, ch. 141.

Nebr. Laws 1935 (Spec. Sess.), ch. 31.

Ohio. Page's Gen. Code, §§ 1237-1—1237-4.

Tex. Vernon's Stat. 1936, arts. 4443, 4444.

Vt. Laws 1937, No. 10.

Wis. Stat. 1939, § 146.18.

**68-502. Limitation of powers of officials—Reports.**—The child hygiene division, in carrying out the provisions hereof, shall not enter any house or take charge of any child against the objection of the parents, or either of them, or the person having custody of such child; nor shall anything herein limit the power of such a person to determine what treatment or correction shall be employed. The board of health shall cause reports to be made concerning the operations and expenditures of the division as said children's bureau shall direct. The money apportioned to this state under said act of Congress shall not be used for the purchase, erection, rental or repair of any building, lands or equipment, nor for the payment of any maternity or infancy pension or gratuity. [Laws 1923, ch. 70, §§ 4-7, p. 176; cons. & rev., R. C. 1928, § 2724.]

## ARTICLE 6

## VITAL STATISTICS

## SECTION.

68-601. Bureau of vital statistics—State registrar.

68-602. Registration districts — Local registrars—Subregistrars.

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68-607. Duty of undertaker—Report of sales of caskets.

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## SECTION.

- 68-611. Registration of physicians, midwives, and undertakers.  
 68-612. Hospitals to keep statistical record of inmates.  
 68-613. State registrar to furnish blanks—May require further information—Records of state registrar.  
 68-614. Duties of local registrars.  
 68-615. Fees of local registrars.  
 68-616. Certified copies by state registrar.

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- 68-617. Violations defined—Penalty.  
 68-618. Registrar charged with enforcement.  
 68-619. Hospital authorities to notify relative of person dying—Removal of body—Violations—Penalty.  
 68-620. Qualifications of supervising nurse.  
 68-621. Transfer of records of births and deaths.

**68-601. Bureau of vital statistics—State registrar.**—The state board of health shall establish a state bureau of vital statistics, which shall have its offices in the capitol and shall have charge of the registration of births and deaths. The secretary of the board shall be state registrar of vital statistics, with general supervision over the bureau. He shall be a medical practitioner of not less than five [5] years' practice in his profession, and a competent vital statistician. He shall receive twenty-eight hundred dollars [\$2,800] per annum. [Laws 1925, ch. 37, §§ 2, 3, p. 110; cons. & rev., R. C. 1928, § 2725.]

**Comparative Legislation.** Vital statistics:

- Ala. Code 1928, §§ 1065-1102.  
 Ark. Digest of Stat. 1937, §§ 6418-6431.  
 Cal. Deering's Codes 1939, Health and Safety Code, §§ 10000-10679.  
 Del. Rev. Code 1935, §§ 780-807.  
 Fla. Comp. Gen. Laws 1927, §§ 3268-3301; Permanent Supp., §§ 3301(1)-3301(3).  
 Ga. Code 1933, §§ 88-1101—88-1221.  
 Idaho. Code 1932, §§ 38-201—38-232.  
 Ill. Rev. Stat. 1939, ch. 111½, §§ 36-57.  
 Ind. Burns' Stat. 1933, §§ 35-115—35-117.  
 Iowa. Code 1935, §§ 2384-2437.  
 Kans. Gen. Stat. 1935, §§ 65-130—65-151.  
 Ky. Carroll's Stat. 1936, §§ 2062a-1—2062a-25.  
 La. Dart's Stat., § 3452 et seq.  
 Maine. Laws 1933, ch. 1, §§ 60-86.  
 Md. Ann. Code 1924, art. 43, §§ 16-32.

Mich. Comp. Laws 1929, §§ 6573-6599.  
 Miss. Code 1930, §§ 4904-4941; Gen. Laws 1936, ch. 209.

- Mo. Rev. Stat. 1929, §§ 9040-9062.  
 Mont. Rev. Codes 1935, §§ 2515-2539.  
 Nebr. Comp. Stat. 1929, §§ 71-2401—71-2420.  
 Nev. Comp. Laws 1929, §§ 5277-5285.  
 N. Car. Code 1935, §§ 7086-7115.  
 Ore. Code 1930, §§ 59-1201—59-1223.  
 S. Car. Code 1932, §§ 5130-5135.  
 Tenn. Williams' Ann. Code, §§ 5827-5879.  
 Tex. Vernon's Stat. 1936, art. 4477, Rules 34a-55a.

**Cited:**

Security Ben. Assn. v. Small, 34 Ariz. 458, 272 Pac. 647.

**Collateral References.**

Who is a physician or surgeon within meaning of statute in relation to vital statistics. 8 A. L. R. 1070.

See the article "Health," 13 Cal. Jul. 291.

**68-602. Registration districts—Local registrars—Subregistrars.**—The state shall be divided into registration districts as follows: Each incorporated city or town shall constitute a primary registration district; and the remainder of the county shall be divided by the registrar into rural registration districts, with definite boundaries, and such districts may be changed or consolidated. The registrar shall appoint a local registrar of vital statistics for each registration district for a term of two [2] years, forthwith removable by him for inefficiency, neglect of duties, or failure to make prompt and complete returns of births and deaths.

Each local registrar shall appoint a deputy, who shall accept said appointment in writing, and when necessary for the convenience of the

people in any rural district, may, with the approval of the state registrar, appoint subregistrars, to receive certificates and to issue burial or removal permits for such portions of the district as may be designated. A subregistrar shall note on each certificate, over his signature, the date of filing, and forward the same to the local registrar of the district within ten [10] days, and in all cases before the third day of the following month. A subregistrar shall be subject to the supervision and control of the state registrar, and removable by him for failure to perform his duties. [Laws 1925, ch. 37, §§ 4, 5, p. 110; cons. & rev., R. C. 1928, § 2726.]

**68-603. Burial—Permits—Certificates of death.**—The body of a dead person shall not be interred, deposited in a vault, cremated or otherwise disposed of, nor removed from or into another registration district, nor held more than seventy-two [72] hours after death, except upon a permit issued by the local registrar of the district in which the death occurs or the body is found, and such burial or removal permit shall not be issued until, when practicable, a complete and satisfactory certificate of death has been filed with such local registrar. When a dead body is transported from outside the state into a registration district in this state for burial, the transit or removal permit, if issued in accordance with the law of the place where the death occurred, shall be accepted by the local registrar as authority for the issuance of a burial permit, and he shall note upon such permit that the body was transported into the state for interment, and give the place of death. [Laws 1925, ch. 37, § 6, p. 110; rev., R. C. 1928, § 2727.]

**68-604. Registration of stillborn child.**—A stillborn child, advanced to the fifth month of uterogestation, shall be registered both as a birth and as a death, and separate certificates of birth and death shall be filed, the certificate of birth to contain in place of the name of the child, the word "stillbirth." The medical certificate of the cause of death shall be signed by the attending physician, if any, and shall state the case of death as "stillborn," and whether the same, if known, was a premature birth, and if so the period of uterogestation. A burial or removal permit shall be required as in other cases. Midwives shall not sign certificates of death for stillborn children. Stillbirths occurring where a midwife only is in attendance, and stillbirths occurring without the attendance of either physician or midwife, shall be treated as deaths without medical attendance. [Laws 1925, ch. 37, § 7, p. 110; rev., R. C. 1928, § 2728.]

**68-605. Certificates of death—Contents.**—Each certificate of death shall contain the following items:

1. Place of death, including state, county, township, village or city. If in a city, street and house number; if in a hospital or other institution, the name of the same instead of the street and house number; if in an industrial camp, the name of the camp;
2. Full name and sex of decedent. If an unnamed child, the surname preceded by "unnamed;"



3. Color or race, as white, black, mulatto, or other negro descent, Indian, Chinese, Japanese, or other;

4. Conjugal condition, as single, married, widowed or divorced;

5. Date of birth, including the year, month, and day, and age, in years, months and days; if less than one day, the hours or minutes;

6. Occupation, if engaged in any remunerative employment, with the trade, profession or kind of work and the general nature and name of the business in which employed;

7. Birthplace; at least state or foreign country, if known;

8. Name of father, and his birthplace; at least state or foreign country, if known;

9. Maiden name of mother, and her birthplace; at least state or foreign country, if known;

10. Official signature of registrar, with the date when certificate was filed, and registered number;

11. Date of death, year, month, and day;

12. Length of residence (for transients or recent residents, and for inmates of hospitals and other institutions) at place of death and in the state, together with the place where disease was contracted, and former or usual residence;

13. The place of burial or removal and date of burial; the personal and statistical particulars shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts; the statement of the disposition of the body shall be signed by the undertaker or person acting as such, and his address given;

14. A medical certificate made and signed by the physician, if any, last in attendance on the deceased, specifying the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred, the cause of death, the course of disease or sequence of causes resulting in the death, naming the disease causing death and the contributory cause, if any, and the duration of each; indefinite and unsatisfactory terms, denoting only symptoms of disease or conditions resulting from disease, are not sufficient for the issuance of a burial or removal permit, and a certificate containing only such terms, as defined by the registrar, shall be returned to the physician or person making the medical certificate for correction and more definite statement.

Causes of death shall be carefully defined, and if from violence, the means of injury shall be stated, and whether appearing accidental, suicidal, or homicidal. In deaths in hospitals or institutions, or of non-residents, the physician shall state the length of residence at place of death, if he is able to do so, and where, in his opinion, the disease was contracted. [Laws 1925, ch. 37, § 8, p. 110; rev., R. C. 1928, § 2729.]

#### NOTES TO DECISIONS

##### Use as Evidence.

In an action by a beneficiary on a life insurance policy, a certified copy of the death certificate was admissible as prima

facie proof of all the facts required therein by law, so far as they were material to the issues. *Sovereign Camp, W. O. W. v. Sandoval*, 47 Ariz. 167, 54 Pac. (2d) 557.

**68-606. Death occurring without medical attendance.**—If death occur without medical attendance, the undertaker shall notify the local registrar of such death, who shall, prior to the issuance of a permit, notify the local health officer and refer the case to him for immediate investigation and certification. When the local health officer is not a physician, or when there is no such official, the local registrar may make the certificate and return from the statements of persons having knowledge of the facts; if, however, the local registrar believes that the death may have been due to an unlawful act or to neglect, he shall refer the case to the coroner for investigation and certification. The coroner shall state in such certificate the name of the disease causing death, or if from external causes, the means of death; and whether appearing accidental, suicidal, or homicidal; and such information as may be required by the state registrar. [Laws 1925, ch. 37, § 9, p. 110; rev., R. C. 1928, § 2730.]

#### NOTES TO DECISIONS

##### Coroner's Certificate as Evidence.

Coroner's certificate made in accordance with this section is admissible in court as prima facie evidence of the

facts therein stated. (See § 68-616.) California State Life Ins. Co. v. Fuqua, 40 Ariz. 148, 10 Pac. (2d) 958.

**68-607. Duty of undertaker—Report of sales of caskets.**—The undertaker shall file the certificate of death with the local registrar and obtain a burial or removal permit prior to any disposition of the body; the personal and statistical particulars he shall obtain from the person best qualified to supply them, over the signature and address of his informant; and then present the certificate to the attending physician, if any, or to the health officer or coroner, as directed by the local registrar, for the medical certificate; fill in the date and place of burial or removal, over his signature and with his address, and present the completed certificate to the local registrar for a permit for the disposition of the body, and deliver the burial permit to the person in charge of the place of burial, before disposing of the body. If the body is to be shipped by a common carrier, the removal permit shall be attached to the box containing the corpse, and shall accompany the same to its destination, where, if within the state of Arizona, it shall be delivered to the person in charge of the place of burial.

Any person selling a casket, except a person selling caskets to dealers or undertakers only, or undertakers having direct charge of the disposition of the dead body, shall keep a record showing the name and post office address of the purchaser, name of deceased, date of death, and place of death of deceased, which record shall be open to inspection of the state registrar, and on the first day of each month report to the state registrar each sale for the preceding month, on a blank provided for that purpose. Any person selling a casket at retail, and not having charge of the disposition of the body, shall inclose within the casket a notice, to be furnished by the state registrar, calling attention to the requirements of the law, a blank certificate of death, and the rules and regulations of the board concerning the burial or disposition of dead bodies. [Laws 1925, ch. 37, § 10, p. 110; rev., R. C. 1928, § 2731.]



**68-608. Duties of cemetery-keeper.**—The person in charge of any premises on which interments are made shall not inter or permit the interment or other disposition of any body unless it is accompanied by a burial, removal or transit permit, upon the form prescribed by the state registrar; he shall indorse upon the burial permit, over his signature, the date of the interment and return the permit to the local registrar of his district within ten [10] days from the date of the interment, or within the time fixed by the local board of health. He shall keep a public record of all bodies disposed of on the premises under his charge, stating the name of each deceased person, place of death, date of burial or disposal, and the name and address of the undertaker; the undertaker burying a body in a burial ground having no person in charge, shall so indorse, sign and file the permit, writing across the face of the permit the words "No person in charge." [Laws 1925, ch. 37, § 12, p. 110; rev., R. C. 1928, § 2732.]

**68-609. Birth certificate—Duty to report birth.**—Within ten [10] days after the date of any birth, there shall be filed with the local registrar of the district in which the birth occurred, by the physician, midwife, or person acting as midwife, in attendance upon a birth, a certificate of birth upon a form prescribed by the state board of health. If no such person is in attendance upon the birth, the father or mother of the child, the householder or owner of the premises where the birth occurs, or the manager or superintendent of the institution where birth occurs, in the order named, shall report such birth to the local registrar within ten [10] days. Should the physician, midwife, or person acting as midwife, be unable by diligent inquiry, to obtain the information required, or in the case of births reported by some other person, the local registrar shall procure from the most authentic source such information as will enable him to prepare the certificate. A person shall answer correctly all questions of the registrar with respect to such birth, and when requested by the registrar, verify over his signature such statements. [Laws 1925, ch. 37, § 13, p. 110; rev., R. C. 1928, § 2733.]

**68-610. Certificate of birth—Contents.**—The certificate of birth shall contain:

1. Place of birth, including state, county, town, village or city; if in a city, the street and house number; if in a hospital or other institution, the name thereof;
2. Full name and sex of child. If the child dies without a name, before the certificate is filed, the words "died unnamed;" if not named at the date of filing the space for the name shall be filled out subsequently by a supplemental report;
3. Whether a twin, triplet, or other plural birth, of which a separate certificate shall be filed for each child in the order of birth;
4. Whether the mother is a single woman and if so, her name;
5. Date of birth, including the year, month, and day;
6. Full name, residence, color or race of father, and age;
7. Birthplace of father; at least state or foreign country, if known;

8. Occupation of father, if engaged in any remunerative employment, with the trade, profession, or kind of work, and the general nature and name of the business in which employed;

9. Maiden name, residence, color or race of mother, and age;

10. Birthplace of mother; at least state or foreign country, if known;

11. Occupation of mother, if engaged in any remunerative employment, with the trade, profession, or kind of work, and the general nature and name of the business in which employed;

12. Number of children born to the mother, including present birth, and number of those living.

When a certificate of a living child is presented without the statement of the given name, the local registrar shall deliver to the parents of the child a special blank for a supplemental report of the given name of the child, to be filled out as directed, and returned to the local registrar as soon as the child shall have been named. [Laws 1925, ch. 37, §§ 14, 15, p. 110; cons. & rev., R. C. 1928, § 2734.]

**68-611. Registration of physicians, midwives, and undertakers.—**Every physician, midwife, and undertaker within the state, shall, without fee, register his name, address and occupation with the state registrar and with the local registrar of the registration district in which he resides. The registrar shall thereupon supply such persons with a copy of this article, together with the rules and regulations prescribed for its enforcement. Prior to the first of February of each calendar year each local registrar shall make a return to the state registrar of all physicians, midwives, or undertakers registered in his district during the preceding year. [Laws 1925, ch. 37, § 16, p. 110; rev., R. C. 1928, § 2735.]

**Collateral Reference.**

Who is a physician or surgeon within statute in relation to vital statistics. 8  
A. L. R. 1070.

**68-612. Hospitals to keep statistical record of inmates.—**Every person in charge of a hospital, almshouse, or other institution, public or private, to which persons resort, or to which persons may be committed, for treatment of diseases or for confinement, shall, when admitted, make a record of the personal and statistical particulars relative to the inmates, as directed by the state registrar. If admitted or committed for treatment of disease, the physician in charge shall enter in the record, the nature of the disease, and where contracted. The personal particulars and information shall be obtained from the individual himself if practicable, if not, then as far as possible from other persons. [Laws 1925, ch. 37, § 17, p. 110; rev., R. C. 1928, § 2736.]

**68-613. State registrar to furnish blanks—May require further information—Records of state registrar.—**The state registrar shall prepare, print, and supply to all local registrars blanks, forms and detailed instructions for the uniform observance and maintenance of registration; and no blanks other than those supplied by him shall be



used. He shall examine the certificates received monthly from the local registrars, and if incomplete or unsatisfactory he shall require further information to complete the record. All persons having knowledge of the facts, shall upon demand by the registrar, in person, by mail or through a local registrar, supply, upon a form to be provided by him, or upon the original certificate, such information as they may possess regarding any birth or death. No certificate of birth or death after its acceptance for registration by the local registrar, and no other record made in pursuance of this article, shall be altered or changed in any respect otherwise than by amendments properly dated, signed, and witnessed. The state registrar shall arrange in a systematic manner, and shall bind and permanently preserve all certificates. He shall maintain a card index of all births and deaths registered, arranged alphabetically, of deaths by the names of decedents, and of births by the names of fathers and mothers. He shall inform all registrars what diseases are to be considered infectious, contagious, or communicable and dangerous to the public health, as decided by the board. Any person who is in possession of any record of births or deaths which may be of value in establishing the genealogy of any resident of this state, may file such record or a duly authenticated transcript thereof with the state registrar, who shall preserve it and make a record and index thereof; and the registrar shall furnish upon application a certified copy thereof, upon payment of a fee of twenty-five cents [25c] for such certificate and ten cents [10c] per folio or fifty cents [50c] per hour or fraction thereof for the time necessarily consumed in preparing such transcript. [Laws 1925, ch. 37, § 18, p. 110; rev., R. C. 1928, § 2737.]

**68-614. Duties of local registrars.**—Local registrars shall supply blank forms of certificates to such persons as require them, and examine all certificates of birth or death when presented for record. All certificates shall be written legibly, in permanent black ink. When a certificate of death is properly executed and complete, the local registrar shall issue to the undertaker a burial or removal permit; if, however, the death occurred from infectious or contagious disease, the permit shall be issued only under such conditions as may be prescribed by the board. If a certificate of birth is incomplete, the local registrar shall immediately notify the informant, and require him to supply the missing items of information if obtainable. He shall number consecutively the certificates of birth and death, in two [2] separate series, beginning with number one for the first birth and for the first death in each calendar year, and sign his name as such local registrar in attestation of the date of filing in his office; he shall also make a complete and accurate copy of all birth and death certificates registered by him, in a record book to be supplied by the state registrar, which shall be preserved permanently in his office as the local record, in the manner prescribed by the state registrar. On or before the tenth day of each month he shall transmit to the registrar all original certificates registered by him for the preceding month. [Laws 1925, ch. 37, § 19, p. 110; rev., R. C. 1928, § 2738.]

**68-615. Fees of local registrars.**—Local registrars shall receive fifty cents [50c] for each birth or death certificate properly and completely made out and registered, correctly recorded and promptly returned. If no births or deaths are registered during any month, the local registrar shall receive fifty cents [50c] for each report promptly made to that effect. All amounts payable to local registrars shall be paid by the treasurers of the respective counties in which the several registration districts are located, upon certification by the state registrar. The state registrar shall annually certify to the treasurers of the several counties the number of births and deaths properly registered, with the names of the local registrars and the amounts due each. [Laws 1925, ch. 37, § 20, p. 110; rev., R. C. 1928, § 2739.]

**68-616. Certified copies by state registrar.**—The state registrar shall, upon request, supply to any applicant a certified copy of the record of any birth or death, for the making and certification of which he shall charge a fee of fifty cents [50c]. Any such copy of the record of a birth or death, when properly certified by the registrar, shall be prima facie evidence of the facts therein stated. For a search of the files and records when no certified copy is made, the registrar shall charge fifty cents [50c] for each hour or fractional part of an hour of the time consumed in such search; provided, that he shall, upon the request of any parent or guardian, supply, without fee, a certificate of the date of birth of the child or ward of such parent or guardian, when the same shall be necessary for admission to school, or for the purpose of securing employment; and the United States census bureau may obtain, without expense to the state, transcripts or certified copies of births and deaths without payment of the fees herein prescribed. [Laws 1925, ch. 37, § 21, p. 110; rev., R. C. 1928, § 2740.]

#### NOTES TO DECISIONS

##### Effect of Verdict.

Where in a suit on a life insurance policy to recover double indemnity for accidental death, the trial jury had before it the same evidence which was before the coroner's jury, and such evidence was insufficient, as a matter of law, the trial jury was not bound by the verdict, and such verdict did not make a prima facie case as to the cause of death. *New York Life Ins. Co. v. McNeely*, 52 Ariz. 181, 79 Pac. (2d) 948.

##### Evidence.

Coroner's certificate made in accordance with this section is admissible in court as prima facie evidence of the facts therein stated. *California State Life Ins. Co. v. Fuqua*, 40 Ariz. 148, 10 Pac. (2d) 958.

##### Instructions.

When a certified copy of a record of birth or death is introduced in evidence, the court in instructing the jury with

reference thereto should define the term "prima facie evidence," but, in view of Const., art. 6, § 12, should not comment upon the strength or weakness of such evidence. *Security Ben. Assn. v. Small*, 34 Ariz. 458, 272 Pac. 647.

##### Presumptions.

The verdict of the coroner's jury is presumed to be correct, and makes a prima facie case, as to the cause of death, where the evidence upon which it is based is not shown. *New York Life Ins. Co. v. McNeely*, 52 Ariz. 181, 79 Pac. (2d) 948.

##### Sufficiency of Evidence.

In an action by a beneficiary on a life insurance policy, a certified copy of the death certificate was admissible as prima facie proof of all the facts required therein by law, so far as they were material to the issues. *Sovereign Camp. W. O. W. v. Sandoval*, 47 Ariz. 167, 54 Pac. (2d) 557.



The verdict of the coroner's jury, like that of a trial jury, must be based on evidence, and such evidence is subject to the same rules, in regard to its sufficiency, as the evidence in support of the verdict of a trial jury. *New York Life*

*Ins. Co. v. McNeely*, 52 Ariz. 181, 79 Pac. (2d) 948.

**Collateral Reference.**

Death certificate as evidence. 17 A. L. R. 359; 42 A. L. R. 1454; 96 A. L. R. 324.

**68-617. Violations defined—Penalty.**—Any person who for himself, or as an officer, agent, or employee of any other person, shall inter, cremate, or otherwise finally dispose of the body of a human being, or permit the same to be done, or shall remove said body from the primary registration district in which the death occurred or the body was found, without the authority of a burial or removal permit issued by the local registrar of the district in which the death occurred or in which the body was found; or who shall refuse or fail to furnish correctly any information in his possession, or shall furnish false information affecting any required certificate or record; or who shall wilfully alter, otherwise than as provided, or shall falsify any certificate of birth or death, or any record; or who, being required to fill out a certificate of birth or death and file the same with the local registrar, or deliver it, upon request, to any person charged with the duty of filing the same, shall fail, neglect, or refuse to perform such duty in the manner required; or who, being a local registrar, deputy registrar, or sub-registrar, shall fail, neglect, or refuse to perform his duty as required herein, and by the instructions and direction of the state registrar thereunder, shall be guilty of a misdemeanor, and shall for the first offense be fined not less than five [\$5.00] nor more than fifty dollars [\$50.00], and for each subsequent offense not less than ten [\$10.00] nor more than one hundred dollars [\$100], or be imprisoned in the county jail not more than sixty [60] days, or by both such fine and imprisonment. [Laws 1925, ch. 37, § 22, p. 110; rev., R. C. 1928, § 2741.]

**68-618. Registrar charged with enforcement.**—Each local registrar shall make an immediate report to the state registrar of any violation of this law coming to his knowledge. The state registrar shall have supervisory power over local registrars, and sub-registrars; he may investigate any irregularity or violations of health laws, and all registrars shall aid him, upon request, in such investigation, and report violations to the proper county attorney with a statement of the facts and circumstances. [Laws 1925, ch. 37, § 23, p. 110; rev., R. C. 1928, § 2742.]

**68-619. Hospital authorities to notify relative of person dying—Removal of body—Violations—Penalty.**—Whenever any patient, boarder or lodger in any hospital or sanitarium within the state shall die, the person in charge shall immediately notify the family, relative or friend of said deceased, or some person known to said management to be interested in said deceased, of said death, if known to said person and within the county, and shall not remove the body, or cause or allow the removal of said body until the said person shall stipulate and name the undertaker to whom said remains are to be delivered. Any person who shall remove, or cause or allow to be removed, the

body of any deceased person to any undertaker other than the one chosen by the family, relative, friend, or person interested in the deceased, shall be guilty of a misdemeanor, and punished by a fine of not less than one hundred dollars [\$100]. [Laws 1921, ch. 165, §§ 1, 3, p. 420; cons. & rev., R. C. 1928, § 2743.]

**68-620. Qualifications of supervising nurse.**—Any person that shall be in charge of nursing, nurses, attendants and aids in any institution of public health or welfare, or in any hospital supported in part or in whole by state, county, city, or federal aid or any other public funds, shall be a duly registered nurse, as defined by article 10, chapter 58, Revised Code of 1928 [§§ 67-1301—67-1308], and shall be equipped by education, training and experience to direct the work under her jurisdiction. Any person violating this section shall be guilty of a misdemeanor. [R. C. 1928, § 2743a as added by laws 1935, ch. 104, § 1, p. 436.]

**Title of Act.**

An act relating to public health; prescribing the qualifications of supervising nurses, and amending article 6, chapter

61, Revised Code of 1928, by adding a section, to be designated section 2743a. [Laws 1935, ch. 104.]

**68-621. Transfer of records of births and deaths.**—Upon the written demand of the state registrar of vital statistics, any county clerk, county recorder, city clerk, or other county, city or town officer having custody of records of births and deaths for any year or years, shall transfer the same, for transcription, to the said registrar of vital statistics. [Laws 1935, ch. 8, § 1, p. 12.]

**Compiler's Notes.**

Revised Code 1928, §§ 2744-2749, public printing and publication of notices, are compiled herein as §§ 18-101—18-107.

Revised Code 1928, §§ 2750-2755, public records, are compiled herein as §§ 13-101—13-106.

**Title of Act.**

An act relating to public health; and providing for the transfer of records of births and deaths to the state registrar of vital statistics. [Laws 1935, ch. 8.]

## ARTICLE 7

### CAUSTIC ALKALI OR ACID ACT

**SECTION.**

- 68-701. Substances governed by act.  
68-702. Misbranded parcel, package or container.  
68-703. Condemnation and destruction of misbranded substances and containers.

**SECTION.**

- 68-704. Penalty for violation.  
68-705. State board of health—Enforcement of act.  
68-706. Short title.

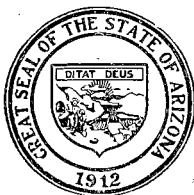
**68-701. Substances governed by act.**—As used in this act, unless the context or subject-matter otherwise requires, the term “dangerous, caustic or corrosive substance” shall mean each and all of the acids, alkalis and substances named below:

1. Hydrochloric acid and any preparation containing free or chemically unneutralized hydrochloric acid (HCl) in a concentration of ten [10] per centum or more;

# **APPENDIX 5**

**1945 Arizona Session Laws,  
Ch. 12 (17th Leg., 1st Reg.  
Sess.) (H.B. 18)**

**ACTS**  
**Memorials and Resolutions**  
of the  
**REGULAR SESSION**  
**Seventeenth Legislature**  
of the  
**STATE OF ARIZONA**  
**1945**



**Regular Session Convened January 8, 1945**

**Regular Session Adjourned Sine Die March 9, 1945**

which is exerted only by means of a flexible band or chain known as a movable track, when the portions of the movable tracks in contact with the surface of the highway present plane surfaces.

(f) Any peace officer believing the weight of a vehicle and load is unlawful may weigh the same by portable or stationary scales. If the weight is found to exceed the lawful limit the officer may require the driver to immediately unload such portion of the load as may be necessary to decrease the weight to the maximum specified by law.

Sec. 4. REPEAL. Section 66-103, Arizona Code of 1939, is repealed. This section does not negative an implied repeal of any statute which conflicts with this Act.

Approved by the Governor—February 20, 1945.

Filed in the office of the Secretary of State—February 20, 1945.

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## CHAPTER 12

(House Bill No. 18)

### AN ACT

RELATING TO BIRTH OR DEATH CERTIFICATES AND AMENDING SECTIONS 68-609, 68-610 and 68-616, ARIZONA CODE OF 1939; ADDING NEW SECTION 68-616a; REPEALING ACTS IN CONFLICT; AND DECLARING AN EMERGENCY.

**Be it enacted by the Legislature of the State of Arizona:**

Section 1. Sec. 68-609, Arizona Code of 1939, is amended to read:

68-609. BIRTH OR DEATH CERTIFICATE; DUTY TO REPORT BIRTH. Within ten days after the date of any birth, there shall be filed with the local registrar of the district in which the birth occurred, by the physician, midwife, or person acting as midwife, in attendance upon a birth, a certificate of birth upon a form prescribed by the state board of health. If no such



person is in attendance upon the birth, the father or mother of the child, the householder or owner of the premises where the birth occurs, or the manager or superintendent of the institution where birth occurs, in the order named, shall report such birth to the local registrar within ten days. Should the physician, midwife, or person acting as midwife, be unable by diligent inquiry, to obtain the information required, or in the case of births reported by some other person, the local registrar shall procure from the most authentic source such information as will enable him to prepare the certificate. A person shall answer correctly all questions of the registrar with respect to such birth, and when requested by the registrar, verify over his signature such statements. Any person who shall knowingly insert in a birth or death certificate false information as to any matter covered thereby, and any person who shall knowingly impart to another false information as to any fact required to be shown in a birth or death certificate with the intent that such information shall be placed in a birth or death certificate, shall be guilty of a misdemeanor.

Sec. 2. Sec. 68-610, Arizona Code of 1939, is amended to read:

68-610. RECORD OF BIRTH; CONTENTS. The certificate of birth shall contain:

1. Place of birth, including state, county, town, village or city; if in a city, the street and house number; if in a hospital or other institution, the name thereof;

2. Full name and sex of child. If the child dies without a name, before the certificate is filed, the words "died unnamed"; if not named at the date of filing the space for the name shall be filled out subsequently by a supplemental report;

3. Whether a twin, triplet, or other plural birth, of which a separate certificate shall be filed for each child in the order of birth;

4. Date of birth, including the year, month, and day;

5. Full name, residence, color or race of father, and age;

6. Birthplace of father; at least state or foreign country, if known;

7. Occupation of father, if engaged in any remunerative employment, with the trade, profession, or kind of work, and the general nature and name of the business in which employed;

8. Maiden name, residence, color or race of mother, and age;

9. Birthplace of mother; at least state or foreign country, if known;

10. Occupation of mother, if engaged in any remunerative employment, with the trade, profession, or kind of work, and the general nature and name of the business in which employed;

11. Number of children born to the mother, including present birth, and number of those living;

12. Date received by local registrar;

13. Registrar's signature.

When a certificate of a living child is presented without the statement of the given name, the local registrar shall deliver to the parents of the child a special blank for a supplemental report of the given name of the child, to be filled out as directed, and returned to the local registrar as soon as the child shall have been named.

Sec. 3. Sec. 68-616, Arizona Code of 1939, is amended to read:

68-616. **CERTIFICATE OF RECORD OF BIRTH OR DEATH.** The state registrar shall, upon request, supply to any applicant a certificate of the record of any birth or death, for the making and certification of which he shall charge a fee of fifty cents. The certificate of the record of death shall be a certified copy of the certificate of death on file with the registrar. The certificate of the record of birth shall contain the following:

1. Place of birth, including state, county, town, village or city; if in a city, the street and house number; if in a hospital or other institution, the name thereof;

2. Full name and sex of child;

3. Whether a twin, triplet, or other plural birth;

4. Date of birth, including the year, month, and day;
5. Full name, residence, color or race of father, and age, at time of this birth;
6. Birth place of father; at least state or foreign country, if known;
7. Full maiden name, residence, color or race of mother, and age, at time of this birth;
8. Birth place of mother; at least state or foreign country, if known;
9. Attendant's signature;
10. Date filed by registrar.

Any such certificate of the record of a birth or death, when properly issued by the registrar, shall be prima facie evidence of the facts therein stated. Except pursuant to appropriate legal process of a court of competent jurisdiction the state registrar shall not disclose, either in certified copies of his records or otherwise, the marital status of the mother of any child.

The registrar shall, upon the request of any parent or guardian, supply without fee, a certificate of the record of the birth of the child or ward of such parents or guardian when the same shall be necessary for admission to school, or for the purpose of securing employment; and the United States census bureau may obtain, without expense to the state, transcripts or certificates of the record of births and deaths without payment of the fees herein prescribed.

The state registrar shall not disclose the contents of the records of births on file with him, provided that he shall, pursuant to appropriate legal process of a court of competent jurisdiction, produce his original records of births or deaths for inspection in such court in a proceeding pending before it and may, in such case, furnish a certified copy thereof for use in such proceeding which certified copy shall have the same force and effect as evidence as the certificate of the record of birth or death hereinabove provided.

The foregoing shall in no manner interfere with the issuance of delayed birth certificates.



Sec. 4. Sec. 68-616, Arizona Code of 1939, is amended by adding Sec. 68-616a to read:

68-616a. ADOPTION. In cases of adoption the state registrar upon receipt of a certified copy of an order or decree of adoption shall prepare a supplementary certificate in the new name of the adopted person, and seal and file the original certificate of birth with said certified copy attached thereto. Such sealed documents may be opened by the state registrar only upon the demand of the adopted person if of legal age or by an order of court of competent jurisdiction. Upon receipt of a certified copy of a court order of annulment of adoption the state registrar shall restore the original certificate to its original place in the files.

Sec. 5. REPEALING CLAUSE. All Acts or parts of Acts in conflict herewith are hereby repealed.

Sec. 6. EMERGENCY. To preserve the public peace, health, and safety it is necessary that this Act become immediately operative. It is therefore declared to be an emergency measure, and shall take effect as provided by law.

Approved by the Governor—February 20, 1945.

Filed in the Office of the Secretary of State—February 20, 1945.

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## CHAPTER 13

(House Bill No. 135)

### AN ACT

RELATING TO THE STATE CAPITOL; MAKING AN APPROPRIATION; AND DECLARING AN EMERGENCY.

**Be it enacted by the Legislature of the State of Arizona:**

Section 1. APPROPRIATION. The sum of five thousand five hundred dollars or so much thereof as may be necessary, is appropriated to the governor.

Sec. 2. PURPOSE. The appropriation made by sec-

# **APPENDIX 6**

**1952 Arizona Session Laws,  
Ch. 27 (20th Leg., 2nd Reg.  
Sess.) (H.B. 76)**

**ACTS**  
**Memorials and Resolutions**  
of the  
**SECOND REGULAR SESSION**  
**Twentieth Legislature**  
of the  
**STATE OF ARIZONA**  
**1952**



**SECOND REGULAR SESSION CONVENED**  
**JANUARY 14, 1952**

**SECOND REGULAR SESSION ADJOURNED**  
**SINE DIE, 7:52 P.M., MARCH 27, 1952**

RENDERED INCIDENT TO THE INJURY AND DEATH OF PVT. MARSHALL J. MESSENGER, ARIZONA NATIONAL GUARD.

**Be it enacted by the Legislature of the State of Arizona:**

Section 1. APPROPRIATION. The sum of \$791.13 is appropriated to the national guard of the state of Arizona for the relief of:

A & A Ambulance Co., Tucson.....	\$ 18.00
Dr. Darwin W. Neubauer, Tucson.....	25.00
St. Mary's Hospital, Tucson.....	333.13
Dr. J. E. Fonseca, Tucson.....	50.00
Tucson Mortuary, Tucson.....	240.00
Dr. M. R. Palmer, Tucson.....	125.00

Sec. 2. BASIS OF CLAIM. Payment of the sum appropriated shall be in full satisfaction of medical and funeral expenses incident to the death of Pvt. Marshall J. Messenger of the Arizona national guard, and shall satisfy all claims by the persons named above against the Arizona national guard for such expenses.

Sec. 3. EMERGENCY. To preserve the public peace, health and safety, it is necessary that this Act become immediately operative. It is, therefore, declared to be an emergency measure to take effect as provided by law.

Approved by the Governor—March 11, 1952.

Filed in the Office of the Secretary of State—March 11, 1952.

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## CHAPTER 27

(House Bill No. 76)

### AN ACT

RELATING TO VITAL STATISTICS; AMENDING SECTIONS 68-603, 68-606, 68-609, 68-614, 68-615, 68-616 AND 68-616a, ARIZONA CODE OF 1939; AMENDING ARTICLE 6, CHAPTER 68, ARIZONA CODE OF 1939, BY ADDING SECTIONS 68-624, 68-625, 68-626, 68-627, 68-628, 68-629 AND 68-630; AND REPEALING SECTIONS 68-306, 68-309, 68-604, 68-607 AND 68-613.

**Be it enacted by the Legislature of the State of Arizona:**



Section 1. Section 68-603, Arizona Code of 1939, is amended to read:

68-603. BURIAL-TRANSIT PERMIT. (a) The body of a dead person or fetus shall not be interred, deposited in a vault, cremated or otherwise disposed of, removed from a registration district, or held more than three days after death, except upon a burial-transit permit issued by the local registrar of the district in which the death occurs or the body is found, and such permit shall not be issued until a death or fetal death certificate is filed with the local registrar in accordance with the requirements of law and regulations of the state board of health. When in accordance with a permit issued under the laws of the state where the death occurred, a dead body is transported from outside the state into a registration district in this state for burial or other disposal, the permit shall be accepted by the local registrar as authority for the issuance of a burial-transit permit, and he shall note upon such permit that the body was transported into the state for burial or other disposal, and give the place of death.

(b) The state board of health may make regulations in conformity with the public health laws, relating to the disposal, transportation, interment or disinterment of the dead. Such regulations shall become effective thirty days after enactment by the board.

Sec. 2. Section 68-606, Arizona Code of 1939, is amended to read:

68-606. REFERRAL TO CORONER. (a) Any person having knowledge of the death of a human being, in a case in which no physician was in attendance at the time of death, shall forthwith report to the nearest peace officer all information in his possession regarding the death and the circumstances surrounding it. The peace officer receiving such report shall immediately make or cause to be made an investigation of the facts and circumstances surrounding the death and report the results thereof to the coroner.

(b) The local registrar shall refer the following cases to the coroner, who shall make immediate investigation, supply the necessary data, and certify to the cause of death or fetal death: 1. When no physician was in attendance during the last illness of the deceased or in attendance at a fetal death; 2. when a physician in attendance is physically unable to supply the data, or, 3. when cir-

cumstances suggest that death or fetal death was caused by other than natural causes.

(c) The coroner may, and upon request of the county attorney shall, direct the medical examiner or any other qualified physician to make such examination of the body as may seem necessary to the persons directed to determine the cause of death. The medical examiner or physician making the examination shall promptly report his finding to the coroner and to the county attorney. The coroner may sign the death certificate or may direct the medical examiner to do so. The officer signing the death certificate shall state in the certificate the name of the disease causing death, or if from external causes, the means of death, and whether appearing to be accidental, suicidal, or homicidal, and such other information as may be required by the state registrar.

(d) The board of supervisors may, upon request of the county attorney or coroner, appoint and fix the compensation of a medical examiner for examining the body of a person the coroner may believe to have died through criminal means. The person appointed must be a qualified and practicing physician and surgeon.

Sec. 3. Section 68-609, Arizona Code of 1939, is amended to read:

68-609. DUTY TO FILE CERTIFICATE OF BIRTH OR DEATH. (a) Within ten days after the date of any birth, there shall be filed with the local registrar of the district in which the birth occurred, by the physician, midwife, or person acting as midwife in attendance upon a birth, a certificate of birth upon a form prescribed by the state board of health. If no such person is in attendance upon the birth, the father or mother of the child, the householder or owner of the premises where the birth occurs, or the manager or superintendent of the institution where birth occurs, in the order named, shall report such birth to the local registrar within ten days. Should the physician, midwife, or person acting as midwife, be unable by diligent inquiry to obtain the information required, or in the case of births reported by some other person, the local registrar shall procure from the most authentic source such information as will enable him to prepare the certificate. A person shall answer correctly all questions of the registrar with respect to such birth, and when requested by the registrar, verify over his signature such statements.

(b) A certificate of death or a certificate of fetal death,

on forms prescribed by the state department of health, shall be filed with the local registrar of the district in which a death or fetal death occurs within three days after the occurrence. If the place of death or fetal death is not known the certificate shall be filed within three days after the finding, with the local registrar of the district in which the body or fetus is found. A fetal death must be registered and a burial permit secured if the fetus has reached the twentieth week of gestation. The person in charge of interment or of removal of a body or fetus from the district shall be responsible for obtaining and filing the certificate. He shall obtain the required information from the following persons, over their respective signatures: 1. Personal data from the person best qualified to supply the same; 2. except as otherwise provided, in the case of deaths, medical data from the physician who attended the deceased during his last illness, who shall certify to the cause of death according to his best knowledge and belief, and, 3. except as otherwise provided, in the case of fetal death, medical data from the physician who attended the woman from whom the fetus was delivered or extracted, who shall certify to the cause of fetal death according to his best knowledge and belief.

(c) Any person who knowingly inserts in a birth or death certificate false information as to any matter covered therein or who knowingly imparts to another false information as to any fact required to be shown in a birth or death certificate with the intent that such information shall be placed therein is guilty of a misdemeanor.

Sec. 4. Section 68-614, Arizona Code of 1939, is amended to read:

68-614. LOCAL RECORDS. The manner of keeping local records shall be prescribed by the state board of health.

Sec. 5. Section 68-615, Arizona Code of 1939, is amended to read:

68-615. FEES OF LOCAL REGISTRARS. Local registrars shall receive fifty cents for each birth, death or fetal death certificate properly and fully made out and registered, correctly recorded and promptly returned. If no birth, death or fetal death is registered during any month the local registrar shall receive fifty cents for each report promptly made to that effect. Any amount payable to a local registrar shall be paid by the treasurer of the county in which the registration district is located, upon certification by the state registrar. The state registrar

shall at least annually certify to the treasurer of each county the number of births, deaths and fetal deaths properly registered in such county, with the names of the local registrars and the amount due each.

Sec. 6. Section 68-616, Arizona Code of 1939, is amended to read:

**68-616. DISCLOSURE OF RECORDS AND INFORMATION.** (a) It is unlawful for any state or local official or employee under this Act to disclose data contained in vital records except as authorized by this section.

(b) Upon the request of any applicant for a birth certificate, the state registrar shall issue a certificate containing only the full name, sex, date and place of birth, and the date of filing of the original certificate and the certificate number. Additional information from the birth record may be issued only upon the request of the person whose record is desired or his legal representative, or in compliance with an order of a court of competent jurisdiction. Upon the request of any applicant for a copy of a delayed certificate, the state registrar may issue a copy of the full certificate.

(c) A copy of all or any part of a death or fetal death certificate shall be issued by the state registrar only upon the request of a person having a legal or other vital interest in the matter recorded or upon the order of a court of competent jurisdiction.

(d) Subject to such conditions as the state board of health may prescribe, data contained on records may be used for research and statistical purposes, or may be used by federal, state, county and municipal agencies for the verification of data required in the conduct of their duties.

(e) Upon application to the state registrar for a copy of a certificate as authorized by this section, the applicant shall pay a fee of one dollar for a search of the records, which, in the event the record sought is on file, shall entitle the applicant to such certificate. The applicant may secure additional copies upon the payment of a fee of one dollar for each copy.

Sec. 7. Section 68-616a, Arizona Code of 1939, is amended to read:

**68-616a. COURT REPORT OF ADOPTION.** At the time an interlocutory order of adoption is entered, the person designated by the court to visit the adoptive home



and investigate the matter of the adoption shall obtain forms from the state registrar, which forms shall require the information necessary to prepare a supplementary birth certificate. The forms shall be completed and signed by the petitioner for adoption with the assistance of the investigator, who shall deliver them to the clerk of the court. At the time the final order of adoption is entered by the court, the clerk of the court shall note such fact upon the forms and transmit them to the state registrar.

Sec. 8. Article 6, Chapter 68, Arizona Code of 1939, is amended by adding section 68-624, to read:

68-624. CHANGE IN CIVIL STATUS. A person born in this state whose parents marry subsequent to the date of his birth, or whose parentage has been determined by a court of competent jurisdiction, or who is adopted under the laws of any state or territory of the United States, or the legal representative of such person, may request the state registrar to file a supplementary certificate of birth on the basis of the status subsequently acquired or established. The request shall be accompanied by a certified copy, under the seal of the court, of the instrument under which a change of status is claimed. In the event the instrument shall not clearly establish the need for a supplementary certificate, the state registrar may require additional proof. In the case of adoptions decreed by the courts of this state, the method of proof shall be that prescribed in section 68-616a. After a supplementary certificate is filed, any information disclosed from the record shall be from the supplementary certificate, and access to the original certificate of birth or to the documents upon which the supplementary certificate is based shall be authorized only upon request of the person for whom the certificate was issued or his legal representative, or upon order of a court of competent jurisdiction.

Sec. 9. Article 6, Chapter 68, Arizona Code of 1939, is amended by adding section 68-625, to read:

68-625. FOUNDLING REPORT. Whoever assumes the custody of a child of unknown parentage shall immediately report to the local registrar in writing: 1. The date and place of finding or assumption of custody; 2. sex, color or race, and approximate age of child; 3. name and address of the person or institution with whom the child has been placed for care, and, 4. name given to the child by the finder or custodian. The place where the child was found or his custody assumed shall be known as the place of birth and the date of birth shall be determined by approximation. The report shall constitute the certifi-

cate of birth. If the child is identified and a regular certificate of birth is found or obtained, the foundling report shall be sealed and filed and may be opened only by court order.

Sec. 10. Article 6, Chapter 68, Arizona Code of 1939, is amended by adding section 68-626, to read:

68-626. DELAYED REGISTRATION. The acceptance of any vital record required to be filed under the provisions of this article after the time prescribed for filing shall be subject to such regulations as the state board of health may deem necessary to preserve the integrity of vital records. Any person wishing to file a delayed certificate of birth or death shall pay an application fee of four dollars, and if the certificate is accepted for filing the registrar shall, without charge, issue the applicant a certified copy thereof.

Sec. 11. Article 6, Chapter 68, Arizona Code of 1939, is amended by adding section 68-627, to read:

68-627. CORRECTION OF RECORDS. (a) No certificate or record accepted for filing under the provisions of this Act shall be altered or changed otherwise than by supplemental documents filed as a part of the record. Acceptance of supplemental documents is subject to such regulations as the state board of health may prescribe to protect the integrity of the records.

(b) The state board of health may adopt regulations for the purpose of obtaining information omitted from original certificates filed with the state registrar. Supplemental reports filed within the time prescribed therefor shall be considered a part of the record and certificates so completed shall not be considered as "delayed" or "altered".

Sec. 12. Article 6, Chapter 68, Arizona Code of 1939, is amended by adding section 68-628, to read:

68-628. CERTIFICATE AS EVIDENCE. A birth, death or fetal death certificate shall be prima facie evidence of the facts therein stated, but in the event that an alleged father of a child is not the husband of the mother, the certificate shall not be prima facie evidence of paternity if the same is controverted by the alleged father.

Sec. 13. Article 6, Chapter 68, Arizona Code of 1939, is amended by adding section 68-629, to read:

68-629. **FORM OF RECORDS.** The state board of health shall prescribe forms to be used in the preparation of vital records which shall contain such information as is required by law. When it deems necessary, the board may require additional information to be placed upon the records, but no birth certificate shall contain information regarding the marital status of the mother of any child.

Sec. 14. Article 6, Chapter 68, Arizona Code of 1939, is amended by adding section 68-630, to read:

68-630. **DEFINITIONS.** In this Act, unless the context otherwise requires:

“Vital statistics” includes the registration, preparation, transcription, collection, compilation and preservation of data pertaining to births, adoptions, deaths, fetal deaths, and data incidental thereto;

“live birth” means the complete expulsion or extraction of a product of conception from its mother, irrespective of the duration of pregnancy, which after such separation breathes or shows any other evidence of life, such as beating of heart, pulsation of the umbilical cord or definite movement of voluntary muscles, whether or not the umbilical cord was cut or the placenta attached;

“fetal death” means the death of a product of conception prior to its complete expulsion or extraction from the mother, irrespective of the duration of pregnancy, as indicated by the fact that after separation the fetus does not breathe or show any evidence of life, such as beating of the heart, pulsation of the umbilical cord, or definite movement of voluntary muscles;

“person in charge of interment” means any person who places or causes to be placed a dead fetus or body in a grave, vault, or otherwise disposes of the same;

“dead body” means a lifeless human body or such portion or bones thereof, from the state or condition of which it reasonably may be concluded that death recently occurred;

“delayed certificate” means a certificate filed after the period of time prescribed by the board of health.

Sec. 15. **REPEAL.** Sections 68-306, 68-309, 68-604, 68-607 and 68-613 are repealed. This section does not negative an implied repeal of any statute which conflicts with this Act.

Sec. 16. TIME OF TAKING EFFECT. This Act shall take effect October 1, 1952.

Approved by the Governor—March 11, 1952.

Filed in the Office of the Secretary of State—March 11, 1952.

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CHAPTER 28

(House Bill No. 55)

AN ACT

RELATING TO CITIES AND TOWNS: PROVIDING FOR THE AUTHORIZATION OF PUBLIC IMPROVEMENTS, AND AMENDING SECTION 16-2302, ARIZONA CODE OF 1939.

**Be it enacted by the Legislature of the State of Arizona:**

Section 1. Section 16-2302, Arizona Code of 1939, is amended to read:

16-2302. AUTHORIZATION OF PUBLIC IMPROVEMENTS. Before ordering any improvement authorized herein the legislative body of the municipality shall pass a resolution or ordinance of intention so to do, briefly describing the improvement. By such resolution or ordinance and the proceedings subsequent thereto, one or more improvements may be made on one or more streets and shall constitute one improvement and be constructed under one contract. If the work proposed is already done for a lot, such lot shall be excepted from the assessment therefor to the extent of the work done. Whenever the proposed improvement, in the opinion of the legislative body, is of more than local or ordinary public benefit, it may make the expense of the improvement chargeable upon a district, and shall describe the extent of the district in general terms in its resolution or ordinance of intention, either by reference to street lines or block numbers, or by designating its exterior boundaries by their courses and distances from the street or streets the improvement of which is contemplated, and may refer for a more particular description thereof to a map on file with the city engineer, showing the exterior boundary lines of the district, and delineating block and lot numbers or containing such details as will show the location of the lines. The municipal legislative body, in the resolution or ordinance of intention, may provide that the improvement described therein

# **APPENDIX 7**

## **Arizona Revised Statutes, Births, Deaths, Marriages, and Divorces (1956)**



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# *Laws of Arizona*

Relating to

**BIRTHS, DEATHS, MARRIAGES,  
AND DIVORCES**

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THE STATE OF ARIZONA

REGISTRATION OF BIRTHS, DEATHS  
AND MARRIAGES

**Sec. 36-321. Registration of physicians, midwives  
and undertakers**

Every physician, midwife and undertaker within the state shall, without fee, register his name, address and occupation with the state registrar and with the local registrar of the registration district in which he resides. The registrar shall thereupon supply registrants with a copy of this article, together with the rules and regulations prescribed for its enforcement. Prior to February 1 each calendar year each local registrar shall make a return to the state registrar of physicians, midwives or undertakers registered in his district during the preceding year.

**Sec. 36-325. Forms used for keeping vital records**

A. The state board of health shall prescribe forms to be used in the preparation of vital records which shall contain the information required by law. The board may, when it deems additional information necessary, require such information to be placed upon the records, but no birth certificate shall contain information regarding the marital status of the mother of a child.

B. The manner of keeping local records shall be prescribed by the state board of health.

**Sec. 36-335. Duty to file death certificate; giving  
false information; penalty**

A. A certificate of death or fetal death shall, within three days after the death, be filed with the local registrar of the district in which death occurred, on forms prescribed by the state board of health. If the place of death or fetal death is not known the certificate shall, within three days after the finding, be filed with the local registrar of the district in which the body or fetus is found. A fetal death shall be registered and a burial permit secured if the fetus has reached the twentieth week of gestation. The person in charge of interment or removal of a body or fetus from the district shall be responsible for obtaining and filing the certificate. He shall obtain the required information from the following persons, over their respective signatures:

1. Personal data from the person best qualified to supply it.
2. Except as otherwise provided, in the case of deaths, medical data from the physician who attended the deceased during his last illness, who shall certify to the cause of death according to his best knowledge and belief.
3. Except as otherwise provided, in the case of fetal death, medical data from the physician who attended the woman from whom the fetus was delivered or extracted, who shall certify to the cause



of fetal death according to his best knowledge and belief.

B. A person who knowingly inserts in a death certificate false information upon any matter covered therein or who knowingly imparts to another false information upon any fact required to be shown in a death certificate with the intent that such information shall be placed therein is guilty of a misdemeanor.

**Sec. 36-336. Report to coroner of certain deaths**

A. A person who has knowledge of the death of a human being, including a fetal death, when no physician was in attendance at the death, shall forthwith report to the nearest peace officer all information in his possession regarding the death and circumstances surrounding it. The peace officer shall immediately make or cause to be made an investigation of the facts and circumstances surrounding the death and report the results to the coroner.

B. The local registrar shall forthwith refer the following cases and all information he has regarding them to the coroner:

1. When no physician was in attendance during the last illness of deceased.

2. When a physician in attendance is physically unable to supply the data.

3. When circumstances suggest that death resulted other than from natural causes.

C. Hospitals shall forthwith report to the coroner all information they have regarding hospital deaths where there is no attending physician.

D. When circumstances suggest to a physician in attendance that death resulted from other than natural causes, he shall refuse to sign the death certificate and forthwith report to the coroner all information he has regarding the death.

**Sec. 36-326. Transfer of records of births and deaths**

Upon written demand of the state registrar of vital statistics a county clerk, county recorder, city clerk, or other person having custody of any records of births and deaths shall transfer them to the state registrar for transcription.

**Sec. 36-327. Limitations on disclosure of vital records; obtaining copies of vital records**

A. It is unlawful for a state or local official or employee to disclose data contained in vital records except as authorized by this section.

B. Upon request of an applicant for a birth certificate, the state registrar shall issue a certificate containing only the full name, sex, date and place of birth, and the date of filing the original certificate and the certificate number. Additional information from the birth record may be issued only upon request of the person whose record is desired or his representative, or in compliance with an

order of a court of competent jurisdiction. Upon request of an applicant for a copy of a delayed certificate, the state registrar may issue a copy of the full certificate.

C. A copy of all or any part of a death or fetal death certificate shall be issued by the state registrar only upon request of a person having a legal or other vital interest in the matter recorded or upon the order of a court of competent jurisdiction.

D. Subject to conditions prescribed by the state board of health, data contained on records may be used for research and statistical purposes, or may be used by federal, state, county and municipal agencies for verification of data required in the conduct of their duties.

E. Upon application to the state registrar for a copy of a certificate as authorized by this section, the applicant shall pay a fee of one dollar for a search of the records, which, in the event the record sought is on file, shall entitle the applicant to the certificate. The applicant may secure additional copies upon payment of a fee of one dollar for each copy.

**Sec. 36-328. Delayed registration**

A. Acceptance after the time prescribed for filing of a vital record required to be filed under the provisions of this article is subject to regulations the state board of health deems necessary to preserve the integrity of vital records.

B. A person wishing to file a delayed certificate of birth or death shall pay an application fee of four dollars, and if the certificate is accepted for filing the registrar shall, without charge, issue the applicant a certified copy thereof.

**Sec. 25-121. Marriage license; application; issuance**

A. No persons shall be joined in marriage within this state until a license has been obtained for that purpose from the clerk of the superior court of the county in which one of the parties resides or in which the marriage is to take place.

B. Persons who desire to marry may apply to the clerk of the superior court for a license. The clerk shall require them to take and subscribe to an oath that they will truly depose and declare their names and ages, their places of residence, the race to which each belongs and the relationship between the parties applying for the license. The oath shall be filed by the clerk and he shall then issue to the applicants a license directed to the persons authorized by law to solemnize marriage. The license is sufficient authority for any such person to solemnize the marriage.

**Sec. 25-123. Recording licenses; endorsement of solemnization; recording return**

A. The clerk of the superior court shall, in a book kept for that purpose, record all marriage licenses issued.



B. The person solemnizing the rites of matrimony shall endorse the act of solemnization on the license and make return thereof to the clerk within twenty days after the solemnization. The return shall be recorded in the book kept by the clerk.

## BIRTHS

### Sec. 36-330. Birth certificate; contents

A certificate of birth shall contain:

1. Place of birth, which shall include state, county, city or town and the street and house number. If a birth occurs in a hospital or other institution, the name of the institution shall be stated.
2. Full name and sex of child. If a child dies before the certificate is filed and without having been named, the words "died unnamed" shall be inserted. If a child has not been named at the date the certificate is filed, the space for a name shall be subsequently filled by a supplemental report. When a certificate of birth for a living child is presented without a given name, the local registrar shall deliver to the parents a special blank for a supplemental report of the given name of the child, to be filled out as soon as directed and returned to the local registrar with the given name of the child filled in.
3. Statement whether a twin, triplet or other plural birth. In cases of plural birth a separate certificate shall be filed for each child in the order of birth.
4. Date of birth, which shall include the year, month and day.
5. Data concerning the father:
  - (a) Full name, residence, color or race, and age.
  - (b) Birthplace, at least state or foreign country, if known.
  - (c) Occupation if engaged in a remunerative employment, with the trade, profession or kind of work, and the general nature and name of the business in which employed.
6. Data concerning the mother:
  - (a) Maiden name, residence, color or race, and age.
  - (b) Birthplace, at least state or foreign country if known.
  - (c) Occupation, if engaged in a remunerative employment, with the trade, profession or kind of work, and the general nature and name of the business in which employed.
  - (d) Number of children born to the mother including the birth for which the certificate is made.
7. Date certificate received by local registrar.
8. Signature of registrar.

### Sec. 36-331. Duty to file birth certificate; giving false information; penalty

- A. A physician, midwife or person acting as a

midwife in attendance at a birth, shall, within ten days after the birth file with the local registrar of the district in which the birth occurred, a certificate of birth upon a form prescribed by the state board of health. If no such person is in attendance upon the birth, the father or mother of the child, the householder or owner of the premises where the birth occurs or the manager or superintendent of the institution where birth occurs, in the order named, shall report the birth to the local registrar within ten days. If the physician, midwife, or person acting as midwife is unable by diligent inquiry to obtain the information required or in the case of births reported by some other person, the local registrar shall procure from the most authentic source information which will enable him to prepare the certificate. A person shall answer correctly all questions of the registrar with respect to the birth, and when requested by the registrar, verify such statements over his signature.

B. A person who knowingly inserts in a birth certificate false information on any matter covered therein or who knowingly imparts to another false information on any fact required to be shown in such certificate with the intent that such information shall be placed therein is guilty of a misdemeanor.

### Sec. 36-332. Supplementary certificate reflecting change in civil status, adoption; limitation on access to original

A. A person born in this state whose parents marry subsequent to the date of his birth, or whose parentage has been determined by a court of competent jurisdiction, or who is adopted under the laws of any state or territory of the United States, or the legal representative of such person, may request the state registrar to file a supplementary certificate of birth on the basis of the status subsequently acquired or established. The request shall be accompanied by a certified copy, under the seal of the court, of the instrument under which a change of status is claimed. If the instrument does not clearly establish the need for a supplementary certificate, the state registrar may require additional proof.

B. At the time an interlocutory order of adoption is entered by a court of this state, the person designated by the court to visit the adoptive home and investigate the matter of the adoption shall obtain forms from the state registrar which shall require the information necessary to prepare a supplementary birth certificate. The forms shall be completed and signed by the petitioner for adoption with the assistance of the investigator, who shall deliver them to the clerk of the court. At the time the final order of adoption is entered by the court, the clerk of the court shall note the final order upon the forms and transmit them to the state registrar.

C. After a supplementary certificate is filed, any information disclosed from the record shall be from the supplementary certificate, and access to the original certificate of birth or to the documents upon which the supplementary certificate is based shall be authorized only on request of the person for whom the certificate was issued or his legal representative, or on order of a court of competent jurisdiction.



**Sec. 36-333. Foundling report; contents; birth certificate**

A. Whoever assumes custody of a child of unknown parentage shall immediately report to the local registrar in writing:

1. The date and place of finding or assumption of custody.
2. Sex, color or race, and approximate age of the child.
3. Name and address of the person or institution with whom the child has been placed for care.
4. Name given the child by the finder or custodian.

B. The place where the child was found or his custody assumed shall be known as the place of birth and the date of birth shall be determined by approximation.

C. Upon receipt of the foundling report the registrar shall issue a certificate of birth noting thereon that the certificate is based on a foundling report. Such certificate shall be on the same form as is used for a regular certificate of birth.

D. If the child is identified and a regular certificate of birth is found, the foundling report shall be sealed and filed and may be opened only by court order.

**DEATHS****Sec. 36-334. Death certificate; contents**

A. A certificate of death shall contain:

1. Place of death which shall include state, county, city or town and the street and house number. If a death occurs in a hospital or other institution or an industrial camp, the name of the institution or camp shall be stated.
2. Full name and sex. If decedent is an unnamed child, "unnamed" shall precede the surname.
3. Color or race. For example, white, black, mulatto or other Negro descent, Indian, Chinese, Japanese or other.
4. Marital status. For example, single, married, widowed, divorced.
5. Date of birth which shall include year, month, and day, and age in years, months and days, if less than one day, the hours or minutes.
6. Birthplace, at least state or foreign country if known.
7. Occupation if engaged in a remunerative employment, with the trade, profession or kind of work, and the general nature and name of the business in which employed.
8. Data concerning father; Name and birthplace, at least state or foreign country if known.
9. Data concerning mother; Maiden name and birthplace, at least state or foreign country if known.

10. Official signature of registrar.
11. Date certificate was filed.
12. Registered number of certificate.
13. Date of death which shall include year, month and day.
14. If deceased was a transient, recent resident or inmate of a hospital or other institution, the length of residence at the place of death and in the state, together with the place where disease was contracted and former or usual residence.
15. Place of burial or removal.
16. Date of burial.
17. Medical certificate made and signed by the physician, if any, last in attendance on deceased.

(a) This shall specify the time in attendance, time the physician last saw deceased alive and the hour of the day at which death occurred, the cause of death, the course of disease or sequence of causes which resulted in the death, the name of the disease which caused death, contributing causes if any, and the duration of each. In cases of deaths in hospitals and institutions or of nonresidents, the physician shall state the length of residence at the place of death if he is able to do so, and where, in his opinion, the disease was contracted.

(b) Causes of death shall be carefully defined, and if from violence the means of injury and whether the death appears to be accidental, suicide, or homicide shall be stated.

(c) Indefinite and unsatisfactory terms which denote only symptoms of disease or conditions resulting from disease are not sufficient for the issuance of a burial or removal permit and a certificate which contains only such terms, as defined by the registrar, shall be returned to the person who made the medical certificate for correction and more definite statement.

B. The personal statistical particulars relating to deceased shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

C. The statement of disposition of the body shall be signed by the undertaker or person acting as such, and his address shall be stated.

**Sec. 36-337. Investigation by coroner as to cause of death; signing death certificate; autopsy; medical examiner**

A. The coroner shall immediately make or cause to be made an investigation of the facts and circumstances surrounding deaths reported to him pursuant to § 36-336 to determine if death was natural, accidental, suicidal or homicidal, and its medical cause. He shall direct the medical examiner or other qualified physician to make such examination of the body as appears necessary, including, if needed, an autopsy to determine the medical cause of death. The medical examiner or other qualified physician shall promptly report his findings to the coroner



and sign the death certificate certifying the medical cause of death together with other information required by the state registrar. If the coroner is a physician he may personally make the medical examination and sign the death certificate as to the medical cause of death. After receipt of information as to the medical cause of death and investigation concerning facts and circumstances surrounding the death, the coroner shall also sign the death certificate stating whether the death was natural or accidental, or, if the information gained from the investigations is such as to cause him to suspect that death was suicidal, homicidal or occurred suddenly under circumstances giving reasonable ground to suspect that death was occasioned by the act of another by criminal means, he shall so certify on the death certificate and also give other information required by the state registrar.

B. The county attorney shall be apprised by the coroner of the evidence gained and conclusions reached as the result of such investigations and the complete file thereon shall be made available to the county attorney.

C. When an autopsy is performed pursuant to this article, no cause for action shall lie against a coroner, physician or other person for participating therein.

D. The board of supervisors, upon request of the county attorney or coroner, may appoint and fix the compensation of a regular medical examiner for performing the medical examinations and certifications required by this article. The person appointed shall be a qualified and practicing physician. If no regular medical examiner is appointed and the coroner is not himself a qualified physician, the board of supervisors shall provide for appropriate compensation for the qualified physician employed to conduct medical examinations, certifications, and, autopsies required to be performed by this article.

E. The securing of a medical examination, autopsy, and certification as to the medical cause of death shall be discretionary with the coroner regardless of other provisions of this article if no qualified physician is readily available either at the general locale of the death or the proposed place of burial or the locale of the mortuary if the body is to be sent to a mortuary in preparation for burial.

**Sec. 36-338. Dead bodies; burial-transit permits**

A. The state board of health may make regulations in conformity with the public health laws relating to the disposal, transportation, interment or disinterment of the dead, which shall become effective thirty days after adoption by the board.

B. The body of a dead person or fetus shall not be interred, deposited in a vault, cremated or otherwise disposed of, removed from a registration district or held more than three days after death, except upon a burial-transit permit issued by the local registrar of the district in which the death occurs or the body is found. A burial-transit permit shall not be issued until a death or fetal death certificate is filed with the local registrar in accordance with the requirements of law and regulations of the state board of health.

C. When, in accordance with a permit issued under the laws of the state where the death occurred,

a dead body is transported from without this state into a registration district in this state for burial or other disposal, the permit shall be accepted by the local registrar as authority for the issuance of a burial-transit permit. He shall note upon the burial-transit permit issued by him that the body was transported into the state for burial or other disposal and give the place of death.

**Sec. 36-339. Notification to relatives of deceased by hospital authorities; removal of body; violations; penalty**

A. When a patient, boarder or lodger in a hospital or sanitarium within the state dies, the management shall immediately notify the family, a relative or friend of the deceased, or a person known by the management to be interested in the deceased.

B. The management of a hospital or sanitarium shall not remove or allow removal of a body until a person required by subsection A to be notified of the death names the undertaker to whom the body is to be delivered.

C. Subsections A and B do not apply where the deceased's family, relatives, friends or interested persons are unknown to the management or where there are no such persons within the county where the hospital or sanitarium is located.

D. A person who allows or causes removal of the body of a deceased person to an undertaker other than the one chosen by the family, relative, friend or person interested in the deceased, is guilty of a misdemeanor punishable by a fine of not less than one hundred dollars.

**Sec. 36-340. Violation; penalty**

A. A person acting for himself or as an officer, agent or employee of another is guilty of a misdemeanor if he:

1. Inters, cremates or otherwise finally disposes of the body of a human being, or permits such disposition, or removes such body from the registration district in which the death occurred or the body was found without authority of a burial or removal permit issued by the local registrar of such district.

2. Refuses or fails to furnish correctly any information in his possession, or furnishes false information affecting a required certificate or record.

3. Wilfully falsifies or alters other than as specifically provided by this article a certificate of birth or death or any record.

4. Being required to fill out and file a certificate of birth or death with the local registrar, or being required to deliver such certificate to a person charged with the duty of filing it, fails, neglects, or refuses to perform the duty in the required manner.

5. Being a local registrar, deputy registrar or subregistrar fails, neglects or refuses to perform his duties as required by this article, rules and regulations promulgated thereunder or instructions and directions of the state registrar.

B. Misdemeanors specified in subsection A are punishable:



1. For the first offense, by a fine of not less than five nor more than fifty dollars.

2. For each subsequent offense, by a fine of not less than ten nor more than one hundred dollars, imprisonment for not more than sixty days, or both.

## MARRIAGES

### Sec. 25-101. Void and prohibited marriages

A. The marriage of a person of caucasian blood with a Negro, Mongolian, Malay or Hindu is null and void.

B. Marriage between parents and children, including grandparents and grandchildren of every degree, between brothers and sisters of the one-half as well as the whole blood, and between uncles and nieces, aunts and nephews and between first cousins, is prohibited and void.

### Sec. 25-102. Minimum age at which persons may marry; exceptions and prohibition

A. Males under eighteen or females under sixteen years of age shall not marry.

B. A female under sixteen years of age who is or is about to become the mother of a child may, with the consent of the parent or guardian having her custody and with approval of any superior court judge in the state, marry the father of her child. A female who is or is about to become the mother of a child, may marry the father of the child although the father is under eighteen years of age, with the consent of the parent or guardian having his custody and the approval of any superior court judge in the state.

C. No marriage shall take place under the provisions of this section if it is prohibited by the law relating to prohibited and void marriages.

### Sec. 25-111. Requirement of license and solemnization

A. A marriage may not be contracted by agreement without a marriage ceremony.

B. A marriage contracted within this state is not valid unless:

1. A license is issued as provided in this title, and

2. The marriage is solemnized by a person authorized by law to solemnize marriages, or by a person purporting to act in such capacity and believed in good faith by at least one of the parties to be so authorized.

### Sec. 25-112. Marriages contracted in another state; validity and effect

A. Marriages valid by the laws of the place where contracted are valid in this state.

B. Marriages solemnized in another state or country by parties intending at the time to reside in this state shall have the same legal consequences and effect as if solemnized in this state.

C. Parties residing in this state may not evade the laws of this state relating to marriage by going to another state or country for solemnization of the marriage.

### Sec. 25-122. Consent of parents of minors

The clerk of the superior court shall not issue a license without consent of the parents or guardians of the parties applying therefor unless the applicants are a male, twenty-one years of age or over and a female, eighteen years of age or over. When both parents are living, the consent of the father alone is sufficient. When the parents are living apart the consent shall be given by the parent who has the custody of the minor.

### Sec. 25-124. Persons authorized to perform marriage ceremony

A. Duly licensed or ordained clergymen, judges of courts of record and justices of the peace may solemnize marriages between persons authorized to marry.

B. Licensed or ordained clergymen includes ministers, elders or other persons who by the customs, rules and regulations of a religious society or sect are authorized or permitted to solemnize marriages or to officiate at marriage ceremonies.

### Sec. 25-125. Marriage ceremony; witnesses; certificate of marriage

The marriage ceremony shall be performed in the presence of the parties, the officiating officer and at least two witnesses of lawful age. A certificate of the marriage shall be signed by at least two witnesses of lawful age.

### Sec. 25-126. Application to justice of the peace for marriage license

A justice of the peace whose office is located twenty miles or more from the county seat of the county in which his office is located may receive applications for marriage licenses within the county where he resides. The applications shall be made on forms conforming to the provisions of § 26-121, which shall be provided by the clerk of the superior court. Completed applications shall be immediately transmitted to the clerk who may, upon receipt of the application and payment of the fee, forward the license to the applicants.

### Sec. 25-127. Issuance of license and solemnization of marriage by superintendent or agent of Indian school or agency; violations; penalty

A. The bonded superintendent or agent of an Indian school or agency within the state may issue marriage licenses and solemnize the rites of matrimony.

B. The clerk of the superior court of the county in which the school or agency is located shall, upon

# **APPENDIX 8**

**1967 Arizona Session Laws,  
Ch. 77 (28th Leg., 1st Reg.  
Sess.) (H.B. 137)**

# 1967 SESSION LAWS

## STATE OF ARIZONA

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**Twenty-eighth Legislature**

FIRST REGULAR SESSION

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**WESLEY BOLIN**

Secretary of State



**CH - 77**

LAWS OF ARIZONA

459

**Sec. 3. TRANSFER OF PROPERTY**

All records, furniture, property, equipment and forms in possession of the state board of veterinary examiners are transferred to the state veterinary medical examining board.

**Sec. 4. TRANSFER OF FUNDS**

All unexpended and unencumbered monies of the funds appropriated to the state board of veterinary examiners are transferred to the veterinary medical examining board fund to be used for administering the provisions of this act.

Approved by the Governor—March 15, 1967

Filed in the Office of the Secretary of State—March 16, 1967

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**CHAPTER 77**

House Bill No. 137

**AN ACT**

**RELATING TO VITAL STATISTICS; REPEALING TITLE 36, CHAPTER 3, ARTICLES 1 AND 2, ARIZONA REVISED STATUTES; PROVIDING VITAL STATISTICS REGISTRATION OFFICIALS AND AGENCIES; PRESCRIBING REGISTRATION REQUIREMENTS, PROCEDURES AND CERTIFICATES; PRESCRIBING PENALTIES, AND AMENDING TITLE 36, ARIZONA REVISED STATUTES, BY ADDING A NEW CHAPTER 3, ARTICLES 1 AND 2.**

**Be it enacted by the Legislature of the State of Arizona:**

**Section 1. REPEAL**

Title 36, chapter 3, articles 1 and 2, Arizona Revised Statutes are repealed.

Sec. 2. Title 36, Arizona Revised Statutes, is amended by adding a new chapter 3, articles 1 and 2, to read:

**CHAPTER 3**

**VITAL STATISTICS**

**ARTICLE 1. REGISTRATION OFFICIALS AND AGENCIES**

**36-301. DEFINITIONS**

In this chapter, unless the context otherwise requires:



1. "Dead human remains" means a lifeless human body or parts of such body or bones thereof from the state of which it may reasonably be concluded that death recently occurred.

2. "Fetal death" means death prior to the complete expulsion or extraction from its mother of a product of human conception, irrespective of the duration of pregnancy. The death is indicated by the fact that after such expulsion or extraction the fetus does not breathe or show any evidence of life such as beating of the heart, pulsation of the umbilical cord, or definite movement of voluntary muscles.

3. "Filing" means the presentation of a certificate, report, or other record provided for in this chapter, of a birth, death, fetal death, or adoption for registration by the local registrar or the state registrar.

4. "Final disposition" means the burial, interment, cremation, or other disposition of a dead body or dead human remains.

5. "Institution" means any establishment, public or private, which provides inpatient medical, surgical, or diagnostic care or treatment, or nursing, custodial or domiciliary care to two or more unrelated persons, or to which persons are committed by law.

6. "Live birth" means the complete expulsion or extraction from its mother of a product of human conception, irrespective of the duration of pregnancy, which, after such expulsion or extraction, breathes or shows 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.

7. "Physician" means a person authorized or licensed to practice medicine as provided in title 32, chapters 13 and 17.

8. "Registration" means the acceptance by the state registrar, and the incorporation in his official records of certificates, reports, or other records provided for in this chapter.

9. "Vital records" means certificates, records, or reports of birth, death, fetal death, adoption, and amendments and attachments thereto.

10. "Vital statistics" include the filing, registration, preservation, certification, transcription, amendment, and analysis of vital records and activities related thereto including the tabulation and publication of statistical data derived from such records.

**36-302. OFFICE OF VITAL RECORDS AND PUBLIC HEALTH STATISTICS; STATE-WIDE SYSTEM**

A. There is established in the state department of health an office of vital records and public health statistics which shall organize, maintain and operate a system of vital statistics throughout the state.

B. The state department of health shall provide the office of vital records and public health statistics with suitable and adequate offices for operation which shall be equipped with fireproof and theft proof facilities to insure the permanent and safe preservation of all vital records received and filed under this chapter.

**36-303. DUTIES OF THE STATE BOARD OF HEALTH**

In accordance with the powers granted under sections 36-104 and 36-105, the state board of health shall:

1. Prescribe minimum standards of performance for local registrars.

2. Establish fees wherever required or authorized by this chapter.

3. Adopt, amend, repeal, and promulgate rules and regulations necessary for the efficient implementation and administration of a state-wide system of vital statistics and of all activities related thereto as authorized by this chapter.

**36-304. APPOINTMENT OF STATE REGISTRAR AND DEPUTY STATE REGISTRAR OF VITAL STATISTICS**

A. The commissioner of public health shall be the state registrar of vital statistics.

B. The state registrar shall appoint a deputy state registrar of vital statistics who shall direct the office of vital records and public health statistics. Subject to the approval of the state registrar, the deputy state registrar may appoint one or more persons of the office of vital records and public health statistics to serve as assistant state registrars as he deems necessary or expedient by the requirements of this chapter and the regulations promulgated hereunder.

**36-305. DUTIES OF THE STATE REGISTRAR OF VITAL STATISTICS AND THE DEPUTY STATE REGISTRAR OF VITAL STATISTICS**

A. The state registrar of vital statistics shall:



1. Administer and enforce this chapter and the rules and regulations issued hereunder and issue instructions for the efficient administration of a state-wide system of vital statistics.

2. Direct and supervise a state-wide system of vital statistics and the office of vital records and public health statistics and be custodian of its records.

3. Direct and supervise the activities and programs of the local registrars and the activities of those local officials who have specific legal responsibilities related to the operation of a state-wide vital statistics system.

4. Prescribe and distribute such forms as are required by this chapter and the rules and regulations issued hereunder.

5. Prepare and publish reports of vital statistics of this state, and such other reports as may be required by the state board of health.

6. Transmit each month to the county recorder a record of the death of every resident of his county twenty-one years of age and older as required under the provisions of subsection C of section 16-150.

7. Arrange, classify, and preserve all official vital records in a systematic manner employing modern devices and techniques where efficiency and good management are promoted thereby.

8. Investigate and report violations of this chapter by a written statement of the facts and circumstances to the county attorney in the county where the violation occurred and, when appropriate, request the attorney general to assist in the enforcement of the provisions of this chapter.

B. The state registrar may delegate, in writing, any or all powers and duties vested in him as state registrar to the deputy state registrar as is deemed necessary and expedient by the requirements of this chapter and the regulations promulgated hereunder, and as provided by section 38-461.

C. With the approval of the state registrar the deputy state registrar may delegate in writing such powers and duties vested in him to assistant state registrars, local registrars, and employees of the office of vital records and public health statistics as is deemed necessary and expedient by the requirements of this chapter and the regulations promulgated hereunder.

## 36-306. REGISTRATION DISTRICTS

A. The state registrar shall from time to time establish registration districts throughout the state. He may consolidate or subdivide existing districts to facilitate registration, except that no registration district shall exceed the boundaries of any county.

B. Those counties which have a population of two hundred thousand or more, and such other registration districts as may from time to time be designated by the state registrar, shall be class A registration districts. All other registration districts shall be class B registration districts.

## 36-307. APPOINTMENT AND REMOVAL OF LOCAL REGISTRARS

A. The state registrar of vital statistics shall appoint a local registrar of vital statistics for each registration district.

B. The state registrar may remove a local registrar who fails to adhere to the standards of performance required of him by this chapter and regulations adopted hereunder, or for any other reasonable cause. Where the person removed had been appointed pursuant to subsection C, such subsection shall not restrict the power of the state registrar to fill the resulting vacancy.

C. In class A registration districts, the director of the local health department shall be appointed local registrar unless previously removed as provided in subsection B.

## 36-308. DUTIES OF LOCAL REGISTRAR AND DEPUTY LOCAL REGISTRARS

A. The local registrar, with respect to his registration district, shall:

1. With the approval of the state registrar, appoint one or more deputy registrars who shall serve at the pleasure of the local registrar. In class A registration districts, appointments shall be made in conformity with the requirements of the Arizona merit system board.

2. Administer and enforce the provisions of this chapter and the instructions, rules and regulations issued hereunder.

3. Require that certificates be completed and filed in accordance with the provisions of this chapter and the rules and regulations issued hereunder.



4. Transmit certificates, reports or other returns filed with him to the state registrar periodically as directed by the state registrar.

5. Maintain such records, make such reports, and perform such other duties as may be required by the state registrar.

B. The state registrar or his authorized representative shall be permitted at all reasonable business hours to inspect, audit and copy all records, papers, accounts, certificates and reports of each local registrar for the purpose of administering the provisions of this chapter.

C. In accordance with regulations issued hereunder, the deputy local registrar shall perform the duties of the local registrar in the absence or incapacity of such local registrar.

D. In class A registration districts, the local registrar may delegate in writing any or all powers and duties vested in him as local registrar to a deputy local registrar.

#### 36-309. COMPENSATION OF LOCAL REGISTRARS

A. Each local registrar shall receive from the county treasury one dollar for each certificate of live birth, death or fetal death registered by him and transmitted to the state registrar in accordance with the provisions of this chapter and the regulations adopted hereunder.

B. If no birth, death, or fetal death is registered by him during any calendar month, the local registrar shall report that fact to the state registrar of vital statistics and receive from the county treasury the sum of three dollars.

C. At least quarterly the state registrar shall report to the treasurer of each county the number of certificates received from the local registrar, or registrars in his county, and the amount of money to which each local registrar is entitled for the period pursuant to this section.

D. The local registrars of class A registration districts shall deposit fees received pursuant to this section with the county treasurer in accordance with the provisions of section 36-342, subsection C.

### ARTICLE 2. REGISTRATION REQUIREMENTS, PROCEDURES AND CERTIFICATES

#### 36-321. FORM OF CERTIFICATES

A. In order to promote and maintain uniformity in the system of vital statistics, the form of certificates, reports, and

other records required by this chapter or by rules and regulations adopted hereunder shall include as a minimum the items recommended by the federal agency responsible for national vital statistics subject to approval of and modification by the state board of health.

B. Each certificate, report, and form required to be filed or registered under this chapter shall have entered upon its face the date of filing and official registration duly attested by the registrar.

C. All certificates filed and registered within one year following date of occurrence of the event shall be prima facie evidence of the facts stated therein. The evidentiary value of all certificates filed later than one year following the date of occurrence of the event and of all certificates marked "delayed", "amended" or "altered" may be determined by the judicial or administrative body or official before whom they are offered as evidence.

#### 36-322. BIRTH REGISTRATION

A. A certificate of live birth for each child born alive in this state shall be filed with the designated registrar within seven days following such birth.

B. If a birth occurs in a moving conveyance, such birth shall be considered to have occurred in the place where the child was initially removed from the conveyance.

C. When a birth occurs in an institution, the person in charge of the institution or his designated representative shall obtain the personal data, prepare the certificate, obtain the required signatures of the informant and attendant, and file the certificate with the designated registrar. The persons certifying to required information shall furnish such information and affix their signatures in sufficient time to enable the certificate to be filed within the prescribed period.

D. When the birth occurs outside an institution, the necessary data shall be obtained and the certificate prepared and filed 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 a physician.
2. Any other person in medical attendance at or immediately after the birth, or in the absence of such person.
3. The mother, the father, or any other family member who can supply the required information, or the person in charge



of the premises where the birth occurred, or in the absence or inability of such person to act.

4. Any other person who witnessed the birth and can supply the required information.

E. If the mother of a child is married at the time of birth of the child or was married at any time in the ten months immediately preceding such birth, the name of her husband shall be entered on the birth certificate as the father of the child, except where paternity has been established otherwise by a court of competent jurisdiction. In such instance, the name of the man so adjudged shall be entered on the record as the father.

F. If the mother of a child is unmarried at the time of birth of the child and was unmarried throughout the ten months immediately preceding such birth, the name of the alleged father, if any, shall not be entered on the birth certificate unless sworn statements acknowledging such paternity are voluntarily presented by both the alleged father and the mother, or unless paternity has been established by a court of competent jurisdiction.

G. Either parent may sign the birth certificate attesting to the accuracy of the personal data. If no parent is available to sign, the record may be signed by another family member or other person possessing personal knowledge of the information attested to.

H. Except in Class A registration districts, the birth certificate of a child born out of wedlock shall be filed directly with the state registrar.

### 36-323. INFANTS OF UNKNOWN PARENTAGE; FOUNDLING REGISTRATION

A. Whoever assumes custody of an infant of unknown parentage shall report within seven days to the designated registrar of the district in which the child was found the following information:

1. The date and place of finding.
2. Sex, color or race, and approximate age of the child.
3. Name and address of the person or persons or institution with whom the child has been placed for care.
4. Name given the child by the custodian.
5. Any other data as required by the state registrar.

B. The place where the child was found shall be entered as the place of birth and the date of birth shall be determined by approximation.

C. The report registered under this section shall constitute the certificate of live birth for the infant.

D. If the child is identified and a certificate of live birth is found or obtained, any report registered under this section shall be sealed and not opened to further inspection except as may be provided by regulations of the state board of health.

### 36-324. DELAYED REGISTRATION OF BIRTHS

A. When the birth of a person born in this state has not been previously registered, a certificate of delayed birth registration may be filed in accordance with regulations of the state board of health. Such certificate shall not be registered except according to the evidentiary requirements which the state board of health may prescribe to substantiate the alleged facts of birth.

B. A summary statement of the evidence submitted in support of the delayed registration shall be endorsed on the certificate.

C. When an applicant does not submit the minimum documentation required in the regulations for delayed registration or when the state registrar finds reason to question the validity or adequacy of the certificate or the documentary evidence, the state registrar shall not register the delayed certificate and shall advise the applicant of the reasons for this action.

D. The state registrar may provide for the dismissal of an application which is not actively prosecuted.

### 36-325. COURT REPORT OF ADOPTION

A. For each adoption decreed by any court of record in this state, the court shall require the preparation of a certificate of adoption on a form furnished by the state registrar. The certificate shall:

1. Include such facts as are necessary to locate and identify the certificate of birth of the person adopted.
2. Provide necessary information to establish a new certificate of birth for the person adopted.
3. Identify the order of adoption and be certified by the clerk of the court.



B. Information in the possession of the petitioner necessary to prepare the certificate of adoption shall be furnished with the petition for adoption. The person designated by the court to investigate the matter of the adoption shall assist in the preparation of this report and shall furnish any information in his possession to the clerk of the court. At the time the final order of adoption is entered by the court, the clerk of the court shall note the final order upon the form and transmit it to the state registrar. The completion of such steps shall be a prerequisite to the issuance of a final decree of adoption by the court.

C. When an adoption decree is amended or annulled, the clerk of the court shall prepare a certificate thereof, which shall include such facts as are necessary to identify the original certificate of adoption and the facts amended in the adoption decree as shall be necessary to properly amend the birth record.

D. As often as he desires and not later than the tenth day of each calendar month, the clerk of the court shall forward to the state registrar all certificates of adoption, annulments of adoption or amendments thereto entered in the preceding calendar month, together with such related reports as the state registrar may require.

E. When the state registrar receives a certificate of adoption, annulment of adoption, or amendment thereto for a person born in another state, he shall forward such documents to the appropriate registration authority in the state of birth.

36-326. NEW CERTIFICATES OF BIRTH FOLLOWING ADOPTION, LEGITIMATION, PATERNITY DETERMINATION AND SURGICAL ALTERATIONS

A. The state registrar shall establish a new certificate of birth for a person born in this state when he receives any of the following:

1. An adoption report as provided in section 36-325, or a certified copy of the decree of adoption together with the information necessary to identify the original certificate of birth and to establish a new certificate of birth, except that a new certificate of birth shall not be established in those cases where the court decreeing the adoption, the adoptive parents, or the adopted person so requests.

2. A certificate of adoption or a certified copy of the decree of adoption duly executed in a court of competent jurisdiction in any state, commonwealth or possession of the United States or Canada decreeing the adoption of a child born in Arizona



together with the information necessary to establish a new certificate except that a new certificate of birth shall not be established in those cases where the court decreeing the adoption, the adoptive parents, or the adopted person so requests.

3. A request that a new certificate be established and such evidence as required by regulation proving that such a person has been legitimated, or that a court of competent jurisdiction has determined the paternity of such a person.

4. A sworn statement from a licensed physician in good standing that he has performed a surgical operation or a chromosomal count on a person and that by reason of this operation or count the sex of the person has been established as different from that in the original document. The state registrar may reserve the right to require further proof if deemed necessary, or to seek independent professional evaluation of the evidence offered before creating a new certificate.

B. When a new certificate is established, the actual place and date of birth shall be shown. It shall be substituted in the active files for the original certificate of birth. Thereafter, the original certificate together with the evidence of adoption, legitimation, paternity, surgical alteration or chromosomal count shall be placed in a special file and not opened to further inspection or right of access except as provided by regulations of the state board of health or upon order of a court of competent jurisdiction. Upon receipt of notice that an adoption has been annulled, the original certificate of birth shall be restored to its proper place in the active files and the new certificate and the evidence on which it was based shall be retired to the special file and not opened to further inspection or right of access except as provided by regulation.

C. If no original certificate of birth exists for the person for whom a new certificate is to be established under this section, a delayed certificate shall be filed with the state registrar as provided in section 36-324 before a new certificate of birth is established, except that when the date and place of birth and parentage have been established in the adoption proceedings, a delayed certificate of birth shall not be required.

D. When a new certificate of birth is established by the state registrar, all copies of the original certificate in the custody of any local official shall be closed to inspection and forwarded to the state registrar or otherwise disposed of as he may direct. The state registrar shall furnish a copy of the new certificate to a local registrar upon request.

#### 36-327. DEATH REGISTRATION



A. A death certificate for each person dying in this state shall be filed with the local registrar within three days following such death and prior to cremation or removal of the dead body from that registration district. If the place of death is unknown, the death shall be considered to have occurred in the place where the dead human remains were found. If the person died in a moving conveyance, the death shall be considered to have occurred in the place where the body was initially removed from the conveyance.

B. The funeral director or person acting in such capacity who first assumes custody of a dead body or dead human remains is responsible for executing and filing the death certificate and he shall:

1. Obtain the personal data from the next of kin or the best qualified person or source available.

2. Obtain the medical certification of cause of death from the person hereinafter designated, and he shall enter the date, place, and method of final disposition and affix his signature and address before filing the certificate with the registrar.

C. The medical certification shall be completed and signed within seventy-two hours by the physician in charge of the patient's care for the illness or condition resulting in death, except as may be provided by regulation for special situations or when death is subject to coroner jurisdiction.

D. When death occurred without medical attendance or under such circumstances as to require coroner investigation under sections 36-336 and 36-337, the medical examiner shall complete and sign the medical certification in sufficient time to enable the certificate to be filed within the prescribed time period, except as may be provided by regulation for special situations.

#### 36-328. DELAYED REGISTRATION OF DEATH

When a death occurring in this state has not been registered within one year after the date of death, a certificate marked "delayed" may be filed and registered in accordance with regulations of the state board of health relating to evidentiary and other requirements sufficient to substantiate the alleged facts of death.

#### 36-329. FETAL DEATH REGISTRATION

A. A fetal death certificate for each fetal death occurring in this state after a gestation period of twenty completed weeks or more shall be filed with the designated registrar within

three days following delivery and prior to cremation or removal of the fetus from the registration district. If the place of occurrence of the fetal death is unknown, the fetal death shall be considered to have occurred in the place where the fetal remains were found. If the fetal death occurred in a moving conveyance, the fetal death shall be considered to have occurred in the place where the fetal remains were initially removed from the conveyance.

B. The funeral director or person acting in such capacity, or the person in charge of an institution or his designated representative who first assumes custody of a dead fetus for disposal purposes shall be responsible for executing and filing the fetal death certificate. The requirements for gathering the necessary information, preparing the fetal death certificate, obtaining the required signatures, and filing the certificate with the registrar shall be the same as provided in section 36-327, subsection B, for death certificates.

C. If no funeral director is employed, or if delivery occurred outside an institution, the fetal death certificate shall be prepared and filed by one of the following in the indicated order of priority:

1. The physician in attendance at or after delivery, or in the absence of a physician.

2. Any other person in medical attendance at or after delivery, or in the absence of such person, the mother, the father, or any other relative or family member who can supply the required information or the person in charge of the premises where delivery occurred, or in the absence or inability of such person to act.

3. Any other person who witnessed the delivery and can supply the information.

D. The medical certification shall be completed and signed within seventy-two hours by the physician in attendance at or immediately after delivery, except as may be provided by regulation in special situations or where a coroner's investigation is required.

E. If delivery occurred without medical attendance or under such circumstances as to require a coroner's investigation under sections 36-334 and 36-335, the medical examiner or coroner shall complete and sign the medical certification in sufficient time to enable the certificate to be filed within the prescribed time period, except as may be provided by regulation for special situations.



**36-330. DELAYED FETAL DEATH REGISTRATION**

When a fetal death occurring in this state has not been registered within one year after the date of delivery, a certificate marked "delayed" may be filed and registered in accordance with regulations of the state board of health relating to evidentiary and other requirements sufficient to substantiate the alleged facts of fetal death.

**36-331. REPORTS OF DEATH; DISPOSAL-TRANSIT PERMITS; DISINTERMENT PERMITS**

A. The funeral director, or person acting as funeral director, shall file a certificate of death or fetal death with the local registrar of the district in which the death occurred and obtain a disposal-transit permit prior to the final disposition or removal of the body or fetal remains from the registration district.

B. If a fetal death occurs in an institution and the period of gestation is less than twenty weeks, a disposal-transit permit shall not be required, irrespective of the method of disposal, if all of the following conditions are satisfied:

1. No coroner's investigation is required.
2. No formal funeral rites, including religious services, are to be conducted.
3. The parents have authorized the institution to dispose of the fetal remains.

C. A disposal-transit permit issued under the law of another state which accompanies the dead human remains brought into this state shall be sufficient authority for the issuance of a disposal-transit permit of this state for final disposition of the dead human remains in this state.

D. A permit for disinterment and reinterment shall be required prior to disinterment of dead human remains, except as may be authorized by regulation or otherwise provided by law. Such permit shall be issued by the state registrar or local registrar to a funeral director licensed pursuant to the statutes or this state, or to other persons as provided by regulations of the state board of health.

**36-332. EXTENSION OF TIME**

A. The state board of health, by regulation and upon such conditions as it deems necessary to assure compliance with the purpose of this chapter, may provide for the extension of the

periods prescribed in sections 36-322, 36-327, 36-329, 36-331 and 36-341, for the filing of birth, death, and fetal death certificates, medical certifications of cause of death, and for obtaining disposal-transit permits in those cases where compliance with the purpose of this chapter when the requirement that the certificate be filed prior to the issuance of the permit would result in undue hardship.

B. The state board of health may, by regulation, provide for the issuance of a disposal-transit permit under section 36-331 prior to the filing of a certificate of death or fetal death upon conditions designed to assure compliance with the purposes of this chapter when the requirement that the certificate be filed prior to the issuance of the permit would result in undue hardship.

#### 36-333. DUTIES OF PERSONS IN CHARGE OF PLACE OF INTERMENT

A. The person in charge of any premises on which an interment, including cremation, is made shall not inter or cremate or permit such actions or other disposition of dead body or dead human remains unless accompanied by a disposal-transit permit upon the form prescribed by the state registrar.

B. The person in charge of such premises shall endorse upon the permit, over his signature, the date of interment, cremation or other disposition and return the permit to the registrar who issued same within ten days from the date of such action.

C. This responsibility shall be exercised by the clerk of the board of supervisors of each county where dead human remains are buried or cremated at the public expense in any public cemetery or potter's field within the county.

D. Any person who interrs dead human remains in a burial ground where there is no person in charge shall endorse, sign and file the permit and write across the face of the permit the words "No person in charge."

E. The person in charge of any premises on which an interment, including cremation is made, shall maintain a public record of such interments, including cremations, upon forms prescribed by the state board of health. The state registrar, or his representative, may make periodic inspections of such records to insure the efficient operation of the vital statistics system.

#### 36-334. REPORT TO CORONER OF CERTAIN DEATHS



**36-336. NOTIFICATION TO RELATIVES OF DECEASED PERSONS BY INSTITUTIONAL AUTHORITIES**

A. When a patient, boarder or lodger in a hospital, sanitarium or other institution within the state dies, the management shall make a diligent effort to give immediate notice to the family, or a relative or friend of the deceased or a person known by the management to be interested in the deceased.

B. The management of a hospital or sanitarium or other institution shall not remove or allow the removal of a dead body until a person specified in subsection A has been notified of the death and names the funeral director, or person acting as such, to whom the body is to be delivered. This subsection shall not apply where a diligent but unsuccessful effort has been made to notify the designated persons.

**36-337. TRANSFER OF RECORDS OF BIRTHS AND DEATHS**

Upon the written demand of the state registrar, a county clerk or other person having custody of any original records of births, deaths, and fetal deaths shall transfer them to the state registrar.

**36-338. CORRECTION AND AMENDMENT OF VITAL RECORDS**

A. A certificate, record or report registered under this chapter shall be amended only in accordance with this chapter and the regulations adopted by the state board of health hereunder to protect the integrity and accuracy of such records. Such regulations may prescribe conditions under which additions or minor corrections shall be made to certificates within one year after occurrence of the event without the certificate being considered as amended.

B. A certificate that is amended under this section shall be marked "amended" except as provided in subsection D of this section. The date of amendment and a summary description of the evidence submitted in support of the amendment shall be endorsed on or made a part of the records.

C. Upon receipt of a certified copy of a court order changing the name of a person born in this state and upon request of such person or his parent, guardian or legal representative, the state registrar shall amend the certificate to reflect the new name.

D. Upon receipt of a sworn acknowledgment of paternity signed by both parents of a child born out-of-wedlock, the state

investigation concerning facts and circumstances surrounding the death, the coroner shall also sign the death certificate stating whether the death was natural or accidental, or, if the information gained from the investigations is such as to cause him to suspect that death was suicidal, homicidal or occurred suddenly under circumstances giving reasonable ground to suspect that death was occasioned by the act of another by criminal means, he shall so certify on the death certificate and also give other information required by the state registrar.

B. The county attorney shall be appraised by the coroner of the evidence gained and conclusions reached as the result of such investigations and the complete file thereon shall be made available to the county attorney.

C. When an autopsy is performed pursuant to this article, no cause of action shall lie against a coroner, physician or other person for requesting or participating therein.

D. The board of supervisors, upon request of the county attorney or coroner, may appoint and fix the compensation of a regular medical examiner for performing the medical examinations and certifications required by this article. The person appointed shall be a qualified and practicing physician. If no regular medical examiner is appointed and the coroner is not himself a qualified physician, the board of supervisors shall provide for appropriate compensation for the qualified physician employed to conduct medical examinations, certifications, and autopsies required to be performed by this article.

E. The securing of a medical examination, autopsy, and certification as to the medical cause of death shall be discretionary with the coroner regardless of other provisions of this article if no qualified physician is readily available either at the general locale of the death or the proposed place of burial or the locale of the mortuary if the body is to be sent to a mortuary in preparation for burial.

F. In cases where the deceased was under treatment for accident or illness by prayer or spiritual means alone, in accordance with the tenets and practices of a well recognized church or religious denomination, and death occurred without a physician in attendance, the person who has knowledge of such death shall report all information in his possession regarding the death and circumstances surrounding it directly to the nearest coroner, who may waive an inquest or autopsy if he is satisfied that the death of such person resulted from natural causes.



tificate during the period that the original record is in his custody. In accordance with the provisions of this chapter and the regulations adopted hereunder, the local registrar shall comply with such standards as the state registrar prescribes to protect the integrity and confidentiality of all certificates in his possession and of all certified copies issued by him.

C. A certified copy of a certificate, record or report or any part thereof issued in accordance with subsection A shall have the same status and shall be considered for all purposes the same as the original, and shall be prima facie evidence of the facts therein stated. The evidentiary value of a certificate of record filed more than one year after the event, or a record which has been amended, may be determined by the judicial or administrative body or official before whom the certificate is offered as evidence.

D. The public health service shall be entitled to receive copies, microfilm, automated data or other data from vital records as it may require for the preparation of national vital statistics subject to the following limitations:

1. The public health service shall bear the cost of preparing and transmitting such data and the materials involved.

2. Such data shall not be used for other than statistical purposes, and provision for anonymity of specific persons shall be assured in accordance with the requirements of this chapter and the regulations adopted hereunder.

E. Federal, state, local, and such other agencies as the board of health may designate may, upon request, be furnished copies or data for statistical or research purposes upon such terms and conditions including fees and other costs as the state board of health may provide.

F. No person shall prepare or issue any certificate which purports to be an original, certified copy, or copy of a certificate or record of birth, death or fetal death, except as authorized by this chapter and the regulations adopted hereunder.

#### 36-342. FEES RECEIVED BY STATE AND LOCAL REGISTRARS

A. The state board of health shall establish by rules and regulations the fees, if any, to be charged for searches, copies of records, applications to file delayed records, requests for supplementary birth certificates following adoption, legitimation, paternity determination, surgical alterations and chromosomal counts or amendments to existing records.

registrar is authorized to amend the birth certificate to show such paternity if it is not already shown. Upon written request from the parents, the name of the father shall be entered on the record and the surname of the child shall be changed to that of the father. Such certificate shall not be marked "amended".

### 36-339. REPRODUCTION OF RECORDS

To preserve original documents, the state registrar or his duly authorized representative is authorized to prepare type-written, photographic or other reproductions of original certificates, reports and records on file in his office.

### 36-340. DISCLOSURE OF RECORDS; VIOLATION

A. To protect the integrity of vital records, to insure their proper use and to insure the efficient and proper administration of the vital statistics system, it shall be unlawful for any person to permit inspection of any vital record in his custody, to disclose information contained therein, or to transcribe or issue a reproduction of all or part of any such record except as authorized by this chapter and the regulations promulgated hereunder.

B. Subject to conditions prescribed by the state board of health, data contained on records, including medical information, may be used for research and statistical purposes. The state board of health may provide by regulation for other and further disclosure of data contained in vital records for statistical and research purposes.

C. Information contained in vital records indicating that a birth occurred out-of-wedlock and from which any person could be identified shall not be disclosed except as provided by specific regulation of the state board of health or upon order of a court of competent jurisdiction.

### 36-341. COPIES OF AND DATA FROM VITAL RECORDS

A. Upon written request, the state registrar shall issue a certified copy of any certificate, record or report in his custody to any person eligible to receive such copy, except the portion of a birth certificate containing medical information, and except such certificates, records or reports which have been sealed in accordance with provisions of this chapter or a court order. Each copy issued shall show the date of original registration, and copies issued from records marked "delayed", "amended" or "court order" shall be similarly marked.

B. In class A registration districts, the local registrar may issue certified copies of any birth, death, or fetal death cer-



A. A person who has knowledge of the death of a human being, including a fetal death, when no physician was in attendance at the death, except in those cases provided for in subsection F of section 36-335, shall forthwith report to the nearest peace officer all information in his possession regarding the death and circumstances surrounding it. The peace officer shall immediately make or cause to be made an investigation of the facts and circumstances surrounding the death and report the results to the coroner.

B. The local registrar shall forthwith refer the following cases and all information he has regarding them to the coroner:

1. When no physician was in attendance during the last illness of deceased.

2. When a physician in attendance is physically unable to supply the data.

3. When circumstances suggest that death resulted other than from natural causes.

C. Hospitals shall forthwith report to the coroner all information they have regarding hospital deaths where there is no attending physician.

D. When circumstances suggest to a physician in attendance that death resulted from other than natural causes, he shall refuse to sign the death certificate and forthwith report to the coroner all information he has regarding the death.

**36-335. INVESTIGATION BY CORONER AS TO CAUSE OF DEATH; SIGNING DEATH CERTIFICATE; AUTOPSY; MEDICAL EXAMINER**

A. The coroner shall immediately make or cause to be made an investigation of the facts and circumstances surrounding deaths reported to him pursuant to section 36-334 to determine if death was natural, accidental, suicidal or homicidal, and its medical cause. He shall direct the medical examiner or other qualified physician to make such examination of the body as appears necessary, including if needed, an autopsy to determine the medical cause of death. The medical examiner or other qualified physician shall promptly report his findings to the coroner and sign the death certificate certifying the medical cause of death together with other information required by the state registrar. If the coroner is a physician he may personally make the medical examination and sign the death certificate as to the medical cause of death. After receipt of information as to the medical cause of death and



B. The state registrar shall keep a true and accurate account of all fees collected by him under this chapter and shall deposit them with the state treasurer to be credited to the general fund of the state.

C. In class A registration districts, and in class B registration districts if the local registrar is an employee of a local health department, the local registrar shall keep a true and accurate account of all fees collected by him under this chapter and shall deposit them with the county treasurer to be credited to a special registration and statistical revenue account of the health department fund.

### 36-343. PERSONS REQUIRED TO KEEP RECORDS

A. Any person in charge of an institution as defined in this chapter shall keep a record of personal particulars and data concerning each person admitted to or confined in such institution. This record shall include such information as required by the standard certification of birth, death and fetal death forms created under the provisions of this chapter. The record shall be made within twenty-four hours of the time of admission or confinement from information provided by such person, but when it cannot be so obtained, the same shall be obtained from relatives or other persons acquainted with the facts. The name and address of the person providing the information shall be a part of the record.

B. When dead human remains that require registration pursuant to this act are released or disposed of by an institution, the person in charge of the institution shall keep a record showing the name of the deceased, date of death, name and address of the person to whom the dead human remains are released, date of removal from the institution, or if finally disposed of by the institution, the date, place and manner of the disposition.

C. A funeral director or person acting as such or other person who removes, transports or finally disposes of dead human remains that require registration pursuant to this act from the place of death, in addition to filing any certificate or other form required by this chapter, shall keep a record which shall identify the dead human remains and shall show such other information pertaining to the receipt, removal and delivery of such dead human remains as may be required by regulation.

D. Records maintained under this section shall be retained for a period of not less than ten years and shall be open to

inspection by the state registrar or his representative upon demand.

### 36-344. DUTIES TO FURNISH INFORMATION RELATIVE TO VITAL EVENTS

Any person having knowledge of the facts shall furnish such information as he may possess regarding any birth, death or fetal death upon demand of the state registrar.

### 36-345. RIGHT OF PETITION AND JUDICIAL REVIEW

Any person may petition the state board of health for a hearing to be held in accordance with the rules of practice for hearings before the state board of health when such person has been:

1. Refused the privilege of inspection or denied access to or possession of information contained in any vital record provided for under this chapter, including copies of such record, by the state registrar or a local registrar.

2. Refused application to file a birth, delayed birth, death or fetal death certificate including the acceptance and registration of such certificate by the state registrar.

3. Denied the issuance of a supplemental birth certificate following an adoption, legitimation, determination of paternity, surgical alteration or chromosomal count, or refused an amendment to any vital record provided for under this chapter.

### 36-346. PENALTIES

A. A person is guilty of a misdemeanor punishable by a fine of not more than one thousand dollars or imprisonment for not more than one year, or both, who:

1. Wilfully and knowingly makes any false statement in a certificate, record or report required to be filed under this chapter, or in an application for an amendment thereof, or who wilfully and knowingly supplies false information intending that such information be used in the preparation of any such certificate, record or report or amendment thereof.

2. Without lawful authority and with the intent to deceive makes, alters, amends, mutilates or removes any certificate, record or report required to be filed under this chapter or a certified copy of such certificate, record or report.

3. Wilfully and knowingly uses or attempts to use, or furnishes for use to another for the purpose of deception any



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certificate, record or report required to be filed under the provisions of this chapter or a certified copy thereof so made, altered, amended or mutilated.

4. With the intent to deceive, wilfully uses or attempts to use any certificate of birth or a certified copy thereof knowing that such certificate or certified copy was issued upon a record which is false in whole or in part or which relates to the birth of another person.

5. Wilfully and knowingly furnishes a certificate of birth or certified copy thereof with the intention that it be used by a person other than the person to whom the record of birth relates.

6. Refuses or wilfully neglects to report a death to a peace officer or, without proper authority, takes, removes or otherwise disturbs the body, clothing or articles of such deceased person.

B. A person is guilty of a misdemeanor punishable by a fine of not more than one hundred dollars or by imprisonment for not more than thirty days, or both, who:

1. Knowingly transports or accepts for transportation, interment or other disposition a dead body or dead human remains without an accompanying permit as required by this chapter.

2. Refuses to provide information required by this chapter.

3. Wilfully neglects or disregards any of the provisions of this chapter or refuses to perform any of the duties imposed upon him by this chapter.

**36-347. UNIFORMITY OF INTERPRETATION**

This chapter shall be so construed as to effectuate its general purpose to make uniform the laws of those states which enact it.

**Sec. 3. EFFECTIVE DATE**

This act shall become effective on January 1, 1968.

Approved by the Governor—March 15, 1967

Filed in the Office of the Secretary of State—March 16, 1967

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# **APPENDIX 9**

**1973 Arizona Session Laws,  
Ch. 158 (31st Leg., 1st Reg.  
Sess.) (H.B. 2004)**

**VOLUME 2**  
**SESSION LAWS**  
**STATE OF ARIZONA**

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**THIRTY-FIRST LEGISLATURE**  
**FIRST REGULAR SESSION**

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**WESLEY BOLIN**

Secretary of State

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9. “Recipient” means any person who has received benefits under the provisions of this article.

### Sec. 76. Repeal

Section 46-261.09, Arizona Revised Statutes, as amended by Laws 1972, chapter 142, section 84, and chapter 163, section 58, is repealed.

### Sec. 77. Repeal

Sections 46-132, 46-134, 46-273, 46-274, 46-275, 46-281 through 46-285 and 46-311, Arizona Revised Statutes, as amended by Laws 1972, chapter 13, sections 2, 3, 6, 7 and 8, respectively, are repealed.

Approved by the Governor—May 14, 1973

Filed in the Office of the Secretary of State—May 14, 1973

## CHAPTER 158

House Bill 2004

### AN ACT

RELATING TO PUBLIC HEALTH AND SAFETY; ESTABLISHING A DEPARTMENT OF HEALTH SERVICES TO BE ADMINISTERED BY THE DIRECTOR; PROVIDING FOR THE TRANSFER OF THE POWERS AND DUTIES OF THE STATE DEPARTMENT OF HEALTH, ARIZONA HEALTH PLANNING AUTHORITY, CRIPPLED CHILDREN'S SERVICES, STATE HOSPITAL, PIONEERS' HOME AND HOSPITAL, AND ANATOMY BOARD, TO THE DEPARTMENT OF HEALTH SERVICES; PROVIDING FOR THE TRANSFER OF THE POWERS AND DUTIES OF THE DEPARTMENT OF MENTAL RETARDATION TO THE DEPARTMENT OF ECONOMIC SECURITY; PRESCRIBING CERTAIN POWERS AND DUTIES; REPEALING TITLE 36, CHAPTER 1, ARTICLE 1, ARIZONA REVISED STATUTES; AMENDING TITLE 36, CHAPTER 1, ARIZONA REVISED STATUTES, BY ADDING A NEW ARTICLE 1; AMENDING SECTIONS 36-121, 36-124, 36-125, 36-125.01, 36-125.02, 36-125.03, 36-126, 36-127, 36-128, 36-129, 36 131, 36-132, 36-132.01, 36-136, 36-137,



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**Be it enacted by the Legislature of the State of Arizona:**

**Section 1. Purpose**

The purpose of this act is to provide an integration of health services to the people of this state in a pattern that would reduce duplication of administrative efforts, services and expenditures through planning and coordination. The department of health services will promote a means by which people with health problems might find a solution to such problems in a single department's coordinated service.

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The legislature intends that the department of health services established by this act shall be able to provide or promote:

1. Quality health care, in coordination with the private sector of health providers, to the citizens of this state.
2. Cost control mechanisms that will insure that the costs of health care to the citizens of this state are justified and equitable.
3. Control of the quantity and quality of health care facilities within the state.
4. Necessary health services for medically dependent citizens of this state.
5. Essential health care services, including but not limited to, emergency medicine, preventive medicine, mental, maternal and medical rehabilitation.
6. Comprehensive and continuing planning, including assessment, identification and publication of health needs in this state.
7. Compliance with standards in licensing of health facilities.

**Sec. 2. Repeal**

Title 36, chapter 1, article 1, Arizona Revised Statutes, is repealed.

Sec. 3. Title 36, chapter 1, Arizona Revised Statutes, is amended by adding a new article 1, sections 36-101 through 36-117, to read:

**ARTICLE 1. DEPARTMENT OF HEALTH SERVICES****36-101. Definitions**

IN THIS CHAPTER, UNLESS THE CONTEXT OTHERWISE REQUIRES:

1. "AGENCY" INCLUDES ONE OR MORE OF THE GOVERNMENTAL UNITS CONSOLIDATED INTO THE DEPARTMENT OF HEALTH SERVICES BY THIS CHAPTER.
2. "COMPREHENSIVE PLAN" MEANS THE COMPREHENSIVE STATE HEALTH PLAN DEVELOPED BY THE DEPARTMENT'S



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ORGANIZATIONAL UNIT FOR COMPREHENSIVE HEALTH PLANNING PROGRAMS.

3. "COUNCIL" MEANS THE ADVISORY HEALTH COUNCIL.
4. "DEPARTMENT" MEANS THE DEPARTMENT OF HEALTH SERVICES.
5. "DIRECTOR" MEANS THE DIRECTOR OF THE DEPARTMENT OF HEALTH SERVICES.
6. "STATE PLAN" MEANS ANY OF THE SEVERAL STATE PLANS ADMINISTERED BY THE DEPARTMENT WHICH MEET THE FEDERAL REQUIREMENTS NECESSARY FOR FEDERAL FUNDING.

**36-102. Department of health services; director; search committee; appointment; compensation**

A. THERE IS ESTABLISHED A DEPARTMENT OF HEALTH SERVICES.

B. THE DIRECTION, OPERATION AND CONTROL OF THE DEPARTMENT IS THE RESPONSIBILITY OF THE DIRECTOR.

C. THE DIRECTOR SHALL BE APPOINTED BY THE GOVERNOR FROM A LIST OF NAMES SUBMITTED BY THE SEARCH COMMITTEE PURSUANT TO SECTION 38-211 AND SHALL SERVE AT THE PLEASURE OF THE GOVERNOR. THE DIRECTOR SHALL BE A PERSON WHO HAS:

1. ADMINISTRATIVE EXPERIENCE IN THE PRIVATE SECTOR, WITH PROGRESSIVELY INCREASING RESPONSIBILITIES.
2. AN EDUCATIONAL BACKGROUND THAT PREPARES THE DIRECTOR FOR THE ADMINISTRATIVE RESPONSIBILITIES ASSIGNED TO THE POSITION.
3. HEALTH RELATED EXPERIENCE WHICH INSURES FAMILIARITY WITH THE PECULIARITIES OF HEALTH PROBLEMS.

D. QUALIFICATIONS OF CANDIDATES FOR THE POSITION OF DIRECTOR SHALL BE REVIEWED BY A SEARCH COMMITTEE OF SEVEN PERSONS SELECTED BY THE GOVERNOR. THE NAMES OF ALL THOSE CANDIDATES DETERMINED BY THE COMMITTEE TO

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BE QUALIFIED FOR THE POSITION SHALL BE SUBMITTED TO THE GOVERNOR FOR HIS CONSIDERATION. THE GOVERNOR MAY REQUEST ADDITIONAL NAMES FROM THE COMMITTEE IF HE DEEMS NECESSARY. FOR EACH SUBSEQUENT VACANCY IN THE POSITION OF DIRECTOR, A NEW COMMITTEE SHALL BE APPOINTED BY THE GOVERNOR AS PROVIDED HEREIN.

E. COMPENSATION FOR THE DIRECTOR SHALL BE ESTABLISHED PURSUANT TO SECTION 38-611.

**36-103. Department organization; deputy director; assistant directors**

A. THE DIRECTOR MAY ESTABLISH, ABOLISH OR REORGANIZE THE POSITIONS OR ORGANIZATIONAL UNITS WITHIN THE DEPARTMENT TO CARRY OUT THE FUNCTIONS PROVIDED BY THIS SECTION AND SECTION 36-104, SUBJECT TO LEGISLATIVE APPROPRIATION, IF IN HIS JUDGMENT SUCH MODIFICATION OF ORGANIZATION WOULD MAKE THE OPERATION OF THE DEPARTMENT MORE EFFICIENT, EFFECTIVE OR ECONOMICAL. THE DIRECTOR OR HIS DEPUTY SHALL ENFORCE COOPERATION AMONG THE DIVISIONS IN THE PROVISION AND INTEGRATION OF ALL FUNCTIONS.

B. THERE SHALL BE A DEPUTY DIRECTOR OF THE DEPARTMENT WHO IS APPOINTED BY THE DIRECTOR WITH THE APPROVAL OF THE GOVERNOR. THE DEPUTY DIRECTOR SHALL BE EXEMPT FROM THE STATE PERSONNEL SYSTEM, SHALL SERVE AT THE PLEASURE OF THE DIRECTOR AND SHALL RECEIVE COMPENSATION AS DETERMINED PURSUANT TO SECTION 38-611. THE DEPUTY DIRECTOR SHALL ASSIST THE DIRECTOR IN ADMINISTERING THE DEPARTMENT AND ITS SERVICES.

C. THE DIRECTOR MAY APPOINT AN ASSISTANT DIRECTOR TO EACH ORGANIZATIONAL UNIT THAT HE MAY ESTABLISH. EACH SUCH ASSISTANT DIRECTOR SHALL BE EXEMPT FROM THE STATE PERSONNEL SYSTEM, SHALL SERVE AT THE PLEASURE OF THE DIRECTOR AND SHALL RECEIVE COMPENSATION AS DETERMINED PURSUANT TO SECTION 38-611.

**36-103.01. Governmental units succeeded; statutory references to succeeded governmental units**

A. THE DEPARTMENT SUCCEEDS TO THE AUTHORITY, POWERS, DUTIES AND RESPONSIBILITIES OF THE FOLLOWING:

# **APPENDIX 10**

**2004 Arizona Session Laws,  
Ch. 117 (46th Leg., 2nd Reg.  
Sess.) (H.B. 2200)**



# SESSION LAWS

## STATE OF ARIZONA

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Forty-sixth Legislature  
SECOND REGULAR SESSION

Chapters 1 to 205

Convened -- January 12, 2004  
Sine Die -- May 26, 2004

2004

- 10. For a cremationist license, eighty-five dollars.
- B. The board shall establish and collect the following examination fees:
  - 1. For the funeral director state laws and rules examination, eighty dollars.
  - 2. For the embalmer state laws and rules examination, eighty dollars.
  - 3. For the prearranged funeral salesperson state laws and rules examination, eighty dollars.
  - 4. For the funeral service science section of the state equivalent examination, one hundred fifty dollars.
  - 5. For the funeral service arts section of the state equivalent examination, one hundred fifty dollars.
- C. The board shall establish and collect the following license and registration issuance fees:
  - 1. For a funeral director license, eighty-five dollars.
  - 2. For an embalmer license, eighty-five dollars.
  - 3. For an embalmer's assistant registration, eighty-five dollars.
  - 4. For an intern license, eighty-five dollars.
  - 5. For a prearranged funeral salesperson registration, eighty-five dollars.
  - 6. For a cremationist license, eighty-five dollars.
- D. The board shall establish and collect the following renewal fees:
  - 1. For a funeral director license, eighty-five dollars.
  - 2. For an embalmer license, eighty-five dollars.
  - 3. For an embalmer's assistant registration, eighty-five dollars.
  - 4. For an intern license, eighty-five dollars.
  - 5. For an apprentice embalmer registration, eighty-five dollars.
  - 6. For an assistant funeral director registration, eighty-five dollars.
  - 7. For a prearranged funeral salesperson registration, eighty-five dollars.
  - 8. For an establishment license, four dollars for each disposition performed by the establishment during the immediately preceding calendar year. For the purposes of this paragraph, a funeral establishment performs a disposition each time the establishment files a death certificate pursuant to section ~~36-334~~ 36-325.
  - 9. For a prearranged funeral sales establishment endorsement, one hundred eighty-five dollars.
  - 10. For a crematory license, two hundred dollars per retort.
  - 11. For a cremationist license, eighty-five dollars.
- E. The board shall establish and collect the following fees:
  - 1. For a duplicate license or registration, twenty-five dollars.
  - 2. For a reexamination:
    - (a) For a state laws and rules examination, fifty dollars.
    - (b) For the funeral service science section or the funeral service arts section of the state equivalent examination, sixty-five dollars.
  - 3. For late renewal of a licensee or registration, thirty-five dollars.
  - 4. For late renewal of an establishment license or endorsement, sixty dollars.
  - 5. For inactive licensure or registration, twenty-five dollars.
  - 6. For reinstatement of an inactive license, fifty dollars.
  - 7. For reinstatement of an inactive registration, one hundred thirty dollars.
  - 8. For an interim funeral establishment permit, twenty-five dollars.
  - 9. For filing an annual trust report, a fee of not more than two hundred dollars.
  - 10. For filing a late or incomplete annual trust report, a penalty of not more than two hundred dollars.

**Sec. 7. Repeal**

Title 36, chapter 3, Arizona Revised Statutes, is repealed.

Sec. 8. Title 36, Arizona Revised Statutes, is amended by adding a new chapter 3, to read:

CHAPTER 3  
VITAL RECORDS AND PUBLIC HEALTH STATISTICS  
ARTICLE 1. GENERAL PROVISIONS

**36-301. Definitions**

IN THIS CHAPTER, UNLESS THE CONTEXT OTHERWISE REQUIRES:

1. "ADMINISTRATIVE ORDER" MEANS A WRITTEN DECISION ISSUED BY AN ADMINISTRATIVE LAW JUDGE OR QUASI-JUDICIAL ENTITY.
2. "AMEND" MEANS TO MAKE A CHANGE, OTHER THAN A CORRECTION, TO A REGISTERED CERTIFICATE BY ADDING, DELETING OR SUBSTITUTING INFORMATION ON THAT CERTIFICATE.
3. "BIRTH" OR "LIVE BIRTH" MEANS THE COMPLETE EXPULSION OR EXTRACTION OF A PRODUCT OF HUMAN CONCEPTION FROM ITS MOTHER, IRRESPECTIVE OF THE DURATION OF THE PREGNANCY, THAT SHOWS EVIDENCE OF LIFE, WITH OR WITHOUT A CUT UMBILICAL CORD OR AN ATTACHED PLACENTA, SUCH AS BREATHING, HEARTBEAT, UMBILICAL CORD PULSATION OR DEFINITE VOLUNTARY MUSCLE MOVEMENT AFTER EXPULSION OR EXTRACTION OF THE PRODUCT OF HUMAN CONCEPTION.
4. "CERTIFICATE" MEANS A RECORD THAT DOCUMENTS A BIRTH OR DEATH.
5. "CERTIFIED COPY" MEANS A WRITTEN REPRODUCTION OF A REGISTERED CERTIFICATE THAT A LOCAL REGISTRAR, A DEPUTY LOCAL REGISTRAR OR THE STATE REGISTRAR HAS AUTHENTICATED AS A TRUE AND EXACT WRITTEN REPRODUCTION OF A REGISTERED CERTIFICATE.
6. "CORRECTION" MEANS A CHANGE MADE TO A REGISTERED CERTIFICATE BECAUSE OF A TYPOGRAPHICAL ERROR INCLUDING MISSPELLING AND MISSING OR TRANSPOSED LETTERS OR NUMBERS.
7. "COURT ORDER" MEANS A WRITTEN DECISION ISSUED BY:
  - (a) THE SUPERIOR COURT, AN APPELLATE COURT OR THE SUPREME COURT OR AN EQUIVALENT COURT IN ANOTHER STATE.
  - (b) A COMMISSIONER OR JUDICIAL HEARING OFFICER OF THE SUPERIOR COURT.
  - (c) A JUDGE OF A TRIBAL COURT IN THIS STATE.
8. "CUSTODY" MEANS LEGAL AUTHORITY TO ACT ON BEHALF OF A CHILD.
9. "DEPARTMENT" MEANS THE DEPARTMENT OF HEALTH SERVICES.
10. "ELECTRONIC" MEANS TECHNOLOGY THAT HAS ELECTRICAL, DIGITAL, MAGNETIC, WIRELESS, OPTICAL OR ELECTROMAGNETIC CAPABILITIES OR TECHNOLOGY WITH SIMILAR CAPABILITIES.
11. "EVIDENTIARY DOCUMENT" MEANS WRITTEN INFORMATION USED TO PROVE THE FACT FOR WHICH IT IS PRESENTED.
12. "FAMILY MEMBER" MEANS:
  - (a) A PERSON'S SPOUSE, NATURAL OR ADOPTED OFFSPRING, FATHER, MOTHER, GRANDPARENT, GRANDCHILD TO ANY DEGREE, BROTHER, SISTER, AUNT, UNCLE OR FIRST OR SECOND COUSIN.
  - (b) THE NATURAL OR ADOPTED OFFSPRING, FATHER, MOTHER, GRANDPARENT, GRANDCHILD TO ANY DEGREE, BROTHER, SISTER, AUNT, UNCLE OR FIRST OR SECOND COUSIN OF THE PERSON'S SPOUSE.
13. "FETAL DEATH" MEANS THE CESSATION OF LIFE BEFORE THE COMPLETE EXPULSION OR EXTRACTION OF A PRODUCT OF HUMAN CONCEPTION FROM ITS MOTHER AND THAT IS EVIDENCED BY THE ABSENCE OF BREATHING, HEARTBEAT, UMBILICAL CORD PULSATION OR DEFINITE VOLUNTARY MUSCLE MOVEMENT AFTER EXPULSION OR EXTRACTION.
14. "FINAL DISPOSITION" MEANS THE INTERMENT, CREMATION, REMOVAL FROM THIS STATE OR OTHER DISPOSITION OF HUMAN REMAINS.



15. "FOUNDLING" MEANS:

(a) A NEWBORN INFANT LEFT WITH A SAFE HAVEN PROVIDER PURSUANT TO SECTION 13-3623.01.

(b) A CHILD WHOSE FATHER AND MOTHER CANNOT BE DETERMINED.

16. "FUNERAL ESTABLISHMENT" HAS THE SAME MEANING PRESCRIBED IN SECTION 32-1301.

17. "HEALTH CARE INSTITUTION" HAS THE SAME MEANING PRESCRIBED IN SECTION 36-401.

18. "HUMAN REMAINS" MEANS A LIFELESS HUMAN BODY OR PARTS OF A HUMAN BODY THAT PERMIT A REASONABLE INFERENCE THAT DEATH OCCURRED.

19. "ISSUE" MEANS:

(a) TO PROVIDE A COPY OF A REGISTERED CERTIFICATE.

(b) AN ACTION TAKEN BY A COURT OF COMPETENT JURISDICTION, ADMINISTRATIVE LAW JUDGE OR QUASI-JUDICIAL ENTITY.

20. "LEGAL AGE" MEANS A PERSON WHO IS AT LEAST EIGHTEEN YEARS OF AGE OR WHO IS EMANCIPATED BY A COURT ORDER.

21. "MEDICAL EXAMINER" MEANS A PHYSICIAN WHO MEETS THE REQUIREMENTS OF SECTION 11-591, SUBSECTION B.

22. "MIDWIFE" MEANS A PERSON WHO IS EITHER:

(a) LICENSED PURSUANT TO CHAPTER 6, ARTICLE 7 OF THIS TITLE.

(b) CERTIFIED AS A NURSE MIDWIFE PURSUANT TO TITLE 32, CHAPTER 15.

23. "NAME" MEANS A DESIGNATION THAT IDENTIFIES A PERSON INCLUDING A FIRST NAME, MIDDLE NAME, LAST NAME OR SUFFIX.

24. "NURSE PRACTITIONER" MEANS A PERSON LICENSED AND CERTIFIED AS A NURSE PRACTITIONER PURSUANT TO TITLE 32, CHAPTER 15.

25. "PHYSICIAN" MEANS A PERSON LICENSED PURSUANT TO TITLE 32, CHAPTER 13 OR 17.

26. "PRESUMPTIVE DEATH" MEANS A DETERMINATION BY A COURT THAT A DEATH HAS OCCURRED OR IS PRESUMED TO HAVE OCCURRED BUT THE HUMAN REMAINS HAVE NOT BEEN LOCATED OR RECOVERED.

27. "REGISTER" MEANS TO ASSIGN AN OFFICIAL STATE NUMBER AND TO INCORPORATE INTO THE STATE REGISTRAR'S OFFICIAL RECORDS.

28. "RESPONSIBLE PERSON" MEANS A PERSON LISTED IN SECTION 36-831.

29. "SEAL" MEANS TO BAR FROM ACCESS.

30. "SUBMIT" MEANS TO PRESENT, PHYSICALLY OR ELECTRONICALLY, A CERTIFICATE, EVIDENTIARY DOCUMENT OR FORM PROVIDED FOR IN THIS CHAPTER TO A LOCAL REGISTRAR, A DEPUTY LOCAL REGISTRAR OR THE STATE REGISTRAR.

31. "SYSTEM OF PUBLIC HEALTH STATISTICS" MEANS THE PROCESSES AND PROCEDURES FOR:

(a) TABULATING, ANALYZING AND PUBLISHING PUBLIC HEALTH INFORMATION DERIVED FROM VITAL RECORDS DATA AND OTHER SOURCES AUTHORIZED PURSUANT TO SECTION 36-125.05 OR SECTION 36-132, SUBSECTION A, PARAGRAPH 3.

(b) PERFORMING OTHER ACTIVITIES RELATED TO PUBLIC HEALTH INFORMATION.

32. "SYSTEM OF VITAL RECORDS" MEANS THE STATEWIDE PROCESSES AND PROCEDURES FOR:

(a) ELECTRONICALLY OR PHYSICALLY COLLECTING, CREATING, REGISTERING, MAINTAINING, COPYING AND PRESERVING VITAL RECORDS.

(b) PREPARING AND ISSUING CERTIFIED AND NONCERTIFIED COPIES OF VITAL RECORDS.

(c) PERFORMING OTHER ACTIVITIES RELATED TO VITAL RECORDS.

33. "VITAL RECORD" MEANS A REGISTERED BIRTH CERTIFICATE OR A REGISTERED DEATH CERTIFICATE.

**36-302. System of vital records; powers and duties of the state registrar**

A. THE DIRECTOR OF THE DEPARTMENT IS THE STATE REGISTRAR OF VITAL RECORDS.

B. THE STATE REGISTRAR OF VITAL RECORDS SHALL:

1. ADOPT RULES TO IMPLEMENT A STATEWIDE SYSTEM OF VITAL RECORDS PURSUANT TO THIS CHAPTER USING THE RECOMMENDATIONS OF THE FEDERAL AGENCY RESPONSIBLE FOR NATIONAL VITAL STATISTICS AS GUIDELINES SUBJECT TO MODIFICATION BY THE STATE REGISTRAR.

2. ADMINISTER AND ENFORCE THIS CHAPTER AND THE RULES ADOPTED PURSUANT TO THIS CHAPTER AND PROVIDE FOR THE EFFICIENT ADMINISTRATION OF A STATEWIDE SYSTEM OF VITAL RECORDS.

3. ORGANIZE, OPERATE AND MAINTAIN THE ONLY SYSTEM OF VITAL RECORDS IN THIS STATE.

4. DIRECT AND SUPERVISE THE CREATION AND REGISTRATION OF VITAL RECORDS, ELECTRONICALLY AND PHYSICALLY, AND BE THE CUSTODIAN OF VITAL RECORDS.

5. ESTABLISH REGISTRATION DISTRICTS THROUGHOUT THIS STATE.

6. APPOINT, DIRECT AND REMOVE LOCAL REGISTRARS.

7. PRESCRIBE AND DISTRIBUTE FORMS REQUIRED PURSUANT TO THIS CHAPTER AND RULES ADOPTED PURSUANT TO THIS CHAPTER.

8. PREPARE AND ISSUE COPIES OF VITAL RECORDS.

9. PROVIDE A MEANS FOR THE PUBLIC TO REQUEST A COPY OF A VITAL RECORD AND GRANT OR DENY THE REQUEST ACCORDING TO CRITERIA PRESCRIBED BY RULES ADOPTED PURSUANT TO THIS CHAPTER. THESE RULES SHALL INCLUDE ELIGIBILITY CRITERIA, PROOF OF IDENTITY REQUIREMENTS AND PAYMENT REQUIREMENTS TO OBTAIN THE REQUESTED VITAL RECORD.

10. PURSUANT TO SECTION 16-165, TRANSMIT EACH MONTH TO THE COUNTY RECORDER A RECORD OF THE DEATH OF EACH RESIDENT OF THE COUNTY WHO IS AT LEAST SIXTEEN YEARS OF AGE.

11. DETERMINE ACCEPTABILITY AND COMPLETENESS OF A CERTIFICATE, EVIDENTIARY DOCUMENT OR FORM SUBMITTED TO THE STATE REGISTRAR.

12. INVESTIGATE VIOLATIONS OF THIS CHAPTER AND RULES ADOPTED PURSUANT TO THIS CHAPTER.

13. REPORT VIOLATIONS OF THIS CHAPTER AND RULES ADOPTED PURSUANT TO THIS CHAPTER TO THE COUNTY ATTORNEY IN THE REGISTRATION DISTRICT IN WHICH THE VIOLATION OCCURS OR TO THE ATTORNEY GENERAL.

C. THE STATE REGISTRAR MAY:

1. APPOINT, IN WRITING, ONE OR MORE PERSONS TO SERVE AS ASSISTANT STATE REGISTRARS WITH ANY OR ALL POWERS AND DUTIES VESTED IN THE STATE REGISTRAR.

2. APPOINT, DIRECT AND REMOVE A DEPUTY LOCAL REGISTRAR.

3. INSPECT A REGISTRATION DISTRICT'S CERTIFICATES, EVIDENTIARY DOCUMENTS, FORMS OR OTHER INFORMATION RELATED TO THE SYSTEM OF VITAL RECORDS.

4. ESTABLISH QUALITY CONTROL PROCEDURES THAT INCLUDE ON-SITE INSPECTIONS AND REVIEW OF EVIDENTIARY DOCUMENTS, FORMS AND OTHER INFORMATION USED IN THE CREATION OF VITAL RECORDS.

5. CONSOLIDATE OR SUBDIVIDE REGISTRATION DISTRICTS.

**36-303. System of public health statistics; powers and duties of the department**

A. THE DEPARTMENT SHALL:

1. ADMINISTER AND ENFORCE THIS CHAPTER AND RULES ADOPTED PURSUANT TO THIS CHAPTER.

2. PROVIDE FOR THE EFFICIENT ADMINISTRATION OF A SYSTEM OF PUBLIC HEALTH STATISTICS.

B. THE DEPARTMENT MAY ADOPT RULES TO IMPLEMENT A SYSTEM OF PUBLIC HEALTH STATISTICS PURSUANT TO THIS CHAPTER.

ARTICLE 2. REGISTRATION OFFICIALS

**36-311. Appointment and removal of local registrars and deputy local registrars**

A. THE STATE REGISTRAR SHALL APPOINT THE COUNTY HEALTH OFFICER OF THE COUNTY HEALTH DEPARTMENT AS THE LOCAL REGISTRAR FOR A REGISTRATION DISTRICT. IF A COUNTY HEALTH DEPARTMENT DOES NOT HAVE A COUNTY HEALTH OFFICER, THE STATE REGISTRAR SHALL APPOINT AN EMPLOYEE OF THE COUNTY HEALTH DEPARTMENT AS THE LOCAL REGISTRAR FOR A REGISTRATION DISTRICT.

B. WITH NOTICE TO THE STATE REGISTRAR, THE LOCAL REGISTRAR MAY APPOINT ONE OR MORE PERSONS TO SERVE AS DEPUTY LOCAL REGISTRARS WITH ANY OF THE DUTIES VESTED IN THE LOCAL REGISTRAR.

C. THE STATE REGISTRAR MAY REMOVE A LOCAL REGISTRAR OR A DEPUTY LOCAL REGISTRAR WHO DOES NOT COMPLY WITH THIS CHAPTER OR RULES ADOPTED PURSUANT TO THIS CHAPTER OR FOR ANY OTHER REASONABLE CAUSE.

D. AFTER NOTICE TO THE STATE REGISTRAR, THE LOCAL REGISTRAR MAY REMOVE A DEPUTY LOCAL REGISTRAR WHO DOES NOT COMPLY WITH THIS CHAPTER OR RULES ADOPTED PURSUANT TO THIS CHAPTER OR FOR ANY OTHER REASONABLE CAUSE.

E. THE STATE REGISTRAR MAY ABOLISH THE OFFICE OF A LOCAL REGISTRAR IF THE REGISTRATION DISTRICT FOR WHICH THE LOCAL REGISTRAR IS APPOINTED IS COMBINED WITH ANOTHER REGISTRATION DISTRICT.

**36-312. Local registrars and deputy local registrars; powers and duties**

A LOCAL REGISTRAR AND DEPUTY LOCAL REGISTRAR OF A REGISTRATION DISTRICT SHALL:

1. ADMINISTER AND ENFORCE THIS CHAPTER AND RULES ADOPTED PURSUANT TO THIS CHAPTER.

2. ASSIST THE STATE REGISTRAR IN INVESTIGATING VIOLATIONS OF THIS CHAPTER AND RULES ADOPTED PURSUANT TO THIS CHAPTER.

3. ELECTRONICALLY OR PHYSICALLY SUBMIT CERTIFICATES, EVIDENTIARY DOCUMENTS AND FORMS TO THE STATE REGISTRAR AS DIRECTED BY THE STATE REGISTRAR.

4. REGISTER CERTIFICATES ONLY AS DIRECTED BY THE STATE REGISTRAR.

5. PRESERVE AND MAINTAIN RECORDS AND PERFORM OTHER DUTIES REQUIRED BY THE STATE REGISTRAR.

6. AT THE REQUEST OF THE STATE REGISTRAR, MAKE CERTIFICATES, EVIDENTIARY DOCUMENTS OR FORMS RELATED TO THE SYSTEM OF VITAL RECORDS AVAILABLE TO THE STATE REGISTRAR FOR INSPECTION.

7. AT THE REQUEST OF THE STATE REGISTRAR, PROVIDE BIRTH CERTIFICATES AND DEATH CERTIFICATES TO THE STATE REGISTRAR.

8. PREPARE AND ISSUE COPIES OF CERTIFICATES ACCORDING TO RULES ADOPTED PURSUANT TO THIS CHAPTER.

**36-313. Deputy local registrars; compensation**

A. A DEPUTY LOCAL REGISTRAR SHALL RECEIVE FROM THE COUNTY GENERAL FUND IN THAT REGISTRATION DISTRICT ONE DOLLAR FOR EACH BIRTH CERTIFICATE, DEATH CERTIFICATE OR FETAL DEATH CERTIFICATE REGISTERED BY THE DEPUTY LOCAL REGISTRAR AND SUBMITTED TO THE STATE REGISTRAR PURSUANT TO THIS CHAPTER AND RULES ADOPTED PURSUANT TO THIS CHAPTER.

B. AT LEAST QUARTERLY THE STATE REGISTRAR SHALL PROVIDE WRITTEN NOTIFICATION TO THE CLERK OF THE BOARD OF SUPERVISORS IN EACH REGISTRATION DISTRICT THAT SPECIFIES THE NUMBER OF BIRTH CERTIFICATES, DEATH CERTIFICATES AND FETAL DEATH CERTIFICATES REGISTERED BY THE DEPUTY LOCAL REGISTRAR PRESCRIBED IN SUBSECTION A AND THE AMOUNT OF COMPENSATION THE DEPUTY LOCAL REGISTRAR IS ENTITLED TO FOR THE PERIOD PURSUANT TO THIS SECTION.

ARTICLE 3. DEATH REGISTRATION AND BIRTH REGISTRATION  
CERTIFICATE REQUIREMENTS,

**36-321. Information required for a certificate**

A. THE STATE REGISTRAR SHALL PRESCRIBE BY RULE THE INFORMATION REQUIRED TO BE SUBMITTED TO CREATE OR AMEND A VITAL RECORD.

B. A PERSON WHO SUBMITS A CERTIFICATE FOR REGISTRATION MUST MAKE A REASONABLE EFFORT TO ENSURE THAT THE INFORMATION ON THE CERTIFICATE IS CORRECT AND ACCURATE.

C. A CERTIFICATE REGISTERED PURSUANT TO THIS CHAPTER MUST INCLUDE AN OFFICIAL STATE NUMBER AND THE DATE OF REGISTRATION.

**36-322 Sealing a certificate**

A. THE STATE REGISTRAR SHALL SEAL A CERTIFICATE AND EVIDENTIARY DOCUMENTS WHEN THE STATE REGISTRAR AMENDS THE REGISTERED CERTIFICATE.

B. UNLESS REQUIRED BY A COURT ORDER, THE STATE REGISTRAR SHALL NOT ISSUE A COPY OF A CERTIFICATE OR OTHER RECORD SEALED PURSUANT TO THIS SECTION.

**36-323. Amending registered certificates: corrections**

A. THE STATE REGISTRAR SHALL AMEND A REGISTERED CERTIFICATE PURSUANT TO THIS CHAPTER AND RULES ADOPTED PURSUANT TO THIS CHAPTER.

B. THE STATE REGISTRAR SHALL AMEND A REGISTERED BIRTH CERTIFICATE TO SHOW THE NEW NAME OF A PERSON BORN IN THIS STATE IF:

1. THE PERSON, THE PERSON'S PARENT OR THE PERSON'S LEGAL GUARDIAN REQUESTS THE NEW NAME AND THE STATE REGISTRAR RECEIVES A COURT ORDER TO CHANGE THE PERSON'S NAME ON THE REGISTERED BIRTH CERTIFICATE.

2. A VOLUNTARY ACKNOWLEDGEMENT OF PATERNITY SUBMITTED PURSUANT TO SECTION 25-812 INCLUDES A REQUEST TO CHANGE THE PERSON'S NAME ON THE REGISTERED BIRTH CERTIFICATE.

C. THE STATE REGISTRAR SHALL ADOPT RULES FOR MAKING CORRECTIONS TO VITAL RECORDS.

**36-324. Vital records; copies; access**

A. ON WRITTEN REQUEST, A LOCAL REGISTRAR, A DEPUTY LOCAL REGISTRAR OR THE STATE REGISTRAR SHALL ISSUE A CERTIFIED COPY OF A REGISTERED CERTIFICATE, EXCEPT THE PORTION OF THE CERTIFICATE THAT CONTAINS MEDICAL INFORMATION, TO ANY PERSON DETERMINED TO BE ELIGIBLE TO RECEIVE THE CERTIFIED COPY PURSUANT TO CRITERIA PRESCRIBED BY RULES.

B. A CERTIFIED COPY OF A REGISTERED CERTIFICATE HAS THE SAME STATUS AS THE REGISTERED CERTIFICATE.

C. THE UNITED STATES PUBLIC HEALTH SERVICE MAY RECEIVE COPIES, MICROFILM AND OTHER INFORMATION FROM THE STATE REGISTRAR TO PREPARE NATIONAL VITAL STATISTICS SUBJECT TO THE FOLLOWING LIMITATIONS:



1. THE UNITED STATES PUBLIC HEALTH SERVICE BEARS THE COST OF PREPARING AND TRANSMITTING THE COPIES, MICROFILM AND OTHER INFORMATION.

2. THE COPIES, MICROFILM AND OTHER INFORMATION ARE USED FOR STATISTICAL PURPOSES AND THE UNITED STATES PUBLIC HEALTH SERVICE ASSURES A PERSON'S ANONYMITY.

D. IN CHILD SUPPORT CASES UNDER 42 UNITED STATES CODE SECTIONS 651 THROUGH 669, IN CHILD WELFARE CASES UNDER TITLE 8 OR IN PUBLIC BENEFIT MATTERS UNDER CHAPTER 29 OF THIS TITLE OR TITLE 46, THE STATE REGISTRAR SHALL PROVIDE COPIES OF OR ACCESS TO VITAL RECORDS WITHOUT CHARGE TO THE DEPARTMENT OF ECONOMIC SECURITY OR ITS ATTORNEYS. A VITAL RECORD OBTAINED AS AUTHORIZED IN THIS SECTION MUST BE USED ONLY FOR OFFICIAL PURPOSES AND, IF USED IN A PUBLIC PROCEEDING, MUST BE SEALED BY THE COURT OR HEARING OFFICER.

E. THE STATE REGISTRAR SHALL PROVIDE A COPY OF OR ACCESS TO A VITAL RECORD TO A GOVERNMENT AGENCY FOR ITS OFFICIAL PURPOSES.

**36-325. Death certificate registration; moving human remains; definition**

A. WITHIN SEVEN CALENDAR DAYS AFTER RECEIVING POSSESSION OF HUMAN REMAINS, A FUNERAL ESTABLISHMENT OR RESPONSIBLE PERSON WHO TAKES POSSESSION OF THE HUMAN REMAINS SHALL:

1. OBTAIN AND COMPLETE THE INFORMATION, INCLUDING THE SOCIAL SECURITY NUMBER OF THE DECEDENT, ON THE DEATH CERTIFICATE REQUIRED PURSUANT TO THIS CHAPTER AND RULES ADOPTED PURSUANT TO THIS CHAPTER.

2. PROVIDE ON THE DEATH CERTIFICATE THE NAME AND ADDRESS OF THE PERSON COMPLETING THE DEATH CERTIFICATE.

3. SUBMIT THE DEATH CERTIFICATE FOR REGISTRATION TO A LOCAL REGISTRAR, A DEPUTY LOCAL REGISTRAR OR THE STATE REGISTRAR. THE FUNERAL ESTABLISHMENT OR RESPONSIBLE PERSON MAY SUBMIT THE DEATH CERTIFICATE BY ELECTRONIC MEANS IN THE FORMAT PRESCRIBED BY THE STATE REGISTRAR.

B. A LOCAL REGISTRAR, A DEPUTY LOCAL REGISTRAR OR THE STATE REGISTRAR SHALL REGISTER A DEATH CERTIFICATE IF IT IS ACCURATE AND COMPLETE AND SUBMITTED PURSUANT TO THIS CHAPTER AND RULES ADOPTED PURSUANT TO THIS CHAPTER.

C. EXCEPT AS PROVIDED IN SUBSECTION F OF THIS SECTION, IF A PERSON DIES UNDER ANY OF THE CIRCUMSTANCES DESCRIBED IN SECTION 11-593, SUBSECTION A, THE MEDICAL EXAMINER SHALL COMPLETE AND SIGN THE MEDICAL CERTIFICATION OF DEATH ON A DEATH CERTIFICATE WITHIN SEVENTY-TWO HOURS. IF THE MEDICAL EXAMINER CANNOT DETERMINE THE CAUSE OF DEATH WITHIN THAT TIME, THE MEDICAL EXAMINER SHALL ENTER "PENDING" FOR THE CAUSE OF DEATH AND SIGN THE MEDICAL CERTIFICATION OF DEATH.

D. A LOCAL REGISTER, A DEPUTY LOCAL REGISTRAR OR THE STATE REGISTRAR SHALL REGISTER A DEATH CERTIFICATE IF THERE IS A MEDICAL CERTIFICATION OF DEATH SIGNED BY THE MEDICAL EXAMINER WITH A PENDING CAUSE OF DEATH.

E. FINAL DISPOSITION OF HUMAN REMAINS WITH A PENDING CAUSE OF DEATH SHALL NOT OCCUR UNTIL THE MEDICAL EXAMINER RELEASES THE HUMAN REMAINS FOR FINAL DISPOSITION.

F. WHEN THE MEDICAL EXAMINER DETERMINES THE CAUSE OF DEATH, THE MEDICAL EXAMINER SHALL SUBMIT THE INFORMATION TO THE LOCAL REGISTRAR, DEPUTY LOCAL REGISTRAR OR STATE REGISTRAR.

G. IF A PERSON UNDER THE CURRENT CARE OF A PHYSICIAN OR NURSE PRACTITIONER FOR A POTENTIALLY FATAL ILLNESS DIES OF THAT ILLNESS, THE PHYSICIAN OR NURSE PRACTITIONER, IF AVAILABLE, SHALL COMPLETE AND SIGN THE MEDICAL CERTIFICATION OF DEATH ON A DEATH CERTIFICATE WITHIN SEVENTY-TWO HOURS. IF THE PHYSICIAN OR NURSE PRACTITIONER IS NOT AVAILABLE, THE MEDICAL EXAMINER SHALL COMPLETE AND SIGN THE MEDICAL CERTIFICATION OF DEATH ON A DEATH CERTIFICATE.

H. IF A PERSON DIES IN A HOSPITAL, NURSING CARE INSTITUTION OR HOSPICE INPATIENT FACILITY, THE FOLLOWING PERSON SHALL COMPLETE AND SIGN THE MEDICAL CERTIFICATION OF DEATH WITHIN SEVENTY-TWO HOURS OF THE DEATH.

1. IF THE PERSON IS UNDER THE CARE OF A NURSE PRACTITIONER, THE NURSE PRACTITIONER OR ATTENDING PHYSICIAN, IF AVAILABLE.

2. IF THE PERSON IS NOT UNDER THE CARE OF A NURSE PRACTITIONER, THE ATTENDING PHYSICIAN, IF AVAILABLE.

3. IF THE NURSE PRACTITIONER OR ATTENDING PHYSICIAN IS NOT AVAILABLE, THE MEDICAL EXAMINER.

I. IF A PERSON DIES ON AN INDIAN RESERVATION IN THIS STATE AND A COUNTY MEDICAL EXAMINER IS NOT AVAILABLE, THE TRIBAL LAW ENFORCEMENT AUTHORITY, ACTING IN AN OFFICIAL INVESTIGATIVE CAPACITY, MAY COMPLETE AND SIGN THE MEDICAL CERTIFICATION OF DEATH.

J. IF THE PLACE OF DEATH IS UNKNOWN, THE DEATH IS CONSIDERED TO HAVE OCCURRED IN THE PLACE WHERE THE HUMAN REMAINS WERE FOUND.

K. IF A PERSON DIES IN A MOVING CONVEYANCE, THE DEATH IS CONSIDERED TO HAVE OCCURRED IN THE PLACE WHERE THE HUMAN REMAINS WERE INITIALLY REMOVED FROM THE CONVEYANCE. IN ALL OTHER CASES, THE PLACE WHERE DEATH IS PRONOUNCED IS CONSIDERED THE PLACE WHERE THE DEATH OCCURRED.

L. THE STATE REGISTRAR SHALL CREATE AND REGISTER A DEATH CERTIFICATE WHEN THE STATE REGISTRAR RECEIVES A COURT ORDER OF A PRESUMPTIVE DEATH. THE COURT ORDER SHALL CONTAIN THE FOLLOWING INFORMATION, IF KNOWN:

1. THE DECEDENT'S NAME, SOCIAL SECURITY NUMBER, DATE OF BIRTH, DATE OF DEATH, CAUSE OF DEATH AND LOCATION OF DEATH.

2. ANY OTHER INFORMATION NECESSARY TO COMPLETE A DEATH CERTIFICATE FOR A PRESUMPTIVE DEATH.

M. IF A MURDER VICTIM'S BODY IS NOT RECOVERED, A CONVICTION FOR THE MURDER IS PROOF OF DEATH. THE COURT SHALL FORWARD A RECORD OF THE CONVICTION TO THE STATE REGISTRAR. THE STATE REGISTRAR SHALL OBTAIN THE PERSONAL DATA REGARDING THE MURDER VICTIM FROM INFORMATION PROVIDED BY THE COURT, A FAMILY MEMBER OF THE MURDER VICTIM OR OTHER RELIABLE SOURCE AND CREATE AND REGISTER THE DEATH CERTIFICATE.

N. FOR THE PURPOSES OF THIS SECTION, "MEDICAL CERTIFICATION" MEANS CONFIRMATION OF A CAUSE OF DEATH.

**36-325.01. Delayed death certificate registration**

IF A DEATH OCCURS IN THIS STATE AND IS NOT REGISTERED WITHIN ONE YEAR AFTER THE DATE OF THE DEATH, THE LOCAL REGISTRAR, DEPUTY LOCAL REGISTRAR OR STATE REGISTRAR SHALL REGISTER THE DEATH CERTIFICATE AS A DELAYED DEATH CERTIFICATE.

**36-326. Disposition-transit permits**

A. A FUNERAL ESTABLISHMENT OR RESPONSIBLE PERSON WHO TAKES POSSESSION OF HUMAN REMAINS SHALL OBTAIN A DISPOSITION-TRANSIT PERMIT FROM A LOCAL REGISTRAR, A DEPUTY LOCAL REGISTRAR OR THE STATE REGISTRAR BEFORE PROVIDING FINAL DISPOSITION OF THE HUMAN REMAINS.

B. A FUNERAL ESTABLISHMENT OR RESPONSIBLE PERSON WHO TAKES POSSESSION OF HUMAN REMAINS SHALL OBTAIN A DISPOSITION-TRANSIT PERMIT FROM A LOCAL REGISTRAR, A DEPUTY LOCAL REGISTRAR OR THE STATE REGISTRAR BEFORE MOVING THE HUMAN REMAINS OUT OF THIS STATE.

C. HUMAN REMAINS MOVED FROM A HOSPITAL, NURSING CARE INSTITUTION OR HOSPICE INPATIENT FACILITY MUST BE ACCOMPANIED BY A FORM PROVIDED BY THE HOSPITAL, NURSING CARE INSTITUTION OR HOSPICE INPATIENT FACILITY AUTHORIZING THE RELEASE OF THE HUMAN REMAINS. THE FORM SHALL CONTAIN THE INFORMATION REQUIRED IN RULES ADOPTED PURSUANT TO THIS CHAPTER.

D. A FUNERAL ESTABLISHMENT OR RESPONSIBLE PERSON MAY MOVE HUMAN REMAINS FROM A HOSPITAL, NURSING CARE INSTITUTION OR HOSPICE INPATIENT FACILITY WHERE DEATH OCCURRED WITHOUT OBTAINING A DISPOSITION-TRANSIT PERMIT IF THE FUNERAL ESTABLISHMENT OR RESPONSIBLE PERSON DOES NOT REMOVE THE HUMAN REMAINS FROM THIS STATE AND PROVIDES NOTICE TO THE LOCAL REGISTRAR OR DEPUTY LOCAL REGISTRAR IN THE REGISTRATION DISTRICT WHERE THE DEATH OCCURRED WITHIN TWENTY-FOUR HOURS AFTER MOVING THE HUMAN REMAINS.

E. A FUNERAL ESTABLISHMENT OR RESPONSIBLE PERSON MAY MOVE HUMAN REMAINS FROM A PLACE OTHER THAN A HOSPITAL, NURSING CARE INSTITUTION OR HOSPICE INPATIENT FACILITY WHERE DEATH OCCURRED WITHOUT OBTAINING A DISPOSITION-TRANSIT PERMIT IF THE FUNERAL ESTABLISHMENT OR RESPONSIBLE PERSON DOES NOT REMOVE THE HUMAN REMAINS FROM THIS STATE AND PROVIDES NOTICE TO THE LOCAL REGISTRAR OR DEPUTY LOCAL REGISTRAR IN THE REGISTRATION DISTRICT WHERE DEATH OCCURRED WITHIN SEVENTY-TWO HOURS AFTER MOVING THE HUMAN REMAINS.

F. A HOSPITAL OR ABORTION CLINIC IS NOT REQUIRED TO OBTAIN A DISPOSITION-TRANSIT PERMIT IF A PRODUCT OF HUMAN CONCEPTION IS EXPELLED OR EXTRACTED AT THE HOSPITAL OR ABORTION CLINIC AND ALL THE FOLLOWING APPLY:

1. THE GESTATION PERIOD OF THE PRODUCT OF HUMAN CONCEPTION IS LESS THAN TWENTY WEEKS OR, IF THE GESTATION PERIOD IS UNKNOWN, THE WEIGHT OF THE PRODUCT OF HUMAN CONCEPTION IS LESS THAN THREE HUNDRED FIFTY GRAMS.

2. A COUNTY MEDICAL EXAMINER'S INVESTIGATION IS NOT REQUIRED.

3. THE WOMAN ON WHOM THE ABORTION WAS PERFORMED HAS AUTHORIZED THE HOSPITAL OR ABORTION CLINIC TO DISPOSE OF THE PRODUCT OF HUMAN CONCEPTION.

G. TO OBTAIN A DISPOSITION-TRANSIT PERMIT, A FUNERAL ESTABLISHMENT OR RESPONSIBLE PERSON MUST SUBMIT THE INFORMATION REQUIRED PURSUANT TO THIS CHAPTER AND RULES ADOPTED PURSUANT TO THIS CHAPTER TO THE STATE REGISTRAR OR TO THE LOCAL REGISTRAR OR DEPUTY LOCAL REGISTRAR OF THE REGISTRATION DISTRICT WHERE THE DEATH OCCURRED.

H. A LOCAL REGISTRAR, A DEPUTY LOCAL REGISTRAR OR THE STATE REGISTRAR SHALL PROVIDE A DISPOSITION-TRANSIT PERMIT TO A FUNERAL ESTABLISHMENT OR OTHER RESPONSIBLE PERSON IF THE INFORMATION PROVIDED PURSUANT TO SUBSECTION B COMPLIES WITH THIS CHAPTER AND RULES ADOPTED PURSUANT TO THIS CHAPTER.

I. A LOCAL REGISTRAR, A DEPUTY LOCAL REGISTRAR OR THE STATE REGISTRAR SHALL PROVIDE A DISPOSITION-TRANSIT PERMIT FOR INTERMENT OF HUMAN REMAINS IN A CEMETERY ONLY IF THE LOCATION OF THE CEMETERY HAS BEEN RECORDED IN THE OFFICE OF THE COUNTY RECORDER IN

THE COUNTY WHERE THE CEMETERY IS LOCATED OR THE CEMETERY IS LOCATED ON FEDERAL OR TRIBAL LAND.

J. A LOCAL REGISTRAR, A DEPUTY LOCAL REGISTRAR OR THE STATE REGISTRAR SHALL PROVIDE A DISPOSITION-TRANSIT PERMIT ISSUED BY THIS STATE FOR THE FINAL DISPOSITION OF HUMAN REMAINS IN THIS STATE ON RECEIPT OF A DISPOSITION-TRANSIT PERMIT FROM ANOTHER STATE THAT ACCOMPANIES THE HUMAN REMAINS FROM THE OTHER STATE.

**36-327. Disinterment-reinterment permit**

A. EXCEPT AS OTHERWISE PROVIDED BY LAW, A DISINTERMENT-REINTERMENT PERMIT IS REQUIRED BEFORE A PERSON DISINTERS HUMAN REMAINS. THE STATE REGISTRAR SHALL PROVIDE A PERMIT TO DISINTER HUMAN REMAINS EITHER BY A COURT ORDER ISSUED IN THIS STATE OR BY THE WRITTEN CONSENT OF THE DECEDENT'S FAMILY MEMBER WHO HAS THE HIGHEST PRIORITY. THE PRIORITY IS AS FOLLOWS:

1. SPOUSE OF THE DECEDENT AT THE TIME OF DEATH.
2. ALL ADULT OFFSPRING.
3. PARENTS.
4. ALL ADULT SIBLINGS.
5. ANY OTHER FAMILY MEMBER OF LEGAL AGE.

B. A DISINTERMENT-REINTERMENT PERMIT IS NOT REQUIRED IF DISINTERMENT AND REINTERMENT OCCURS IN THE SAME CEMETERY FOR ORDINARY RELOCATION OR FOR REASONS OF INTERNAL MANAGEMENT OF THE CEMETERY

**36-328. Registration of a death certificate for a foreign presumptive death**

A. THE STATE REGISTRAR SHALL CREATE AND REGISTER A DEATH CERTIFICATE FOR A FOREIGN PRESUMPTIVE DEATH IF THE STATE REGISTRAR RECEIVES A COURT ORDER ISSUED IN THIS STATE OF A PRESUMPTIVE DEATH OF A RESIDENT OF THIS STATE IN A FOREIGN COUNTRY. THE COURT ORDER SHALL CONTAIN THE FOLLOWING INFORMATION, IF KNOWN:

1. THE DECEDENT'S NAME, SOCIAL SECURITY NUMBER, DATE OF BIRTH, DATE OF DEATH, CAUSE OF DEATH AND LOCATION OF DEATH.
2. ANY OTHER INFORMATION NECESSARY TO COMPLETE A DEATH CERTIFICATE FOR A FOREIGN PRESUMPTIVE DEATH

B. A DEATH CERTIFICATE FOR A FOREIGN PRESUMPTIVE DEATH SHALL STATE ON THE DEATH CERTIFICATE THE NAME OF THE FOREIGN COUNTRY WHERE DEATH IS PRESUMED TO HAVE OCCURRED.

**36-329. Fetal death certificate registration**

A. A HOSPITAL, ABORTION CLINIC, PHYSICIAN OR MIDWIFE SHALL SUBMIT A COMPLETED FETAL DEATH CERTIFICATE TO THE STATE REGISTRAR FOR REGISTRATION WITHIN SEVEN DAYS AFTER THE FETAL DEATH FOR EACH FETAL DEATH OCCURRING IN THIS STATE AFTER A GESTATIONAL PERIOD OF TWENTY COMPLETED WEEKS OR IF THE PRODUCT OF HUMAN CONCEPTION WEIGHS MORE THAN THREE HUNDRED FIFTY GRAMS.

B. THE REQUIREMENTS FOR REGISTERING A FETAL DEATH CERTIFICATE ARE THE SAME AS THE REQUIREMENTS FOR REGISTERING A DEATH CERTIFICATE PRESCRIBED IN SECTION 36-325.

**36-329.01. Delayed fetal death certificate registration**

A. IF A FETAL DEATH OCCURS IN THIS STATE AND IS NOT REGISTERED WITHIN ONE YEAR AFTER THE DATE OF THE FETAL DEATH, THE LOCAL REGISTRAR, DEPUTY LOCAL REGISTRAR OR STATE REGISTRAR SHALL REGISTER THE FETAL DEATH CERTIFICATE AS A DELAYED FETAL DEATH CERTIFICATE.

B. THE REQUIREMENTS FOR REGISTERING A DELAYED FETAL DEATH CERTIFICATE ARE THE SAME AS THE REQUIREMENTS FOR REGISTERING A DELAYED DEATH CERTIFICATE PRESCRIBED IN SECTION 36-325.01.



**36-330. Certificate of birth resulting in stillbirth; requirements**

A. IN ADDITION TO THE REQUIREMENTS OF SECTION 36-329, THE STATE REGISTRAR SHALL ESTABLISH A CERTIFICATE OF BIRTH RESULTING IN STILLBIRTH ON A FORM APPROVED BY THE STATE REGISTRAR FOR EACH FETAL DEATH OCCURRING IN THIS STATE AFTER A GESTATIONAL PERIOD OF AT LEAST TWENTY COMPLETED WEEKS. THIS CERTIFICATE SHALL BE OFFERED TO THE PARENT OR PARENTS OF A STILLBORN CHILD.

B. A CERTIFICATE OF BIRTH RESULTING IN STILLBIRTH SHALL MEET ALL OF THE FORMAT AND FILING REQUIREMENTS FOR BIRTH CERTIFICATES PRESCRIBED IN SECTION 36-333.

C. THE PERSON WHO PREPARES A CERTIFICATE PURSUANT TO THIS SECTION SHALL LEAVE BLANK ANY REFERENCES TO THE STILLBORN CHILD'S NAME IF THE STILLBORN CHILD'S PARENT OR PARENTS DO NOT WISH TO PROVIDE A NAME FOR THE STILLBORN CHILD.

D. NOTWITHSTANDING SUBSECTIONS A AND B OF THIS SECTION, THE CERTIFICATE OF BIRTH RESULTING IN STILLBIRTH SHALL BE SUBMITTED TO THE DESIGNATED REGISTRAR WITHIN SEVEN DAYS FOLLOWING THE DELIVERY AND BEFORE THE CREMATION OR REMOVAL OF THE FETUS FROM THE REGISTRATION DISTRICT.

**36-330.01. Delayed registration of certificate of birth resulting in stillbirth**

IF A BIRTH RESULTING IN STILLBIRTH OCCURRING IN THIS STATE HAS NOT BEEN REGISTERED WITHIN ONE YEAR AFTER THE DATE OF DELIVERY, A CERTIFICATE OF BIRTH RESULTING IN STILLBIRTH MARKED "DELAYED" MAY BE SUBMITTED AND REGISTERED PURSUANT TO THIS CHAPTER AND RULES ADOPTED PURSUANT TO THIS CHAPTER AND OTHER REQUIREMENTS SUFFICIENT TO SUBSTANTIATE THE ALLEGED FACTS OF A BIRTH RESULTING IN STILLBIRTH.

**36-331. Duties of persons in charge of place of disposition**

A. EXCEPT AS OTHERWISE PROVIDED BY LAW, A PERSON IN CHARGE OF A PLACE OF DISPOSITION SHALL NOT INTER, CREMATE OR ALLOW OTHER DISPOSITION OF HUMAN REMAINS WITHOUT RECEIVING A DISPOSITION-TRANSIT PERMIT WITH THE HUMAN REMAINS.

B. A PERSON IN CHARGE OF A PLACE OF DISPOSITION SHALL MAINTAIN A RECORD OF A DISPOSITION PURSUANT TO RULES ADOPTED PURSUANT TO THIS CHAPTER.

C. A PERSON IN CHARGE OF A PLACE OF DISPOSITION SHALL PERMIT THE STATE REGISTRAR TO INSPECT THE DISPOSITION RECORDS.

**36-332. Notification of death to responsible person and release of human remains**

A HEALTH CARE INSTITUTION SHALL NOT RELEASE HUMAN REMAINS OR ALLOW THE REMOVAL OF HUMAN REMAINS FROM THE HEALTH CARE INSTITUTION UNTIL THE HEALTH CARE INSTITUTION MAKES A DILIGENT EFFORT TO NOTIFY THE RESPONSIBLE PERSON AND OBTAIN THE NAME OF THE ENTITY TO WHOM THE HUMAN REMAINS ARE TO BE RELEASED.

**36-333. Birth certificate registration**

A. WITHIN SEVEN DAYS AFTER A CHILD'S BIRTH IN THIS STATE, A PERSON SHALL SUBMIT TO A LOCAL REGISTRAR, A DEPUTY LOCAL REGISTRAR OR THE STATE REGISTRAR, A BIRTH CERTIFICATE FOR REGISTRATION ACCORDING TO RULES ADOPTED PURSUANT TO THIS CHAPTER. THE BIRTH CERTIFICATE SHALL BE SUBMITTED PHYSICALLY OR ELECTRONICALLY THROUGH THE STATE DESIGNATED ELECTRONIC REGISTRATION SYSTEM. A LOCAL REGISTRAR, A DEPUTY LOCAL REGISTRAR OR THE STATE REGISTRAR MAY ACCEPT A CERTIFICATE SUBMITTED ELECTRONICALLY WITHOUT THE SIGNATURES REQUIRED BY RULE.

B. IF A BIRTH OCCURS AT A HOSPITAL, THE CHIEF ADMINISTRATIVE OFFICER OF THE HOSPITAL OR THAT PERSON'S DESIGNEE SHALL:

1. OBTAIN THE INFORMATION FOR A BIRTH CERTIFICATE, INCLUDING SIGNATURES AND SOCIAL SECURITY NUMBERS REQUIRED BY RULE.

2. FILL OUT THE BIRTH CERTIFICATE.

3. SUBMIT THE BIRTH CERTIFICATE FOR REGISTRATION TO A LOCAL REGISTRAR, A DEPUTY LOCAL REGISTRAR OR THE STATE REGISTRAR.

4. MAINTAIN A COPY OF THE EVIDENTIARY DOCUMENTS USED TO FILL OUT THE BIRTH CERTIFICATE FOR TEN YEARS AFTER THE DATE OF SUBMISSION.

C. IF A BIRTH DOES NOT OCCUR AT A HOSPITAL ONE OF THE FOLLOWING PERSONS SHALL OBTAIN THE INFORMATION, EVIDENTIARY DOCUMENTS, SOCIAL SECURITY NUMBERS AND SIGNATURES REQUIRED BY RULE FOR A BIRTH CERTIFICATE, FILL OUT THE BIRTH CERTIFICATE AND SUBMIT THE BIRTH CERTIFICATE FOR REGISTRATION TO A LOCAL REGISTRAR, A DEPUTY LOCAL REGISTRAR OR THE STATE REGISTRAR:

1. A PHYSICIAN, NURSE OR MIDWIFE WHO IS PRESENT AT THE BIRTH AND WHO IS WILLING AND ABLE TO DO SO DURING OR IMMEDIATELY AFTER THE BIRTH.

2. IF A PHYSICIAN, NURSE OR MIDWIFE IS NOT PRESENT AT THE BIRTH OR IS NOT WILLING OR ABLE TO DO SO, THE CHILD'S MOTHER OR FATHER OR A FAMILY MEMBER OF LEGAL AGE WHO IS PRESENT, WILLING AND ABLE TO DO SO DURING OR IMMEDIATELY AFTER THE BIRTH.

3. IF THE CHILD'S FATHER OR OTHER FAMILY MEMBER OF LEGAL AGE IS NOT PRESENT OR IS NOT WILLING OR ABLE AND THE CHILD'S MOTHER IS NOT WILLING OR ABLE TO SUPPLY THE REQUIRED INFORMATION, ANY OTHER PERSON WHO IS PRESENT DURING OR IMMEDIATELY AFTER THE CHILD'S BIRTH AND WHO CAN SUPPLY THE REQUIRED INFORMATION.

D. IF A BIRTH OCCURS IN A MOVING CONVEYANCE, THE BIRTH IS CONSIDERED TO HAVE OCCURRED IN THE PLACE WHERE THE CHILD IS INITIALLY REMOVED FROM THE CONVEYANCE. IF THE CHILD IS INITIALLY REMOVED FROM THE CONVEYANCE AT A HOSPITAL, THE PERSON NAMED IN SUBSECTION B SHALL SUBMIT THE BIRTH CERTIFICATE TO THE STATE REGISTRAR OR THE LOCAL REGISTRAR OR DEPUTY LOCAL REGISTRAR OF THE REGISTRATION DISTRICT WHERE THE CHILD IS FIRST REMOVED. IF THE CHILD IS INITIALLY REMOVED FROM THE CONVEYANCE AT ANY LOCATION OTHER THAN AT A HOSPITAL, THE PERSON IDENTIFIED IN SUBSECTION C SHALL SUBMIT THE BIRTH CERTIFICATE TO THE STATE REGISTRAR OR TO THE LOCAL REGISTRAR OR DEPUTY LOCAL REGISTRAR OF THE REGISTRATION DISTRICT WHERE THE CHILD IS FIRST REMOVED.

E. A LOCAL REGISTRAR, A DEPUTY LOCAL REGISTRAR OR THE STATE REGISTRAR SHALL REGISTER A BIRTH CERTIFICATE IF THE BIRTH CERTIFICATE IS ACCURATE AND COMPLETE AND SUBMITTED ACCORDING TO THIS CHAPTER AND RULES ADOPTED PURSUANT TO THIS CHAPTER.

**36-333.01 Late birth certificate registration**

IF A COMPLETED BIRTH CERTIFICATE AND EVIDENTIARY DOCUMENTS ARE SUBMITTED TO A LOCAL REGISTRAR, A DEPUTY LOCAL REGISTRAR OR THE STATE REGISTRAR FOR REGISTRATION MORE THAN SEVEN DAYS BUT LESS THAN ONE YEAR AFTER THE DATE OF BIRTH, THE LOCAL REGISTRAR, DEPUTY LOCAL REGISTRAR OR STATE REGISTRAR SHALL REGISTER THE BIRTH CERTIFICATE AS A LATE BIRTH CERTIFICATE IF THE INFORMATION ON THE BIRTH CERTIFICATE AND EVIDENTIARY DOCUMENTS ARE ACCURATE AND COMPLETE, SUPPORT THE REGISTRATION OF THE LATE BIRTH CERTIFICATE AND ARE SUBMITTED PURSUANT TO THIS CHAPTER AND RULES ADOPTED PURSUANT TO THIS CHAPTER.

**36-333.02 Delayed birth certificate registration**

A. IF A BIRTH CERTIFICATE OF A PERSON WHO IS BORN IN THIS STATE IS NOT REGISTERED WITHIN ONE YEAR AFTER THE DATE OF BIRTH, A PERSON AUTHORIZED BY THIS CHAPTER MAY SUBMIT TO THE STATE REGISTRAR INFORMATION AND EVIDENTIARY DOCUMENTS THAT SUPPORT THE CREATION AND REGISTRATION OF A DELAYED BIRTH CERTIFICATE.

B. THE STATE REGISTRAR MAY WAIVE THE INFORMATION AND EVIDENTIARY DOCUMENT REQUIREMENTS IN SUBSECTION A FOR A BIRTH THAT OCCURRED BEFORE 1950.

C. THE STATE REGISTRAR SHALL CREATE A DELAYED BIRTH CERTIFICATE THAT INCLUDES A LISTING OF THE INFORMATION AND EVIDENTIARY DOCUMENTS SUBMITTED PURSUANT TO SUBSECTION A.

D. THE STATE REGISTRAR SHALL REGISTER A DELAYED BIRTH CERTIFICATE IF THE INFORMATION AND EVIDENTIARY DOCUMENTS ARE ACCURATE AND COMPLETE, SUPPORT THE REGISTRATION OF THE DELAYED BIRTH CERTIFICATE AND ARE SUBMITTED PURSUANT TO THIS CHAPTER AND RULES ADOPTED PURSUANT TO THIS CHAPTER.

**36-334. Determining maternity and paternity for birth certificates**

A. A PERSON COMPLETING A BIRTH CERTIFICATE SHALL STATE THE NAME OF THE WOMAN WHO GAVE BIRTH TO THE CHILD ON THE BIRTH CERTIFICATE AS THE CHILD'S MOTHER UNLESS OTHERWISE PROVIDED BY LAW OR COURT ORDER.

B. THE STATE REGISTRAR SHALL NOT REFUSE TO REGISTER A BIRTH CERTIFICATE BECAUSE THE BIRTH CERTIFICATE DOES NOT INCLUDE THE NAME OF THE FATHER.

C. IF A FATHER'S NAME IS STATED ON A BIRTH CERTIFICATE, THE FATHER'S NAME SHALL BE STATED ON A BIRTH CERTIFICATE AS FOLLOWS:

1. EXCEPT AS PROVIDED IN SECTION 25-814, IF THE MOTHER IS MARRIED AT THE TIME OF BIRTH OR WAS MARRIED AT ANY TIME IN THE TEN MONTHS BEFORE THE BIRTH, THE NAME OF THE MOTHER'S HUSBAND.

2. IF A MOTHER AND FATHER WHO ARE NOT MARRIED TO EACH OTHER AT THE TIME OF BIRTH AND WERE NOT MARRIED TO EACH OTHER IN THE TEN MONTHS BEFORE THE BIRTH VOLUNTARILY ACKNOWLEDGE PATERNITY PURSUANT TO SECTION 25-812, THE NAME OF THE FATHER ACKNOWLEDGING PATERNITY.

3. IF THE STATE REGISTRAR RECEIVES AN ADMINISTRATIVE ORDER OR A COURT ORDER ESTABLISHING PATERNITY, THE FATHER'S NAME IN THE ORDER.

D. IF THE ACKNOWLEDGEMENT OF PATERNITY IS RESCINDED PURSUANT TO SECTION 25-812, THE STATE REGISTRAR SHALL REMOVE THE FATHER'S NAME FROM THE REGISTERED BIRTH CERTIFICATE.

**36-335. Birth registration for foundlings**

A. A PERSON WHO HAS CUSTODY OF A FOUNDLING SHALL SUBMIT TO THE STATE REGISTRAR OR TO THE LOCAL REGISTRAR OR A DEPUTY LOCAL REGISTRAR OF THE REGISTRATION DISTRICT WHERE THE FOUNDLING WAS FOUND THE FOLLOWING INFORMATION:

1. THE DATE THE FOUNDLING WAS FOUND.

2. THE LOCATION WHERE THE FOUNDLING WAS FOUND.

3. THE SEX, APPROXIMATE RACE AND APPROXIMATE AGE OF THE FOUNDLING.

4. THE NAME AND ADDRESS OF THE PERSON WHO HAS CUSTODY OF THE FOUNDLING.

5. THE NAME GIVEN TO THE FOUNDLING BY THE PERSON WHO HAS CUSTODY OF THE FOUNDLING.

6. ANY OTHER DATA REQUIRED BY RULES ADOPTED PURSUANT TO THIS CHAPTER.

B. THE STATE REGISTRAR SHALL CREATE AND REGISTER A BIRTH CERTIFICATE FOR A FOUNDLING AND ENTER ON THE BIRTH CERTIFICATE THE FOLLOWING INFORMATION:

1. THE LOCATION WHERE THE FOUNDLING WAS FOUND AS THE PLACE OF BIRTH.

2. THE DATE OF BIRTH BASED ON THE APPROXIMATE AGE OF THE FOUNDLING.

C. A PERSON WHO HAS CUSTODY OF A FOUNDLING AND DETERMINES THE FOUNDLING'S IDENTITY SHALL NOTIFY THE STATE REGISTRAR IN WRITING OF THE DETERMINATION.

D. IF THE IDENTITY OF A FOUNDLING IS DETERMINED, THE STATE REGISTRAR SHALL SEAL THE FOUNDLING'S REGISTERED BIRTH CERTIFICATE AND PROVIDE ACCESS TO THE FOUNDLING'S REGISTERED BIRTH CERTIFICATE ONLY PURSUANT TO A COURT ORDER ISSUED IN THIS STATE.

**36-336. Adoption certificate**

A. FOR AN ADOPTION OF A PERSON BORN IN THIS STATE, A STATE COURT SHALL SUBMIT TO THE STATE REGISTRAR AN ADOPTION CERTIFICATE ON A FORM APPROVED BY THE STATE REGISTRAR OR PURSUANT TO A COURT ORDER THAT INCLUDES:

1. INFORMATION REQUIRED BY RULE ABOUT THE ADOPTIVE FATHER AND ADOPTIVE MOTHER.

2. INFORMATION REQUIRED BY RULE ABOUT THE CHILD BEING ADOPTED.

3. A STATEMENT BY THE COURT THAT THE INFORMATION ON THE ADOPTION CERTIFICATE IS ACCURATE.

B. FOR AN ADOPTION OF A PERSON BORN IN THIS STATE AND ORDERED BY A COURT IN ANOTHER STATE, THE STATE REGISTRAR SHALL ACCEPT AN ORDER FOR AN ADOPTION OR AN ADOPTION CERTIFICATE THAT CONTAINS THE INFORMATION IN SUBSECTION A.

C. IF A COURT MODIFIES A COURT ORDER FOR ADOPTION, THE STATE REGISTRAR SHALL FOLLOW THE PROCEDURES IN THIS CHAPTER FOR AMENDING A REGISTERED CERTIFICATE.

D. BY THE TENTH DAY OF EACH MONTH, A COURT IN THIS STATE SHALL SUBMIT TO THE STATE REGISTRAR ALL ADOPTION CERTIFICATES, COURT ORDERS FOR ADOPTION AND COURT ORDERS FOR MODIFICATION OF ADOPTION FOR THE PRECEDING MONTH.

E. WHEN THE STATE REGISTRAR RECEIVES AN ADOPTION CERTIFICATE, A COURT ORDER FOR ADOPTION, A CHANGE TO A COURT ORDER FOR ADOPTION OR AN ANNULMENT OF AN ADOPTION FOR A PERSON BORN IN ANOTHER STATE, THE STATE REGISTRAR SHALL SEND THE DOCUMENT TO THE APPROPRIATE REGISTRATION AUTHORITY IN THE STATE WHERE THE PERSON WAS BORN.

**36-337. Amending birth certificates after adoption, surgical alteration and court order**

A. THE STATE REGISTRAR SHALL AMEND THE BIRTH CERTIFICATE FOR A PERSON BORN IN THIS STATE WHEN THE STATE REGISTRAR RECEIVES ANY OF THE FOLLOWING:

1. EXCEPT AS PROVIDED IN SUBSECTION D OF THIS SECTION, AN ADOPTION CERTIFICATE OR A COURT ORDER FOR ADOPTION REQUIRED PURSUANT TO SECTION 36-336.

2. A VOLUNTARY ACKNOWLEDGMENT OF PATERNITY PURSUANT TO SECTION 25-812.

3. FOR A PERSON WHO HAS UNDERGONE A SEX CHANGE OPERATION OR HAS A CHROMOSOMAL COUNT THAT ESTABLISHES THE SEX OF THE PERSON AS DIFFERENT THAN IN THE REGISTERED BIRTH CERTIFICATE, BOTH OF THE FOLLOWING:



(a) A WRITTEN REQUEST FOR AN AMENDED BIRTH CERTIFICATE FROM THE PERSON OR, IF THE PERSON IS A CHILD, FROM THE CHILD'S PARENT OR LEGAL GUARDIAN.

(b) A WRITTEN STATEMENT BY A PHYSICIAN THAT VERIFIES THE SEX CHANGE OPERATION OR CHROMOSOMAL COUNT.

4. A COURT ORDER ORDERING AN AMENDMENT TO A BIRTH CERTIFICATE.

B. THE STATE REGISTRAR SHALL CHANGE THE NAME OF THE FATHER ON A REGISTERED BIRTH CERTIFICATE IF:

1. THE STATE REGISTRAR RECEIVES AN ADMINISTRATIVE ORDER OR A COURT ORDER ORDERING THE STATE REGISTRAR TO CHANGE THE FATHER'S NAME ON THE REGISTERED BIRTH CERTIFICATE.

2. PATERNITY IS ESTABLISHED THROUGH A VOLUNTARY ACKNOWLEDGEMENT OF PATERNITY PURSUANT TO SECTION 25-812.

C. IF A REGISTERED BIRTH CERTIFICATE DOES NOT EXIST FOR A PERSON BORN IN THIS STATE WHO IS REQUESTING TO AMEND A BIRTH CERTIFICATE THE PERSON MAKING THAT REQUEST SHALL COMPLY WITH THE REQUIREMENTS ESTABLISHED BY RULE.

D. THE STATE REGISTRAR SHALL RETAIN THE INFORMATION ON A PERSON'S REGISTERED BIRTH CERTIFICATE AFTER THE PERSON'S ADOPTION IF ALL OF THE FOLLOWING DOCUMENTS ARE SUBMITTED TO THE STATE REGISTRAR:

1. A WRITTEN REQUEST TO RETAIN THE INFORMATION SIGNED BY THE ADOPTIVE PARENT OR A COURT ORDER CONTAINING A REQUEST TO RETAIN THE INFORMATION ON THE REGISTERED BIRTH CERTIFICATE.

2. A WRITTEN STATEMENT AGREEING TO RETAIN THE MOTHER'S NAME ON THE PERSON'S REGISTERED BIRTH CERTIFICATE, SIGNED BY THE MOTHER, OR IF THE MOTHER IS DECEASED, A CERTIFIED COPY OF A REGISTERED DEATH CERTIFICATE FOR THE MOTHER.

3. IF THERE IS A FATHER'S NAME STATED ON THE REGISTERED BIRTH CERTIFICATE, A WRITTEN STATEMENT AGREEING TO RETAIN THE FATHER'S NAME ON THE PERSON'S REGISTERED BIRTH CERTIFICATE, SIGNED BY THE FATHER, OR IF THE FATHER IS DECEASED, A CERTIFIED COPY OF A REGISTERED DEATH CERTIFICATE FOR THE FATHER.

E. IF THE STATE REGISTRAR AMENDS A REGISTERED BIRTH CERTIFICATE FOLLOWING ADOPTION, THE BIRTH CERTIFICATE SHALL STATE THE CITY OR COUNTY OF BIRTH STATED ON THE EXISTING REGISTERED BIRTH CERTIFICATE AND THE DATE OF BIRTH STATED ON THE EXISTING REGISTERED BIRTH CERTIFICATE. THE STATE REGISTRAR MAY OMIT THE EXACT LOCATION OF BIRTH ON THE REGISTERED BIRTH CERTIFICATE.

F. IF A LOCAL REGISTRAR OR DEPUTY LOCAL REGISTRAR AMENDS A REGISTERED BIRTH CERTIFICATE, THE LOCAL REGISTRAR OR DEPUTY LOCAL REGISTRAR SHALL FORWARD ALL EVIDENTIARY DOCUMENTS PROVIDED TO CREATE THE NEW BIRTH CERTIFICATE TO THE STATE REGISTRAR.

G. IF THE STATE REGISTRAR AMENDS A REGISTERED BIRTH CERTIFICATE, THE STATE REGISTRAR SHALL SEAL THE PREVIOUSLY REGISTERED BIRTH CERTIFICATE AND THE EVIDENTIARY DOCUMENTS PROVIDED TO AMEND THE REGISTERED BIRTH CERTIFICATE. THE STATE REGISTRAR SHALL PROVIDE ACCESS TO A SEALED CERTIFICATE OR EVIDENTIARY DOCUMENTS ONLY PURSUANT TO SECTION 36-322, A COURT ORDER ISSUED IN THIS STATE OR AS PRESCRIBED BY RULE.

H. IF THE STATE REGISTRAR RECEIVES A COURT ORDER ANNULING AN ADOPTION, THE STATE REGISTRAR SHALL UNSEAL THE SEALED REGISTERED BIRTH CERTIFICATE AND SHALL SEAL THE NEW BIRTH CERTIFICATE AND EVIDENTIARY DOCUMENTS.

**36-338. Foreign birth certificates for adoptees**

A. THE STATE REGISTRAR SHALL CREATE AND REGISTER A FOREIGN BIRTH CERTIFICATE FOR AN ADOPTED PERSON WHO IS NOT A UNITED STATES CITIZEN AND WHO IS BORN IN A FOREIGN COUNTRY IF A COURT IN THIS STATE, AN ADOPTIVE PARENT OR AN ADOPTED PERSON OF LEGAL AGE SUBMITS ALL OF THE FOLLOWING INFORMATION:

1. A BIRTH CERTIFICATE FROM THE COUNTRY OF THE ADOPTED PERSON'S BIRTH THAT HAS BEEN TRANSLATED INTO ENGLISH OR WRITTEN DOCUMENTATION OF THE DATE AND PLACE OF THE ADOPTED PERSON'S BIRTH.

2. A COURT ORDER OF ADOPTION OR ADOPTION CERTIFICATE.

3. IF NOT ADOPTED IN THIS STATE, A COURT ORDER ISSUED IN THIS STATE THAT RECOGNIZES THE ADOPTION PURSUANT TO SECTION 36-336.

B. A FOREIGN BIRTH CERTIFICATE FOR AN ADOPTED PERSON SHALL SHOW THE COUNTRY OF BIRTH AND INCLUDE LANGUAGE STATING THAT THE CERTIFICATE IS NOT EVIDENCE OF UNITED STATES CITIZENSHIP FOR THE PERSON FOR WHOM IT IS ISSUED.

C. THE STATE REGISTRAR SHALL NOT CREATE A FOREIGN BIRTH CERTIFICATE FOR AN ADOPTED PERSON BORN IN A FOREIGN COUNTRY WHO IS A UNITED STATES CITIZEN AT THE TIME OF BIRTH. THE STATE REGISTRAR SHALL INFORM THE ADOPTIVE PARENTS OR THE ADOPTED PERSON OF LEGAL AGE THAT A BIRTH CERTIFICATE MAY BE OBTAINED THROUGH THE UNITED STATES DEPARTMENT OF STATE.

**36-339. Missing children; notification; flagging birth certificate records; definitions**

A. IF A CHILD IS REPORTED MISSING TO A LAW ENFORCEMENT AGENCY IN THIS STATE, THAT AGENCY SHALL NOTIFY THE STATE REGISTRAR IN THE STATE OF THE CHILD'S BIRTH. THE NOTIFICATION SHALL INCLUDE THE MISSING CHILD'S NAME, DATE OF BIRTH AND COUNTY OF BIRTH.

B. IF THE STATE REGISTRAR IS NOTIFIED PURSUANT TO SUBSECTION A THAT A CHILD BORN IN THIS STATE IS MISSING, THE STATE REGISTRAR SHALL FLAG THE CHILD'S REGISTERED BIRTH CERTIFICATE. IF THE MISSING CHILD IS FOUND, THE LAW ENFORCEMENT AGENCY THAT REPORTED THE CHILD MISSING SHALL NOTIFY THE STATE REGISTRAR AND THE STATE REGISTRAR SHALL REMOVE THE FLAG FROM THE CHILD'S REGISTERED BIRTH CERTIFICATE.

C. IF THE STATE REGISTRAR RECEIVES A REQUEST FOR A REGISTERED CERTIFICATE THAT IS FLAGGED, THE STATE REGISTRAR SHALL:

1. MAKE A PHOTOCOPY OF THE PHOTO IDENTIFICATION OF THE PERSON MAKING THE REQUEST.

2. DOCUMENT THE PHYSICAL DESCRIPTION OF THE PERSON MAKING THE REQUEST.

3. IMMEDIATELY NOTIFY A LAW ENFORCEMENT AGENCY IN THIS STATE OF THE REQUEST.

D. FOR THE PURPOSES OF THIS SECTION:

1. "FLAG" MEANS TO INDICATE ON A CHILD'S REGISTERED BIRTH CERTIFICATE THAT THE CHILD IS A MISSING CHILD.

2. "MISSING CHILD" MEANS A CHILD WHOSE LOCATION CANNOT BE DETERMINED AND WHO IS REPORTED TO A LAW ENFORCEMENT AGENCY AS ABDUCTED, LOST OR A RUNAWAY.

**ARTICLE 4. FEES AND VITAL RECORD INFORMATION****36-341. Fees received by state and local registrars**

A. THE STATE REGISTRAR SHALL ESTABLISH BY RULE THE FEES, IF ANY, TO BE CHARGED FOR SEARCHES, COPIES OF REGISTERED CERTIFICATES, CERTIFIED COPIES OF REGISTERED CERTIFICATES, AMENDING REGISTERED CERTIFICATES AND CORRECTING CERTIFICATES.

B. IN ADDITION TO FEES COLLECTED PURSUANT TO SUBSECTION A OF THIS SECTION, THE STATE REGISTRAR SHALL ASSESS AN ADDITIONAL ONE DOLLAR SURCHARGE ON FEES FOR ALL CERTIFIED COPIES OF REGISTERED BIRTH CERTIFICATES. THE STATE REGISTRAR SHALL DEPOSIT, PURSUANT TO SECTIONS 35-146 AND 35-147, ALL MONIES RECEIVED FROM THE SURCHARGE IN THE CONFIDENTIAL INTERMEDIARY AND FIDUCIARY FUND ESTABLISHED BY SECTION 8-135.

C. THE STATE REGISTRAR SHALL KEEP A TRUE AND ACCURATE ACCOUNT OF ALL FEES COLLECTED BY THE STATE REGISTRAR UNDER THIS CHAPTER AND, UNTIL JULY 1, 2006, SHALL DEPOSIT, PURSUANT TO SECTIONS 35-146 AND 35-147, FORTY PER CENT OF THESE MONIES IN THE VITAL RECORDS ELECTRONIC SYSTEMS FUND ESTABLISHED BY SECTION 36-341.01 AND THE REMAINING SIXTY PER CENT IN THE STATE GENERAL FUND. BEGINNING ON JULY 1, 2006, THE STATE REGISTRAR SHALL DEPOSIT, PURSUANT TO SECTIONS 35-146 AND 35-147, ALL OF THESE MONIES IN THE STATE GENERAL FUND.

D. A LOCAL REGISTRAR SHALL KEEP A TRUE AND ACCURATE ACCOUNT OF ALL FEES COLLECTED BY THE LOCAL REGISTRAR UNDER THIS CHAPTER AND SHALL DEPOSIT THEM WITH THE COUNTY TREASURER TO BE CREDITED TO A SPECIAL REGISTRATION AND STATISTICAL REVENUE ACCOUNT OF THE HEALTH DEPARTMENT FUND.

E. IN ADDITION TO FEES COLLECTED PURSUANT TO SUBSECTION A OF THIS SECTION, THE DEPARTMENT SHALL ASSESS AN ADDITIONAL ONE DOLLAR SURCHARGE ON FEES FOR ALL CERTIFIED COPIES OF REGISTERED DEATH CERTIFICATES. THE DEPARTMENT SHALL DEPOSIT, PURSUANT TO SECTIONS 35-146 AND 35-147, MONIES RECEIVED FROM THE SURCHARGE IN THE CHILD FATALITY REVIEW FUND ESTABLISHED BY SECTION 36-3504.

F. THE STATE REGISTRAR MAY EXEMPT AN AGENCY AS DEFINED IN SECTION 41-1001 FROM ANY FEE REQUIRED BY THIS SECTION, SECTION 8-135 OR SECTION 36-3504.

**36-341.01. Vital records electronic systems fund; purpose; nonlapsing**

A. THE VITAL RECORDS ELECTRONIC SYSTEMS FUND IS ESTABLISHED CONSISTING OF MONIES COLLECTED PURSUANT TO SECTION 36-341. THE DIRECTOR SHALL ADMINISTER THE FUND. THE DIRECTOR SHALL USE FUND MONIES FOR COSTS ASSOCIATED WITH THE VITAL RECORDS AUTOMATION SYSTEM.

**B. FUND MONIES:**

- 1. DO NOT REVERT TO THE STATE GENERAL FUND.
- 2. ARE EXEMPT FROM THE PROVISIONS OF SECTION 35-190 RELATING TO LAPSING OF APPROPRIATIONS.
- 3. ARE CONTINUOUSLY APPROPRIATED.

C. ON NOTICE FROM THE DIRECTOR, THE STATE TREASURER SHALL INVEST AND DIVEST THE MONIES IN THE FUND AS PROVIDED BY SECTION 35-313, AND MONIES EARNED FROM INVESTMENT SHALL BE CREDITED TO THE FUND.

**36-342. Disclosure of information; prohibition**

A. THE STATE REGISTRAR MAY PROVIDE INFORMATION CONTAINED IN VITAL RECORDS TO PERSONS, INCLUDING FEDERAL, STATE, LOCAL AND OTHER AGENCIES, AS REQUIRED BY LAW AND FOR STATISTICAL OR RESEARCH PURPOSES.

B. EXCEPT AS AUTHORIZED BY LAW, A LOCAL REGISTRAR, A DEPUTY LOCAL REGISTRAR OR THE STATE REGISTRAR OR THEIR EMPLOYEES SHALL NOT:

- 1. PERMIT INSPECTION OF A VITAL RECORD OR EVIDENTIARY DOCUMENT SUPPORTING THE VITAL RECORD.
- 2. DISCLOSE INFORMATION CONTAINED IN A VITAL RECORD.
- 3. TRANSCRIBE OR ISSUE A COPY OF ALL OR PART OF A VITAL RECORD.

**36-343. Duty to provide information to the state registrar**  
A PERSON WHO HAS KNOWLEDGE OF INFORMATION RELATING TO A BIRTH, DEATH OR FETAL DEATH MUST PROVIDE THIS INFORMATION TO THE STATE REGISTRAR ON REQUEST.

**36-344. Violation; classification**

A. A PERSON IS GUILTY OF A CLASS 1 MISDEMEANOR IF THE PERSON:

1. KNOWINGLY MAKES A FALSE STATEMENT IN A CERTIFICATE OR RECORD REQUIRED TO BE FILED PURSUANT TO THIS CHAPTER OR IN AN APPLICATION FOR AN AMENDMENT OF A CERTIFICATE OR WHO KNOWINGLY SUBMITS FALSE INFORMATION INTENDING THAT THE INFORMATION BE USED IN THE CREATION OR AMENDMENT OF A CERTIFICATE.

2. WITHOUT LAWFUL AUTHORITY AND WITH THE INTENT TO DECEIVE MAKES, ALTERS, AMENDS, MUTILATES OR REMOVES A CERTIFICATE OR RECORD REQUIRED TO BE SUBMITTED PURSUANT TO THIS CHAPTER OR A CERTIFIED COPY OF A REGISTERED CERTIFICATE.

3. KNOWINGLY USES OR FURNISHES FOR USE TO ANOTHER FOR THE PURPOSE OF DECEPTION A CERTIFICATE OR RECORD REQUIRED TO BE SUBMITTED PURSUANT TO THIS CHAPTER OR A CERTIFIED COPY OF A REGISTERED CERTIFICATE THAT HAS BEEN MADE, ALTERED, AMENDED OR MUTILATED.

4. WITH THE INTENT TO DECEIVE, KNOWINGLY USES A BIRTH CERTIFICATE OR A CERTIFIED COPY OF A REGISTERED BIRTH CERTIFICATE KNOWING THAT THE BIRTH CERTIFICATE OR CERTIFIED COPY OF THE REGISTERED BIRTH CERTIFICATE WAS ISSUED ON A RECORD THAT IS FALSE IN WHOLE OR IN PART OR THAT RELATES TO THE BIRTH OF ANOTHER PERSON.

5. KNOWINGLY FURNISHES A BIRTH CERTIFICATE OR CERTIFIED COPY OF A REGISTERED BIRTH CERTIFICATE WITH THE INTENT THAT IT BE USED BY A PERSON OTHER THAN THE PERSON NAMED ON THE BIRTH CERTIFICATE.

6. KNOWINGLY FAILS OR REFUSES TO REPORT A DEATH TO A PEACE OFFICER OR, WITHOUT PROPER AUTHORITY, TAKES, REMOVES OR OTHERWISE DISTURBS THE HUMAN REMAINS, CLOTHING OR ARTICLES OF THE DECEASED PERSON.

B. A PERSON IS GUILTY OF A CLASS 3 MISDEMEANOR IF THE PERSON:

1. KNOWINGLY TRANSPORTS OR ACCEPTS FOR TRANSPORTATION OR DISPOSITION HUMAN REMAINS WITHOUT AN ACCOMPANYING DISPOSITION-TRANSIT PERMIT AS REQUIRED BY THIS CHAPTER.

2. REFUSES TO PROVIDE INFORMATION REQUIRED BY THIS CHAPTER.

3. KNOWINGLY DISREGARDS ANY PROVISION OF THIS CHAPTER OR REFUSES TO PERFORM ANY OF THE DUTIES IMPOSED BY THIS CHAPTER.

**36-345. Effect of registration**

A CERTIFICATE REGISTERED PURSUANT TO THIS CHAPTER AND RULES ADOPTED PURSUANT TO THIS CHAPTER IS PRIMA FACIE EVIDENCE OF THE FACTS STATED IN THE CERTIFICATE.

**ARTICLE 5. PRESERVING AND ARCHIVING VITAL RECORDS**

**36-351. Duties of the director; Arizona state library, archives and public records**

A. THE DIRECTOR SHALL PROVIDE SAFE, SECURE AND PERMANENT PRESERVATION OF VITAL RECORDS. THE DIRECTOR SHALL COMPLY WITH PRESERVATION REQUIREMENTS ESTABLISHED BY THE ARIZONA STATE LIBRARY, ARCHIVES AND PUBLIC RECORDS PURSUANT TO SECTION 39-101.

B. THE DIRECTOR SHALL SUBMIT TO THE ARIZONA STATE LIBRARY, ARCHIVES AND PUBLIC RECORDS FOR PERMANENT PRESERVATION, A COPY OF A PERSON'S:

1. REGISTERED BIRTH CERTIFICATE SEVENTY-FIVE YEARS AFTER THE PERSON'S DEATH.



2. REGISTERED DEATH CERTIFICATE FIFTY YEARS AFTER THE PERSON'S DEATH.

C. PURSUANT TO SECTION 41-1339, SUBSECTION D, THE ARIZONA STATE LIBRARY, ARCHIVES AND PUBLIC RECORDS SHALL PROVIDE ACCESS TO REGISTERED BIRTH CERTIFICATES AND REGISTERED DEATH CERTIFICATES SUBMITTED PURSUANT TO SUBSECTION B OF THIS SECTION.

D. EACH CALENDAR YEAR, THE DIRECTOR SHALL REPRODUCE ON PERMANENT MEDIA ESTABLISHED BY THE ARIZONA STATE LIBRARY, ARCHIVES AND PUBLIC RECORDS PURSUANT TO SECTION 39-101, VITAL RECORDS REGISTERED FOR THE CALENDAR YEAR INCLUDING AN INDEX. THE DIRECTOR SHALL SUBMIT THE VITAL RECORDS AND INDEX TO THE ARIZONA STATE LIBRARY, ARCHIVES AND PUBLIC RECORDS, WHICH SHALL PROVIDE FOR THE CONFIDENTIAL SAFEKEEPING OF THE VITAL RECORDS AND INDEX.

Sec. 9. Section 36-341, Arizona Revised Statutes, as added by this act, is amended to read:

**36-341. Fees received by state and local registrars**

A. The state registrar shall establish by rule the fees, if any, to be charged for searches, copies of registered certificates, certified copies of registered certificates, amending registered certificates and correcting certificates.

B. In addition to fees collected pursuant to subsection A of this section, the state registrar shall assess an additional one dollar surcharge on fees for all certified copies of registered birth certificates. The state registrar shall deposit, pursuant to sections 35-146 and 35-147, all monies received from the surcharge in the confidential intermediary and fiduciary fund established by section 8-135.

C. The state registrar shall keep a true and accurate account of all fees collected by the state registrar under this chapter and, ~~until July 1, 2006, shall deposit, pursuant to sections 35-146 and 35-147, forty per cent of these monies in the vital records electronic systems fund established by section 36-341.01 and the remaining sixty per cent in the state general fund. Beginning on July 1, 2006, the state registrar shall deposit, pursuant to sections 35-146 and 35-147, all of these monies in the state general fund.~~

D. A local registrar shall keep a true and accurate account of all fees collected by the local registrar under this chapter and shall deposit them with the county treasurer to be credited to a special registration and statistical revenue account of the LOCAL REGISTRAR health department fund.

E. In addition to fees collected pursuant to subsection A of this section, the department shall assess an additional one dollar surcharge on fees for all certified copies of registered death certificates. The department shall deposit, pursuant to sections 35-146 and 35-147, monies received from the surcharge in the child fatality review fund established by section 36-3504.

F. The state registrar may exempt an agency as defined in section 41-1001 from any fee required by this section, section 8-135 or section 36-3504.

**Sec. 10. Nurse practitioner education requirements**

A. Notwithstanding section 36-325, Arizona Revised Statutes, as added by this act, a nurse practitioner shall not complete and sign a medical certification of death until that nurse practitioner has completed education and documentation requirements prescribed by the state board of nursing.

B. On or before December 1, 2004, the state board of nursing, after consultation with an advisory committee appointed by the board, shall adopt policies prescribing a curriculum and documentation procedure for compliance with this section.

C. The advisory committee shall include a representative of the department of health services appointed by the director of the department, a public health officer from a county with a population of more than one million persons and a county medical examiner appointed by the board.

D. The board is exempt from title 41, chapter 6, articles 3 and 5, Arizona Revised Statutes, for the purposes of prescribing education and documentation requirements pursuant to this section.

**Sec. 11. Retention of rules**

All rules adopted pursuant to title 36, chapter 3, Arizona Revised Statutes, as repealed by this act and in effect before the effective date of this act remain in full force and effect until amended by the department of health services pursuant to title 36, chapter 3, Arizona Revised Statutes, as added by this act.

**Sec. 12. Effective date**

Section 36-341, Arizona Revised Statutes, as amended by section 9 of this act, is effective from and after June 30, 2006.

**Sec. 13. Delayed repeal**

Section 36-341.01, Arizona Revised Statutes, as added by this act, is repealed from and after June 30, 2006.

Approved by the Governor April 19, 2004.

Filed in the Office of the Secretary of State April 19, 2004.

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**INDEPENDENT REDISTRICTING COMMISSION—APPROPRIATION**

**CHAPTER 118**

**H.B. 2202**

**AN ACT MAKING A SUPPLEMENTAL APPROPRIATION TO THE INDEPENDENT REDISTRICTING COMMISSION FOR OPERATING EXPENSES.**

Be it enacted by the Legislature of the State of Arizona:

**Section 1. Supplemental appropriation; purpose; exemption**

A. In addition to the monies authorized for payment of expenses of the independent redistricting commission pursuant to article IV, part 2, section 1, Constitution of Arizona, the sum of \$2,500,000 is appropriated from the state general fund in fiscal year 2003-2004 to the independent redistricting commission for fees, costs and any other operating expenses incurred pursuant to article IV, part 2, section 1, Constitution of Arizona.

B. The appropriation made in subsection A of this section is exempt from the provisions of section 35-190, Arizona Revised Statutes, relating to lapsing, except that all monies remaining unexpended and unencumbered after payment of fees, costs and expenses of the commission revert to the state general fund.

Approved by the Governor April 19, 2004.

Filed in the Office of the Secretary of State April 19, 2004.

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**INSURANCE—INDIVIDUAL DEFERRED ANNUITIES**

**CHAPTER 119**

**H.B. 2239**

**AN ACT AMENDING SECTION 20-1232, ARIZONA REVISED STATUTES; RELATING TO INDIVIDUAL DEFERRED ANNUITIES.**

Be it enacted by the Legislature of the State of Arizona:

# **APPENDIX 11**

## **U.S. Standard Certificate of Live Birth**

**Birth Edit Specifications for the 2003 Revision of the  
U.S. Standard Certificate of Birth**

Updated 6/2021

*Note: This document replaces Instruction Manual Part 3a,  
“Classification and Coding Instructions for Live Birth Records”  
and  
“Birth Edit Specifications for the 2003 Proposed Revision of the  
U.S. Standard Certificate of Birth,” 7/2012 update*



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Item 57	IS INFANT LIVING AT THE TIME OF REPORT?
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## **PLACEHOLDER FIELDS**

## **FILE PROCESSING ITEMS**

STATE OF BIRTH  
CERTIFICATE NUMBER  
VOID FLAG  
AUXILIARY STATE FILE NUMBER

## **APPENDICES**

APPENDIX A	COUNTRY CODES
APPENDIX B	STATE, TERRITORY, AND CANADIAN PROVINCE CODES
APPENDIX C	CITY AND COUNTY CODES
APPENDIX D	HISPANIC ORIGIN LOOK-UP TABLE
APPENDIX E	RACE CODES

Item Title: **TIME OF BIRTH (24hr)**

Item Number: **2 Certificate, 19 Facility Worksheet**

Description: Hour and minute infant was born. For a detailed definition and instructions see:  
<https://www.cdc.gov/nchs/nvss/facility-worksheets-guide.htm?Sort=URL%3A%3Aasc>

Source of Information:

Preferred Source: Labor and delivery, newborn admission history and physical

Other Source: Attendant (non-facility births only)

## INSTRUCTIONS

### FOR A PAPER RECORD:

Print or type the hour and minute of birth using a 24-hour clock.  
If the time of birth is not known, enter “Unknown” in the space.

Based on the recommendation of the National Institute of Standards and Technology it is strongly recommended that the 24-hour clock with the range of 0000-2359 be used. 0000 is considered the start of the new day.

TIME OF BIRTH

\_\_\_\_\_ (24hr)

### FOR AN ELECTRONIC RECORD:

**EBR Developer** (*Instructions are in Italics*)

*To report the “Time of Birth” use a 24-hour clock and four-digit entry field.*

Hour and minute of birth\_\_\_\_\_

**PROCESSING VARIABLES:**

<u>NAME</u>	<u>DESCRIPTION</u>	<u>VALUES</u>	<u>DEFINITION</u>
TB	Hour and minute of birth	0000-2359, 9999	Unknown OR
		0001-2400, 9999	(See Edits) Unknown

**EDITS:**

Based on the recommendation of the National Institute of Standards and Technology it is strongly recommended that the 24-hour clock with the range of 0000-2359 be used. However, some facilities may use a 0001-2400 range in lieu of the 0000-2359 range. The only difference between these systems is in how the beginning of the new day, midnight (or 12:00 am using the 12-hour clock) to 59 seconds after midnight (12:00:59 am) is represented. For medical facilities the commonly used sequence is:

2359 (11:59 pm)  
0000 (12:00 am)  
0001 (12:01 am).

However, for the military (but not necessarily military medical institutions) the sequence is:

2359(11:59 pm)  
2400 (12:00 am)  
0001 (12:01 am).

The new day begins at 0000 or 2400 (midnight) (0001 = 1 minute after midnight, etc.). These latter systems should convert 2400 to 0000 for transmission to NCHS purposes.

**ELECTRONIC RECORD****Before the record is transmitted to the State**

*Values must be in the range 0000-2359, 9999 or 0001-2400, 9999. If the value is outside the range, an error message should appear showing the invalid value and asking that a new value be entered.*



## STATE FILE CONSIDERATIONS

The hour should be recorded using a 24-hour clock. However, States may wish to convert the recorded time on the electronic record to the standard 12-hour clock when printing paper copies of the certificate for families.

- For 0000 to 0059 add 1200 hours and “a.m.”
- For 0100 to 1159 add “a.m.”
- For 1200 to 1259 add “p.m.”
- For 1300 to 2359 subtract 1200 hours and add “p.m.”

If states elect to use a database system that has an option of storing dates as “date type variables,” the system must meet the criteria listed under transmission.

## NCHS TRANSMISSION FILE

### VARIABLES:

<u>NAME</u>	<u>LENGTH</u>	<u>TYPE</u>	<u>VALUES</u>
TB	4	Numeric	0000-2359, 9999

Item Title: **SEX**

Item Number: **3 Certificate, 32 Facility Worksheet**

Description: The sex of the infant. For a detailed definition and instructions see: <https://www.cdc.gov/nchs/nvss/facility-worksheets-guide.htm?Sort=URL%3A%3Aasc>

Source of Information:

Preferred Source: Delivery record, Infant's medical record

## INSTRUCTIONS

### FOR A PAPER RECORD:

Print or type whether the infant is male, female or if the sex of the infant is not yet determined.

SEX  
\_\_\_\_\_

### FOR AN ELECTRONIC RECORD:

**EBR Developer** (*Instructions are in Italics*)

*When the item is to be completed, the following menu should be used to select one response:*

#### **Sex**

- Male
- Female
- Not yet determined

*A response of "Not yet determined" on the initial entry screen should be verified at the final review screen.*

**PROCESSING VARIABLES:**

<u>NAME</u>	<u>DESCRIPTION</u>	<u>VALUES</u>	<u>DEFINITION</u>
ISEX	The sex of the infant	M	Male
		F	Female

Item must be completed. If the record is filed with an N code, send the record to NCHS but query the hospital until a determination of the infant's sex is made. Send the updated record to NCHS with the update file

**PAPER RECORD**

Records filed with this field blank or with "not yet determined" are queried. If there is no response to the query, retain the "Not yet determined" code. Send the record to NCHS on the data file but continue to query until a determination of the infant's sex is made. The revised record should then be sent to NCHS with the updated file.

**STATE FILE CONSIDERATIONS**

An N code for "not yet determined" should not be allowed for any record in the file at the time the file is closed. NCHS will query states to obtain the sex of the infant for all records still retaining the N code at the time the file is closed.

**NCHS TRANSMISSION FILE****VARIABLES:**

<u>NAME</u>	<u>LENGTH</u>	<u>TYPE</u>	<u>VALUES</u>
ISEX	1	Alpha character string	M, F, N

Item Title: **DATE OF BIRTH (INFANT)**

Item Number: **4 Certificate, 18 Facility Worksheet**

Description: The infant's date of birth. For a detailed definition and instructions see: <https://www.cdc.gov/nchs/nvss/facility-worksheets-guide.htm?Sort=URL%3A%3Aasc>

Source of Information:

Preferred Source: Labor and delivery, newborn admission history and physical

## INSTRUCTIONS

### FOR A PAPER RECORD:

Print or type the month, day, and four-digit year of birth. Please spell out the month of birth. Numeric abbreviations are acceptable for the day and year of birth.

DATE OF BIRTH (Mo/Day/Year)

\_\_\_\_\_

### FOR AN ELECTRONIC RECORD:

**EBR Developer** (*Instructions are in Italics*)

*The Date of Birth is a three-field entry with the month, day, and year entered in separate fields.*

Month of infant's birth \_\_\_\_ \_\_\_\_

Day of infant's birth \_\_\_\_ \_\_\_\_

Year of infant's birth \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_



*The following instruction should appear in the help function when the infant's date of birth is not known (foundlings).*

**If the date of birth of the infant is not known because the infant is a foundling, enter the date the infant was found as the date of birth.**

**PROCESSING VARIABLES:**

<u>NAME</u>	<u>DESCRIPTION</u>	<u>VALUES</u>	<u>DEFINITION</u>
IDOB_YR	Year of Birth	4digit year	Must be equal to current data year
IDOB_MO	Month of Birth	01 02 03 04 05 06 07 08 09 10 11 12	January February March April May June July August September October November December
IDOB_DY	Day of Birth	01-31 01-29 01-31 01-30 01-31 01-30 01-31 01-31 01-30 01-31 01-30 01-31 01-30 01-31	January February March April May June July August September October November December

**EDITS:****ELECTRONIC RECORD****Before the record is transmitted to the State**

*If month is February and day = 29, year of birth should be a leap year. If not, an error message should appear and ask that the date be corrected.*

*The infant's date of birth must be earlier than or the same as the date the record is filed.*

**PAPER RECORD**

For paper records, the same edits are applied at the State level. Edits failed after re-entry through the edit screens will result in a listing of items to be queried and the item will be given a pending query status.

**STATE FILE CONSIDERATIONS**

While the paper document does not have separate fields for each element of the date, it is recommended that the date be entered and stored as three separate fields.

If states elect to use a database system that has an option of storing dates as “date type variables,” then the system must meet the criteria listed under transmission standards.

**NCHS TRANSMISSION FILE****VARIABLES:**

<u>NAME</u>	<u>LENGTH</u>	<u>TYPE</u>	<u>VALUES</u>
IDOB_YR	4	Numeric or “date type”	Must be equal to current data year
IDOB_MO	2	Numeric or “date type”	01-12
IDOB_DY	2	Numeric or “date type”	01-31 (based on month)

Item Titles:           **FACILITY NAME**  
                              **CITY, TOWN OR LOCATION OF BIRTH**  
                              **COUNTY OF BIRTH**  
                              **FACILITY ID (NPI)**  
                              **PLACE WHERE BIRTH OCCURRED**

Item Numbers:       **5 Certificate, 1 Facility Worksheet**  
                              **6 Certificate, 3 Facility Worksheet**  
                              **7 Certificate, 4 Facility Worksheet**  
                              **17 Certificate, 2 Facility Worksheet**  
                              **26 Certificate, 5 Facility Worksheet**

Descriptions:       The name of the facility where the delivery took place  
                              The city, town or location of birth  
                              The county of birth  
                              The facility's National Provider Identification (NPI) or if  
                                      no NPI, the state hospital code  
                              The type of place where the birth occurred

For a detailed definitions and instructions see:  
<https://www.cdc.gov/nchs/nvss/facility-worksheets-guide.htm?Sort=URL%3A%3Aasc>

Source of Information:

Preferred Source: Admission history and physical, delivery record,  
                              basic admission data, progress notes  
Other Source:        Attendant (non-facility births only)

## **INSTRUCTIONS**

### **FOR A PAPER RECORD:**

Item 5.

Type or print the name of the facility where the birth occurred. If this birth did not occur in a hospital or freestanding birthing center, please type or print the street and number of the place where the birth occurred. If the birth occurred enroute, that is in a moving

conveyance, type or print the city, town, village, or location where the child was first removed from the conveyance. If the birth occurred in international air space or waters enter “plane” or “boat.”

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

\_\_\_\_\_

Item 6.

Type or print the name of the city, town, township, village or other location where the birth occurred. If the birth occurred in international waters or air space, enter the location where the infant was first removed from the boat or plane.

CITY, TOWN, OR LOCATION OF BIRTH

\_\_\_\_\_

Item 7.

Type or print the name of the county where the birth occurred. If the birth occurred in international waters or air space, enter the name of the county where the infant was first removed from the boat or plane.

COUNTY OF BIRTH

\_\_\_\_\_

Item 17.

Print the facility’s National Provider Identification Number (NPI) or, if no NPI, the state hospital code.

FACILITY ID. (NPI)

\_\_\_\_\_

Item 26.

Please check the box that best describes the type of place where the birth occurred. If the type of place is not known, type or print “Unknown” in the space.

PLACE WHERE BIRTH OCCURRED (Check one)

- Hospital
- Freestanding birthing center
- Home Birth: Planned to deliver at home? Yes No
- Clinic/Doctor’s office
- Other (Specify)\_\_\_\_\_



**FOR AN ELECTRONIC RECORD:**

**EBR Developer:** (*Instructions are in Italics*)

*The initial question should ask if the birth occurred in this facility, if the answer is “yes,” or “born enroute,” all the items (5,6,7,26) and the state facility code should be automatically completed from a table look up allowing the keyer to skip these items and move to the next item.*

*EBR software should have a table for each facility that contains information about the facility, as well as a roster of attendants and certifiers. A mechanism for updating the information such as a change in name, status, and the roster is needed. In addition, a mechanism for adding and deleting NPI numbers is necessary.*

*If the answer is “no,” the following will appear:*

Please check the box below that best describes the type of place where the birth occurred.

- Hospital
- Freestanding birthing center
- Home Birth:
  - Planned to deliver at home?
    - Yes
    - No
    - Unknown
- Clinic/Doctor’s office
- Other (Specify)\_\_\_\_\_ e.g. taxi, train, plane
- Unknown place of birth
- 

*If “Hospital” or “Freestanding birthing center” is checked, the following will appear:*

Name of the facility:\_\_\_\_\_

*If “Home Birth,” or “Clinic/Doctor’s office” is checked, the following will appear:*

Street and Number\_\_\_\_\_

City, town, or location\_\_\_\_\_

County\_\_\_\_\_

*If “Unknown” is checked, all the fields will be filled with the “Unknown” code.*

*If the birth occurred enroute, that is in a moving conveyance, enter the city, town, village, or location where the child was first removed from the conveyance. If the birth occurred in an airplane or boat enter boat (lake\_\_\_\_) or boat (international waters) etc.*

City, town, or location\_\_\_\_\_

County\_\_\_\_\_

Location\_\_\_\_\_

### **PROCESSING VARIABLES:**

<u>NAME</u>	<u>DESCRIPTION</u>	<u>VALUES</u>	<u>DEFINITION</u>
FNAME	Name of facility	Alpha/numeric	
FNPI	Facility NPI number	Alpha/numeric	
SFN	State facility number	Alpha/numeric	
FLOC	City town or location of birth	Alpha/numeric	
CNAME	County name where birth occurred	Alpha character string	
CNTYO	County code	Numeric (Appendix C)	
BPLACE	Birthplace	1 2 3 4 5 6 7 9	Hospital Freestanding Birthing Center Home (intended) Home (not intended) Home (unknown if intended) Clinic/Doctor's Office Other Unknown

### **EDITS:**

#### **ELECTRONIC RECORD**

#### **Before the record is transmitted to the State**

*Valid FIPS codes are assigned to county of birth. If county cannot be located in the facility information table, a message should appear indicating the county is not a valid county. The message should ask that the spelling be checked and the item re-entered. Or a drop-down list of counties to choose from could be offered. It is recommended to reenter the county rather than having a drop-down menu.*

**Place of Birth Item:**

*If item is not completed and clerk proceeds to the next item, the item is flagged to be put on the list of items needed for completion before the certificate can be filed or printed (final review screen).*

*Must be a valid code as indicated above. If “home” is checked and none of the subcategories are checked, or “Unknown” is checked, the item is assigned the “home unknown” code and the following message should appear.*

**The record indicates that this birth occurred at home.**

**Please query either the attendant or the mother to determine if the mother intended to have a home birth.**

**Item will be flagged for completion at a later time or at the final review screen.**

***Both the home (intended) and home (not intended) boxes cannot be checked.***

#### PAPER RECORD

Query if item is not completed. If no response to query, assign the “Unknown” code.

If home delivery is checked but neither the planned at home “Yes” or “No” box is checked, query. If no response to query, assign the “home (unknown if intended)” code.

#### STATE FILE CONSIDERATIONS

It is recommended that states have an adequate character field length (e.g. 55-character field length) to maintain the literal entries to certificate item 5. In addition, they will need fields for city, town, or location; county, and the type of place codes. Only the county codes and type of place codes will be transmitted to NCHS. County codes will be assigned immediately by table look up when an EBR is completed. City, town and location codes can be handled similarly. For paper records it is suggested that the literals be keyed and table look-ups be used for coding.

For certificate item 26, states may elect to code the “Other (specify)” responses. An adequate character field length (e.g., 15-character field) to capture the literals and an adequate digit field length (e.g., 2-digit field) for codes, if the state elects to code will be needed.

**NCHS TRANSMISSION FILE****VARIABLES:**

<b><u>NAME</u></b>	<b><u>LENGTH</u></b>	<b><u>TYPE</u></b>	<b><u>VALUES</u></b>
CNTYO	3	Numeric	Appendix C
BPLACE	1	Numeric	1-7, 9
FNPI	12	Alpha/numeric	
SFN	4	Alpha/numeric	



Item Title: **DATE OF BIRTH (MOTHER)**

Item Number: **8b Certificate, 6 Mother's Worksheet**

Description: The mother's date of birth

Source of Information:

Preferred Source: Mother

(NOTE: The mother is defined as the woman who gave birth to or delivered the infant.)

## INSTRUCTIONS

### FOR A PAPER RECORD:

Print or type the month (spelled out), day, and four-digit year of birth.

If the mother's Date of Birth is unknown, then print "Unknown." If part of Date of Birth is unknown, enter the known parts and leave the remaining parts blank.

DATE OF BIRTH (Mo/Day/Year)

---

### FOR AN ELECTRONIC RECORD:

**EBR Developer** (*Instructions are in Italics*)

*The Date of Birth item is a three-field entry with the month, day, and year entered in separate fields.*

*When the item is to be completed, the following message should appear at the top of the screen and remain on the screen until the last field of the date is completed:*

**If only part of the Mother's date of birth is known, enter all parts that are known and leave the unknown parts blank.**

**If the date of birth of the mother is not known at this time, leave blank.**

Month of mother's birth \_\_\_\_ \_\_\_\_

Day of mother's birth \_\_\_\_ \_\_\_\_

Year of mother's birth \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_

*If the date of birth is not known at this time, the item will be pended and will appear on the final review screen.*

*Any fields left blank will be filled with 9s. (Alternatively, "hot keys" for unknown numeric values may be used in place of leaving values blank.)*

**PROCESSING VARIABLES:**

<u>NAME</u>	<u>DESCRIPTION</u>	<u>VALUES</u>	<u>DEFINITION</u>
MDOB_YR	Year of Birth	4-digit year	Must be less than child's year of birth
		9999	Unknown
MDOB_MO	Month of Birth	01	January
		02	February
		03	March
		04	April
		05	May
		06	June
		07	July
		08	August
		09	September
		10	October
		11	November
		12	December
		99	Unknown
MDOB_DY	Day of Birth	01-31	January
		01-29	February
		01-31	March
		01-30	April
		01-31	May
		01-30	June
		01-31	July

	01-31	August
	01-30	September
	01-31	October
	01-30	November
	01-31	December
	99	Unknown
MAGE_CALC Calculated age	00-98	
	99	Unknown
MAGE_BYPASS	0	Off
	1	On (data queried)

**EDITS:**

## ELECTRONIC RECORD

**Before the record is transmitted to the State**

*All blank fields will be converted to all 9s.*

*If month is February and day = 29, year of birth should be a leap year. If not, an error message should appear and ask that the date be corrected.*

*Age is calculated using mother's date of birth (completed dates only) and the child's date of birth.*

*Calculated age must be >8 and < 65.*

*If age is outside this range a message appears that reads:*

**Mother's age is out of acceptable limits, please check the mother's date of birth and re-enter the date.**

*The entry screen for the mother's date of birth appears.*

*Age is recalculated and if still outside the acceptable limits the MAGE\_BYPASS variable is set to ON-1*

## PAPER RECORD

Records filed with no age of mother are queried. For those records with stated "age of mother" the same edits described above are applied. Failed edits are to be queried.

## STATE FILE CONSIDERATIONS

While the paper document does not have separate fields for each element of the date, it is recommended that the date be entered and stored as three separate fields.

If states elect to use a database system that has an option of storing dates as “date type variables,” then the system must meet the criteria listed under transmission standards.

## NCHS TRANSMISSION FILE

### VARIABLES:

<u>NAME</u>	<u>LENGTH</u>	<u>TYPE</u>	<u>VALUES</u>
MDOB_YR	4	Numeric or “date type”	4-digit year, <child’s year of birth, 9999
MDOB_MO	2	Numeric or “date type”	01-12, 99
MDOB_DY	2	Numeric or “date type”	01-31 (based on month), 99
MAGE_BYPASS	1	Numeric	0,1



Item Title: **BIRTHPLACE (STATE, TERRITORY, OR FOREIGN COUNTRY)**

Item Number: **8d Certificate, 7 Mother's Worksheet**

Description: The geographic location of the mother's place of birth.

Source of Information:

Preferred Source: Mother or other informant

## INSTRUCTIONS

### FOR A PAPER RECORD:

Print or type the name of the U.S. State or U.S. Territory in which the mother was born. If the mother was born outside of the U.S., print or type the name of the country in which the mother was born. U.S. territories are: Puerto Rico, U.S. Virgin Islands, Guam, American Samoa, and Northern Marianas. If the mother's birthplace is not known, print or type "Unknown" in the space.

BIRTHPLACE (U.S. State or Canadian Province/Territory, U.S. Territory, or Foreign Country)

---

### FOR AN ELECTRONIC RECORD:

**EBR Developer** (*Instructions are in Italics*)

*There should be a screen with separate entry spaces each for state, territory, and country of birth. The series of items to be captured with instructions is suggested below.*

**Birthplace of Mother**  
(Please enter for only one field)

Mother's U.S. State or Canadian Province/Territory of Birth

---

OR

Mother's U.S. Territory of Birth \_\_\_\_\_

OR

Mother's Country of Birth \_\_\_\_\_ (if born outside the U.S.)

 Mother's birthplace unknown

*If unknown is recorded on the worksheet or if the informant does not know, check the "Mother's birthplace unknown" box.*

*As soon as an acceptable entry is made in any one of the fields, the screen moves on to the next item on the worksheet to avoid entries in more than one birthplace field.*

*"Incremental browsing" may be used to facilitate quicker selection of the mother's birthplace. Incremental browsing refers to the process in which the keyer enters the first or so letter of the state, territory or country and the system automatically presents the list of places beginning with that letter(s). The keyer then can more readily select the correct locale without typing in the rest of the word. For example, for the Mother's country of birth, when the keyer enters the letter "C" the system would automatically go to where "Cambodia" is on the list. If the keyer enters the letters "Ch," the system would automatically go to where "Chad" is on the list.*

**PROCESSING VARIABLES:**

<u>NAME</u>	<u>DESCRIPTION</u>	<u>VALUES</u>
BPLACE_ST	Mother's state or Canadian Province/Territory of birth (literal)	Literal entry, blank
BPLACE_TER	Mother's territory of birth (literal)	Literal entry, blank
BPLACE_CNT	Mother's country of birth (literal)	Literal entry, blank
BPLACEC_ST_TER	Code for Mother's state or territory of birth	Appendix B
BPLACEC_CNT	Code for Mother's country of birth	Appendix A

**TRANSLATIONS:**

*Literal entries for U.S. States, U.S. Territories, and Canadian province/Territory must be converted to FIPS 5-2, two-character codes (Appendix B).*

*Literal entries for U.S. States, U.S. Territories, and Canadian province/Territory must be combined to a single field (BPLACEC\_ST\_TER) when coded.*

*Literal entries for countries must be coded two-character FIPS10-4 codes for countries (Appendix A).*

*If the “unknown” box is checked, the value ZZ is assigned to all fields.*

**EDITS:**

**ELECTRONIC RECORD**

**Before the record is transmitted to the State**

*Entries in all fields transmitted to NCHS must be valid FIPS codes or ZZ (Appendix A and B).*

*If there is an entry in the U.S. State/Territory field other than ZZ, country and unknown fields must be blank.*

*If there is an entry in the country field other than ZZ, the U.S State/Territory and unknown fields must be blank.*

*If there is an entry in either field other than ZZ, the unknown field must be blank.*

**STATE FILE CONSIDERATIONS**

Suggested field names are:

<b>State of birth</b>	<b>BPLACE_ST_TER</b>
<b>Country of birth</b>	<b>BPLACE_CNT</b>

A field length of 30 characters for each field is suggested.

States may also opt to retain coded fields as well as the literal entries. If coded fields are maintained as well, there are HISSB standards that should be used. Literals for countries should be assigned codes using two-character FIPS 10-4 codes (Appendix A).

## NCHS TRANSMISSION FILE

### VARIABLES:

<u>NAME</u>	<u>LENGTH</u>	<u>TYPE</u>	<u>VALUES</u>
BPLACEC_ST_TER	2	Alphabetic	Appendix B
BPLACEC_CNT	2	Alphabetic	Appendix A



Item Title:           **RESIDENCE OF MOTHER:  
STATE  
COUNTY  
CITY, TOWN OR LOCATION  
STREET AND NUMBER  
APT. NO.  
ZIP CODE  
INSIDE CITY LIMITS?**

Item Number:       **9a – 9g Certificate; 3, 4 Mother’s Worksheet**

Description:        The geographic location of the mother’s residence

Source of Information:

                          Preferred Source: Mother or other informant

**INSTRUCTIONS:**

**FOR A PAPER RECORD:**

**Items 9a-9g.**

These items refer to the mother’s residence address, not her postal address. Do not include post office boxes or rural route numbers.

**Item 9a.**

This item is where the U.S. States and territories, and the provinces of Canada are recorded.

If the mother is a U.S. resident, print the U.S. State or territory where the mother lives. If the mother is a U.S. resident do not record “U.S.”

If the mother is a Canadian resident, print the name of the province or territory followed by “ / Canada.”

If the mother is not a resident of the U.S., its territories, or Canada, print the name of the mother’s country of residence.

## RESIDENCE OF MOTHER-STATE

**Item 9b & 9c.**

Print the county, city or town or location where the mother lives. If the mother is not a U.S. resident, leave these items blank.

COUNTY      CITY, TOWN, OR LOCATION

**Items 9d-9f.**

Print the mother's street name and number, apartment or room number, and zip code. If the mother is not a U.S. resident, leave these items blank.

For the street name, be sure to include any prefixes, directions and apartment numbers.

Examples:      South Main Street  
                  Walker Street NW

STREET AND NUMBER      APT. NO.      ZIP CODE

**Item 9g.**

Check whether the mother's residence is inside of city or town limits. If it is not known if the residence is inside the city limits, print "Unknown." If the mother is not a U.S. resident, leave this item blank.

INSIDE CITY LIMITS? (This item is optional if GIS codes for the mother's residence have been provided to NCHS.)

Yes                      No

**FOR AN ELECTRONIC RECORD:**

**EBR Developer** (*Instructions are in Italics*) *The collection of the mother's residence data should be set up to maximize the efficient use of GIS coding technology in order to improve the geographic allocation of these events. Two options for recording the street address are provided. In the second option, the street address will have to be parsed to separate out the pre- and post-directionals. Space in the State data files for the extended zip codes, latitude and longitude coordinates and centroids will have to be allowed.*

**PREFERRED METHOD:**

*If the “street” name has a direction as a prefix, enter the prefix in the space labeled “pre-directional”. If the “street” name has a direction after the name, enter the suffix in the space labeled “post-directional.”*

Examples: South Main Street. Enter the name as Main and the pre-direction as South.

Walker Street NW. Enter the name as Walker and NW in the post-directional space.

*If there are no pre- or post-directions, leave these spaces blank.*

- **Enter all parts of the address that are known. For example, a homeless woman could only have a city, county and state entered.**

*Data entry should be set up in the order identified below. When each item is to be completed specific instructions will appear. These are listed below.*

**OPTIONAL ACCEPTABLE METHOD I:**

*If the “street” name has a direction as a prefix, enter the prefix in front of the street name. If the “street” name has a direction after the name, enter the direction after the name.*

Examples: South Main Street. Enter the name as South Main.

Walker Street NW. Enter the name as Walker NW.

*While all the residence fields are being completed, the following general instructions should be on the screen.*

- **Residence of the mother is the place the mother actually resides.**
- **Do not report temporary residences such as on a visit, business trip, or vacation.**
- **Place of residence during a tour of military duty or attendance at college should be entered as the place of residence.**
- **For mothers who live in a group home, mental institution, penitentiary, or hospital for the chronically ill, report the location of the facility as the place of residence.**

1. Building number\_\_\_\_\_
2. Pre-directional\_\_\_\_\_
3. Name of the “street”\_\_\_\_\_
4. Street designator e.g., street, avenue, etc. \_\_\_\_\_
5. Post-directional \_\_\_\_\_
6. Apartment or room number\_\_\_\_\_

7. Name of the city, town, or other place of residence\_\_\_\_\_
8. County of the mother's residence\_\_\_\_\_
9. U.S. State, U.S. Territory, or Canadian Province of the residence \_\_\_\_\_
10. Zip code of the above address (either 5 or 9 digits)\_\_\_\_\_
11. Mother's country of residence\_\_\_\_\_

*The inside city limits question will appear only if the "Mother's country of residence" is USA, and "Name of city, town, or other place of residence is not "Unknown."*

12. Is mother's place of residence inside the city or town limits?

- Yes
- No
- Unknown

*When item 1 "Building number" is to be completed, the following instructions should appear:*

**Enter the building number assigned to the mother's residence. .**  
**Do not record a R.R. number or P.O. box.**  
**If the number is unknown, enter "Unknown."**

*When item 2 "Pre-directional" is to be completed, the following instructions should appear.*

**If the "street" name has a direction as a prefix, enter the prefix in the space labeled "pre-directional."**

**Example: South Main Street. Enter the pre-direction as South.**

**If there is no pre-direction, leave this space blank.**

*When item 3 "Street name" is to be completed, the following instructions should appear.*

**Enter the "street" name of the mother's residence.**  
**Do not enter a R.R. number.**

*When item 4 "Street designator" is to be completed, the following instruction should appear.*

**Enter the street designator.**  
**Examples of the street designators are words like Street, Avenue, Road, Circle, Court etc.**



*When item 5 “Post directional” is to be completed, the following instructions should appear.*

**If the “street” name has a direction after the name, enter the suffix in the space labeled “post-directional.”**

**Example: Walker Street N.W. Enter N.W in the post-directional space.**

**If there is no post-direction, leave this space blank.**

*When item 6 “Apartment number” is to be completed, the following instruction should appear.*

**If there is no apartment or room number associated with this residence, leave the item blank.**

*When item 7 “Name of city or town” is to be completed, no instructions are needed.*

*When item 8. “County of residence” is to be completed, the following instruction should appear.*

**If the mother resides in any country other than the U.S. or its Territories, leave this item blank.**

*When item 9. “U. S. State, U.S. territory, Canadian province, or Canadian Territory” is to be completed, the following instructions should appear.*

**Enter the U.S. State or U.S. territory.**

**If the mother resides in a Canadian province or Canadian territory, enter the name of the province or territory.**

*When item 10 “Zip code” is to be completed, the following instruction should appear.*

**If only the 5-digit Zip code is known, report that.**

**If the mother is not a resident of the U.S. or its territories, leave this item blank.**

*When item 11 “Country of residence” is to be completed, the following instructions should appear.*

**If a valid U.S. State or U.S. territory was entered in the previous item, “United States” will automatically be entered.**

**If a valid Canadian province or Canadian territory was entered in the previous item, “Canada” will automatically be entered.**

**If the mother is not a resident of the U.S., its territories, or Canada, enter the name of the mother’s country of residence.**

**If the mother’s country of residence is unknown, enter “Unknown.”**

*When item 12. “Inside city limits” is to be completed, the following instruction should appear.*

**If uncertain if the residence is inside the city or town limits, check the “Unknown” box.**

OR (Alternate Format II)

1. Building number\_\_\_\_\_
2. Name of the “street”\_\_\_\_\_
3. Street designator e.g., street, avenue, etc. \_\_\_\_\_
4. Apartment or room number\_\_\_\_\_
5. Name of the city, town, or other place of residence\_\_\_\_\_
  
6. County of the mother’s residence\_\_\_\_\_
7. U.S. State, U.S. Territory, or Canadian Province of the residence \_\_\_\_\_
8. Zip code of the above address (either 5 or 9 digits)\_\_\_\_\_
9. Mother’s country of residence\_\_\_\_\_

*The inside city limits question will appear only if the “Mother’s country of residence” is USA, and “Name of city, town, or other place of residence is not “Unknown.”*

10. Is mother’s place of residence inside the city or town limits?

- Yes
- No
- Unknown

**Instructions for the optional method:**

*When item 1 “Building” is to be completed, the following instructions should appear.*

**Enter the street number assigned to the mother’s residence.  
Do not record a R.R. number or P.O. box.  
If the number is unknown, enter “Unknown.”**

*When item 2 “Name of street” is to be completed, the following instructions should appear.*

**Enter the “street” name of the mother’s residence.  
Do not enter a R.R. number.**

**If the “street” name has a direction as a prefix, enter the prefix in front of the street name. If the “street” name has a direction after the name, enter the direction after the name.**

**Examples: South Main Street. Enter the name as South Main.  
Walker Street N.W. Enter the name as Walker N.W.**

*When item 3 “Street designator” is to be completed, the following instruction should appear.*

**Enter the street designator.  
Examples of the street designator are words like Street, Avenue, Road,  
Circle, Court, etc.**

*When item 4 “Apartment number” is to be completed, the following instruction should appear.*

**If there is no apartment or room number associated with this residence, leave the item blank.**

*When item 5 “City or town” is to be completed, no instructions are needed.*

*When item 6 “County of residence” is to be completed, the following instruction should appear.*

**If the mother resides in any country other than the U.S. or its territories, leave this item blank.**

*When item 7 “State, U.S. territory, or Canadian province” is to be completed, the following instructions should appear.*

**Enter the U.S. State or U.S. territory.**

**If the mother resides in a Canadian province or Canadian territory, enter the name of the province or territory.**

*When item 8 “Zip code” is to be completed, the following instruction should appear.*

**If only the 5-digit Zip code is known, report that.**

**If the mother is not a resident of the U.S. or its territories, leave this item blank.**

*When item 9 “Country of residence” is to be completed, the following instructions should appear.*

**If a valid U.S. State or U.S. territory was entered in the previous item, “United States” will automatically be entered.**

**If a valid Canadian province or Canadian territory was entered in the previous item, “Canada” will automatically be entered.**

**If the mother is not a resident of the U.S., its territories, or Canada, enter the name of the mother’s country of residence.**

**If the mother’s country of residence is unknown, enter “Unknown.”**

*When item 10 “Inside city limits” is to be completed, the following instruction should appear.*

**If uncertain if the residence is inside the city or town limits, check the “Unknown” box.**

**PROCESSING VARIABLES:**

<u>NAME</u>	<u>DESCRIPTION</u>	<u>VALUES</u>	<u>DEFINITION</u>
STNUM	Street number		
PREDIR	Pre-directional		
STNAME	Street name		
STDESIG	Street designator		
POSTDIR	Post-directional		
UNUM	Unit or apartment number		
CITY	City or Town name		
CITYC	City or Town code		See Appendix C



ZIP	Zip Code		
COUNTY	County		
COUNTYC	County code		See Appendix C
STATE	State/Province		
STATEC	State/Province code		See Appendix B
COUNTRY	Country		
COUNTRYC	Country code		See Appendix A
LIMITS	Inside city limits	Y	Yes
		N	No
		U	Unknown

## TRANSLATIONS

### Response Mapping (examples)

Response	Maps to values
Country Name	Appendix A
State/Province Name	Appendix B
City/Town Name	Appendix C
County Name	Appendix C

### EDITS:

#### ELECTRONIC RECORD

#### Before the record is transmitted to the State

1. *If country is unknown, then city, county and State may also be unknown. Do not run any table look-ups for city, county or State.*
2. *If country is known and is not the U.S. or Canada, then city, county, and State/Province may be blank.*
3. *If country is Canada, city and county may be blank, but run table look-ups for State/Province.*

The Province is checked against Canadian Postal Codes (Appendix B). If not in table and if it is an electronic record, a message should appear asking that the name be checked. Enter revised data; if edit fails again, code Province to "Unknown." Keep literal. For a paper record, automatically reject and follow-up with the hospital. If rejected a second time, code Province to "Unknown."

4. *If country is the U.S., run table look-ups for State/Province, County, and city.*

State is checked in FIPS 5-2. If not in table and if it is an electronic record, a message should appear asking that the name be checked. Enter revised data; if edit fails again, code State to “Unknown.” Keep literal. For a paper record, automatically reject and follow-up with the hospital. If rejected a second time, code State to “Unknown.”

*The city name is checked in FIPS 55-3 name table. If not in table and if it is an electronic record, a message should appear asking that the name be checked. Enter revised data; if edit fails again, code city to “Unknown.” Keep the literals. For a paper record, automatically reject and follow-up with the hospital. If rejected a second time, code city to “Unknown.”*

*Code County using FIPS 6-4. If not in table, then reject record for review and/or follow-up. If electronic record, reject at hospital. Error message should indicate that the county is not listed, please check and re-enter. Record cannot be printed or filed without a county entered.*

## **STATE FILE CONSIDERATIONS**

If all components of residence are unknown, use place of occurrence as place of residence for statistical purposes. States may wish to keep the record unknown for legal files. It is recommended that States keep this information in as detailed a format as possible. See the recommended electronic format below. For data collected on paper records, keying instructions need to reflect the detail of the electronic record. If States elect to use GIS on these data then space in the State data file will be needed for the derived variables of latitude, longitude, centroid and extended nine-digit zip code.

### **ELECTRONIC RECORD**

For the purpose of recording and printing certified copies from the electronic file and for geo-coding the record, it is recommended that the address field be separated into fields as described below. These fields generally correspond to the CDC, HISSB recommendations. However, the field lengths do not correspond to the recommendations because the literal entries need to be captured. If a State desires, the literal entries can be transposed to abbreviations for purposes of compacting the file using standard abbreviations as recommended in the HISSB standards. States may wish to collect Zip code to the ninth digit when known rather than just five.

Suggested field names are:

<b><u>DESCRIPTION</u></b>	<b><u>NAME</u></b>	<b><u>LENGTH</u></b>
<b>Street number</b>	<b>STNUM</b>	<b>10</b>
<b>Pre-directional</b>	<b>PREDIR</b>	<b>10</b>
<b>Street name</b>	<b>STNAME</b>	<b>28</b>
<b>Street designator</b>	<b>STDESIG</b>	<b>10</b>
<b>Post-directional</b>	<b>POSTDIR</b>	<b>10</b>
<b>Unit or apartment number</b>	<b>UNUM</b>	<b>7</b>
<b>City or Town name</b>	<b>CITY</b>	<b>28</b>
<b>Zip Code</b>	<b>ZIP</b>	<b>9</b>
<b>County</b>	<b>COUNTY</b>	<b>28</b>
<b>State/Province</b>	<b>STATE</b>	<b>28</b>
<b>Country</b>	<b>COUNTRY</b>	<b>28</b>

*States may also opt to retain coded fields as well as the literal entries. If coded fields are maintained as well, there are HISSB standards that should be used. Literals for countries should be assigned codes using FIPS 10-4 using the two-character codes for nations (Appendix A). County should be coded using three-digit FIPS 6-4 codes (Appendix C). City of residence should be transmitted to NCHS using FIPS 55-3 five-digit codes (Appendix C). State/Province should be coded using two-character codes and Canadian postal codes, see Appendix B).*

*Note that new FIPS 10-4 tables are issued regularly. As new FIPS 10-4 tables are issued, new codes should be added, but do not replace existing codes. The old codes are needed for consistency.*

**NCHS TRANSMISSION FILE**

*States that elect to use a GIS coding process prior to submission of data to NCHS shall replace the codes for city, town, or other place as well as county codes with those derived from the GIS process.*

**VARIABLES:**

<u>NAME</u>		<u>LENGTH</u>	<u>TYPE</u>	<u>VALUE</u>
<b>STNUM</b>	<b>Street number</b>	10	Alpha/numeric	
<b>PREDIR</b>	<b>Pre-directional</b>	10	Alpha/numeric	
<b>STNAME</b>	<b>Street name</b>	28	Alpha/numeric	
<b>STDESIG</b>	<b>Street designator</b>	10	Alpha/numeric	
<b>POSTDIR</b>	<b>Post-directional</b>	10	Alpha/numeric	
<b>UNUM</b>	<b>Unit or apartment number</b>	7	Alpha/numeric	
<b>CITY</b>	<b>City or Town name</b>	28	Alpha/numeric	
<b>ZIP</b>	<b>Zip code</b>	9	Alpha/numeric	
<b>COUNTY</b>	<b>County</b>	28	Alpha/numeric	
<b>STATE</b>	<b>State/Province</b>	28	Alpha/numeric	
<b>COUNTRY</b>	<b>Country</b>	28	Alpha numeric	
<b>CITYC</b>	<b>City/Town</b>	5	Numeric	Appendix C
<b>COUNTYC</b>	<b>County</b>	3	Numeric	Appendix C
<b>STATEC</b>	<b>State/Province</b>	2	Alpha	Appendix B
<b>COUNTRYC</b>	<b>Country</b>	2	Alpha	Appendix A
<b>LIMITS</b> (optional, if providing full address)		1	Alpha	Y,N,U



Item Title: **DATE OF BIRTH (FATHER)**

Item Number: **10b Certificate, 19 Mother's Worksheet**

Description: The father's date of birth

Source of Information:

Preferred Source: Mother or father

## **INSTRUCTIONS**

### **FOR A PAPER RECORD:**

Print or type the month, day, and four-digit year of birth.

If the father's Date of Birth is unknown, print "Unknown." If part of the Date of Birth is unknown, enter the known parts and leave the remaining parts blank.

DATE OF BIRTH (Mo/Day/Year)

---

### **FOR AN ELECTRONIC RECORD:**

**EBR Developer** (*Instructions are in Italics*)

*The Date of Birth item is a three-field entry with the month, day, and year entered in separate fields.*

*When the item is to be completed, the following message should appear at the top of the screen and remain on the screen until the last field of the date is completed:*

**Enter all parts of the father's date of birth that are known. Leave the unknown parts blank. If the entire date of birth of the father is not known, leave all fields blank.**

*The date of birth is a three-field entry.*

Month of father's birth \_\_\_\_ \_\_\_\_

Day of father's birth \_\_\_\_ \_\_\_\_

Year of father's birth \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_

*As an alternative to leaving unknown values blank, "hot keys" may be used.*

**PROCESSING VARIABLES:**

<u>NAME</u>	<u>DESCRIPTION</u>	<u>VALUES</u>	<u>DEFINITION</u>
FDOB_YR	Year of Birth	4-digit year 9999	Must be less than the child's year of birth Unknown
FDOB_MO	Month of Birth	01 02 03 04 05 06 07 08 09 10 11 12 99	January February March April May June July August September October November December Unknown
FDOB_DY	Day of Birth	01-31 01-29 01-31 01-30 01-31 01-30 01-31 01-31 01-30 01-31 01-30 01-31 99	January February March April May June July August September October November December Unknown

FAGE_CALC Calculated age	00-98 99	Unknown
FAGE_BYPASS	0 1	Off On (data queried)

**EDITS:****ELECTRONIC RECORD****Before the record is transmitted to the State**

*All blank fields will be converted to all 9s.*

*If month is February and day = 29, year of birth should be a leap year. If not, an error message should appear and ask that the date be corrected.*

*Age is calculated using father's date of birth (completed dates only) and the child's date of birth.*

*Calculated age must be  $>8$  and  $<75$ .*

*If age is outside this range a message appears that reads:*

**Father's age is out of acceptable limits, please check the father's date of birth and re-enter the date of birth.**

*The entry screen for the father's date of birth appears.*

*Age is recalculated and if still outside the acceptable limits the FAGE\_BYPASS variable is set to ON-1*

**PAPER RECORD**

For paper records, the same edits are applied.

**STATE FILE CONSIDERATIONS**

While the paper document does not have separate fields for each element of the date, it is recommended that the date be entered and stored as three separate fields.

If states elect to use a database system that has an option of storing dates as "date type variables," then the system must meet the criteria listed under transmission standards.

**NCHS TRANSMISSION FILE****VARIABLES:**

<b><u>NAME</u></b>	<b><u>LENGTH</u></b>	<b><u>TYPE</u></b>	<b><u>VALUES</u></b>
FDOB_YR	4	Numeric or “date type”	4-digit year <Year of birth, 9999
FDOB_MO	2	Numeric or “date type”	01-12, 99
FDOB_DY	2	Numeric or “date type”	01-31 (based on month), 99
FAGE_BYPASS	1	Numeric	0,1



Item Title: **MOTHER MARRIED?**

Item Number: **15 Certificate; 15, 17 Mother's Worksheet**

Description: The marital status of the mother at birth, conception or any time in between.

Source of Information:

Preferred Source: Mother

Other Source: Informant

## INSTRUCTIONS

### FOR A PAPER RECORD:

If the mother is currently married or married at the time of conception or any time between conception and birth, check the "Yes" box.

If the mother is not currently married or was not married at the time of conception or any time between conception and birth, check the "No" box.

If the "No" box is checked, and an acknowledgement of paternity has been signed in the hospital, check the "Yes" box for the acknowledgement of paternity. Otherwise check the "No" box.

MOTHER MARRIED? (At birth, conception, or any time between)

Yes       No

IF NO, HAS PATERNITY ACKNOWLEDGEMENT BEEN SIGNED IN THE HOSPITAL?

Yes       No

### FOR AN ELECTRONIC RECORD:

**EBR developer:** (*Instructions are in italics*)

*There are a series of questions required by this item:*

A. Was the mother married at the time she conceived this child, at the time of birth, or at any time between conception and giving birth?

Yes       No

*If the “Yes” box is checked, the EBR should then request the information about the father (items 10a, 10b, 10c, 19, 23, 24, 25).*

*If the no box is checked question C appears,*

B. Have the mother and father signed a form (*Insert name of the State acknowledgement of paternity form*) in which the father accepted legal responsibility for the child?

- Yes, a paternity acknowledgement has been completed
- No, a paternity acknowledgement has not been completed.

*If the “Yes” box is checked, the EBR must request the information about the father (items 10a, 10b, 10c, 19, 23, 34, 25).*

*If the “No” box is checked, all items about the father (items 10a, 10b ,10c, 19, 23, 24, 25) are skipped.*

#### **PROCESSING VARIABLES:**

<u>NAME</u>	<u>DESCRIPTION</u>	<u>VALUES</u>	<u>DEFINITION</u>
MARN	Mother married at conception, at birth or any time in between	Y N U	Yes No Unknown
ACKN	Acknowledgement of paternity signed	Y N X U	Yes No Not applicable Unknown

#### **EDITS:**

##### **ELECTRONIC RECORD**

##### **Before the record is transmitted to the State**

*Each variable must have a response.*

*If the variable MARN has value “Y,” the variable ACKN is assigned “X,” unless state law allows an acknowledgement in such cases.*

If the variable MARN has value “Y” or the variable ACKN has value “Y” items 10a, 10b, 10c, 19, 23 24 and 25 should have entries.

*If the variable MARN has value “N” and the variable ACKN has value “N,” items 10a, 10b, 10c, 19, 23 24, and 25 must be blank.*

## PAPER RECORD

Records filed with the “Mother married” item blank should be queried. If no response to query, assign the “Unknown” code to all variables.

If the “Yes” box for married now, at conception, or any time in between is checked, the acknowledgement of paternity box must be blank or checked “No.” (Specific state law may change this specification; for example, court orders prior to the birth of the child to a married woman.)

### **State Edits of data file prior to NCHS transmission**

See above edits for electronic records.

## STATE FILE CONSIDERATIONS

States may need to adjust this item to meet State legal requirements. If states have an electronic paternity acknowledgement, the answers to these questions can be used to drive the creation of the acknowledgement and data from the birth record used to populate the acknowledgement. If an electronic acknowledgement is created and signed first, these data can be used to populate the birth record(s).

## NCHS TRANSMISSION FILE

### **VARIABLES:**

<u>NAME</u>	<u>LENGTH</u>	<u>TYPE</u>	<u>VALUES</u>
MARN	1	Alpha character string	Y, N, U
ACKN	1	Alpha character string	Y, N, X, U

Item Title: **MOTHER’S EDUCATION**

Item Number: **20 Certificate; 8 Mother’s Worksheet**

Description: The highest degree or level of schooling completed by the mother at the time of this delivery

Source of Information:

Preferred Source: Mother or other informant

## **INSTRUCTIONS**

### **FOR A PAPER RECORD:**

Based on the mother’s response to the worksheet or interview, check the appropriate box on the certificate. If the mother leaves the item blank on the worksheet and she is still in the facility, query. If the mother has left the facility write “Unknown” in the space.

### **MOTHER’S EDUCATION**

(Check the box that best describes the highest degree or level of school completed at the time of delivery)

- 8<sup>th</sup> grade or less
- 9<sup>th</sup>-12<sup>th</sup> grade; no diploma
- High school graduate or GED completed
- Some college credit, but not a degree
- Associate degree (e.g. AA, AS)
- Bachelor’s degree (e.g. 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)

### **FOR AN ELECTRONIC RECORD:**

**EBR Developer** (*Instructions are in Italics*)

*Mother’s education level is chosen from the list below and the instructions should appear when the item is to be completed.*



### Mother's Education

**Based on the mother's response to the worksheet or interview, check the category that best describes the highest degree or level of school completed.**

- 8<sup>th</sup> grade or less
- 9<sup>th</sup>-12<sup>th</sup> grade; no diploma
- High school graduate or GED completed
- Some college credit, but not a degree
- Associate degree (e.g. AA, AS)
- Bachelor's degree (e.g. 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

#### PROCESSING VARIABLES:

<u>NAME</u>	<u>DESCRIPTION</u>	<u>VALUES</u>	<u>DEFINITION</u>
MEDUC		1	8 <sup>th</sup> grade or less
		2	9 <sup>th</sup> through 12 <sup>th</sup> grade; no diploma
		3	High school graduate or GED completed
		4	Some college credit, but not a degree
		5	Associate degree (e.g., AA, AS)
		6	Bachelor's degree (e.g., BA, AB, BS)
		7	Master's degree (e.g., MA, MS, MEng, Med, MSW, MBA)
		8	Doctorate degree (e.g., PhD, EdD) or professional degree (e.g., MD, DDS, DVM, LLB, JD)
		9	Unknown
MEDUC_BYPASS		0	OFF (default value, edit passed)
		1	ON (edit failed, data queried and verified)
		2	ON (edit failed, data queried and not verified)

**EDITS:****ELECTRONIC RECORD****Before the record is transmitted to the State**

*If the “Unknown” box is checked the following message should appear:*

**If the mother is still in the facility, please obtain her education level. If the mother has left the facility, please check the box below.**

- Mother has left the facility**

*If the box is checked the item is not pended and will not appear on the final review screen.*

*At the time of input to an EBR or electronic work sheet, Mother’s date of birth will have been entered and edited. Mother’s age at the time the worksheet is completed will be calculated and stored as a variable for the purposes of this edit.*

*If age/education edit indicates a discrepancy, the education information needs to be reviewed.*

*Valid codes 1-9 (See processing variables for detail)*

<b>Values</b>	<b>Minimum Age</b>
1	None
2	9
3	16
4	17
5	18
6	20
7	21
8	23
9	None

***SAMPLE ERROR MESSAGE AND QUERY SCREENS***

The data entered in the electronic certificate indicates an unlikely level of education for the mother at her age.

Mother’s education level is: \_\_\_\_\_

Please check one of the boxes below.

- Incorrect  
 Correct  
 Not able to verify

*If the correct box is checked, the following message and query appears:*

**Mother's date of birth as entered is \_\_\_\_\_**

Please check one of the boxes below.

- Incorrect
- Correct
- Not able to verify

*If the "Correct" button for both education and age is checked, the bypass flag is set to ON-1.*

*If the "Not able to verify" button is checked, the bypass flag is set to ON-2.*

*If the "Incorrect" button is selected for education, the education selection screen appears.*

*The message asks that an education level be selected. If the edit fails, the bypass flag is set to ON-1. If the edit passes, reset bypass flag to OFF-0.*

*If the "Incorrect" button is selected for mother's date of birth, the mother's date of birth screen appears. Please enter the correct date of birth*

**Month of mother's birth** \_\_\_\_ \_\_\_\_

**Day of mother's birth** \_\_\_\_ \_\_\_\_

**Year of mother's birth** \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_

*If the edit fails, the bypass flag is set to ON-1. If the edit passes, reset the bypass flag to OFF-0*

#### PAPER RECORD

The same edits are run on data entered through the State system. The initial edit will catch only keying errors. If the edit fails, a message appears indicating a discrepancy between age and education. The keyer is asked to re-enter the data. If the edit passes, the bypass flag is set to OFF-0. If the data still fail the edit, the bypass flag is set to ON-2.

**NCHS TRANSMISSION FILE****VARIABLES:**

<u>NAME</u>	<u>LENGTH</u>	<u>TYPE</u>	<u>VALUE</u>
MEDUC	1	Numeric	1, 2, 3, 4, 5, 6, 7, 8, 9
MEDUC_BYPASS	1	Numeric	0, 1, 2

Item Title: **MOTHER OF HISPANIC ORIGIN?**

Item Number: **21 Certificate, 9 Mother's Worksheet**

Description: The Hispanic origin of the mother.

Source of Information:

Preferred Source: Mother or other informant

## INSTRUCTIONS

### FOR A PAPER RECORD:

Based on the mother's response to the worksheet or the interview, select all the corresponding checkboxes on the certificate and fill in any literal (written) responses. If mother has chosen more than one response, check all that she selected; for example, if both Mexican and Cuban are checked, select both responses. If the mother indicates an ethnic origin not on the list, record it in the "Specify" space. Enter the mother's response in this space even if it is not a Hispanic origin. If the mother did not respond, type or print "Unknown."

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)

- No, not Spanish/Hispanic/Latina
- Yes, Mexican, Mexican American, Chicana
- Yes, Puerto Rican
- Yes, Cuban
- Yes, Other Spanish/Hispanic/Latina  
(Specify)\_\_\_\_\_

### FOR AN ELECTRONIC RECORD:

**EBR Developer** (*Instructions are in Italics*)

*Hispanic origin will be selected from a menu list (below). The instructions should appear with the menu list.*

**Based on the mother's response, select all the corresponding boxes from the menu below and fill in any literal responses exactly as written on the worksheet regardless**



**of whether or not any checkboxes are marked. If the mother has chosen more than one response, check all that she has selected; for example, if both Mexican and Cuban are checked, select both responses. If the mother indicates an ethnic origin not on the list, record it in the “Specify” space. Enter the mother’s response in this space even if it is not a Hispanic origin. If the mother did not respond, check “Unknown if Spanish/Hispanic/Latina.”**

#### **MOTHER OF HISPANIC ORIGIN?**

- No, not Spanish/Hispanic/Latina
- Yes, Mexican, Mexican American, Chicana
- Yes, Puerto Rican
- Yes, Cuban
- Yes, Other Spanish/Hispanic/Latina (e.g. Spaniard, Salvadoran, Colombian)  
(Specify)\_\_\_\_\_
- Unknown if Spanish/Hispanic/Latina

*If the “Yes, Other Spanish/Hispanic/Latina” button is selected, the following message will appear:*

**Please enter the specified “Other Hispanic origin.”**

**Other:**\_\_\_\_\_

*States may give examples of the largest “Other Hispanic origin” groups for that State.*

*Because more than one ethnicity may be reported, there should be a separate field for each of the 4 categories plus a 20-character field in which to enter the “Other (specify)” response.*

*When the “No, not Spanish/Hispanic/Latina” response is chosen, each of the Hispanic origin fields will be automatically coded with the “No, not Hispanic” code. When the keyer moves to another item and at least one Hispanic category is selected, all the Hispanic selections that were not chosen will be automatically coded with the “No, not Hispanic” code.*

#### **PROCESSING VARIABLES:**

<b><u>NAME</u></b>	<b><u>DESCRIPTION</u></b>	<b><u>VALUES</u></b>	<b><u>DEFINITION</u></b>
METHNIC1	Mexican, Mexican American or Chicana	N H U	No, not Mexican Yes, Mexican Unknown

METHNIC2	Puerto Rican	N	No, not Puerto Rican
		H	Yes, Puerto Rican
		U	Unknown
METHNIC3	Cuban	N	No, not Cuban
		H	Yes, Cuban
		U	Unknown
METHNIC4	Other	N	No, not Other Hisp
		H	Yes, Other Hisp
		U	Unknown
METHNIC5	Other literal entry	literal (blank)	

### **Before the record is transmitted to the State**

*Electronic record must contain one or more valid responses indicated above. If not, a query message appears before the record can be printed or filed. A replica of the entry screen appears and indicates that one of the categories below must be selected. If states elect to use a missing value variable (\*\_MVR) for this item, it must have a valid missing value code when the ethnicity values are coded to "Unknown."*

*If the "Unknown if Spanish/Hispanic/Latina origin" box is checked, assign the value "S" to the \*\*\*\_MVR variable and "U" to all other variables*

*Any of the Hispanic variables may have an H code. If the mother is not Hispanic, all codes must be N's. If the response is "Unknown," all coded fields must contain a U and the literal field blank.*

### **PAPER RECORD**

Records filed with no entry are queried. If no response to query, code to "Unknown."

### **State edits of data file prior to NCHS transmission**

Records with more than one category of Hispanic checked will be transmitted with all codes to NCHS.

Must be valid codes (see above).

## STATE FILE CONSIDERATIONS

Because of the possibility of “Unknown,” responses, a missing value variable is recommended to keep track of these responses for intervention, or for follow-up training. All these codes will result in an “Unknown” code for each of the ethnicity fields. The recommended variable name is METHNIC\_MVR.

## NCHS TRANSMISSION FILE

### VARIABLES:

<u>NAME</u>	<u>LENGTH</u>	<u>TYPE</u>	<u>VALUE</u>
METHNIC1	1	Alpha character string	N, H, U
METHNIC2	1	Alpha character string	N, H, U
METHNIC3	1	Alpha character string	N, H, U
METHNIC4	1	Alpha character string	N, H, U
METHNIC5	20	Alpha character string	literal, blank

As a coding service, NCHS provides the coded Hispanic Origin literals. See <https://www.cdc.gov/nchs/nvss/revisions-of-the-us-standard-certificates-and-reports.htm> and Appendix D for current codes.

Item Title: **MOTHER'S RACE**

Item Number: **22 Certificate, 10 Mother's Worksheet**

Description: The race(s) that best describes what the mother considers herself to be.

Source of Information:

Preferred Source: The mother

## INSTRUCTIONS

### PAPER RECORD

Based on the mother's response to the worksheet or interview, select all the corresponding checkboxes on the certificate and fill in any literal (written) responses exactly as given regardless of whether or not any checkboxes are marked. If more than one response has been chosen, check all selected; for example, if both "Black" and "Chinese" are checked, select both responses. If there is no response, type or print "Unknown."

MOTHER'S RACE (Check one or more races to indicate what the mother considers herself to be)

- White
- Black or African American
- American Indian or Alaska Native  
(Name of the 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)\_\_\_\_\_

**FOR AN ELECTRONIC RECORD:****EBR Developer** (*Instructions are in Italics*)

*The item is completed by selecting one or more races from the menu and/or completing any literal responses. The instructions should appear when the item is to be completed.*

**Based on the mother's response, select all the corresponding boxes from the menu below and fill in any literal responses exactly as written on the worksheet regardless of whether or not any checkboxes are marked. If more than one race has been chosen, check all selected; for example, if both "Black" and "Chinese" are marked, select both responses. If there is no response, check "Unknown."**

**MOTHER'S RACE**

- White
- Black or African American
- American Indian or Alaska Native  
Tribe(s) \_\_\_\_\_  
\_\_\_\_\_
- Asian Indian
- Chinese
- Filipino
- Japanese
- Korean
- Vietnamese
- Other Asian  
Specify \_\_\_\_\_  
\_\_\_\_\_
- Native Hawaiian
- Guamanian or Chamorro
- Samoan
- Other Pacific Islander  
Specify \_\_\_\_\_  
\_\_\_\_\_
- Other  
Specify \_\_\_\_\_  
\_\_\_\_\_
- Unknown



**PROCESSING VARIABLES:**

<u>NAME</u>	<u>DESCRIPTION</u>	<u>VALUES</u>	<u>DEFINITION</u>
MRACE1	White checkbox	Y N	Box for race checked Box for race not checked
MRACE2	Black or African American checkbox	Y N	Box for race checked Box for race not checked
MRACE3	American Indian or Alaska Native checkbox	Y N	Box for race checked Box for race not checked
MRACE4	Asian Indian checkbox	Y N	Box for race checked Box for race not checked
MRACE5	Chinese checkbox	Y N	Box for race checked Box for race not checked
MRACE6	Filipino checkbox	Y N	Box for race checked Box for race not checked
MRACE7	Japanese checkbox	Y N	Box for race checked Box for race not checked
FRACE8	Korean checkbox	Y N	Box for race checked Box for race not checked
MRACE9	Vietnamese checkbox	Y N	Box for race checked Box for race not checked
MRACE10	Other Asian checkbox	Y N	Box for race checked Box for race not checked
MRACE 11	Native Hawaiian checkbox	Y N	Box for race checked Box for race not checked
MRACE 12	Guamanian or Chamorro checkbox	Y N	Box for race checked Box for race not checked

MRACE 13	Samoan checkbox	Y N	Box for race checked Box for race not checked
MRACE14	Other Pacific Islander checkbox	Y N	Box for race checked Box for race not checked
MRACE15	Other checkbox	Y N	Box for race checked Box for race not checked
MRACE16	First American Indian or Alaska Native literal	Literal responses, blank	
MRACE17	Second American Indian or Alaska Native literal	Literal responses, blank	
MRACE18	First Other Asian literal	Literal responses, blank	
MRACE19	Second Other Asian literal	Literal responses, blank	
MRACE20	First Other Pacific Islander literal	Literal responses, blank	
MRACE21	Second Other Pacific Islander literal	Literal responses, blank	
MRACE22	First Other literal	Literal responses, blank	
MRACE23	Second Other literal	Literal responses, blank	

**EDITS:****Before the record is transmitted to the State****ELECTRONIC RECORD**

*An entry must be made before another entry field can appear. If the keyer tries to move to another item, a message should appear asking that the Race of the Mother be completed. If the "unknown" box is checked, no other boxes checked and there are no literal entries, each race checkbox variable is assigned the "N" code, and all literals are filled with Ns.*

*Record cannot be filed or printed unless at least one box is checked.*

*If the "Unknown," box is checked, and one or more specific race items are checked, ignore the "Unknown."*

*When a specific race box is selected (checked), the value Y is assigned to that variable.*

## PAPER RECORD

Records filed with this field blank are queried. If no response to query, assign the “N” code.

If the response is “Unknown,” all fields must contain N.

### STATE FILE CONSIDERATIONS

After the record is transmitted to NCHS, the responses on the race item are processed through the coding and editing algorithms developed and operated by NCHS. The coding algorithm assigns a three-digit code to each race processing-variable with an initial positive response, either directly for check-box races or through a table lookup using a table developed and maintained by NCHS. If the race is not found in the table, the code for “Other” is assigned. NCHS has also developed an imputation procedure for use when race is unknown.

Initial responses on the standard certificate race format are handled with 15 single-digit fields for checkboxes (MRACE1-MRACE15) and up to eight 30-character fields for literal entries, two for each of the four write-in lines (MRACE16-MRACE23). Three-digit codes assigned by the coding algorithm to the literal positive responses are stored in MRACE16C-MRACE23C.

The set of three-digit codes assigned to the initial race responses are run through an edit and reduction algorithm consistent with the basic year 2000 census edits, also developed and operated by NCHS. This algorithm eliminates redundant responses and adjusts inconsistent responses to determine the best set of codes for the responses. If a Hispanic response is entered in the “Other” field, an allocation of race is made at the same time that the edit and reduction algorithm is run.

Output from the edit and reduction algorithm includes up to eight possible race codes stored in variables MRACE1E thru MRACE8E. These eight race output variables are the ones to be used for tabulation purposes. To save States from the effort of duplicating this complicated process, NCHS will transmit the edited race codes to the States. In addition, NCHS will transmit back to the States all the processing variables as initially recorded, including all the literal entries as well as the pre-edit codes NCHS assigns to these literal entries.

States may, of course, elect to code these data internally. However, only uncoded data will be transmitted to NCHS to ensure that these data are processed in a comparable fashion.

**NCHS TRANSMISSION FILE****VARIABLES:**

<u>NAMES</u>	<u>LENGTH</u>	<u>TYPE</u>	<u>VALUES</u>
MRACE1	1	Alpha character string	Y, N
MRACE2	1	Alpha character string	Y, N
MRACE3	1	Alpha character string	Y, N
MRACE4	1	Alpha character string	Y, N
MRACE5	1	Alpha character string	Y, N
MRACE6	1	Alpha character string	Y, N
MRACE7	1	Alpha character string	Y, N
MRACE8	1	Alpha character string	Y, N
MRACE9	1	Alpha character string	Y, N
MRACE10	1	Alpha character string	Y, N
MRACE11	1	Alpha character string	Y, N
MRACE12	1	Alpha character string	Y, N
MRACE13	1	Alpha character string	Y, N
MRACE14	1	Alpha character string	Y, N
MRACE15	1	Alpha character string	Y, N
MRACE16	30	Alpha character string	Literal, blank
MRACE17	30	Alpha character string	Literal, blank
MRACE18	30	Alpha character string	Literal, blank
MRACE19	30	Alpha character string	Literal, blank
MRACE20	30	Alpha character string	Literal, blank
MRACE21	30	Alpha character string	Literal, blank
MRACE22	30	Alpha character string	Literal, blank
MRACE23	30	Alpha character string	Literal, blank

***TO BE PRODUCED BY THE NCHS EDITING ALGORITHM***

MRACE1E	3	Alpha-numeric character string	Appendix E
MRACE2E	3	Alpha-numeric character string	Appendix E
MRACE3E	3	Alpha-numeric character string	Appendix E
MRACE4E	3	Alpha-numeric character string	Appendix E
MRACE5E	3	Alpha-numeric character string	Appendix E
MRACE6E	3	Alpha-numeric character string	Appendix E
MRACE7E	3	Alpha-numeric character string	Appendix E
MRACE8E	3	Alpha-numeric character string	Appendix E

*TO BE PRODUCED BY THE NCHS CODING ALGORITHM*

MRACE16C	3	Alpha-numeric character string	Appendix E
MRACE17C	3	Alpha-numeric character string	Appendix E
MRACE18C	3	Alpha-numeric character string	Appendix E
MRACE19C	3	Alpha-numeric character string	Appendix E
MRACE20C	3	Alpha-numeric character string	Appendix E
MRACE21C	3	Alpha-numeric character string	Appendix E
MRACE22C	3	Alpha-numeric character string	Appendix E
MRACE23C	3	Alpha-numeric character string	Appendix E



Item Title: **FATHER'S EDUCATION**

Item Number: **23 Certificate, 21 Mother's Worksheet**

Description: The highest degree or level of schooling completed by the father at the time of this delivery

Source of Information:

Preferred Source: Mother or father

## INSTRUCTIONS

### FOR A PAPER RECORD:

Based on the mother's or father's response to the worksheet or interview, check the appropriate box in the listing on the certificate. If the item is blank and either parent is still in the facility, query. If the parents have left the facility write in "Unknown" in the space.

### FATHER'S EDUCATION

(Check the box that best describes the highest degree or level of school completed at the time of delivery)

- 8<sup>th</sup> grade or less
- 9<sup>th</sup>-12<sup>th</sup> grade; no diploma
- High school graduate or GED completed
- Some college credit, but not a degree
- Associate degree (e.g. AA, AS)
- Bachelor's degree (e.g. 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)

### FOR AN ELECTRONIC RECORD:

**EBR Developer** (*Instructions are in Italics*)

*Father's education level is chosen from the list below and the instructions should appear when the item is to be completed.*

### Father's Education

**Based on the response to the worksheet or interview, check the category that best describes the highest degree or level of school completed.**

- 8<sup>th</sup> grade or less
- 9<sup>th</sup>-12<sup>th</sup> grade; no diploma
- High school graduate or GED completed
- Some college credit, but not a degree
- Associate degree (e.g. AA, AS)
- Bachelor's degree (e.g. 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

#### PROCESSING VARIABLES:

<u>NAME</u>	<u>DESCRIPTION</u>	<u>VALUES</u>	<u>DEFINITION</u>
FEDUC		1	8 <sup>th</sup> grade or less
		2	9 <sup>th</sup> through 12 <sup>th</sup> grade; no diploma
		3	High school graduate or GED completed
		4	Some college credit, but not a degree
		5	Associate degree (e.g., AA, AS)
		6	Bachelor's degree (e.g., BA, AB, BS)
		7	Master's degree (e.g., MA, MS, MEng, Med, MSW, MBA)
		8	Doctorate degree (e.g., PhD, EdD) or professional degree (e.g., MD, DDS, DVM, LLB, JD)
		9	Unknown
FEDUC_BYPASS		0	OFF (default value, edit passed)
		1	ON (edit failed, data queried and verified)
		2	ON (edit failed, data queried and not verified)

**EDITS:****ELECTRONIC RECORD****Before the record is transmitted to the State**

*If the “Unknown” box is checked the following message should appear:*

If the parents are still in the facility, please obtain the father’s education level. If they have left the facility, please check the box below.

Parents have left the facility

*If the box is checked the item is not pended and will not appear on the final review screen.*

*At the time of input to an EBR or electronic work sheet, Father’s date of birth will have been entered and edited. Father’s age at the time the worksheet is completed will be calculated and stored as a variable for the purposes of this edit*

*If age/education edit indicates a discrepancy, the education information needs to be reviewed.*

*Valid codes 1-9 (See processing variables for detail)*

<b>Values</b>	<b>Minimum Age</b>
1	None
2	9
3	16
4	17
5	18
6	20
7	21
8	23
9	None

**SAMPLE ERROR MESSAGE AND QUERY SCREENS**

The data entered in the electronic certificate indicates an unlikely level of education for the father for his age.

Father’s education level is: \_\_\_\_\_

Please check one of the boxes below.

- Incorrect
- Correct
- Not able to verify

*If the “Correct” button is checked, the bypass flag is set to ON-1.*

*If the “Not able to verify” button is checked, the bypass flag is set to ON-2.*

*If the “Incorrect” button is selected, the education selection list appears. The message asks that an education level be selected. If the edit fails, the bypass flag is set to ON-1. If the edit passes, reset bypass flag to OFF-0.*

#### PAPER RECORD

The same edits are run on data entered through the State system. The initial edit will catch only keying errors. If the edit fails, a message appears indicating a discrepancy between age and education. The keyer is asked to re-enter the data. If the edit passes, the bypass flag is set to OFF-0. If the data still fail, the edit the bypass flag is set to ON-2.

#### NCHS TRANSMISSION FILE

##### VARIABLES:

<u>NAME</u>	<u>LENGTH</u>	<u>TYPE</u>	<u>VALUE</u>
FEDUC	1	Numeric	1, 2, 3, 4, 5, 6, 7, 8, 9
FEDUC_BYPASS	1	Numeric	0, 1, 2

Item Title: **FATHER OF HISPANIC ORIGIN?**

Item Number: **24 Certificate, 22 Mother's Worksheet**

Description: The Hispanic origin of the father.

Source of Information:

Preferred Source: Mother or father

## INSTRUCTIONS

### FOR A PAPER RECORD:

Based on the mother's or father's response to the worksheet or the interview, select all the corresponding checkboxes on the certificate and fill in any literal (written) responses. If more than one response has been chosen, check all selected; for example, if both Mexican and Cuban are checked, select both responses. If an ethnic origin not on the list is indicated, record it in the "Specify" space. Enter the response in this space even if it is not a Hispanic origin. If no response, type or print "Unknown."

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)

- No, not Spanish/Hispanic/Latino
- Yes, Mexican, Mexican American, Chicano
- Yes, Puerto Rican
- Yes, Cuban
- Yes, Other Spanish/Hispanic/Latino  
(Specify)\_\_\_\_\_

### FOR AN ELECTRONIC RECORD:

**EBR Developer** (*Instructions are in Italics*)

*Hispanic origin will be selected from a menu list (below). The instructions should appear with the menu list.*

**Based on the mother's or father's response, select all the corresponding boxes from the menu below and fill in any literal responses exactly as written on the**



worksheet regardless of whether or not any checkboxes are marked. If more than one response is chosen, check all selected; for example, if both Mexican and Cuban are checked, select both responses. If an ethnic origin not on the list is indicated, record it in the “Specify” space. Enter the response in this space even if it is not a Hispanic origin. If no response, check “Unknown if Spanish/Hispanic/Latino.”

#### FATHER OF HISPANIC ORIGIN?

- No, not Spanish/Hispanic/Latino
- Yes, Mexican, Mexican American, Chicano
- Yes, Puerto Rican
- Yes, Cuban
- Yes, Other Spanish/Hispanic/Latino ( (e.g. Spaniard, Salvadoran, Colombian)  
(Specify)\_\_\_\_\_
- Unknown if Spanish/Hispanic/Latino

If the “Yes, Other Spanish/Hispanic/Latino” button is selected, the following message will appear:

**Please enter the specified “Other Hispanic origin.”**

**Other:**\_\_\_\_\_

*States may give examples of the largest “Other Hispanic origin” groups for that State.*

*Because more than one ethnicity may be reported, there should be a separate field for each of the 4 categories plus a 20-character field in which to enter the “Other (specify)” response.*

*When the “No, not Spanish/Hispanic/Latino” response is chosen, each of the Hispanic origin fields will be automatically coded with the “No, not Hispanic” code. When the keyer moves to another item and at least one Hispanic category is selected, all the Hispanic selections that were not chosen will be automatically coded with the “No, not Hispanic” code.*

#### PROCESSING VARIABLES:

<u>NAME</u>	<u>DESCRIPTION</u>	<u>VALUES</u>	<u>DEFINITION</u>
FETHNIC1	Mexican, Mexican American or Chicano	N H U	No, not Mexican Yes, Mexican Unknown

FETHNIC2	Puerto Rican	N	No, not Puerto Rican
		H	Yes, Puerto Rican
		U	Unknown
FETHNIC3	Cuban	N	No, not Cuban
		H	Yes, Cuban
		U	Unknown
FETHNIC4	Other	N	No, not Other Hisp
		H	Yes, Other Hisp
		U	Unknown
FETHNIC5	Other literal entry	literal (blank)	

**EDITS:****ELECTRONIC RECORD****Before the record is transmitted to the State**

*Electronic record must contain one or more valid responses indicated above. If not, a query message appears before the record can be printed or filed. A replica of the entry screen appears and indicates that one of the categories below must be selected. If states elect to use a missing value variable (\*\_MVR) for this item, it must have a valid missing value code when the ethnicity values are coded to "Unknown."*

*If the "Unknown if Spanish/Hispanic/Latino origin" box is checked, assign the value "S" to the \*\*\*\_MVR variable and "U" to all other variables*

*Any of the Hispanic variables may have an H code. If the father is not Hispanic, all codes must be N's. If the response is "Unknown," all coded fields must contain a U and the literal field blank.*

**PAPER RECORD**

Records filed with no entry are queried. If no response to query, code to "Unknown."

**State edits of data file prior to NCHS transmission**

Records with more than one category of Hispanic checked will be transmitted with all codes to NCHS.

Must be valid codes (see above).

## STATE FILE CONSIDERATIONS

Because of the possibility “Unknown,” responses, a missing value variable is recommended to keep track of these responses for intervention, or for follow-up training. All these codes will result in an “Unknown” code for each of the ethnicity fields. The recommended variable name is FETHNIC\_MVR.

## NCHS TRANSMISSION FILE

### VARIABLES:

<u>NAME</u>	<u>LENGTH</u>	<u>TYPE</u>	<u>VALUE</u>
FETHNIC1	1	Alpha character string	N, H, U
FETHNIC2	1	Alpha character string	N, H, U
FETHNIC3	1	Alpha character string	N, H, U
FETHNIC4	1	Alpha character string	N, H, U
FETHNIC5	20	Alpha character string	literal, blank

As a coding service, NCHS provides the coded Hispanic Origin literals. See Appendix D for current codes.

Item Title: **FATHER’S RACE**

Item Number: **25 Certificate, 23 Mother’s Worksheet**

Description: The race(s) that best describes what the father considers himself to be.

Source of Information:

Preferred Source: The father

## INSTRUCTIONS

### PAPER RECORD

Based on the response to the worksheet or interview, select all the corresponding checkboxes on the certificate and fill in any literal (written) responses exactly as given regardless of whether or not any checkboxes are marked. If more than one response has been chosen, check all selected; for example, if both “Black” and “Chinese” are checked, select both responses. If there is no response, type or print “Unknown.”

FATHER’S RACE (Check one or more races to indicate what the father considers himself to be)

- White
- Black or African American
- American Indian or Alaska Native  
(Name of the 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)\_\_\_\_\_

**FOR AN ELECTRONIC RECORD:**

**EBR Developer** (*Instructions are in Italics*)

*The item is completed by selecting one or more races from the menu and/or completing any literal responses. The instructions should appear when the item is to be completed.*

**Based on the response to the worksheet, select all the corresponding boxes from the menu below and fill in any literal responses exactly as written on the worksheet regardless of whether or not any checkboxes are marked. If more than one race has been chosen, check all selected; for example, if both “Black” and “Chinese” are marked, select both responses. If there is no response, check “Unknown.”**

**FATHER’S RACE**

- White
- Black or African American
- American Indian or Alaska Native  
Tribe(s) \_\_\_\_\_  
\_\_\_\_\_
- Asian Indian
- Chinese
- Filipino
- Japanese
- Korean
- Vietnamese
- Other Asian  
Specify \_\_\_\_\_  
\_\_\_\_\_
- Native Hawaiian
- Guamanian or Chamorro
- Samoan
- Other Pacific Islander  
Specify \_\_\_\_\_  
\_\_\_\_\_
- Other  
Specify \_\_\_\_\_  
\_\_\_\_\_
- Unknown



**PROCESSING VARIABLES:**

<u>NAME</u>	<u>DESCRIPTION</u>	<u>VALUES</u>	<u>DEFINITION</u>
FRACE1	White checkbox	Y	Box for race checked
		N	Box for race not checked
FRACE2	Black or African American checkbox	Y	Box for race checked
		N	Box for race not checked
FRACE3	American Indian or Alaska Native checkbox	Y	Box for race checked
		N	Box for race not checked
FRACE4	Asian Indian checkbox	Y	Box for race checked
		N	Box for race not checked
FRACE5	Chinese checkbox	Y	Box for race checked
		N	Box for race not checked
FRACE6	Filipino checkbox	Y	Box for race checked
		N	Box for race not checked
FRACE7	Japanese checkbox	Y	Box for race checked
		N	Box for race not checked
FRACE8	Korean checkbox	Y	Box for race checked
		N	Box for race not checked
FRACE9	Vietnamese checkbox	Y	Box for race checked
		N	Box for race not checked
FRACE10	Other Asian checkbox	Y	Box for race checked
		N	Box for race not checked
FRACE 11	Native Hawaiian checkbox	Y	Box for race checked
		N	Box for race not checked
FRACE 12	Guamanian or Chamorro checkbox	Y	Box for race checked
		N	Box for race not checked

FRACE 13	Samoan checkbox	Y N	Box for race checked Box for race not checked
FRACE14	Other Pacific Islander checkbox	Y N	Box for race checked Box for race not checked
FRACE15	Other checkbox	Y N	Box for race checked Box for race not checked
FRACE16	First American Indian or Alaska Native literal	Literal responses, blank	
FRACE17	Second American Indian or Alaska Native literal	Literal responses, blank	
FRACE18	First Other Asian literal	Literal responses, blank	
FRACE19	Second Other Asian literal	Literal responses, blank	
FRACE20	First Other Pacific Islander literal	Literal responses, blank	
FRACE21	Second Other Pacific Islander literal	Literal responses, blank	
FRACE22	First Other literal	Literal responses, blank	
FRACE23	Second Other literal	Literal responses, blank	

**EDITS:****Before the record is transmitted to the State**

## ELECTRONIC RECORD

*An entry must be made before another entry field can appear. If the keyer tries to move to another item, a message should appear asking that the Race of the Father be completed. If the "unknown" box is checked, no other boxes checked and there are no literal entries, each race checkbox variable is assigned the "N" code, and all literals are filled with Ns.*

*Record cannot be filed or printed unless at least one box is checked.*

*If the "Unknown," box is checked, and one or more specific race items are checked, ignore the "Unknown."*

*When a specific race box is selected (checked), the value Y is assigned to that variable.*

#### PAPER RECORD

Records filed with this field blank are queried. If no response to query, assign the “N” code.

If the response is “Unknown,” all fields must contain N.

#### STATE FILE CONSIDERATIONS

After the record is transmitted to NCHS, the responses on the race item are processed through the coding and editing algorithms developed and operated by NCHS. The coding algorithm assigns a three-digit code to each race processing-variable with an initial positive response, either directly for check-box races or through a table lookup using a table developed and maintained by NCHS. \* If the race is not found in the table, the code for “Other” is assigned. NCHS has also developed an imputation procedure for use when race is unknown.

Initial responses on the standard certificate race format are handled with 15 single-digit fields for checkboxes (MRACE1-MRACE15) and up to eight 30-character fields for literal entries, two for each of the four write-in lines (MRACE16-MRACE23). Three-digit codes assigned by the coding algorithm to the literal positive responses are stored in MRACE16C-MRACE23C.

The set of three-digit codes assigned to the initial race responses are run through an edit and reduction algorithm consistent with the basic year 2000 census edits, also developed and operated by NCHS. This algorithm eliminates redundant responses and adjusts inconsistent responses to determine the best set of codes for the responses. If a Hispanic response is entered in the “Other” field, an allocation of race is made at the same time that the edit and reduction algorithm is run.

Output from the edit and reduction algorithm includes up to eight possible race codes stored in variables MRACE1E thru MRACE8E. These eight race output variables are the ones to be used for tabulation purposes. To save States from the effort of duplicating this complicated process, NCHS will transmit the edited race codes to the States. In addition, NCHS will transmit back to the States all the processing variables as initially recorded, including all the literal entries as well as the pre-edit codes NCHS assigns to these literal entries.

States may, of course, elect to code these data internally. However, only uncoded data will be transmitted to NCHS to assure that these data are processed in a comparable fashion.

## NCHS TRANSMISSION FILE

### VARIABLES:

<u>NAMES</u>	<u>LENGTH</u>	<u>TYPE</u>	<u>VALUES</u>
FRACE1	1	Alpha character string	Y, N
FRACE2	1	Alpha character string	Y, N
FRACE3	1	Alpha character string	Y, N
FRACE4	1	Alpha character string	Y, N
FRACE5	1	Alpha character string	Y, N
FRACE6	1	Alpha character string	Y, N
FRACE7	1	Alpha character string	Y, N
FRACE8	1	Alpha character string	Y, N
FRACE9	1	Alpha character string	Y, N
FRACE10	1	Alpha character string	Y, N
FRACE11	1	Alpha character string	Y, N
FRACE12	1	Alpha character string	Y, N
FRACE13	1	Alpha character string	Y, N
FRACE14	1	Alpha character string	Y, N
FRACE15	1	Alpha character string	Y, N
FRACE16	30	Alpha character string	Literal, blank
FRACE17	30	Alpha character string	Literal, blank
FRACE18	30	Alpha character string	Literal, blank
FRACE19	30	Alpha character string	Literal, blank
FRACE20	30	Alpha character string	Literal, blank
FRACE21	30	Alpha character string	Literal, blank
FRACE22	30	Alpha character string	Literal, blank
FRACE23	30	Alpha character string	Literal, blank

### *TO BE PRODUCED BY THE NCHS EDITING ALGORITHM*

FRACE1E	3	Alpha-numeric character string	Appendix E
FRACE2E	3	Alpha-numeric character string	Appendix E
FRACE3E	3	Alpha-numeric character string	Appendix E
FRACE4E	3	Alpha-numeric character string	Appendix E
FRACE5E	3	Alpha-numeric character string	Appendix E
FRACE6E	3	Alpha-numeric character string	Appendix E
FRACE7E	3	Alpha-numeric character string	Appendix E
FRACE8E	3	Alpha-numeric character string	Appendix E

*TO BE PRODUCED BY THE NCHS CODING ALGORITHM*

FRACE16C	3	Alpha-numeric character string	Appendix E
FRACE17C	3	Alpha-numeric character string	Appendix E
FRACE18C	3	Alpha-numeric character string	Appendix E
FRACE19C	3	Alpha-numeric character string	Appendix E
FRACE20C	3	Alpha-numeric character string	Appendix E
FRACE21C	3	Alpha-numeric character string	Appendix E
FRACE22C	3	Alpha-numeric character string	Appendix E
FRACE23C	3	Alpha-numeric character string	Appendix E



Item Title: **ATTENDANT’S NAME, TITLE, AND NPI**

Item Number: **27 Certificate, 25 Facility Worksheet**

Description: The name of the attendant (the person responsible for delivering the child), title, and National Provider Identification (NPI) Number.

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. However, a person who is not physically present at the delivery should not be reported as the attendant. For example, if the obstetrician is not physically present, the intern or nurse-midwife **MUST** be reported as the attendant.

For a detailed definition and instructions see: <https://www.cdc.gov/nchs/nvss/facility-worksheets-guide.htm?Sort=URL%3A%3Aasc>

Source of Information:

Preferred Source: Delivery record

Other Source: Attendant

## INSTRUCTIONS

### FOR A PAPER RECORD:

This item is to be completed by the facility. If the birth did not occur in a facility, it is to be completed by the attendant or certifier.

Please print or type the name of the person who attended the birth and their National Provider Identification (NPI) number:

NAME: \_\_\_\_\_ NPI \_\_\_\_\_

If attendant does not have an NPI number, type or print “None.” If the attendant should have an NPI number but it is unknown, type or print “Unknown.”

Please check one box below to specify the attendant's title. If the "Other (specify)" box is checked, please print or type the title of the attendant. Examples include: nurse, father, police officer, EMS technician, etc.

- MD
- DO
- CNM/CM
- Other midwife
- Other (specify)\_\_\_\_\_

#### **FOR AN ELECTRONIC RECORD:**

##### **EBR Developer** (*Instructions are in italics*)

*This item is to be completed by the facility. Data are to be keyed from the facility worksheet or from information obtained from the attendant. If the birth did not occur in a facility, it is to be completed by the attendant or certifier.*

##### **Attendant's Name, Title and NPI**

*The attendant's name should be three fields (last name, first name, middle name or initial).*

*When the attendant's name is entered the software should automatically examine a roster of attendants to see if the name is on the roster for the facility. If it is on the roster, the attendant's title and NPI number are automatically completed. Note the software can be set up to bring up a name after only a few letters are entered.*

*NOTE: This process can also be constructed as a drop-down list of possible attendants. But, this approach could easily lead to errors that cannot be caught or edited.*

*If the name is not on the roster, the following screens will appear:*

##### **Attendant's National Provider Identification Number**

*The instructions below should appear when the NPI is to be entered.*

**If attendant does not have an NPI number, enter "none." If the attendant should have an NPI number but it is unknown, enter "Unknown."**

**Attendant's Title**

*The attendant's title is to be selected from the list below.*

- MD
- DO
- CNM/CM
- Other midwife
- Other(specify)
- Unknown

*The system should be designed to allow only one box to be checked.*

*If the "Other" box is checked, the following message appears:*

**Please specify the title of the "Other" attendant. Examples include: nurse, father, police officer, EMS technician, etc.**

*After the above items are completed, an option of adding the attendant information to the facility roster of attendants is offered.*

**Roster of Attendants**

Do you wish this information to be added to your facility's roster of attendants?

- Yes     No

**PROCESSING VARIABLES:**

<u>NAME</u>	<u>DESCRIPTION</u>	<u>VALUES</u>	<u>DEFINITION</u>
ATTENDN	Attendant's name	Alpha character string	
NPI	National provider ID number	Alpha/numeric	
ATTEND	Type of attendant	1 2 3 4 5 9	MD DO CNM/CM Other midwife Other (specify) Unknown
ATTENDS	Other specified attendant	Alpha character string	

**EDITS:**

**ELECTRONIC RECORD**

**Before the record is submitted to the State**

*Record must have a name of an attendant. Only one attendant is allowed. If more than one box is checked the following message appears:*

**More than one attendant was selected. Please choose one attendant from the menu below.**

*Original menu appears:*

If “Type of attendant” is blank, the record cannot be filed or printed until item is complete.

All “Other (specify)” –“Unknown” responses will be automatically coded to the “Not classifiable” code.

**PAPER RECORD**

Records filed with the type of attendant blank or unknown should be queried. If no response to query, enter “Unknown” in the other specify location.

All “Other (specify)” –“Unknown” responses will be automatically be coded to the “not classifiable” code.

If more than one attendant is selected, choose the first listed attendant.

**State edits of data file prior to NCHS transmission**

Must be a valid code (see below).

**STATE FILE CONSIDERATIONS**

State offices will have to design their software to handle the names of attendants and their NPI numbers. States may want to maintain only the NPI numbers and a reference list roster of names and other information about attendants. States may also want to code the “Other (specify)” attendants.

## NCHS TRANSMISSION FILE

### VARIABLES:

<u>NAME</u>	<u>LENGTH</u>	<u>TYPE</u>	<u>VALUES</u>
ATTEND	1	Numeric	1,2,3,4,5,9



Item Title: **MOTHER TRANSFERRED FOR MATERNAL MEDICAL OR FETAL INDICATIONS FOR DELIVERY?**

Item Number: **28 Certificate, 24 Facility Worksheet**

Description: Information on the transfer status of the mother prior to delivery. For a detailed definition and instructions see: <https://www.cdc.gov/nchs/nvss/facility-worksheets-guide.htm?Sort=URL%3A%3Aasc>

Source of Information:

Preferred Source: Labor and delivery nursing admission triage form, admission history and physical, labor and delivery

### **INSTRUCTIONS**

#### **FOR A PAPER RECORD:**

This item is to be completed by the facility. If the birth did not occur in a facility, it is to be completed by the attendant or certifier and the response must be “no.”

**MOTHER TRANSFERRED FOR MATERNAL MEDICAL OR FETAL INDICATIONS FOR DELIVERY?**

Yes  No

**IF YES, ENTER NAME OF FACILITY MOTHER TRANSFERRED FROM:**

---

If the name of the facility is not known, enter “Unknown.”

#### **FOR AN ELECTRONIC RECORD:**

**EBR Developer** (*Instructions are in Italics*)

*If the response to certificate item 26 is any response but hospital, this item is automatically completed with the “No” response and will not appear on the EBR screen.*

**Was the mother transferred to this facility for maternal medical or fetal indications prior to delivery? Transfers include hospital to hospital, birthing facility to hospital etc.**

- Yes
- No
- Unknown

*If the yes box is checked, the following appears:*

**Please enter the name of the facility the mother was transferred from. If the name of the facility is not known, enter “Unknown.”**

Facility name: \_\_\_\_\_

**PROCESSING VARIABLES:**

<u>NAME</u>	<u>DESCRIPTION</u>	<u>VALUES</u>	<u>DEFINITION</u>
TRAN	Mother transferred	Y N U	Yes No Unknown
NFACL	Name of facility	Alpha/Numeric	

**EDITS:**

**ELECTRONIC RECORD**

**Before the record is transferred to the State**

*The transfer status cannot be blank.*

*If transfer status is left blank, the item will reappear at the final review screen. Record cannot be printed or transferred to the state until item is complete.*

*If transfer status is “No,” the name of facility field must be blank.*

*If the transfer status is “Yes,” the name of facility field must have an entry. “Unknown” is an acceptable entry.*

*If the name of the facility field has any entry except “Unknown” and the transfer status is “No,” a query message should appear indicating the inconsistency and asking that it be corrected.*

*If transfer status is “Yes,” the response to item 26 must be “Hospital.” If any response but “Hospital,” a query message should appear. Either certificate item 26 must be changed to “Hospital” or certificate item 28 changed to “no.”*

### PAPER RECORD

Records filed with the transfer status blank shall be queried. If no response to query, enter response of “no.”

If transfer status is “No,” the name of facility field must be blank.

If the transfer status is “Yes,” the name of facility field must have an entry. “Unknown” is an acceptable entry.

If the name of the facility field has any entry except “Unknown” and the transfer status is “no,” query the inconsistency and resolve.

If transfer status is “Yes,” then the response to certificate item 26 must be “Hospital.” If not, query. Either certificate item 26 must be changed to “Hospital” or certificate item 28 changed to “no.”

### State Edits of data file prior to NCHS transmission

Must be a valid code (see below)

### STATE FILE CONSIDERATIONS

States will need to have a field for the literal entry of facility names. They may also want to collect the facility NPI number or assign their own facility code.

### NCHS TRANSMISSION FILE

#### VARIABLES:

NAME:	LENGTH	TYPE	VALUES
TRAN	1	Alpha character string	Y, N, U

Item Title: **DATE OF FIRST PRENATAL CARE VISIT**

Item Number: **29a Certificate, 6a Facility Worksheet**

Description: The date a physician or other health care professional first examined or counseled the pregnant woman for the pregnancy.  
For a detailed definition and instructions see:  
<https://www.cdc.gov/nchs/nvss/facility-worksheets-guide.htm?Sort=URL%3A%3Aasc>

Source of Information:

Preferred Source: Prenatal care record

Other Source: Initial physical exam

## **INSTRUCTIONS**

If the information is not in the mother's file, please contact the prenatal care provider and obtain a copy of the prenatal care record.

### **DATA COLLECTION:**

The following paragraph appears on the paper worksheet provided by NCHS before the section of data to be obtained from the mother's prenatal care record. The paragraph should also appear on an electronic worksheet just before the section of information to be obtained from the mother's prenatal care record.

**“Information for this and the following items should come from the mother's prenatal care record, other medical reports in the mother's chart, and the infant's medical record. If the mother's prenatal care record is not in her hospital chart, please contact her prenatal care provider to obtain the record, or a copy of the prenatal care information. Preferred and acceptable sources for each item are listed in worksheets. Please do not provide information from sources other than the medical records.”**

### **FOR A PAPER RECORD:**

Print or type the month, day, and year of the first prenatal care visit.  
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, write in “Unknown.”

DATE OF FIRST PRENATAL CARE VISIT

\_\_\_\_/\_\_\_\_/\_\_\_\_  
MM DD YYYY

If the mother had no prenatal care, check the “no prenatal care” box and leave the date blank.

No Prenatal Care

**FOR AN ELECTRONIC RECORD:**

**EBR Developer** (*Instructions are in Italics*)

*When the date of first prenatal care visit is to be entered, it is critical that the recommended message screens appear when appropriate.*

*The following message should appear first:*

**Check this button if the information needed to complete the date of first prenatal care visit is currently not available, but an effort is being made to obtain it.**

Information not currently available

*EBR developers may wish to use “?” or a hot key for unknowns and for responding to the above rather than a specific button. For example, the instruction could read:*

**Press the \_\_\_\_\_ key if the information needed to complete this item is currently not available, but an effort is being made to obtain it.**

*When this button is checked, the item is skipped and placed in pending status for completion at a later time. See “Final Review Screen.”*

*Each part of the three-part date field must be entered independently so that all parts of the date that are known are captured.*

**Complete ALL PARTS of the date that are available.  
Leave blank any parts of the date that are not known.**

Month of the first visit      \_\_\_\_  
Day of the first visit        \_\_\_\_  
Year of the first visit        \_\_\_\_



Did the mother receive any prenatal care?

- Yes  
 No

*If the “No prenatal care” button is checked, the date fields are automatically completed with the “no prenatal care” codes. However, the final review screen will include a query for the clerk, asking if this information is correct. The number of prenatal care visits is set to value “0” and the item is skipped.*

*If the “No” box is checked on a paper record and entry is through the state data entry system, the date fields are automatically completed with the “no prenatal care” codes. Item 30 “Number of prenatal care visits” is set to value “0” and the item skipped. The “no prenatal care” code is assigned to the derived variable “Month prenatal care began.”*

*If the “Yes” box is checked, the date fields are automatically completed with the “Unknown” codes. Also, a message should appear that reads:*

*Please obtain the mother’s prenatal care record or other hospital record in order to enter the date of the mother’s first prenatal care visit before the record is filed.*

**PROCESSING VARIABLES:**

<u>NAME</u>	<u>DESCRIPTION</u>	<u>VALUES</u>	<u>DEFINITION</u>
DOFP_MO	Month of first prenatal care visit	01-12	Month
		88	No prenatal care
		99	Unknown
DOFP_DY	Day of first prenatal care visit	01-31	Day of month (depending on month)
		88	No prenatal care
		99	Unknown
DOFP_YR	Year of first prenatal care visit	Year of child’s birth or year of child’s birth –1, 8888	No prenatal care
		9999	Unknown
DNA29	Pending flag	0	OFF
PNC	Prenatal care	Y	Yes
		N	No

**EDITS:****ELECTRONIC RECORD****Before the record is transmitted to the State**

*New data entered at the time of an edit replaces any data currently in the data file.*

*If the “Data not available at this time” box is checked, the pending flag is set to ON-1, the date variables are assigned the “Unknown” codes and the edits are skipped. The item will appear on the final review screen.*

*The date is checked for validity (a proper combination of month day and year). If any of the fields are not valid a message should appear and ask that the value be re-entered. Edits are re-run until valid values are entered.*

*The date of the first prenatal visit is compared to the date of delivery. The date of the first visit must be earlier than the date of delivery but no more than 10 months earlier. The comparison is run only if a complete date is entered. If the date does not meet the edit criteria the following message appears:*

**The date of \_\_\_ \_\_\_ \_\_\_\_\_ is not a valid date for this woman’s first prenatal care visit. Please check the date and re-enter:**

*A date entry, even if it is the same date as currently entered, must be made on this screen. The entry operator cannot tab past this screen. The comparison is rerun with the newly entered date. If the edit still fails, the date is accepted.*

**PAPER RECORD**

The same edits as above are run when data are key entered through the state system. This should be done at the time of key entry for the state entry system. After a new date is entered, the edit must be rerun. If the edit still fails, a message should appear that the item is to be queried. A date entered after query is edited but accepted and will be transmitted to NCHS.

**STATE FILE CONSIDERATIONS**

While the paper document does not have separate fields for each element of the date of first prenatal care visit, the date must be entered and stored as three separate fields.

If states elect to use a data base system that has an option of storing dates as “date type variables,” then the system must meet the criteria listed under transmission standards.

Dates that fail the edit criteria (that is, are more than one year earlier than the child’s date of birth) shall be changed to “unknown” before transmission to NCHS.

## NCHS TRANSMISSION FILE

### VARIABLES:

<u>NAME</u>	<u>LENGTH</u>	<u>TYPE</u>	<u>VALUES</u>
DOFP_MO	2	Numeric	01-12, 88, 99
DOFP_DY	2	Numeric	01-31, 88, 99
DOFP_YR	4	Numeric	4-digit year, year of child’s birth or year-1, 8888, 9999

### DERIVED VARIABLES:

Outlined below is the calculation for the derived variable “Month Prenatal Care Began.” States should not keep or use the derived variable “Month Prenatal Care Began” as calculated below for any purpose other than editing. This variable is a crude calculation to be used only for editing.

Upon request, NCHS will provide the method used by NCHS to impute the missing “day” for records for which the day of the date of the first visit is unknown. Although the imputed day and the derived variable will not be transmitted to NCHS, **use of these standardized edits, and imputation and calculation methods will help to ensure that the variable is reported as comparably as possible across reporting areas.**

### CALCULATION OF “MONTH PRENATAL CARE BEGAN”

The month of prenatal care is calculated using the “Obstetric Estimate of Gestational Age” (where available), the “Date of First Prenatal Care Visit” item, and Date of Birth.

The following algorithm is used to calculate the item “Month Prenatal Care Began.” 1. Multiply the Obstetric Estimate in weeks by 7 (to provide an estimate of number of days in pregnancy) and subtract the interval in days between Date of the First Prenatal Visit and Date of Birth. (NOTE: The interval in days between Date of First Prenatal Visit and Date of Birth should be calculated using system date functions.)

2. Convert days to months of pregnancy.

Use the following table, which is based on the assumption that each month has 31.1 days (280 days in pregnancy/9 months in pregnancy) :

Days	Month
1-31	1 <sup>st</sup>
32-62	2 <sup>nd</sup>
63-93	3 <sup>rd</sup>
94-124	4 <sup>th</sup>
125-156	5 <sup>th</sup>
157-187	6 <sup>th</sup>
188-218	7 <sup>th</sup>
219-249	8 <sup>th</sup>
250-280	9 <sup>th</sup>
281-311	10 <sup>th</sup>
312+	99 (unknown)

In this example the “Month Prenatal Care Began would be the 2<sup>nd</sup> month and assigned the value “2”.

If the Obstetric estimate is missing :

1. Convert to century dates the Date Last Menstrual Period Began (CDLMP) and Date of the First Prenatal Visit (CDPV) as follows:

$$\text{CDPV} = (365 * \text{YYYY}) + \text{DY}$$

Where YYYY is the four-digit year of the first prenatal care visit.

DY is the number of days in the year prior to the beginning of the month of the date of first prenatal care visit + the day of the first prenatal care visit. (If the day is not known it will be imputed according to a method to be provided).

Month	#Prior Days*	Month	#Prior Days*
January	0	July	181
February	31	August	212

March	59	September	243
April	90	October	273
May	120	November	304
June	151	December	334

\* In leap years add 1 to all numbers March-December

#### Example

Date of first prenatal care visit: April 10, 2003

Date of LMP is March 1, 2003

$$\text{CDPV}=(365*2003)+(90+10)=731195$$

$$\text{CDLMP}=(365*2003)+(59+1)=731155$$

2. Obtain the number of days between date of last LMP and date of first prenatal care visit.

$$\text{Days}=\text{CDPV}-\text{CDLMP}$$

$$\text{Days}=731195-731155$$

$$\text{Days}=40$$

2. Convert days to months of pregnancy.

Use the following table, which is based on the assumption that each month has 31.1 days (280 days in pregnancy/9 months in pregnancy) :

Days	Month
1-31	1 <sup>st</sup>
32-62	2 <sup>nd</sup>
63-93	3 <sup>rd</sup>
94-124	4 <sup>th</sup>
125-156	5 <sup>th</sup>
157-187	6 <sup>th</sup>
188-218	7 <sup>th</sup>
219-249	8 <sup>th</sup>



250-280	9 <sup>th</sup>
281-311	10 <sup>th</sup>
312+	99 (unknown)

In this example the “Month Prenatal Care Began would be the 2<sup>nd</sup> month and assigned the value “2”.

In this situation if date of LMP is unknown, assign the “Unknown” code 99. In all cases:

If the year of first prenatal care visit is unknown, assign the “Unknown” code 99 for this derived variable.

If the mother had no prenatal care, assign the “no prenatal care” code 88 for this derived variable.

If the computed Month Prenatal Care Began is greater than 10, assign code 10

Item Title: **TOTAL NUMBER OF PRENATAL CARE VISITS FOR THIS PREGNANCY**

Item Number: **30 Certificate, 7 Facility Worksheet**

Description: The total number of visits recorded in the record. A prenatal visit is one in which the physician or other health care professional examines or counsels the pregnant woman for her pregnancy. Do not include visits for laboratory and other testing in which a physician or health care professional did not examine or counsel the pregnant woman. For a detailed definition and instructions see: <https://www.cdc.gov/nchs/nvss/facility-worksheets-guide.htm?Sort=URL%3A%3Aasc>

Source of Information:

Preferred Source: Prenatal care record

## INSTRUCTIONS

### FOR A PAPER RECORD:

If the mother had no prenatal care, type or print "0" in the space. Note: the "no prenatal care" box should also be checked in item 29.

If the mother had prenatal care but the number of visits is not known, type or print "Unknown" in the space.

Type or print the total number of prenatal care visits for this pregnancy in the space.

TOTAL NUMBER OF PRENATAL VISITS FOR THIS PREGNANCY

\_\_\_\_\_ (If none, enter "0")

**FOR AN ELECTRONIC RECORD:**

**EBR Developer** (*Instructions are in Italics*)

*When the number of prenatal care visits is to be entered, it is critical that the recommended message screens also appear.*

**Please enter the total number of prenatal care visits listed in the mother's records.**

Total number of prenatal care visits \_\_\_\_\_

*The following message should also appear:*

**Check this box if the information needed to complete the number of prenatal care visits is currently not available, but an effort is being made to obtain it.**

Information not currently available

*EBR developers may wish to use a hot key for responding to the above rather than a specific button. For example, the instruction could read:*

**Press the \_\_\_\_\_ key if the information needed to complete this item is currently not available, but an effort is being made to obtain it.**

*When this button is checked, the item is skipped and placed in pending status for completion at a later time. The following message will appear.*

**Please check the mother's prenatal care record and/or facility records to obtain the number of prenatal care visits.**

*An entry for this item is required if the "no prenatal care" check box in item 29 is not marked. If the "no prenatal care" check box was marked in item 29, this screen is skipped and "0" automatically entered.*

**PROCESSING VARIABLES:**

<u>NAME</u>	<u>DESCRIPTION</u>	<u>VALUES</u>	<u>DEFINITION</u>
NPREV	Number of prenatal care visits	0-98,99	Number within range
NPREV_BYPASS	Edit flag	0 1 2	OFF (edit passed) ON (edit failed, number verified) ON (edit failed, number not verified)
DNA30	Pending flag	0 1	OFF ON

**EDITS:****ELECTRONIC RECORD****Before the record is transmitted to the State**

*If the data not available at this time box is checked, the pending flag is set to ON-1, the number of visits is assigned the "Unknown" code and the edits are skipped. The data item will appear on the final review screen.*

*If number of visits is "0," the box for "no prenatal care" in item 29 must be checked. If the box is not checked and there is a date in the "Date of first prenatal care visit" field, a message should appear indicating the inconsistency and asking that it be resolved.*

*See example below:*

**Item 29 indicates that the mother did have prenatal care. Therefore, the number of prenatal care visits must be greater than "0." Please enter the correct total below:**

Number of prenatal visits \_\_\_\_\_

Check this box if mother did not have any prenatal care.

*If this box is checked, a message should appear indicating that this response is inconsistent with the entry for item 29. A review screen for item 29 then appears.*

*If the number of prenatal visits is greater than 49 and not “99,” a query message should appear indicating that the number of visits is greater than 49.*

**The record shows the number of prenatal care visits is \_\_\_\_\_**

- Please check this box if this number is correct.

*If this box is checked, the edit bypass flag is set to ON-1*

If the number is incorrect, please enter the correct number\_\_\_\_\_

*The edit is rerun with the new number. If the edit fails, the bypass flag is set to ON-2*

#### PAPER RECORD

If the field is blank and item 29 indicates that there was prenatal care, query. If item 29 indicates there was no prenatal care, assign the “0” code.

After data entry, run the same edits as above for the electronic record.

#### NCHS TRANSMISSION FILE

##### VARIABLES:

<u>NAME</u>	<u>LENGTH</u>	<u>TYPE</u>	<u>VALUE</u>
NPREV	2	Numeric	0-98,99
NPREV_BYPASS	1	Numeric	0,1,2



Item Title: **MOTHER’S HEIGHT**

Item Number: **31 Certificate, 12 Mother’s Worksheet**

Description: The mother’s height.

Source of Information:

Preferred Source: The mother  
Other Source: The mother’s medical record

### INSTRUCTIONS

#### FOR A PAPER RECORD:

If the mother’s height is unknown, print or type “Unknown” in the space.

Enter the mother’s height in feet and inches. If the record indicates height in fractions such as 5 feet 6 ½ inches, truncate and enter 5 feet, 6 inches.

MOTHER’S HEIGHT \_\_\_\_\_(feet/inches)

#### FOR AN ELECTRONIC RECORD:

**EBR Developer** (*Instructions are in Italics*)

*Height should be recorded in feet and inches. Enter whole inches only; truncate fractions of inches. The following instruction should appear when the item is to be completed.*

Mother’s height \_\_\_\_\_(feet) and  
\_\_\_\_\_ (inches)

Unknown

Please enter height in feet and inches (for example, 5 feet, 6 inches). If no inches (for example, 5 feet only) enter the number of feet and “0” for inches. If the unknown box is checked, fill the feet field with 9 and the inches field with 99.

**PROCESSING VARIABLES:**

<u>NAME</u>	<u>DESCRIPTION</u>	<u>VALUE</u>	<u>DEFINITION</u>
HFT	Mother's height feet	1-8	Feet
		9	Unknown
HIN	Mother's height inches	0-11	Inches
		99	Unknown
HGT_BYPASS	Edit flag for height	0	OFF
		1	ON (verified)
		2	ON (not verified)

**EDITS:**

## ELECTRONIC RECORD

**Before the record is transmitted to the State**

Values of 1,2 and 8 will be soft-edited. If the mother's height in feet is not between 3 and 7, the following message should appear:

**You have entered a height of \_\_\_\_\_ feet. Check the box below if this is correct, or re-enter height.**

Height is correct

Height \_\_\_\_\_(feet)  
 \_\_\_\_\_(inches)

*Entries of 1 - 9 will be accepted as valid values if the keyer indicates that the height is correct.*

*If the correct box is checked, the bypass flag is set to ON-1.*

*If a new value is entered, the edit is rerun and, if it fails, the bypass flag is set to ON-2*

*The number of inches must be between 0 and 11 or 99. Entries greater than 11 inches, except 99, will not be accepted (hard edit).*

*If systems allow initial entries >11 the following message should appear:*

Please re-enter the number of inches. Inches must be between 0 and 11.

\_\_\_\_\_ (inches)

**PAPER RECORD**

Records filed with the item blank shall be queried.

If there is no response to the query, assign the “Unknown” code.

If the item indicates “Unknown,” assign the “Unknown” code.

If the response gives a range, enter the highest value.

If the response gives a fraction such as 5 feet 6 ½ inches, enter only the whole number (6 inches).

**State Edits of data file prior to NCHS transmission**

Must be valid codes and values.

**NCHS TRANSMISSION FILE****VARIABLES:**

<u>NAMES</u>	<u>LENGTH</u>	<u>TYPE</u>	<u>VALUES</u>
HFT	1	Numeric	1-8,9
HIN	2	Numeric	0-11,99
HGT_BYPASS	1	Numeric	0,1,2

Item Title: **MOTHER’S PREPREGNANCY WEIGHT**

Item Number: **32 Certificate, 13 Mother’s Worksheet**

Description: The mother’s prepregnancy weight

Source of Information:

Preferred Source: Mother

Other Source: Mother’s prenatal care record

## INSTRUCTIONS

### FOR A PAPER RECORD:

If the mother’s prepregnancy weight is unknown, print or type “Unknown” in the item’s space.

Record weight in whole pounds only, do not include fractions.

MOTHER’S PREPREGNANCY WEIGHT \_\_\_\_\_(pounds).

### FOR AN ELECTRONIC RECORD:

**EBR Developer** (*Instructions are in Italics*)

*The mother’s prepregnancy weight should be recorded in whole pounds only, truncate, do not include fractions (e.g., 120 ½ pounds should be entered as 120 pounds). The following item and instruction should appear:*

Mother’s prepregnancy weight \_\_\_\_\_pounds.

**If weight is unknown, enter 999.**

*EBR developers may wish to use “?” or a hot key for unknowns.*

**PROCESSING VARIABLES:**

<u>NAME</u>	<u>DESCRIPTION</u>	<u>VALUES</u>	<u>DEFINITION</u>
PWGT	Mother's prepregnancy weight	50-400 999	unknown
PWGT_BYPASS	Edit flag for prepregnancy weight	0 1 2	OFF ON (verified) ON (not verified)

**EDITS:****ELECTRONIC RECORD****Before the record is transmitted to the State**

If mother's prepregnancy weight is not between 75 and 400 pounds, or 999, a message should appear that asks that the prepregnancy weight be verified.

**Please check the box or enter correct weight.**

Weight is correct

Weight \_\_\_\_\_

*If the correct box is checked, the bypass flag is set to ON-1.*

*If a new value is entered, the edit is rerun and, if it fails, the bypass flag is set to ON-2.*

*Values less than 50 and greater than 400 should be converted to unknown (999).*

**PAPER RECORD**

Records filed with the item blank shall be queried.

If there is no response to the query, assign the "Unknown" code.

If the item indicates "Unknown," assign the "Unknown" code.

If a response gives a range, enter the highest value given.

If a response gives a fraction, truncate and enter only the whole number (e.g., 120 ½ pounds should be reported as 120 pounds.)



**State Edits of data file prior to NCHS transmission**

Must be valid codes and values.

**NCHS TRANSMISSION FILE****VARIABLES:**

<u>NAME</u>	<u>LENGTH</u>	<u>TYPE</u>	<u>VALUE</u>
PWGT	3	Numeric	50-400, 999
PWGT_BYPASS	1	Numeric	0,1,2

Item Title: **MOTHER’S WEIGHT AT DELIVERY**

Item Number: **33 Certificate, 26 Facility Worksheet**

Description: The mother’s weight at the time of delivery.  
For a detailed definition and instructions see:  
<https://www.cdc.gov/nchs/nvss/facility-worksheets-guide.htm?Sort=URL%3A%3Aasc>

Source of Information:

Preferred Sources: Labor and delivery records, admission history and physical

## **INSTRUCTIONS**

### **FOR A PAPER RECORD:**

If the mother’s delivery weight is unknown, print or type “Unknown” in the item’s space.

Record weight in whole pounds only, do not include fractions.

MOTHER’S WEIGHT AT DELIVERY \_\_\_\_\_(pounds)

### **FOR AN ELECTRONIC RECORD:**

**EBR Developer** (*Instructions are in Italics*)

*Weight should be recorded in whole pounds only, truncate, do not include fractions (e.g. 140 ½ pounds should be entered as 140 pounds). The following item and instruction should appear:*

Mother’s weight at delivery \_\_\_\_\_pounds.

**If weight is unknown, enter 999.**

**PROCESSING VARIABLES:**

<u>NAME</u>	<u>DESCRIPTION</u>	<u>VALUES</u>	<u>DEFINITION</u>
DWGT	Mother's weight at delivery	50-450 999	Unknown
DWGT_BYPASS	Edit flag for delivery weight	0 1 2	OFF ON (verified) ON (not verified)

**EDITS:****ELECTRONIC RECORD****Before the record is transmitted to the State**

If mother's weight at delivery is not between 75 and 350 pounds (or 999), a message should appear asking that the delivery weight be verified.

**Please check the box or enter correct weight.**

Weight is correct

Weight \_\_\_\_\_

*If the correct box is checked, the bypass flag is set to ON-1.*

*If a new value is entered, the edit is rerun and, if it fails, the bypass flag is set to ON-2*

*Values less than 50 and greater than 450 should be converted to unknown (999).*

**PAPER RECORD**

Records filed with the item blank shall be queried.

If there is no response to the query, assign the "Unknown" code.

If the item indicates "Unknown," assign the "Unknown" code.

If the response gives a range, enter the highest value given.

If a response gives a fraction of a pound, enter only the whole number (e.g., 140 1/2 pounds should be reported as 140 pounds.)

**State Edits of data file prior to NCHS transmission**

Must be valid codes and values.

**NCHS TRANSMISSION FILE**

**VARIABLES:**

<u>NAME</u>	<u>LENGTH</u>	<u>TYPE</u>	<u>VALUE</u>
DWGT	3	Numeric	50-450,999
DWGT_BYPASS	1	Numeric	0,1,2

Item Title: **DID MOTHER GET WIC FOOD FOR  
HERSELF DURING THIS PREGNANCY?**

Item Number: **34 Certificate, 11 Mother's Worksheet**

Description: Use of the Women, Infant's and Children (WIC)  
nutritional program by the mother during the pregnancy

Source of Information:

Preferred Source: Mother

## **INSTRUCTIONS**

### **FOR A PAPER RECORD:**

This item is to be completed based on information obtained from the mother. Either the "Yes" or "No" box must be checked.

If the mother's work sheet indicates "Unknown," print or type "Unknown."

**DID MOTHER GET WIC FOR HERSELF DURING THIS PREGNANCY?**

Yes  No

### **FOR AN ELECTRONIC RECORD:**

**EBR Developer** (*Instructions are in Italics*)

*The item should be completed by keying the response recorded on the mother's work sheet. The following list of choices should be provided.*

- Yes
- No
- Unknown



**PROCESSING VARIABLES:**

<u>NAME</u>	<u>DESCRIPTION</u>	<u>VALUES</u>	<u>DEFINITION</u>
WIC	Mother's use of the WIC program	Y N U	Yes No Unknown

**EDITS:****ELECTRONIC RECORD**

*The field cannot be blank.*

**PAPER RECORD**

Records filed with this item blank shall not be queried unless the record is being queried for another item.

If the item is blank and not queried, the "Not classifiable" code shall be assigned.

If the item indicates "Unknown," assign the "Not classifiable" code.

**State Edits of data file prior to NCHS transmission**

Must be valid codes.

**NCHS TRANSMISSION FILE****VARIABLES:**

<u>NAME</u>	<u>LENGTH</u>	<u>TYPE</u>	<u>VALUES</u>
WIC	1	Alpha character string	Y, N, U

Item Titles:           **NUMBER OF PREVIOUS LIVE BIRTHS  
NOW LIVING  
NUMBER OF PREVIOUS LIVE BIRTHS  
NOW DEAD  
DATE OF LAST LIVE BIRTH  
NUMBER OF OTHER PREGNANCY  
OUTCOMES  
DATE OF LAST OTHER PREGNANCY  
OUTCOME**

Item Numbers:       **35 a-c, 36 a-b Certificate;  
9, 10, 11, 12, 13 Facility Worksheet**

Description:         The pregnancy history of the mother with respect to  
previous children born alive.

The pregnancy history of the mother with respect to other  
pregnancy outcomes (includes pregnancy losses of any  
gestational age, e.g., spontaneous or induced losses or  
ectopic pregnancies). For a detailed definition and  
instructions see: <https://www.cdc.gov/nchs/nvss/facility-worksheets-guide.htm?Sort=URL%3A%3Aasc>

Source of Information:

Preferred Source: Prenatal care record

Other Source:       Labor and delivery nursing admission triage  
form, admission history and physical

## **INSTRUCTIONS**

### **FOR A PAPER RECORD:**

When completing this item, do not include this birth; include all previous live born infants. For multiple deliveries, include all live born infants preceding this infant in the delivery. If first born in a multiple delivery, do not include this infant. If second born, include the first born, etc.

Please type or print the number of previous live born infants still living in item 35a, the number born alive now dead in item 35b, and the number of other pregnancy outcomes in item 36a. If there were none check the “none” boxes. If the number is unknown, type or print “Unknown” in the space.

**NUMBER OF PREVIOUS LIVE BIRTHS / OTHER PREGNANCY OUTCOMES**  
(Do not include this child)

35a. Now Living

35b. Now Dead

36a. Other Outcomes

Number \_\_\_\_\_

Number \_\_\_\_\_

Number \_\_\_\_\_

None

None

None

If applicable, type or print the month and year of birth of the last live born infant in item 35c.

If the date of birth is not known, type or print “Unknown” in the space.

**35c. DATE OF LAST LIVE BIRTH**

\_\_\_\_\_/\_\_\_\_\_  
MM      YYYY

If applicable, type or print the month and year of delivery of the last other pregnancy outcome in item 36b.

If the date of delivery is not known, type or print “Unknown” in the space.

**36b. DATE OF LAST OTHER PREGNANCY OUTCOME**

\_\_\_\_\_/\_\_\_\_\_  
MM      YYYY

**FOR AN ELECTRONIC RECORD:**

**EBR Developer:** *(Instructions are in Italics)*

*When the pregnancy history items are to be entered, it is critical that the recommended message screens appear when appropriate.*

*The following message should appear first:*

**Check this box if the information needed to complete the pregnancy history items is currently not available, but an effort is being made to obtain it.**

Information not currently available

*EBR developers may wish to use a hot key for responding to the above rather than a specific button. For example, the instruction could read:*

**Press the \_\_\_\_\_ key if the information needed to complete this item is currently not available, but an effort is being made to obtain it.**

*When this button is checked, the item is skipped and placed in pending status for completion at a later time. The following message will appear.*

**Please check the mother's prenatal care record and/or hospital record to obtain the number of previous live births and other pregnancy outcomes.**

*This item is to be completed by the facility. If the birth did not occur in a facility, it is to be completed by the attendant or certifier.*

*Allow only 2digit fields for entering responses to each of the three items: the number of previous live births now living, number of previous live births now dead, and number of other previous pregnancy outcomes.*

*The following message should appear.*

**When completing this item, do not include this birth. Do include any previous live born infants. If this was a multiple delivery, include all live born infants who preceded this infant in this delivery. If first born, do not include this infant. If second born, include the first born. Also include all live born infants in previous deliveries.**

Number of previous live births now living \_\_\_\_\_

- None
- Unknown

Number of previous live births now dead \_\_\_\_\_

- None
- Unknown

Number of other pregnancy outcomes\_\_\_\_\_

- None
- Unknown

*In lieu of the checkbox for “Unknown” the EBR developer may choose to use “hot keys” or other symbols for unknown values.*

*If there are any previous live born infants the following message should appear.*

**Month and year of the last live birth.**

Month \_\_\_\_ \_\_\_\_

Year \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_

- Unknown

*If there were no previous live born infants the message above will not appear nor will the entry screen. The field will automatically be completed with the “not applicable” code. The year must be at least the mother’s year of birth plus 10 years.*

*If there are any other pregnancy outcomes, the following message should appear.*

**Month and year of the last other pregnancy outcome.**

Month \_\_\_\_ \_\_\_\_

Year \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_

- Unknown

*If there were no other pregnancy outcomes, the message above will not appear, nor will the entry screen. The field will automatically be completed with the “not applicable” code.*

*The year must be at least the mother’s year of birth plus 10 years. Values outside of this range should be converted to unknown (9999).*



**PROCESSING VARIABLES:**

<u>NAME</u>	<u>DESCRIPTION</u>	<u>VALUES</u>	<u>DEFINTION</u>
PLBL	Previous live births now living	00-30,99	Number
PLBD	Previous live births now dead	00-30,99	Number
POPO	Previous other pregnancy outcomes	00-30,99	Number
MLLB	Month last live birth	01-12,88,99	Month number
YLLB	Year last live birth	4digit year, 8888,9999	Year number (Mother's year of birth plus 10, through child's year of birth)
MOPO	Month last other pregnancy outcome	01-12,88,99	Month number
YOPO	Year other pregnancy outcome	4digit year, 8888,9999	Year number (Mother's year of birth plus 10, through child's year of birth)
LBO	Live birth order	00-30,99	Number
TBO	Total birth order	00-40,99	Number
C_AGEM	Mother's calculated age	10-64	Number
DNA	Pending flag	0	OFF
		1	ON
		88,8888	Not applicable
		99,9999	Unknown

*The not applicable codes are used in the date fields when there were either no previous live births or no previous other pregnancy outcomes.*

**EDITS:****ELECTRONIC RECORD****Before the record is transmitted to the State**

*If the data are not available at the time box is checked, the pending flag is set to ON-1, all the other variables are assigned the "Unknown" codes and the edits are skipped. The data item will appear on the final review screen.*

*Once an entry is made in each item, the next field appears. This prevents both a box being checked and a number being entered.*

*If any of the “none” boxes are checked, fill the appropriate number field(s) with 00.*

*If any of the “Unknown” boxes are checked, fill the number field(s) with 99 (“Unknown”).*

*If a “none” box is not checked and the “Unknown” box is not checked and there is no number in the number field, the original entry screen with the message, **Please complete this item** should appear.*

*If “00” is entered or assigned for any of these fields the date fields must contain the “not applicable” codes.*

Once these edits are done the fields are further edited.

*If value of the field(s) is not 99 but >12, the following message should appear:*

**The record indicates that the number of previous born children still living is \_\_\_\_\_.**

Correct

If incorrect, enter the correct number. \_\_\_\_\_

**The record indicates that the number of previous live born children now dead is \_\_\_\_\_.**

Correct

If incorrect, enter the correct number. \_\_\_\_\_

**The record indicates that the number of other pregnancy outcomes is \_\_\_\_\_.**

Correct

If incorrect, enter the correct number. \_\_\_\_\_

*If the correct box is checked and the number is greater than 30, assign 99 to the appropriate variable.*

*Compute the live birth order as follows:  $LBO = PLBL + PLBD + 1$*

*If the value is 99 for either PLBL or PLBD assign 99 to the variable LBO.*

Compute the total birth order as follows:  $TBO=LBO+POPO$

If the value is 99 for the POPO or LBO, assign 99 to variable TBO.

Check for consistency of live birth order and calculated age of mother as follows:

$C\_AGEM-LBO$  must be  $\geq 8$ .

If this value is  $< 8$ , the following message appears

**The mother is \_\_\_\_\_ years of age and the record indicates:**

\_\_\_\_\_ **Previous live births living**

\_\_\_\_\_ **Previous live births now dead**

Correct

If incorrect, enter the correct number(s)

Previous live births living\_\_\_\_\_

Previous live births now dead\_\_\_\_\_

The calculation is redone, and if the edit fails, assign the value 99 to the variables LBO and TBO. If this edit fails, the following check is not done.

Check for consistency of total birth order and calculated age of mother as follows:

$C\_AGEM-TBO$  must be  $\geq 8$ .

If this value is less than 8, the following message appears:

**The mother is \_\_\_\_\_ years of age and the record indicates:**

\_\_\_\_\_ **Previous live births living**

\_\_\_\_\_ **Previous live births now dead**

\_\_\_\_\_ **Previous other pregnancy outcomes**

Correct

If incorrect, enter the correct number(s)

Previous live births living\_\_\_\_\_

Previous live births now dead\_\_\_\_\_

Previous other pregnancy outcomes\_\_\_\_\_

The calculation is redone, and if the edit fails, assign the value 99 to the variable TBO. Any value for the  $LBO > 30$ , except 99, is changed to 99.

Any value for the  $TBO > 40$ , except 99, is changed to 99

*Date fields must be checked for valid values. In addition, year must be less than or equal to year of current event. If the record indicates that any of the number fields contains a value other than 00, 99, and the date field “Unknown” box is not checked and both parts of the date field are blank, a message should appear that reads:*

**Please enter the date or check the “Unknown” box.**

*The appropriate entry screen should appear.*

#### PAPER RECORD

If the fields are blank, query. If no response to query, assign 99 to the field.

Same edits are run as above. If edits fail, record is queried. If response to query contains new values that fail the edit, set values as indicated above for the EBR. If the response indicates the values are correct set the values to 99 for any values that are greater than 30. If there are numbers for any of the three events and no date entered and unknown is not written in the space, query. If no response to query, set date fields to “99” and “9999.”

#### State Edits of data file prior to NCHS transmission

See above edits for electronic records.

Must have valid codes (see below).

### STATE DATA FILE CONSIDERATIONS

States should keep the LBO and TBO calculated variables in their files for tabulation purposes. Numeric fields of 2 digits each should be reserved for these variables.

### NCHS TRANSMISSION FILE

#### VARIABLES:

<u>NAME</u>		<u>LENGTH</u>	<u>TYPE</u>	<u>VALUES</u>
PLBL	Previous live births now living	2	Numeric	00-30,99
PLBD	Previous live births now dead	2	Numeric	00-30,99
POPO	Previous other pregnancy outcomes	2	Numeric	00-30,99
MLLB	Month last live birth	2	Numeric	01-12, 88, 99

YLLB	Year last live birth	4	Numeric 4-digit year (Mother's year of birth plus 10 years through child's year of birth), 8888,9999
MOPO	Month last other pregnancy outcome	2	Numeric 01-12 88, 99
YOPO	Year other pregnancy outcome	4	Numeric 4-digit year (Mother's year of birth plus 10 years through child's year of birth), 8888,9999



Item Title: **CIGARETTE SMOKING BEFORE AND DURING PREGNANCY**

Item Number: **37 Certificate, 14 Mother’s Worksheet**

Description: The number of cigarettes\* the mother smoked 3 months before and at various intervals during the pregnancy  
\*Refers to tobacco products only, NOT e-cigarettes/vaping.

Source of Information:

Preferred Source: Mother. The mother’s medical records may be consulted if information is not available directly from the mother.

**FOR A PAPER RECORD:**

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 or certifier based on information obtained from the mother. If information is not available directly from the mother, consult her medical records.

If the mother’s work sheet indicates “Unknown,” or “Refused” print or type “Unknown.” Enter the average number of cigarettes smoked for each time period.

**CIGARETTE SMOKING BEFORE AND DURING PREGNANCY**

For each time period enter either the number of cigarettes smoked. If none enter “0.”

Average number of cigarettes smoked per day.

# of cigarettes

Three Months Before Pregnancy	_____
First three Months of Pregnancy	_____
Second three Months of Pregnancy	_____
Third Trimester of Pregnancy	_____

**FOR AN ELECTRONIC RECORD:****EBR Developer** (*Instructions are in Italics*)

*The item should be completed by keying the response recorded on the mother's worksheet. If information is not available from the mother directly, consult the mother's medical records. The following message and screen format is suggested:*

**Enter the average number of cigarettes smoked per day for each time period. If none enter "0." If no part of the item is completed, check "Unknown." If a range is given enter the highest number.**

*If the number of cigarettes is checked the following screen will appear:*

**Enter the number of cigarettes shown on the worksheet.**

**Number of cigarettes**

Three months before pregnancy \_\_\_\_\_  
 First three months of pregnancy \_\_\_\_\_  
 Second three months of pregnancy \_\_\_\_\_  
 Third Trimester of Pregnancy \_\_\_\_\_

Unknown

**PROCESSING VARIABLES:**

<u>NAME</u>	<u>DESCRIPTION</u>	<u>VALUE</u>
CIGPN	Number cigarettes smoked prior to pregnancy	0-98, 99
CIGFN	Number of cigarettes smoked in 1 <sup>st</sup> three months	0-98, 99
CIGSN	Number of cigarettes smoked in 2 <sup>nd</sup> three months	0-98, 99
CIGLN	Number of cigarettes smoked in third trimester	0-98, 99
	Unknown (all variables)	99

**EDITS:****ELECTRONIC RECORD**

*The variables CIGPN, CIGFN, CIGSN, CIGLN must have valid entries of 00-98, 99.*

**PAPER RECORD**

Records filed with this item blank shall be queried.

If the item is blank and not queried, the “Unknown” code shall be assigned.

If the item indicates “Unknown,” assign the “Unknown” code to each of the “number variables.”

If the item indicates “refused,” assign the “Unknown” code to each of the “number variables.”

**State Edits of data file prior to NCHS transmission:**

Must be valid codes.

**STATE FILE CONSIDERATIONS**

States may elect to add a “Never smoked” checkbox to this item. If so, this checkbox should be placed at the very end of the question. States should note that the inclusion of a “Never smoked” checkbox may result in data which is not comparable to national data or to that of other States which do not include this checkbox.

**NCHS TRANSMISSION FILE  
VARIABLES:**

<u>NAME</u>	<u>LENGTH</u>	<u>TYPE</u>	<u>VALUE</u>
CIGPN	2	Numeric	0-98, 99
CIGFN	2	Numeric	0-98, 99
CIGSN	2	Numeric	0-98, 99
CIGLN	2	Numeric	0-98, 99

Item Title: **PRINCIPAL SOURCE OF PAYMENT FOR THIS DELIVERY**

Item Number: **38 Certificate, 22 Facility Worksheet**

Description: The principal source of payment for the delivery at the time of delivery. For a detailed definition and instructions see: <https://www.cdc.gov/nchs/nvss/facility-worksheets-guide.htm?Sort=URL%3A%3Aasc>

Source of Information:

Preferred Source: Hospital face sheet, admitting office face sheet

## INSTRUCTIONS

### FOR A PAPER RECORD:

This item is to be completed by the facility. If the birth did not occur in a facility, it is to be completed by the attendant or certifier.

Please check the one box that best describes the principal source of payment for this delivery. If the “Other (Specify)” box is selected, please specify the payer. If the principal source of payment is not known, print or type “Unknown” in the space.

### PRINCIPAL SOURCE OF PAYMENT FOR THIS DELIVERY

- Private Insurance
- Medicaid
- Self-pay
- Other (Specify)\_\_\_\_\_

### FOR AN ELECTRONIC RECORD:

**EBR Developer** (*Instructions are in italics*)

*This item is to be completed by the facility. If the birth did not occur in a facility, it is to be completed by the attendant or certifier.*

*The principal source of payment for this delivery is to be selected from the following:*

- Medicaid
- Private Insurance (Blue Cross/ Blue Shield, Aetna, etc.)
- Self-pay
- Other (Specify)\_\_\_\_\_
- Unknown

State may also choose to expand this item to include common payment sources such as those listed below in addition to State-specific sources. If any of these additional sources listed below are captured, please assign values as shown under “processing variables.”

- Indian Health Service
- CHAMPUS/TRICARE
- Other government (federal, state, local)

**PROCESSING VARIABLES:**

<u>NAME</u>	<u>DESCRIPTION</u>	<u>VALUES</u>	<u>DEFINITION</u>
PAY	Principal source of payment for delivery	1	Medicaid
		2	Private Insurance
		3	Self-pay
		4	Indian Health Service
		5	CHAMPUS/ TRICARE
		6	Other government (federal, state, local)
		8	Other
		9	Unknown

**EDITS:**

**ELECTRONIC RECORD**

Only one source of payment may be selected. This item may not be blank; the record cannot be filed or printed until the item is completed.

**PAPER RECORD**

Records filed with the source of payment blank should be queried. If no response to query, enter “Unknown” in the “Other specify” location.



If the “Other specify” item indicates any of those listed, code as shown above. All other entries code to “Other.”

States can develop a coding scheme for responses other than those listed, but all responses except “Unknown” should be converted to the “Other” code for transmission to NCHS.

### **State Edits of data file prior to NCHS transmission**

See above edits for electronic records.

## **STATE FILE CONSIDERATIONS**

State offices can design their software to maintain the other specified response codes and expand the list to meet their needs.

## **NCHS TRANSMISSION FILE**

### **VARIABLES:**

<u>NAME</u>	<u>LENGTH</u>	<u>TYPE</u>	<u>VALUES</u>
PAY	1	Numeric	1,2,3,8,9 (4,5,6 if States elect to collect the expanded list)

**Item Title: DATE LAST NORMAL MENSES BEGAN**

**Item Number: 39 Certificate, 8 Facility Worksheet**

**Description:** Date that the mother’s last normal menses began. This item is used to compute the gestational age of the infant when the obstetric estimate of gestational age is unknown or inconsistent with birthweight. For a detailed definition and instructions see: <https://www.cdc.gov/nchs/nvss/facility-worksheets-guide.htm?Sort=URL%3A%3Aasc>

**Source of Information:**

**Preferred Source:** Mother’s prenatal care record

**Other Source:** Admission history and physical

## **INSTRUCTIONS**

### **FOR A PAPER RECORD:**

Print or type all parts of the date that the mother’s last normal menses began.

If no parts of the date are known, write in “Unknown.”

DATE LAST NORMAL MENSES BEGAN

\_\_\_\_/\_\_\_\_/\_\_\_\_  
MM DD YYYY

### **FOR AN ELECTRONIC RECORD:**

**EBR Developer:** *(Instructions are in Italics)*

*The date last normal menses began must be a three-field entry with month, day, and year being entered in separate fields.*

*The following message should appear first:*

**Check this button if the information is not yet available from one of the source documents.** *(This should be indicated on the facility worksheet)*

Information not currently available

*If this button is checked, the item is skipped and placed in a pending status for completion at a later time. See final review screen.*

*EBR developers may wish to use a hot key for responding to the above rather than a specific button. For example, the message could read:*

**Press the \_\_\_\_\_ key if the information needed to complete this item is currently not available, but an effort is being made to obtain it.**

*Each part of the three-part date field should be entered independently so any part of the date that is known is captured. The instructions below should appear when the date is to be completed:*

**Complete ALL PARTS of the date that are available.  
Key all 9s for any parts of the date that are not known.**

#### **PROCESSING VARIABLES:**

<u>NAME</u>	<u>DESCRIPTION</u>	<u>VALUES</u>	<u>DEFINITION</u>
DLMP_YR	Year of last menstrual period	4-digit year 9999	Values of 99, and 9999
DLMP_MO	Month of last menstrual period	01-12, 99	are "Unknown" codes.
DLMP_DY	Day of last menstrual period	01-31, 99	All other numeric values represent 4-digit years, or standard month and day numbers.

#### **EDITS:**

#### **ELECTRONIC RECORD**

#### **Before the record is transmitted to the State**

*If the "data are not available at this time" button is checked, all the date fields are set to the "Unknown" code "99,9999" and the item is put on the pending list for completion at a later time. No further edits are done.*

*If one or more of the date fields are completed they are checked against the values below.*

<b>Entry</b>	<b>Values</b>
Month	01,02,03,04,05,06,07,08, 09,10,11,12, 99
Day	01 1-31, 99 02 1-29, 99 03 1-31, 99 04 1-30, 99 05 1-31, 99 06 1-30, 99 07 1-31, 99 08 1-31, 99 09 1-30, 99 10 1-31, 99 11 1-30, 99 12 1-31, 99
Year	Must be equal to the child's year of birth or 1-2 years less, or 9999.

*Any blanks will be automatically converted to the appropriate "Unknown" codes; "99" or "9999."*

*If any of the edits fail, error messages and instructions will appear that show all the date information entered and a comment on invalid entries. These errors must be corrected before the record can be filed or printed. If the edit on DLMP\_YR still fails the edit after reentry then set all values of the date field to the unknown codes.*

*If February (02) day =29, year should be a leap year. The date of birth field must be compared with the date last normal menses began to be sure the date last normal menses began is earlier than the child's date of birth. If not, a message should appear and request that the inconsistency be resolved.*

### **Derived Variable for Editing Purposes**

*The century month of the date last normal menses began should be computed and stored as a five-digit numeric field (CM\_DLNM) as follows:*

*If either the month or year of date last normal menses began is invalid or unknown, assign "88888" to the CM\_DLNM variable.*

*Otherwise, compute CM\_DLNM as: ((12 \* year last normal menses) + month of last normal menses).*

*Compute the period of gestation in months as follows: C\_GESTM= CM\_DOB - CM\_DLNM. If either or both CM\_DOB or CM\_DLNM is "8888" set the C\_GESTM (computed gestation, months)= "88." If the computed interval is negative subtract 12 from CM\_DLNM and re-compute. This could occur if the month of DLNM is greater than the month DOB and the years are the same. This error should have been caught in the previous edit. But if it occurs subtract 1 year from the DLNM and replace with the new value.*

*If C\_GESTM is <0, (after the re-computation above) a message should appear that reads:*

**The date of the last normal menses does not agree with other items. Please check and re-enter.**

*The edit is rerun and if the edit still indicates that the interval is less than 0, the following message should appear.*

**The infant's gestational age still is less than 0, please check and re-enter the child's date of birth.**

*The edit is rerun and fails again, assign "88" to C\_GESTM.*

*If the computed gestation is < 4 or >11, one of the following messages appears:*

**Date of last normal menses as keyed does not agree with other items. Please check the dates listed below to be sure they were entered correctly. If there are errors, please re-enter the date(s).**

*The computation is re-run and if it still fails the edit, C\_GESTM variable is assigned the value of "88."*

*If the final edit screen indicates that all of the date of last normal menses is unknown, assign "99" to the day and month fields, and "9999" to the year field. Assign "88" to the computed gestation field and "8888" to the Century month of last normal menses.*

*Values for DLMR\_YR greater than 2 years different from child's date of birth should be converted to unknown.*

#### PAPER RECORD

If date of last normal menses field is blank, query. If there is no response to query or response is "Unknown," assign the "Not classifiable" code to each field.

Carry out the above edits for a paper record after data entry.

## TATE FILE CONSIDERATIONS

State data files must contain space for the computed gestation in months although these data are not transmitted to NCHS. **This is not the computed gestation to be used for statistical purposes.**

If states elect to use a data base system that has an option of storing dates as “date type variables,” the system must meet the criteria listed under transmission standards.

## NCHS TRANSMISSION FILE

### VARIABLES:

<u>NAME</u>	<u>LENGTH</u>	<u>TYPE</u>	<u>VALUES</u>
DLMP_YR	4	Numeric	4-digit year, child's year of birth or 1 or 2 years less, 9999
DLMP_MO	2	Numeric	01-12, 99
DLMP_DY	2	Numeric	01-31, 99



Item Title: **RISK FACTORS IN THIS PREGNANCY**

Item Number: **41 Certificate, 14 Facility Worksheet**

Description: Selected medical risk factors of the mother during this pregnancy. For a detailed definition and instructions see: <https://www.cdc.gov/nchs/nvss/facility-worksheets-guide.htm?Sort=URL%3A%3Aasc>

Source of Information:

Preferred source: Mother's prenatal care record

Other sources: Labor and delivery nursing admission triage form, admission history and physical, delivery record

## **INSTRUCTIONS**

### **FOR A PAPER RECORD:**

The mother may have more than one risk factor, check all that apply.

If the mother had none of the risk factors, check the "None of the above" box.

If it is unknown if the mother had any of the risk factors, type or print unknown.

### **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 births

- Pregnancy resulted from infertility treatment – If Yes, check all that apply:
  - Fertility-enhancing drugs, artificial insemination or intrauterine insemination
  - Assisted reproductive technology (e.g., in vitro fertilization (IVF), gamete intrafallopian transfer (GIFT))
- Mother had a previous cesarean delivery If yes, how many \_\_\_\_\_
- None of the above

**FOR AN ELECTRONIC RECORD:****EBR Developer** (*Instructions are in Italics*)

*Definitions given in the “Guide to Completing the Facility Worksheets for the Certificate of Live Birth and Report of Fetal Death” (see link above) should appear in the help function.*

*When this item is to be completed, it is critical that the recommended message screens appear when appropriate.*

*The following message should appear first:*

**Check this button if the information needed to complete item “Risk factors in this pregnancy” is currently not available, but an effort is being made to obtain it.**

- Information not currently available**

*EBR developers may wish to use a hot key for responding to the above rather than a specific button. For example, the instruction could read:*

**Press the \_\_\_\_\_ key if the information needed to complete this item is currently not available, but an effort is being made to obtain it.**

*When this button is checked, the item is skipped and placed in pending status for completion at a later time on the final review screen. The final review screen for this item will be a replica of the initial entry screen with the addition of a box to check “Unknown.”*

*The following instruction should appear when the item is to be completed:*

**Please check all the boxes that apply. If the mother had none of the listed risk factors, please check the “None of the above” box. DO NOT LEAVE THE ITEM BLANK.**

## Risk Factors in this Pregnancy:

## Diabetes

- Prepregnancy (Diagnosis prior to this pregnancy)
- Gestational (Diagnosis in this pregnancy)

## Hypertension

- Prepregnancy (Chronic)
- Gestational (PIH, preeclampsia)
- Eclampsia
- Previous preterm births (<37 completed weeks gestation)
- Pregnancy resulted from infertility treatment. If Yes, check all that apply:
  - Fertility-enhancing drugs, artificial insemination or intrauterine insemination
  - Assisted reproductive technology (e.g., in vitro fertilization (IVF), gamete intrafallopian transfer (GIFT))
- Mother had a previous cesarean delivery. If yes, how many \_\_\_\_\_
- None of the above

**PROCESSING VARIABLES:**

<u>NAME</u>	<u>DESCRIPTION</u>	<u>VALUES</u>	<u>DEFINITION</u>
PDIAB	Prepregnancy diabetes	Y N U	Yes No Unknown
GDIAB	Gestational diabetes	Y, N, U	
PHYPE	Prepregnancy hypertension	Y, N, U	
GHYPE	Gestational hypertension	Y, N, U	
EHYPE	Eclampsia	Y, N, U	
PPB	Previous preterm births	Y, N, U	
INFT	Infertility treatment	Y, N, U	
INFT_DRG	Infertility: Fertility Enhancing Drugs	Y N X U	Yes No Not Applicable Unknown
INFT_ART	Infertility: Asst. Rep. Technology	Y, N, X, U	
PCES	Previous cesarean	Y, N, U	
NPCES	Number of previous cesareans	0-10, 99	
NPCES_BYPASS		0, 1	
NOA01	None of the above	Y, N, U	
DNA01	Pending flag	0 1	OFF ON

**EDITS:**

## ELECTRONIC RECORD

### **Before the record is transmitted to the State**

*If no boxes are checked, the following message will appear:*

**The item has not been completed. If there are risk factors, check the appropriate box(es). If there are no risk factors, check “None of the above.”**

*If the “Data not available at this time” button is checked, the following message shall appear:*

**Please obtain the information necessary to complete this item. The item will be on the final review screen prior to submission to the state.**

*The pending flag shall be set to “ON” and all other variables assigned the “Unknown” code.*

*The final review screen shall be a replica of the initial entry screen. If the “Unknown” box is checked on the final review screen, the pending flag is set to “OFF” and the record is accepted.*

*If the “None of the above” box is checked and at least one other box is checked, assign the “No” code to the “None of the above” variable and continue edits.*

*If the “None of the above” box is checked and no other box checked, assign all other items the “No” code.*

*If the “None of the above” box is blank and at least one other box is checked, assign the “No” code to all blank boxes.*

**The eclampsia and either prepregnancy or gestational hypertension boxes may be checked. However, prepregnancy and gestational hypertension cannot both be checked. If both boxes are checked, a message should appear that reads:**

**“Both the prepregnancy and gestational hypertension boxes are checked. Please review the records and choose the correct response.”**

**If the “Pregnancy resulted from infertility treatment” (INFT) box is not checked, assign “X”s to both “Fertility-enhancing drugs” (INFT\_DRG) and “Assisted reproductive technology” (INFT\_ART).**

**If the “Pregnancy resulted from infertility treatment” (INFT) box is checked, but neither types of treatment, “fertility-enhancing drugs” (INFT\_DRG) nor “assisted**

**reproductive technology” (INFT\_ART) is checked, assign “U”s to both INFT\_DRG and INFT\_ART. If only the INFT\_DRG box is checked, assign “N” to INFT\_ART. If only the INFT\_ART box is checked, assign “N” to INFT\_DRG.**

**Both the INFT\_DRG and INFT\_ART boxes may be checked. If one or both of INFT\_DRG or INFT\_ART are checked, but INFT is not checked, assign “Y” to INFT.**

*If the “Previous cesarean delivery” box is not checked, a value of 0 will be assigned to the variable for the number of previous cesarean deliveries.*

*If the “Previous cesarean delivery” box is checked, the following screen will immediately appear:*

**Enter the number of previous cesarean deliveries \_\_\_\_\_.**  
**If unknown, enter “99.”**

*If “0” or no entry is given from the number of previous cesareans, a message should appear asking that a number be entered, or 99 if the number is unknown*

*The number entered must be between >0 and <11. If the number is greater than 10, but not 99, the following message appears:*

**The record indicates that the number of previous cesarean deliveries is \_\_\_\_\_.**  
**Please check “correct” or enter the correct number.**

**Correct**

**Number of previous cesarean deliveries\_\_\_\_\_**

*If the value given is still greater than 10, the NPCES\_BYPASS is set to “ON-1. If the value is greater than 30, it should be changed to “Unknown.”*

#### PAPER RECORD

Records filed with this field blank are queried. If no response to query, assign each choice the “Unknown” code.

If “Unknown” is printed in the box, assign each choice the “Unknown” code.

If the “None of the above” box is checked and at least one other box is checked, assign the “None of the above” variable the “No” code and continue edits.

If the “None of the above” box is checked and no other box checked, assign all other items the “No” code.

If the “None of the above” box is blank and at least one other box is checked, assign the “No” code to all blank boxes.

If both the “Prepregnancy diabetes” and “Gestational diabetes” boxes are checked, query.

If both the “Prepregnancy hypertension” and “Gestational hypertension” boxes are checked, query.

**If the “Pregnancy resulted from infertility treatment” box is checked” but neither types of treatment, “fertility-enhancing drugs” or “assisted reproductive technology” is checked, query.**

If the “Mother had a previous cesarean delivery” box is checked but the number of previous cesareans is not given, query.

### **State Edits of data file prior to NCHS transmission.**

Must be valid codes (see below).

See electronic records section (above) for state processing of electronic records.

## **NCHS TRANSMISSION FILE**

### **VARIABLES:**

<u>NAME</u>	<u>LENGTH</u>	<u>TYPE</u>	<u>VALUES</u>
PDIAB	1	Alpha character string	Y, N, U
GDIAB	1	Alpha character string	Y, N, U
PHYPE	1	Alpha character string	Y, N, U
GHYPE	1	Alpha character string	Y, N, U
EHYPE	1	Alpha character string	Y, N, U
PPB	1	Alpha character string	Y, N, U
INFT	1	Alpha character string	Y, N, U
INFT_DRG	1	Alpha character string	Y, N, X, U
INFT_ART	1	Alpha character string	Y, N, X, U
PCES	1	Alpha character string	Y, N, U
NPCES	2	Numeric	00-30,99
NPCES_BYPASS	1	Numeric	0,1



Item Title: **INFECTIONS PRESENT AND/OR  
TREATED DURING THIS PREGNANCY**

Item Number: **42 Certificate, 15 Facility Worksheet**

Description: Selected infections present at the time of the pregnancy diagnosis or a confirmed diagnosis during pregnancy with or without documentation of treatment. Documentation of treatment during this pregnancy is adequate if a definitive diagnosis is not present in the available record. For a detailed definition and instructions see: <https://www.cdc.gov/nchs/nvss/facility-worksheets-guide.htm?Sort=URL%3A%3Aasc>

Source of Information:

Preferred Source: Mother's prenatal care record

Other Sources: Labor and delivery nursing admission triage form, admission history and physical, delivery record

## INSTRUCTIONS

### FOR A PAPER RECORD:

If the prenatal care record is not available and the information is not available from other medical records, write "Unknown" in the space. More than one infection may be checked.

### INFECTIONS PRESENT AND/OR TREATED DURING THIS PREGNANCY

(Check all that apply)

- Gonorrhea
- Syphilis
- Chlamydia
- Hepatitis B
- Hepatitis C
- None of the above

**FOR AN ELECTRONIC RECORD:**

**EBR Developer** (*Instructions are in Italics*)

*Definitions shown in the Guide to Completing the Facility Worksheets for the Certificate of Live Birth and Report of Fetal Death (see link above) should appear in the help function.*

*When this item is to be completed, it is critical that the recommended message screens appear.*

*The following message should appear first:*

**Check this button if the information needed to complete item “Infections present and /or treated during this pregnancy” is currently not available, but an effort is being made to obtain it.**

Information not currently available

*EBR developers may wish to use a hot key for responding to the above rather than a specific button. For example, the instruction could read:*

**Press the \_\_\_\_\_ key if the information needed to complete this item is currently not available, but an effort is being made to obtain it.**

*When this button is checked, the item is skipped and placed in pending status for completion at a later time on the final review screen. The final review screen for this item will be a replica of the initial entry screen with the addition of a box to check “Unknown.”*

*The following instruction should appear when the item is to be completed:*

**Please check all the boxes that apply. If the mother had none of the listed infections please check “None of the above.” DO NOT LEAVE THE ITEM BLANK.**

**INFECTIONS PRESENT AND/OR TREATED DURING THIS PREGNANCY**  
(Check all that apply)

- Gonorrhea
- Syphilis
- Chlamydia
- Hepatitis B
- Hepatitis C
- None of the above

**PROCESSING VARIABLES:**

<u>NAME</u>	<u>DESCRIPTION</u>	<u>VALUES</u>	<u>DEFINITION</u>
GON	Gonorrhea	Y, N, U	Y—Yes, N—No,
SYPH	Syphilis	Y, N, U	U--Unknown
CHAM	Chlamydia	Y, N, U	
HEPB	Hepatitis B	Y, N, U	
HEPC	Hepatitis C	Y, N, U	
NOA02	None of the above	Y, N, U	
DNA02	Pending flag	0	OFF
		1	ON

**EDITS:**

## ELECTRONIC RECORD

**Before the record is transmitted to the State**

*If the “Data not available at this time” button is checked and no specific infections are identified, assign the “Unknown” codes to each data element and set the pending flag to “ON.” If the pending flag is “ON,” the item will appear on the final review screen.*

*If the item is left blank and the keyer tabs to the next item, the following message will appear. **This item must be completed.** The entry screen will appear.*

*If the “None of the above” box is checked and at least one other box is checked, assign the “None of the above” variable the “No” code and continue edits.*

*If the “None of the above” box is checked and no other box checked, assign all other items the “No” code.*

*If one or more boxes are checked, all boxes not checked are assigned the “No” code.*

## PAPER RECORD

Records filed with this field blank are queried. If no response to query, code each item to the “Unknown” code.

If “Unknown” is printed or typed in the box, assign each variable the “Unknown” code.

If the “None of the above” box is checked and at least one other box is checked, assign the “None of the above” variable the “No” code and continue edits.

If the “None of the above” box is checked and no other box checked, assign all other items the “No” code.

If one or more boxes are checked, all infections not checked will be assigned the “No” code.

**State Edits of data file prior to NCHS transmission.**

Must be valid codes (see below).

**NCHS TRANSMISSION FILE**

**VARIABLES:**

<u>NAME</u>	<u>LENGTH</u>	<u>TYPE</u>	<u>VALUES</u>
GON	1	Alpha character string	Y,N,U
SYPH	1	Alpha character string	Y,N,U
CHAM	1	Alpha character string	Y,N,U
HEPB	1	Alpha character string	Y,N,U
HEPC	1	Alpha character string	Y,N,U

Item Title: **OBSTETRIC PROCEDURES**

Item Number: **43 Certificate, 16 Facility Worksheet**

Description: Selected medical treatments or invasive/manipulative procedures performed during this pregnancy specifically for management of labor and/or delivery. For a detailed definition and instructions see: <https://www.cdc.gov/nchs/nvss/facility-worksheets-guide.htm?Sort=URL%3A%3Aasc>

Source of Information:

Preferred Source: Prenatal care record

Other Source: Labor and delivery nursing admission triage form, admission history and physical, delivery record

## **INSTRUCTIONS**

### **FOR A PAPER RECORD:**

If the medical records are not available at this time, print or type “Unknown” in the space

OBSTETRIC PROCEDURES (check all that apply)

External cephalic version

- Successful
- Failed

### **FOR AN ELECTRONIC RECORD:**

**EBR Developer** (*Instructions are in Italics*)

*The following message should appear first:*

**Check this button if the information needed to complete item “Obstetric procedures” is currently not available, but an effort is being made to obtain it.**

**Information not currently available**

*EBR developers may wish to use a hot key for responding to the above rather than a specific button. For example, the instruction could read:*

**Press the \_\_\_\_\_ key if the information needed to complete this item is currently not available, but an effort is being made to obtain it.**

When this button is checked, the item is skipped and placed in pending status for completion at a later time on the final review screen. The final review screen for this item will be a replica of the initial entry screen with the addition of a box to check "Unknown."

External cephalic version

- Successful
- Failed

#### **PROCESSING VARIABLES:**

<u>NAME</u>	<u>DESCRIPTION</u>	<u>VALUES</u>	<u>DEFINITION</u>
ECVS	Successful External cephalic version	Y, N, U	U--Unknown
ECVF	Failed External cephalic version	Y, N, U	
NOA03	None of the above	Y, N, U	
DNA03	Pending flag	0	OFF
		1	ON

#### **EDITS:**

##### **ELECTRONIC RECORD**

#### **Before the record is transmitted to the State**

*If no boxes are checked, the item entry screen will appear with the following message:*

**This item has not been completed. Check the appropriate procedures or check "None of the above."**

*If the "Data not available at this time" box is selected, the following message will appear:*

**Please obtain the information necessary to complete this item. The item will be on the final review screen prior to submission to the state.**



The pending flag will be set to “ON” and all other variables assigned the “Unknown” code.

*The final review screen for this item will be a replica of the initial entry screen. If the “Unknown” box is checked on the final review screen, the pending flag is set to “OFF” and the record is accepted.*

*If the “None of the above” box is checked and at least one other box is checked, assign the “No” code to the “None of the above” variable and continue edits.*

*If the “None of the above” box is checked and no other boxes are checked, assign all other items the “No” code.*

*If one or more boxes are checked, all procedures not checked will be assigned the “No” code.*

*“Successful external cephalic version” and “Failed external cephalic version” procedures cannot both be selected. If both are checked, a message should appear that reads:*

**Both “Successful external cephalic version” and “Failed external cephalic version” boxes are checked. Please review the records and choose the correct response.**

#### PAPER RECORD

Records filed with this field blank are queried. If no response to query, assign the “Unknown” code to each procedure variable.

If “Unknown” is printed in the box, assign each procedure variable the “Unknown” code

If the “None of the above” box is checked and at least one other box is checked, assign the “No” code to the “None or the above” variable and continue edits.

If the “None of the above” box is checked and no other box checked, assign all other items the “No” code.

If one or more boxes are checked, all procedures not checked will be assigned the “No” code.

The “Successful external cephalic version” and the “Failed external cephalic version” boxes cannot both be checked. If both are checked, query.

**State Edits of data file prior to NCHS transmission.**

Must be valid codes (see below).

## NCHS TRANSMISSION FILE

**VARIABLES:**

<u>NAME</u>	<u>LENGTH</u>	<u>TYPE</u>	<u>VALUE</u>
ECVS	1	Alpha character string	Y, N, U
ECVF	1	Alpha character string	Y, N, U

Item Title: **CHARACTERISTICS OF LABOR AND DELIVERY**

Item Number: **45 Certificate; 27 Facility Worksheet**

Description: Information about the course of labor and delivery. For a detailed definition and instructions see:  
<https://www.cdc.gov/nchs/nvss/facility-worksheets-guide.htm?Sort=URL%3A%3Aasc>

Source of information:

Preferred Source: Delivery record, physician progress note, newborn admission history and physical

## **INSTRUCTIONS**

### **FOR A PAPER RECORD:**

More than one characteristic may be checked.

If the characteristics of the labor and delivery are not known at this time, print or type “Unknown” in the space.

### **CHARACTERISITCS OF LABOR AND DELIVERY**

(Check all that apply)

- Induction of labor
- Augmentation of labor
- Steroids (glucosteroids) for fetal lung maturation received by the mother prior to delivery
- Antibiotics received by the mother during labor
- Clinical chorioaminionitis diagnosed during labor or maternal temperature  $\geq 38$  C (100.4 F)
- Epidural or spinal anesthesia during labor
- None of the above

### **FOR AN ELECTRONIC RECORD:**

**EBR developer** (*Instructions are in Italics*)

*Definitions shown in the Guide to Completing the Facility Worksheets for the Certificate of Live Birth and Report of Fetal Death (see link above) should appear in the help function.*

*The following instruction should appear for this item:*

**Please check all characteristics that apply. If information on the labor and delivery are not available at this time check “Unknown at this time.” If none of the characteristics of labor and delivery apply to this delivery, check “None of the above.” DO NOT LEAVE THIS ITEM BLANK.**

- Induction of labor
- Augmentation of labor
- Steroids (glucosteroids) 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  $\geq 38$  degrees C (100.4 F)
- Epidural or spinal anesthesia during labor
- None of the above
- Unknown at this time

**VARIABLES:**

NAMES	DESCRIPTION	VALUES	DEFINITIONS
INDL	Induction of labor	Y, N, U	Y—Yes, N--No
AUGL	Augmentation of labor	Y, N, U	U--Unknown
STER	Steroids	Y, N, U	
ANTB	Antibiotics	Y, N, U	
CHOR	Chorioamnionitis	Y, N, U	
ESAN	Anesthesia	Y, N, U	
NOA04	None of the above	Y, N, U	
DNA04	Pending flag	0	Off
		1	On

**EDITS:**

**ELECTRONIC RECORD**

**Before the record is transmitted to the state**

*If no boxes are checked, the following message will appear:*

**The item has not been completed. Please check “Unknown at this time” if the data are not available at this time. If any of the characteristics listed in the menu are**

**indicated, check the appropriate box(s). Please check the “None of the above” box if none of the listed characteristics of labor and delivery are indicated.**

*If the “Unknown at this time” box is checked, all other variables are assigned the “Unknown” code and the flag is set to “ON.” A message will appear that reads:*

**Please obtain the records necessary to complete this item. The item will be on the final review screen.**

*If the “None of the above” box is checked and at least one other box checked, assign the “No” code to the “None of above” variable and continue edits.*

*If the “None of the above” box is checked and no other boxes checked, assign all other items the “No” code.*

*If the “None of the above” box is blank and at least one other box is checked, assign the “No” code to all blank boxes.*

#### PAPER RECORD

Records filed with this item incomplete will be queried. If no response to query, assign each item the “Unknown” code.

If “Unknown” is printed in the box, assign each choice the “Unknown” code.

If the “None of the above” box is checked and at least one other box checked, assign the “No” code to the “None of above” variable and continue edits.

If the “None of the above” box is checked and no other boxes checked, assign all other items the “No” code.

If the “None of the above” box is blank and at least one other box is checked, assign the “No” code to all blank boxes.

**State Edits of data file prior to NCHS transmission.**

Must be valid codes (see below).

**NCHS TRANSMISSION FILE****VARIABLES:**

<b><u>NAME</u></b>	<b><u>LENGTH</u></b>	<b><u>TYPE</u></b>	<b><u>VALUES</u></b>
INDL (Induction of labor)	1	alpha character string	Y, N, U
AUGL (Augmentation of labor)	1	alpha character string	Y, N, U
STER (Steroids)	1	alpha character string	Y, N, U
ANTB (Antibiotics)	1	alpha character string	Y, N, U
CHOR (Chorioamnionitis)	1	alpha character string	Y, N, U
ESAN (Anesthesia)	1	alpha character string	Y, N, U



Item Title: **METHOD OF DELIVERY**

Item Number: **46 certificate, 28 facility Worksheet**

Description: The physical process by which the complete delivery of the fetus was effected. For a detailed definition and instructions see: <https://www.cdc.gov/nchs/nvss/facility-worksheets-guide.htm?Sort=URL%3A%3Aasc>

Source of Information:

Preferred source: Delivery record, physician delivery summary, recovery room record, newborn admission history and physical

## **INSTRUCTIONS**

### **FOR A PAPER RECORD:**

A response to each section is required.

If any of the information for an individual section is not known at this time, print or type unknown in the space for the particular section. (Note that sections A and B on forceps and vacuum delivery have been dropped from national reporting).

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

**FOR AN ELECTRONIC RECORD:**

**EBR developer** (*Instructions are in Italics*)

*Definitions shown in the Guide to Completing the Facility Worksheets for the Certificate of Live Birth and Report of Fetal Death (see link above) should appear in the help function.*

*The following instruction should appear when the item is to be completed:*

**Please complete each section by checking the appropriate boxes. If the data are not available for completing an individual section, check the “Unknown at this time” box. DO NOT LEAVE ANY SECTION BLANK.**

*Each section should appear individually. As soon as one box is checked in section A, section B should then appear. As soon section B is completed, section C should appear, etc. This is to prevent both “Yes” and “No” being checked.*

C. Fetal presentation at birth (Check one)

- Cephalic
- Breech
- Other
  
- Unknown at this time

D. Final route and method of delivery (Check one)

- Vaginal/Spontaneous
- Vaginal/Forceps
- Vaginal/Vacuum
- Cesarean
  
- Unknown at this time

*If the Cesarean box is checked the following question appears:*

If cesarean, was a trial of labor attempted?

- Yes
- No
  
- Unknown at this time

**PROCESSING VARIABLES:**

<u>NAME</u>	<u>DESCRIPTION</u>	<u>VALUES</u>	<u>DEFINITION</u>
PRES	Fetal presentation	1	Cephalic
		2	Breech
		3	Other
		9	Unknown
DNAC	Follow up flag section C	0	Off
		1	On
ROUT	Route and method of delivery	1	Spontaneous
		2	Forceps
		3	Vacuum
		4	Cesarean
		9	Unknown
DNAD	Follow up flag section D	0	Off
		1	On
TLAB	Trial of labor attempted	Y, N, X, U	
DNAL	Follow up flag trial of labor	0	Off
		1	On

Y----Yes  
N----No  
X----Not applicable  
U----Unknown

**EDITS:****ELECTRONIC RECORD****Before the record is transmitted to the State**

*If any of the “Unknown at this time” boxes are checked, the following message appears:*

**Please obtain the information necessary to complete this section. The section will appear on the final review screen**

*If any of the “Unknown at this time” boxes are checked the flag for that section is set to “ON” and the variables are assigned “Unknown” codes*

**SECTION C: FETAL PRESENTATION AT BIRTH**

*If none of the boxes are checked, the following message shall appear:*

**Please choose one of the choices from the menu. The menu of choices shall appear:**

*If more than one box is checked, the following message shall appear:*

**More than one choice from the menu was selected. Please review and pick only one menu item. The menu list shall appear:**

SECTION D: FINAL ROUTE AND METHOD OF DELIVERY

*If none of the boxes are checked, the following message shall appear:*

**Please choose one of the choices from the menu. The menu of choices shall appear:**

*If more than one box is checked, the following message shall appear:*

**More than one choice from the menu was selected. Please review and pick only one menu item. The menu list shall appear:**

*If “Cesarean” is checked, a response to the question on the attempted trial of labor is required. If neither the “Yes” or “No” box is checked, the following message appears:*

**A response to the question concerning a trial of labor was not entered. Please choose the appropriate box.**

*If the “Cesarean” box is not checked, the “not applicable” code shall be assigned to the variable “Attempted trial of labor.”*

*If the final route and method chosen is “forceps,” the variable for “Attempted forceps” must be assigned the “No” code.*

*If the final route and method chosen is “vacuum,” the variable “Attempted vacuum” must be assigned the “No” code.*

#### PAPER RECORD

Records filed with any of the sections for this item are queried. If no response to query, code each item to the “Unknown” code.

The edits listed under electronic records apply after data entry of this item.

**State Edits of data file prior to NCHS transmission.**

Must be valid codes (see below).

**NCHS TRANSMISSION FILE****VARIABLES:**

<u>NAME</u>	<u>LENGTH</u>	<u>TYPE</u>	<u>VALUE</u>
PRES	1	Numeric	1,2,3,9
ROUT	1	Numeric	1,2,3,4,9
TLAB	1	Alpha character string	Y, N, U, X

Item Title: **MATERNAL MORBIDITY**

Item Number: **47 Certificate, 29 Facility Worksheet**

Description: Serious complications experienced by the mother associated with labor and delivery. For a detailed definition and instructions see:  
<https://www.cdc.gov/nchs/nvss/facility-worksheets-guide.htm?Sort=URL%3A%3Aasc>

Source of Information:

Preferred Source: Delivery record, recovery room record, operative note, physician progress note, transfer note, intake and output form

## **INSTRUCTIONS**

### **FOR A PAPER RECORD:**

Check all boxes that apply.

If unknown, print or type "Unknown" in the space.

**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
- None of the above

### **FOR AN ELECTRONIC RECORD:**

**EBR Developer** (*Instructions are in Italics*)

*Definitions shown in the Guide to Completing the Facility Worksheets for the Certificate of Live Birth and Report of Fetal Death (see link above) should appear in the help function.*



*The following instruction should appear on the screen with the menu:*

**Please check all boxes that apply. If none are indicated, check “None of the above.” If the data are not available at this time, check “Unknown at this time.” DO NOT LEAVE THIS ITEM BLANK.**

- Maternal transfusion
- Third- or fourth-degree perineal laceration
- Ruptured uterus
- Unplanned hysterectomy
- Admission to intensive care unit
- None of the above
- Unknown at this time

**PROCESSING VARIABLES:**

<u>NAME</u>	<u>DESCRIPTION</u>	<u>VALUES</u>	<u>DEFINITION</u>
MTR	Maternal transfusion	Y, N, U	Y--Yes, N—No,
PLAC	Perineal laceration	Y, N, U	U--Unknown
RUT	Ruptured uterus	Y, N, U	
UHYS	Unplanned hysterectomy	Y, N, U	
AINT	Admission to intensive care	Y, N, U	
NOA05	None of the above	Y, N, U	
DNA05	Pending flag	0	OFF
		1	ON

**EDITS:**

**ELECTRONIC RECORD**

**Before the record is transmitted to the State**

*If no boxes are checked, the following message will appear:*

**The item has not been completed. Please check “Unknown at this time” if the data are not available. If any of the choices listed in the menu are indicated, check the appropriate box(s). Please check the “None of the above” box if none of the listed maternal morbidity items are indicated.**

*If the “None of the above” box is checked and at least one other box checked, assign the “None of above box” variable the “No” code and continue edits.*

*If the “None of the above” box is checked and no other boxes checked, assign all other items the “No” code.*

*If the “None of the above” box is blank and at least one other box is checked, assign the “No” code to items not checked.*

#### PAPER RECORD

Records filed with all the items in the menu left blank are queried. If no response to query, code each item to the “Unknown” code.

If “Unknown” is printed in the box, assign each choice the “Unknown” code.

If the “None of the above” box is checked and at least one other box checked, change the “None of above box” response to the “No” code and continue edits.

If the “None of the above” box is checked and no other boxes checked, assign all other items the “No” code.

If the “None of the above” box is blank and at least one other box is checked, assign the “No” code to all blank boxes.

#### **State Edits of data file prior to NCHS transmission.**

Must be valid codes (see below).

#### NCHS TRANSMISSION FILE

##### **VARIABLES:**

<u>NAME</u>	<u>LENGTH</u>	<u>TYPE</u>	<u>VALUES</u>
MTR (Maternal transfusion)	1	Alpha character string	Y, N, U
PLAC (Perineal laceration)	1	Alpha character string	Y, N, U
RUT (Ruptured uterus)	1	Alpha character string	Y, N, U
UHYS (Unp. hysterectomy )	1	Alpha character string	Y, N, U
AINTE (Admit to intensive care)	1	Alpha character string	Y, N, U

Item Title: **BIRTHWEIGHT**

Item Number: **49 Certificate, 30 Facility Worksheet**

Description: The weight of the infant at birth. For a detailed definition and instructions see:  
<https://www.cdc.gov/nchs/nvss/facility-worksheets-guide.htm?Sort=URL%3A%3Aasc>

Source of Information:

Preferred Source: Delivery record, admission assessment

## INSTRUCTIONS

### FOR A PAPER RECORD:

Wherever possible, weigh and report the infant's birthweight in grams. Report weight in pounds and ounces (lb/oz) only if weight in grams is not available.

DO NOT convert weight from lb/oz to grams.

Please specify whether grams or lb/oz are used.

If the birthweight is not known, print or type "Unknown" in the space.

BIRTHWEIGHT (grams preferred, specify unit)

---

grams

lb/oz

### FOR AN ELECTRONIC RECORD:

**EBR Developer:** *(Instructions are in italics).*

*The birthweight of the child is to be entered in the units in which it is measured (preferably grams). Hospital staff should not convert from lbs/oz to grams.*

*The following instruction should appear when the birthweight item is to be completed.*

**Please check one box below.**

*Note: Hospitals which only use one unit to measure birthweight may choose to preset their systems to either grams or pounds and ounces. For hospitals which do so, the following two check boxes need not appear.*

- Birthweight is measured in grams
- Birthweight is measured in pounds and ounces

*When the box for grams is checked, the following appears:*

Birthweight of infant \_\_\_\_\_ grams.

*When the pounds and ounces box is checked, the following appears:*

Birthweight of infant \_\_\_\_\_ lbs. \_\_\_\_\_ ozs.

*The following instruction should appear in the help menu:*

**Unknown Birthweight:** If the birthweight of the infant is not known, check the grams box and enter 9999, or the pounds and ounces box and enter 99, 99. States may elect to use a “hot key” or other symbols (e.g., “?”) for unknowns. These will be converted to numeric values of 9999 or 99, 99.

*If unknown values are entered the following message will appear:*

**Please obtain the records needed to complete this item. The item will appear on the final review screen.**

**PROCESSING VARIABLES:**

<u>NAME</u>	<u>DESCRIPTION</u>	<u>VALUES</u>	<u>DEFINITION</u>
BWG	Infant's birthweight	0000-9998 9999	Birthweight in grams Unknown
BWP	Infant's birthweight	00-20	Birthweight pounds
BWO	Infant's birthweight	00-15 99 99	Birthweight ounces Birthweight pounds Birthweight ounces
BW_BYPASS	Bypass flag	0 1 2	OFF Queried data correct, but out of range Queried, failed birthweight/gestation edit.

**EDITS:**

## ELECTRONIC RECORD

**Before the record is transmitted to the State**

*Birthweights in pounds and ounces are converted to grams and assigned to the BWG field for editing and tabulation purposes. (Do not convert unknown (99, 99) values for pounds and ounces.) The conversion algorithm is:*

$$BWG = ((BWP * 16) + BWO) * 28.35$$

*Round the result as follows: If the result is not a whole number and the fraction is 0.5 or greater, round to the next higher whole gram. If the fraction is <0.5, round to the lower whole gram.*

*The item must have a value of 0000-9999.*

*If 9999 is entered the following message appears:*

Please obtain the records to complete this item. The item will appear on the final review screen.

*If birthweight is  $\leq 227$  or  $\geq 8165$  but not 9999, the following message should appear:*

The birthweight of the infant is \_\_\_\_\_grams (or lbs/oz).

Please check the box or enter a new weight.

Weight is correct

Birthweight is \_\_\_\_\_ grams.

*If the "Birthweight correct" box is checked the BW\_BYPASS variable is set to ON-1.*

*If a new birthweight is entered the edit is rerun. If the edit fails, the BW\_BYPASS variable is set to ON-1. If the edit passes, the BW\_BYPASS variable is set to OFF-0.*

**BIRTHWEIGHT/GESTATION CONSISTENCY CHECK**

*The following edit is done if: the BW\_BYPASS flag is 0, the birthweight value is not 9999, and the OWGEST (obstetric estimate of gestation, see item 50“) is 20-47:*

*If OWGEST is <20 and plurality is any valid value, BW <1,000 grams*

*If OWGEST is 20-23 and plurality is any valid value, BW < 2,000 grams*

*If OWGEST is 24-27 and plurality is any valid value, BW < 3,000 grams*

*If OWGEST is 28-31 and plurality is any valid value, BW <4,000 grams*

*If OWGEST is  $\geq 32$  and plurality is value 1,  $BW \geq 1,000$  grams.*

*If these edits fail, an error message appears that reads as follows:*

The record indicates that the infant has a gestation of \_\_\_\_\_ months/weeks and a birthweight of \_\_\_\_\_ grams.

Please check the correct box or enter a new birthweight.

Birthweight correct

Birthweight \_\_\_\_\_ grams

*If the “Birthweight correct” box is checked, the BW\_BYPASS flag is set to ON-2*

*If a new birthweight is entered, the edit is rerun. If the edit fails, the BW\_BYPASS variable is set to ON-2. If the edit passes, the BW\_BYPASS variable is set to OFF-0.*

**PAPER RECORD**

Records filed with the birthweight blank should be queried. If no response to query, assign 9999 to the birthweight grams variable.

**State Edits of data file prior to NCHS transmission**

See above edits for electronic records.

**STATE FILE CONSIDERATIONS**

States may want to keep all the processing variables.



## NCHS TRANSMISSION FILE

### VARIABLES:

<u>NAME</u>	<u>LENGTH</u>	<u>TYPE</u>	<u>VALUES</u>
BWG	4	Numeric	0000-9999
BW_BYPASS	1	Numeric	0,1,2

Item Title: **OBSTETRIC ESTIMATION OF GESTATION**

Item Number: **50 Certificate, 31 Facility Worksheet**

Description: The best estimate of the infant's gestation age (OE) in completed weeks based on the birth attendant's final estimate of gestation. For a detailed definition and instructions see: <https://www.cdc.gov/nchs/nvss/facility-worksheets-guide.htm?Sort=URL%3A%3Aasc>

Source of Information:

Preferred Source: OB admission history and physical

## INSTRUCTIONS

### FOR A PAPER RECORD:

Please enter the obstetric estimate of the infant's gestation.

If the obstetric estimate of gestation is not known, print or type "Unknown" in the space.

Do not complete this item based on the infant's date of birth and the mother's date of LMP.

OBSTETRIC ESTIMATE OF GESTATION:

\_\_\_\_\_ (completed weeks)

### FOR AN ELECTRONIC RECORD:

**EBR Developer** (*Instructions are in Italics*)

*The obstetric estimate of the infant's gestation is to be entered in completed weeks.*

Obstetric estimate of gestation \_\_\_\_\_ completed weeks.

*The following instruction should appear in the help menu.*

**Unknown Obstetric Estimate of Gestation:** If the obstetric estimate of the infant's gestation is not known, enter 99. Do not complete this item based on the infant's date of birth and the mother's date of LMP.

**PROCESSING VARIABLES:**

<u>NAME</u>	<u>DESCRIPTION</u>	<u>VALUES</u>	<u>DEFINITION</u>
OWGEST	Obstetric estimate of gestation	00-98 99	Gestation in weeks Unknown
OWGEST_BYPASS	Bypass flag	0 1	OFF Queried data correct, but out of range

**EDITS:**

## ELECTRONIC RECORD

**Before the record is transmitted to the State**

*The item must have a value in the range 00-99.*

*If 99 is entered, the following message shall appear:*

**Please obtain the records needed to complete this item. The item will appear on the final review screen.**

*If gestation is <17 or >47 but not 99, the following message should appear:*

The obstetric estimate of the infant's gestation is \_\_\_\_\_ weeks.

**Please check "Correct" or enter a new gestation.**

**Correct**

**Gestation is \_\_\_\_\_ weeks.**

*If "Correct" is checked the OWGEST\_BYPASS variable is set to ON-1.*

*If a new gestation is entered the edit is rerun. If the edit fails, the OWGEST\_BYPASS variable is set to ON-1. If the edit passes, the OWGEST\_BYPASS variable is set to OFF0.*

**PAPER RECORD**

Records filed with the “Obstetric estimate of gestation” blank should be queried. If no response to query, enter 99.

**State Edits of data file prior to NCHS transmission**

See above edits for electronic records.

**NCHS TRANSMISSION FILE****VARIABLES:**

<b><u>NAME</u></b>	<b><u>LENGTH</u></b>	<b><u>TYPE</u></b>	<b><u>VALUES</u></b>
OWGEST	2	Numeric	00-98,99
OWGEST_BYPASS	1	Numeric	0,1

Item Title: **APGAR SCORE**

Item Number: **51 Certificate, 33 Facility Worksheet**

Description: The Apgar Score for the child at 5 and 10 minutes. For a detailed definition and instructions see:  
<https://www.cdc.gov/nchs/nvss/facility-worksheets-guide.htm?Sort=URL%3A%3Aasc>

Source of Information:

Preferred Source: Delivery record (infant data)

## INSTRUCTIONS

### FOR A PAPER RECORD:

Enter the infant's Apgar score at 5 minutes, and if the score at 5 minutes is less than 6, enter the infant's Apgar score at 10 minutes.

APGAR SCORE

Score at 5 minutes: \_\_\_\_\_

If 5-minute score is less than 6,

Score at 10 minutes: \_\_\_\_\_

If the infant's Apgar score is not known or was not taken at 5 minutes or ten minutes, print or type "Unknown" in the space.

### FOR AN ELECTRONIC RECORD:

**EBR Developer** (*Instructions are in italics*)

*The following instruction should appear:*

Enter the infant's Apgar score taken at 5 minutes

If the infant's Apgar score is not known or was not taken at 5 minutes, enter 99.

Apgar score at 5 minutes \_\_\_\_\_.

*If the score entered is 6 or greater, the variable for the Apgar score at 10 minutes is assigned the value “88.”*

*If the score entered is less than 6 or 99, a request for the Apgar score at 10 minutes appears with the following instruction:*

Enter the infant’s Apgar score taken at 10 minutes.

If the infant’s Apgar score is not known or was not taken at 10 minutes, enter 99.

Apgar score at 10 minutes\_\_\_\_\_.

### **PROCESSING VARIABLES:**

<u>NAME</u>	<u>DESCRIPTION</u>	<u>VALUES</u>	<u>DEFINITION</u>
APGAR5	Apgar score at 5 minutes	00-10 99	Apgar score Unknown
APGAR10	Apgar score at 10 minutes	00-10 88 99	Apgar score Not applicable Unknown

### **EDITS:**

#### **ELECTRONIC RECORD**

#### **Before the record is transmitted to the State**

*The variable APGAR5 must have a value in the range 00-10, 99.*

*The variable APGAR10 must have a value in the range 00-10, 88, 99*

*If either variable’s value is greater than 10 but not 88 or 99, the following message should appear:*

The infant’s Apgar score is recorded as \_\_\_\_\_.

Please re-enter the infant’s Apgar score\_\_\_\_\_.

*If the new Apgar score is greater than 10, assign “99” to the appropriate variable.*

#### **PAPER RECORD**

Records filed with the “Apgar score(s)” blank should be queried. If no response to query, enter “99” for each variable.



**State Edits of data file prior to NCHS transmission**

See above edits for electronic records.

**NCHS TRANSMISSION FILE****VARIABLES:**

<b><u>NAME</u></b>	<b><u>LENGTH</u></b>	<b><u>TYPE</u></b>	<b><u>VALUES</u></b>
APGAR5	2	Numeric	00-10, 99
APGAR10	2	Numeric	00-10, 88, 99

Item Titles: **PLURALITY  
IF NOT SINGLE BIRTH – Born First,  
Second, Third, etc. (Specify)**

Item Numbers: **52 Certificate; 34 Facility Worksheet  
  
53 Certificate; 35 Facility Worksheet  
N/A certificate; 36 Facility Worksheet**

Description: Plurality – The number of fetuses delivered live or dead at any time in the pregnancy regardless of gestational age or if the fetuses were delivered at different dates in the pregnancy. (“Reabsorbed” fetuses, those which are not “delivered” (expulsed or extracted from the mother) should not be counted.)

If not single birth, specify born 1<sup>st</sup>, 2<sup>nd</sup>, etc. – For multiple deliveries, the order this infant was delivered in the set. Include all live births and fetal losses.

If not single birth, specify the number of infants in this delivery born alive -- For multiple deliveries, the number of infants born alive at any point in the pregnancy.

For a detailed definition and instructions see:  
<https://www.cdc.gov/nchs/nvss/facility-worksheets-guide.htm?Sort=URL%3A%3Aasc>

Source of Information:

Preferred Source: Admission history and physical, delivery record

## INSTRUCTIONS

### FOR A PAPER RECORD:

Item 52, Plurality.

Print or type the plurality of this pregnancy e.g., single, twin, triplet, etc. Include all products of the pregnancy, that is, all live births and fetal deaths delivered at any point during the pregnancy.

**PLURALITY - Single, Twin, Triplet, etc.**

**(Specify)**\_\_\_\_\_

Item 53, Set Order.

If this is a singleton delivery, leave this item blank. For multiple deliveries, print 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.

**IF NOT SINGLE BIRTH – Born First, Second,  
Third, etc. (Specify)**\_\_\_\_\_

### FOR AN ELECTRONIC RECORD:

**EBR Developer:** (*Instructions are in italics*)

*Plurality*

Enter the number of fetuses delivered (1,2,3,4,5,6,7,8,9, etc.) in the pregnancy.

(Twins=2, Triplets=3 etc.)

Include all live births and fetal deaths delivered at any point in the pregnancy regardless of gestational age.

Example: If one infant is born alive and two are born dead enter “3.”

If plurality is unknown enter “99.”

Plurality (number of fetuses delivered)\_\_\_\_\_

*If plurality = 99, assign “99” to “Set Order” (SORD) and to “Live born” (LIVEB).*

*If plurality = 1, assign the “not applicable” code “88” to variables “Set Order” and “Live Born.”*

*If plurality >1 and not “99” the following question is asked:*

Enter the order this infant was delivered in the pregnancy or set (1,2,3,4,5,6,7,8,9, etc.)  
Include all live births and fetal deaths delivered at any point in the pregnancy regardless of gestational age.

If the order is unknown enter "99."

Set order of this infant \_\_\_\_\_

*If plurality is >1 and not "99" the following question is asked:*

Enter the total number of infants born alive in the delivery \_\_\_\_\_

*If "Live Born" > 1, an identification number unique to each multiple set born in the State for that year is generated. Each live born member of the set (and each fetal death, if the fetal death system is integrated with the birth) is assigned the same identification number. This number is entered for the variable "MATCH. The identification number may be the mother's medical record number, or any other identifying number which would be unique to the multiple set for that State.*

*Example: (Assuming all born live)*

*Twin set A—1<sup>st</sup> born #345671  
2<sup>nd</sup> born #345671*

*Twin set B – 1<sup>st</sup> born #567897  
2<sup>nd</sup> born #567897*

*Triplet set A –1<sup>st</sup> born #789014  
2<sup>nd</sup> born #789014  
3<sup>rd</sup> born #789014*

*When a number is assigned, a new record for each member of the set except the 1<sup>st</sup> born is created. Information common to all set members (e.g., mother's demographic and prenatal care information) is copied for each additional infant. Only information potentially unique to the individual set member (e.g., method of delivery, abnormal conditions, birthweight) need be entered. (See "Attachment to the Facility Worksheet for the Live Birth Certificate for Multiple Births.")*

*The purpose of generating identification numbers for multiple birth sets is to enhance quality control and to allow NCHS to more readily match members of multiple birth sets for data analysis.*

*The default MATCH number is 000000 (single delivery).*

*If the fetal death reporting system is integrated with the EBR system, sequence numbers can be assigned to fetal deaths delivered in multiple deliveries and fetal death reports initiated.*

**PROCESSING VARIABLES:**

<u>NAME</u>	<u>DESCRIPTION</u>	<u>VALUES</u>	<u>DEFINITION</u>
PLUR	Plurality	01-12	Number of fetuses delivered
		99	Unknown
SORD	Set order	01-12	Order this infant was delivered in the set
		88	Not applicable
		99	Unknown
LIVEB	Number of Live born	01-12	Number of infants delivered alive
		88	Not applicable
		99	Unknown
MATCH	Matching number	000001 to 999999	An ID number unique to multiple birth sets. Each set member has the same ID number.
PLUR_BYPASS	edit flag	0	OFF
		1	ON, queried and correct
		2	ON, Plurality/Set Order queried and inconsistent

**EDITS:**

**ELECTRONIC RECORD**

**Before the record is transmitted to the State**

*Plurality must be in the range 1-12, 99.*

*If plurality is >9 but not 99, the following message should appear:*

The number of fetuses in this delivery is recorded as\_\_\_\_\_.

Please indicate whether this number is “correct” or enter a new number.

Correct

Number of fetuses (born live or dead) in this delivery\_\_\_\_\_

*If “Correct” is checked the PLUR\_BYPASS variable is set to ON-1.*

*If a new number is entered the edit is rerun. If the edit fails, the PLUR\_BYPASS variable is set to ON-1. If the edit passes, the PLUR\_BYPASS variable is set to OFF-0.*

*If plurality >12 after the edit is run, change the value to 12.*

*If plurality = “99,” “set order” must = “99.”*

*If plurality = “1,” “set order” must = “88.”*

*If plurality >1 but not “99,” “set order” must be  $\leq$  plurality.*

*If this edit fails the following message occurs:*

The record indicates that there were \_\_\_\_\_fetuses in this delivery but the set order of the infant was\_\_\_\_\_.

Please enter a new value for each of these items:

Total number of fetuses (born live and dead) in this delivery\_\_\_\_\_

Set order of this infant \_\_\_\_\_

*The edit is re-run and if it fails the bypass flag is set to ON-2.*

*The number of infants born alive in this delivery must be  $\leq$  the plurality. If it is not, a message should appear showing the discrepancy and asking that it be resolved by reentering “plurality” and “set order.”*

*For quality control, the EBR system should make sure that the correct number of records is completed for each live born infant in the multiple delivery by comparing the number for which the same identification number (MATCH) has been generated with the number reported as “Live born” (LIVEB).*

#### PAPER RECORD

Records filed with the “Plurality” item blank are to be queried. If no response to query, assign “99” to the “Plurality” and “Set order” variables.



If “Plurality” is > 1 and the “set order” is blank, query. If no response to query, assign “99” to the set order variable.

## **STATE DATA FILE CONSIDERATIONS**

If states key literals for plurality (single, twin, etc.) and first, second etc. for “Set order,” on paper records, they will have to be translated to the corresponding numerical value for editing and transmission to NCHS.

## **NCHS TRANSMISSION FILE**

Values of “88” for the SORD and LIVEB variables are changed to “99” for transmission to NCHS.

Any values greater than “12” other than “99” for the PLUR and ORDER variables are assigned the value “12” for transmission to NCHS

### **VARIABLES:**

<u>NAME</u>	<u>LENGTH</u>	<u>TYPE</u>	<u>VALUES</u>
PLUR	2	Numeric	01-12, 99
SORD	2	Numeric	01-12, 99
LIVEB	2	Numeric	01-12, 99
MATCH	6	Numeric	000001- 999999
PLUR_BYPASS	1	Numeric	0,1,2

Item Title: **ABNORMAL CONDITIONS OF THE NEWBORN**

Item Number: **54 Certificate; 37 Facility Worksheet**

Description: Disorders or significant morbidity experienced by the newborn infant. For a detailed definition and instructions see: <https://www.cdc.gov/nchs/nvss/facility-worksheets-guide.htm?Sort=URL%3A%3Aasc>

Source of Information:

Preferred Source: Labor and delivery summary, newborn history and physical, newborn medical admission record

## **INSTRUCTIONS**

### **FOR A PAPER RECORD:**

Check all boxes that apply to this child.

#### **ABNORMAL CONDITIONS OF THE NEWBORN**

- Assisted ventilation required immediately after delivery
- Assisted ventilation required for more than 6 hours
- NICU admission
- Newborn given surfactant replacement therapy
- Antibiotics received by the newborn for suspected neonatal sepsis
- Seizure or serious neurologic dysfunction
- None of the above

### **FOR AN ELECTRONIC RECORD:**

**EBR Developer** (*Instructions are in Italics*)

*Definitions shown in the Guide to Completing the Facility Worksheets for the Certificate of Live Birth and Report of Fetal Death (see link above) should appear in the help function.*

*The following instruction should appear with the menu.*

**Please check all boxes that apply. If none of the abnormal conditions of the newborn are indicated, check “None of the above.” DO NOT LEAVE THIS ITEM BLANK.**

- Assisted ventilation required immediately after delivery
- Assisted ventilation required for more than 6 hours
- NICU admission
- Newborn given surfactant replacement therapy
- Antibiotics received by the newborn for suspected neonatal sepsis
- Seizure or serious neurologic dysfunction
- None of the above
  
- Unknown at this time

**PROCESSING VARIABLES:**

<b>NAMES</b>	<b>DESCRIPTION</b>	<b>VALUES</b>	<b>DEFINITION</b>
AVEN1	Assisted ventilation	Y, N, U	Y--Yes, N—No,
AVEN6	Assisted ventilation for 6 or more hours	Y, N, U	U--Unknown
NICU	Admission to NICU	Y, N, U	
SURF	Surfactant replacement therapy	Y, N, U	
ANTI	Antibiotics	Y, N, U	
SEIZ	Seizure or serious neurologic dysfunction	Y, N, U	
NOA54	None of the above	Y, N, U	
DNA54	Pending flag	0 1	OFF ON

**EDITS:**

**ELECTRONIC RECORD**

**Before the record is transmitted to the State**

*If no boxes are checked, the following message will appear:*

**The item has not been completed. If the data are not available at this time please check “Unknown at this time.” If any of the abnormal conditions listed in the menu are indicated, check the appropriate box. Check “None of the above” if none of the listed abnormal conditions are indicated.**

*If the unknown at this time box is checked all variables are assigned the “Unknown” code and the pending flag is set to “ON.” A message will appear that reads:*

Please obtain the records needed to complete this item. The item will appear on the final review screen.

*If the “None of the above” box is checked and at least one other box checked, assign the “None of above” variable the “No” code and continue edits.*

*If the “None of the above” box is checked and no other boxes checked, assign all other items the “No” code.*

*If the “None of the above” box is blank and at least one other box is checked, assign the “No” code to items not checked.*

#### PAPER RECORD

Records filed with all the items in the menu left blank are queried. If no response to query, assign each item to the “Unknown” code.

If “Unknown” is printed in the box, assign each choice in the menu the “Unknown” code.

If the “None of the above” box is checked and at least one other box checked, change the “None of above” response to the “No” code and continue edits.

If the “None of the above” box is checked and no other boxes checked, assign all items the “No” code.

If the “None of the above” box is blank and at least one other box is checked, assign the “No” code to all blank boxes.

#### **State Edits of data file prior to NCHS transmission.**

Must be valid codes (see below).

**NCHS TRANSMISSION FILE****VARIABLES:**

<b><u>NAME</u></b>	<b><u>LENGTH</u></b>	<b><u>TYPE</u></b>	<b><u>VALUES</u></b>
AVEN1 (Assisted ventilation)	1	Alpha character string	Y, N, U
AVEN6 (Assisted ventilation 6)	1	Alpha character string	Y, N, U
NICU (Admission to NICU)	1	Alpha character string	Y, N, U
SURF (Surfactant)	1	Alpha character string	Y, N, U
ANTI (Antibiotics)	1	Alpha character string	Y, N, U
SEIZ (Seizures)	1	Alpha character string	Y, N, U

Item Title: **CONGENITAL ANOMALIES OF THE NEWBORN**

Item Number: **55 Certificate, 38 Facility Worksheet**

Description: Malformations of the newborn diagnosed prenatally or after delivery. For a detailed definition and instructions see: <https://www.cdc.gov/nchs/nvss/facility-worksheets-guide.htm?Sort=URL%3A%3Aasc>

Source of Information:

Preferred Source: Labor and delivery summary, infant history and physical, physician progress notes, newborn admission history and physical

## **INSTRUCTIONS**

### **FOR A PAPER RECORD:**

#### **CONGENITAL ANOMALIES OF THE NEWBORN**

Check all boxes that apply to this child. For “Down Syndrome” and Suspected chromosomal disorder” if karyotype status is unknown leave both the “Karyotype confirmed” and “Karyotype pending” boxes blank.

- 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



**FOR AN ELECTRONIC RECORD:****EBR Developer** (*Instructions are in Italics*)

*Definitions shown in the Guide to Completing the Facility Worksheets for the Certificate of Live Birth and Report of Fetal Death (see link above) should appear in the help function.*

*The following menu of congenital anomalies of the newborn should be used. The following instruction should appear on the screen with the menu.*

**Please check all boxes that apply. If the information needed to complete this item is not available at this time please check the “Unknown at this time” box. If none of the congenital anomalies of the newborn are indicated, check the “None of the above” box. DO NOT LEAVE THIS ITEM BLANK.**

**CONGENITAL ANOMALIES OF THE NEWBORN**

Check all boxes 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
  
- Unknown at this time

*Systems should be designed so that “Karyotype pending” or “Karyotype confirmed” can only be selected if “Down Syndrome” and/or “Suspected chromosomal disorder anomalies” are checked.*

*The following instruction should appear with the “Karyotype confirmed” / “Karyotype pending” item:*

**If karyotype status is unknown, leave both “Karyotype confirmed” and “Karyotype pending” boxes blank.**

**PROCESSING VARIABLES:**

<u>NAME</u>	<u>DESCRIPTION</u>	<u>VALUES</u>	<u>DEFINTION</u>
ANEN	Anencephaly	Y, N, U	Y--Yes, N—No,
MNSB	Meningomyelocele/ Spina Bifida	Y, N, U	U--Unknown
CCHD	Cyanotic congenital heart disease	Y, N, U	
CDH	Congenital diaphragmatic hernia	Y, N, U	
OMPH	Omphalocele	Y, N, U	
GAST	Gastroschisis	Y, N, U	
LIMB	Limb reduction defect	Y, N, U	
CL	Cleft Lip with or without Cleft Palate	Y, N, U	
CP	Cleft Palate alone	Y, N, U	
DOWN	Down Syndrome	Y, N, U	
DOWC	Down Karyotype confirmed	Y, N, U	
DOWP	Down Karyotype pending	Y, N, U	
CDIS	Suspected chromosomal disorder	Y, N, U	
CDIC	Suspected chromosomal disorder karyotype confirmed	Y, N, U	
CDIP	Suspected chromosomal disorder karyotype pending	Y, N, U	
HYPO	Hypospadias	Y, N, U	
NOA55	None of the above	Y, N, U	
DNA55	Follow up flag	0 1	OFF ON

**EDITS:**

**ELECTRONIC RECORD**

**Before the record is transmitted to the State**

*If no boxes are checked, the following message will appear:*

**The item has not been completed. Please check the “Unknown at this time” box if the data are not available to complete this item at this time. Check the “None of the above” box if none of the listed anomalies are indicated. If any of the anomalies listed in the menu are indicated, check the appropriate box(s).**

*If the “Unknown at this time” box is checked, all variables are assigned the “Unknown” code and the pending flag is set to “ON.” A message will appear that reads:*

**Please obtain the records needed to complete this item. The item will appear on the final review screen.**

*If the “None of the above” box is checked and at least one other box checked, assign the “No” code to the “None of above” variable and continue edits.*

*If the “None of the above” box is checked and no other boxes checked, assign all other items the “No” code.*

*If the “None of the above” box is blank and at least one other box is checked, assign the “No” code to all blank boxes.*

*If the “Down syndrome” and/or “Suspected chromosomal disorder” boxes are checked, but it is unknown whether the karyotype is “Confirmed” or “Pending,” leave both the “Confirmed” and “Pending” boxes blank. Processing variables DOWC AND DOWP, CDIC and CDIP are assigned the value “U.”*

**PAPER RECORD**

Records filed with all the items in the menu left blank are queried. If no response to query, code each item to the “Unknown” code.

If the “None of the above” box is checked and at least one other box checked, change the “None of above box” response to the “No” code and continue edits.

If the “None of the above” box is checked and no other boxes checked, assign all other items the “No” code.

If the “None of the above” box is blank and at least one other box is checked, assign the “No” code to all blank boxes.

If the “Down Syndrome” box is checked and no boxes for the “Karyotype confirmed or pending” are checked, assign the unknown or “U” response to “Karyotype pending” and the “U” response to “Karyotype confirmed.” If both boxes are checked, assign the “Y” response to “Karyotype confirmed” and the “N” response to “Karyotype” pending.

If the “Suspected chromosomal disorder” box is checked and no boxes for the “Karyotype confirmed or pending” are checked, assign the unknown or “U” response to “karyotype pending” and the “U” response to “karyotype confirmed.” If both boxes are checked, assign the “Y” response to “karyotype confirmed” and “N” response to the “karyotype pending.”

If a “karyotype confirmed or pending” box is checked and the corresponding anomaly is not checked, query. If no response to query assign all variables the “U” code.

### **State Edits of data file prior to NCHS transmission.**

Must be valid codes (see below).

The processing variables DOWN, DOWC, and DOWP are combined into one variable “DOWT” for transmission as follows:

If the processing variable DOWN is assigned the “Y” code and DOWC is assigned the “Y” code, assign DOWT the value “C.”

If the processing variable DOWN is assigned the “Y” code and DWOP is assigned the “Y” code, assign DOWT the value “P.”

If the processing variable DOWN is assigned the “Y” code and both processing variables DOWC and DOWP are assigned the “U” code, assign DOWT the value “P.”

If the processing variable DOWN is assigned the “N” code, assign DOWT the value “N”

If the processing variable DOWN is assigned the “U” code, assign DOWT the value “U.”

The processing variables CDIS, CDIC, and CDIP are combined into one variable called CDIT for transmission as follows:

If the processing variable CDIS is assigned the “Y” code and CDIC is assigned the “Y” code, assign CDIT the value “C.”

If the processing variable CDIS is assigned the “Y” code and CDIP is assigned the “Y” code, assign CDIT the value “P.”

If the processing variable CDIS is assigned the “Y” code and both processing variables CDIC and CDIP are assigned the “U” code, assign CDIT the value “P.”

If the processing variable CDIS is assigned the “N” code, assign CDIT the value “N”

If the processing variable CDIS is assigned the “U” code, assign CDIT the value “U.”

## NCHS TRANSMISSION FILE

**VARIABLES:**

<u>NAME</u>	<u>LENGTH</u>	<u>TYPE</u>	<u>VALUES</u>
ANEN (Anencephaly)	1	Alpha character string	Y, N, U
MNSB (Meningomyelocele/Spina Bifida)	1	Alpha character string	Y, N, U
CCHD (Cyanotic congenital heart disease)	1	Alpha character string	Y, N, U
CDH (Congenital diaphragmatic hernia)	1	Alpha character string	Y, N, U
OMPH (Omphalocele)	1	Alpha character string	Y, N,U
GAST (Gastroschisis)	1	Alpha character string	Y, N,U
LIMB (Limb reduction defect)	1	Alpha character string	Y, N, U
CL (Cleft Lip with or without Cleft Palate)	1	Alpha character string	Y, N, U
CP (Cleft Palate alone)	1	Alpha character string	Y, N, U
DOWT (Down Syndrome)	1	Alpha character string	C, P, N, U
CDIT ( Suspected chromosomal disorder)	1	Alpha character string	C, P, N, U
HYPO (Hypospadias)	1	Alpha character string	Y, N, U

Item Title: **WAS INFANT TRANSFERRED WITHIN 24 HOURS OF DELIVERY?**

Item Number: **56 Certificate, 39 Facility Worksheet**

Description: Transfer status of the infant from this facility to another within 24 hours after delivery. For a detailed definition and instructions see:  
<https://www.cdc.gov/nchs/nvss/facility-worksheets-guide.htm?Sort=URL%3A%3Aasc>

Source of Information:

Preferred source: Infant progress notes, transfer form

## INSTRUCTIONS

### FOR A PAPER RECORD:

Check “Yes” if the infant was transferred from this facility to another within 24 hours of delivery and enter the name of the facility to which the infant was transferred.

If the name of the facility is not known, print or type “Unknown.”

If the infant was transferred more than once, enter the name of the first facility to which the infant was transferred.

WAS INFANT TRANSFERRED WITHIN 24 HOURS OF DELIVERY? Yes No  
IF YES, PRINT OR TYPE THE NAME OF THE FACILITY THE INFANT WAS  
TRANSFERRED TO: \_\_\_\_\_

### FOR AN ELECTRONIC RECORD:

**EBR Developer** (*Instructions are in Italics*)

**Was the infant transferred to a different facility within 24 hours of delivery?**

- Yes
- No
- Unknown



*If the yes box is checked, the following appears:*

**Please enter the name of the facility to which the infant was transferred.**

If the name of the facility 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.

Facility name: \_\_\_\_\_

**PROCESSING VARIABLES:**

<u>NAME</u>	<u>DESCRIPTION</u>	<u>VALUES</u>	<u>DEFINITION</u>
ITRAN	Infant transferred	Y N U	Yes No Unknown
FTRAN	Name of facility to which transferred	Alpha character string	

**EDITS:**

**ELECTRONIC RECORD**

*The transfer status cannot be blank.*

*If transfer status is left blank, the item will reappear at the final review screen.*

*If transfer status is “No,” the name of facility field must be blank.*

*If the transfer status is “Yes,” the name of facility field must have an entry. “Unknown” is an acceptable entry.*

*If the name of the facility field has any entry except “Unknown” and the transfer status is “no,” a query message should appear asking that the inconsistency be corrected.*

**PAPER RECORD**

Records filed with the transfer status blank shall be queried. If no response to query, enter response of “Unknown.”

If transfer status is “no,” the name of facility field must be blank.

If the transfer status is “yes,” the name of facility field must have an entry. “Unknown” is an acceptable entry.

If the name of the facility field has any entry except “Unknown” and the transfer status is “no,” query the inconsistency and resolve.

### **State Edits of data file prior to NCHS transmission**

Must be a valid code (see below)

## **STATE FILE CONSIDERATIONS**

States will need to have a field for the literal entry of facility names and/or NPI numbers or state facility codes.

## **NCHS TRANSMISSION FILE**

### **VARIABLES:**

<b><u>NAME</u></b>	<b><u>LENGTH</u></b>	<b><u>TYPE</u></b>	<b><u>VALUES</u></b>
ITRAN	1	Alpha character string	Y, N, U

Item Title: **IS INFANT LIVING AT THE TIME OF REPORT?**

Item Number: **57 Certificate, 40 Facility Worksheet**

Description: Information on the infant's survival. For a detailed definition and instructions see: <https://www.cdc.gov/nchs/nvss/facility-worksheets-guide.htm?Sort=URL%3A%3Aasc>

Source of Information:

Preferred Source: Infant progress notes

## INSTRUCTIONS

### FOR A PAPER RECORD:

Check "Yes" if the infant is living.

Check "Yes" if the infant has already been discharged to home care.

Check "No" if it is known that the infant has died.

If the infant was transferred but the status is known, indicate the known status.

IS INFANT LIVING AT TIME OF REPORT?

- Yes
- No
- Infant transferred, status unknown

### FOR AN ELECTRONIC RECORD:

**EBR Developer** (*Instructions are in Italics*)

*The following instructions should appear when this item is to be completed:*

Check "Yes" if the infant is living.

Check "Yes" if the infant has already been discharged to home care.

Check "No" if it is known that the infant has died.

If the infant was transferred but the status is known, please indicate the known status.

**Is the infant living at the time of this report?**

- Yes  
 No  
 Infant transferred, status unknown

*If the "No" box is checked states may want to consider a pop-up window that appears which reminds the facility that a death record must also be completed by the infant's physician.*

**PROCESSING VARIABLES:**

<u>NAME</u>	<u>DESCRIPTION</u>	<u>VALUES</u>	<u>DEFINITION</u>
ILIV	Infant living	Y N U	Yes No Infant transferred, status unknown

**EDITS:****ELECTRONIC RECORD****Before the record is transmitted to the State**

*The living status cannot be blank.*

**PAPER RECORD**

Records filed with the item "Is infant living at the time of report" blank shall be queried. If no response to query, enter response of "yes."

**State Edits of data file prior to NCHS transmission**

Must be a valid code (see below)

**NCHS TRANSMISSION FILE****VARIABLES:**

<u>NAME</u>	<u>LENGTH</u>	<u>TYPE</u>	<u>VALUES</u>
ILIV	1	Alpha character string	Y, N, U

Item Title: **IS INFANT BEING BREASTFED AT DISCHARGE?**

Item Number: **58 Certificate; 41 Facility Worksheet**

Description: Information on whether the infant was receiving breastmilk or colostrum during the period between birth and discharge from the hospital. For a detailed definition and instructions see:  
<https://www.cdc.gov/nchs/nvss/facility-worksheets-guide.htm?Sort=URL%3A%3Aasc>

Source of Information:

Preferred Source: Labor and delivery summary, maternal progress note, newborn flow record, lactation consult

## INSTRUCTIONS

### FOR A PAPER RECORD:

Check “Yes” if the infant was breastfed at any time before discharge from the hospital. Check “No” if the infant was not breastfed at any time before discharge from the hospital.

If it is not known if the infant was breastfed at any time before discharge, print or type “Unknown” in the space.

IS INFANT BEING BREASTFED AT DISCHARGE?     Yes     No

### FOR AN ELECTRONIC RECORD:

**EBR Developer** (*Instructions are in Italics*)

Is the infant being breastfed at discharge?

- Yes
- No
- Unknown at this time

### PROCESSING VARIABLES:

<u>NAME</u>	<u>DESCRIPTION</u>	<u>VALUES</u>	<u>DEFINITION</u>
BFED	Infant breastfed at discharge	Y N U	Yes No Unknown

**EDITS:**

## ELECTRONIC RECORD

**Before the record is transmitted to the State**

*If the “Unknown at this time” box is checked assign the unknown code and the following message should appear.*

**Please obtain the records needed to complete this item. The item will appear on the final review screen.**

*The item cannot be blank.*

## PAPER RECORD

Records filed with the item “Is infant being breastfed at discharge?” blank shall be queried. If no response to query, enter response of “Unknown.”

**State Edits of data file prior to NCHS transmission**

Must be a valid code (see below)

**NCHS TRANSMISSION FILE****VARIABLES:**

<u>NAMES</u>	<u>LENGTH</u>	<u>TYPE</u>	<u>VALUE</u>
BFED	1	Alpha character string	Y, N, U



## PLACEHOLDER FIELDS

These fields are intended to collect data to address ad hoc needs, such as testing of proposed fields or response to emerging public health threats. More detailed specifications will be developed and communicated as the need arises.

### NCHS Transmission file

<u>NAMES</u>	<u>LENGTH</u>	<u>TYPE</u>	<u>VALUE</u>
To Be Determined	1	Alpha character string	To be Determined
To Be Determined	1	Alpha character string	To be Determined
To Be Determined	1	Alpha character string	To be Determined
To Be Determined	1	Alpha character string	To be Determined
To Be Determined	1	Alpha character string	To be Determined
To Be Determined	1	Alpha character string	To be Determined
To Be Determined	8	Numeric character string	00000001-99999999
To Be Determined	8	Numeric character string	00000001-99999999
To Be Determined	8	Numeric character string	00000001-99999999
To Be Determined	20	Alpha character string	Literal, blank

## FILE PROCESSING ITEMS

File Processing Item: **State of birth**

File Layout Location: **5-6**

Description: Information about the State of occurrence of the birth.

Source of Information:

Preferred Source: System generated or State vital statistics staff

### INSTRUCTIONS

#### FOR A PAPER RECORD:

State vital statistics staff:

Use the 2- character alpha State code from Appendix B to be superseded by NCHS Part 8 (from Section 3B).

**Part 8-Geographic Classification, 2014 is available at**

[https://www.cdc.gov/nchs/data/dvs/IMP8\\_2014.pdf](https://www.cdc.gov/nchs/data/dvs/IMP8_2014.pdf)

#### FOR AN ELECTRONIC RECORD:

Use the 2- character alpha State code from Appendix B to be superseded by NCHS Part 8 (from Section 3B).

#### EDR Developer

#### PROCESSING VARIABLES:

<u>NAME</u>	<u>DESCRIPTION</u>	<u>VALUES</u>	<u>DEFINITION</u>
BSTATE	State of birth	Alpha	Appendix B

## NCHS TRANSMISSION FILE

### VARIABLES:

<u>NAMES</u>	<u>LENGTH</u>	<u>TYPE</u>	<u>VALUES</u>
BSTATE	2	Alpha character string	Appendix B

File Processing Item: **Certificate number (State file number)**

File Layout Location: **7-12**

Description: Information about the record used for quality control, management, and evaluation.

Source of Information:

Preferred Source: System generated or State vital statistics staff

## INSTRUCTIONS

### FOR A PAPER RECORD:

State vital statistics staff

To be used for administrative and management purposes. Left fill with zeros if the State file number has fewer than 6 digits.

### FOR AN ELECTRONIC RECORD:

#### EDR Developer

*To be used for administrative and management purposes. Left fill with zeros if the State file number has fewer than 6 digits.*

### PROCESSING VARIABLES:

<u>NAME</u>	<u>DESCRIPTION</u>	<u>VALUES</u>	<u>DEFINITION</u>
FILENO	State file number	6-digit	Left fill zero if not 6 digits

## NCHS TRANSMISSION FILE

### VARIABLES:

<u>NAMES</u>	<u>LENGTH</u>	<u>TYPE</u>	<u>VALUES</u>
FILENO	6	Numeric character string	000001-999999

File Processing Item: **Void flag**

File Layout Location: **13-13**

Description: Information about the record used for quality control, management, and evaluation.

Source of Information:

Preferred Source: System generated or State vital statistics staff

## INSTRUCTIONS

### FOR A PAPER RECORD:

State vital statistics staff

**To identify records that have been voided from the data file.**

### FOR AN ELECTRONIC RECORD:

**EDR Developer**

*To identify records that have been voided from the data file.*

### PROCESSING VARIABLES:

<u>NAME</u>	<u>DESCRIPTION</u>	<u>VALUES</u>	<u>DEFINITION</u>
VOID (default)	Flag indicating void	0	Valid record
		1	Voided record

## NCHS TRANSMISSION FILE

### VARIABLES:

<u>NAMES</u>	<u>LENGTH</u>	<u>TYPE</u>	<u>VALUES</u>
VOID	1	Numeric character string	0,1

File Processing Item: **Auxiliary state file number**

File Layout Location: **14-25**

Description: Information about the record used for quality control, management, and evaluation.

Source of Information:

Preferred Source: System generated or State vital statistics staff

## INSTRUCTIONS

### FOR A PAPER RECORD:

State vital statistics staff

**To be used for administrative and management purposes. Left fill with zeros if the auxiliary State file number has fewer than 12 digits.**

### FOR AN ELECTRONIC RECORD:

**EDR Developer**

*To be used for administrative and management purposes. Left fill with zeros if the auxiliary State file number has fewer than 12 digits.*

### PROCESSING VARIABLES:

<u>NAME</u>	<u>DESCRIPTION</u>	<u>VALUES</u>	<u>DEFINITION</u>
AUXNO	Auxiliary State file number	12-digit	Left fill zero if not 12 digits, blank

## NCHS TRANSMISSION FILE

### VARIABLES:

<u>NAMES</u>	<u>LENGTH</u>	<u>TYPE</u>	<u>VALUES</u>
AUXNO	12	Numeric character string	000000000001-999999999999, blank



## **APPENDIX A**

### **COUNTRY CODES**

*Country coding information has been incorporated into the revised NCHS geographic coding manual (Instruction Manual Part 8), available at:*

**Part 8-Geographic Classification, 2014:**

[https://www.cdc.gov/nchs/data/dvs/IMP8\\_2014.pdf](https://www.cdc.gov/nchs/data/dvs/IMP8_2014.pdf)

## **APPENDIX B**

### **STATE, TERRITORY, AND CANADIAN PROVINCE CODES**

*U.S. State and Territory coding information included in this appendix has been incorporated into the revised NCHS geographic coding manual (Instruction Manual Part 8), available at:*

[https://www.cdc.gov/nchs/data/dvs/IMP8\\_2014.pdf](https://www.cdc.gov/nchs/data/dvs/IMP8_2014.pdf).

## **APPENDIX C**

### **CITY & COUNTY CODES**

*City and County coding information included in this appendix has been incorporated into the revised NCHS geographic coding manual (Instruction Manual Part 8), available at:*

**Part 8-Geographic Classification, 2014:**

[https://www.cdc.gov/nchs/data/dvs/IMP8\\_2014.pdf](https://www.cdc.gov/nchs/data/dvs/IMP8_2014.pdf)

## **APPENDIX D**

### **HISPANIC ORIGIN CODE LOOK-UP TABLE**

**Available on the Revision Website**

<https://www.cdc.gov/nchs/nvss/revisions-of-the-us-standard-certificates-and-reports.htm>

**Code List – Hispanic Code Titles  
(PDF file and Excel table)**

[https://www.cdc.gov/nchs/data/dvs/Appendix\\_D\\_Accessible\\_Hispanic\\_Origin\\_Code\\_List\\_Update\\_2011.pdf](https://www.cdc.gov/nchs/data/dvs/Appendix_D_Accessible_Hispanic_Origin_Code_List_Update_2011.pdf)

[https://www.cdc.gov/nchs/data/dvs/Appendix\\_D\\_Excel\\_Hispanic\\_Origin\\_Code\\_List\\_Update\\_2011.xls](https://www.cdc.gov/nchs/data/dvs/Appendix_D_Excel_Hispanic_Origin_Code_List_Update_2011.xls)

## **APPENDIX E**

### **TABLE OF RACE CODES**

**Available on the Revision Website**

<https://www.cdc.gov/nchs/nvss/revisions-of-the-us-standard-certificates-and-reports.htm>

**Code List – Race Code Titles  
(PDF file and Excel table)**

[https://www.cdc.gov/nchs/data/dvs/Appendix\\_E\\_Accessible\\_Race\\_Code\\_List\\_Update\\_2011.pdf](https://www.cdc.gov/nchs/data/dvs/Appendix_E_Accessible_Race_Code_List_Update_2011.pdf)

[https://www.cdc.gov/nchs/data/dvs/Appendix\\_E\\_Excel\\_Race\\_Code\\_List\\_Update\\_2011.xls](https://www.cdc.gov/nchs/data/dvs/Appendix_E_Excel_Race_Code_List_Update_2011.xls)

# **APPENDIX 12**

**National Center for Health  
Statistics, National Vital  
Statistics System,  
Guidebook, Newborn  
Information, Sex of Child**

National Center for Health Statistics



National Center for Health Statistics Home



## National Vital Statistics System

# 31. Sex of child

Category: Newborn Information

BC # 3

FDFWS # 27

FDR # 3

<b>Definitions</b>	The sex of the infant based on physical characteristics presented at birth.
<b>Instructions</b>	Enter whether the infant is male or female. If the sex of the infant is ambiguous and not yet determined, enter "unknown."
<b>Sources</b>	1 <sup>st</sup> Delivery record <i>under</i> – Infant data
<b>Keywords and Abbreviations</b>	<p>M – Male</p> <p>F – Female</p> <p>A – Ambiguous or Not yet determined (same as unknown)</p> <p>U – Unknown</p>

## Choose a Different Item

Submit
Clear

Found 13 items out of 41 total items.

Item Ascending ▼

**29. Birthweight or weight of fetus**  
 The weight of the infant at birth.  
 Categories: [Newborn Information](#)

**30. Obstetric estimate of gestation at delivery**  
 This item is used to compute the gestational age of the infant.

Categories: [Newborn Information](#)

### 31. Sex of child

The sex of the infant.

Categories: [Newborn Information](#)

### 32. Apgar score

A systematic measure for evaluating the physical condition of the infant at specific intervals following birth.

Categories: [Newborn Information](#)

### 33. Plurality

The number of fetuses delivered live or dead at any time in the pregnancy regardless of gestational age, or if the fetuses were delivered at different dates in the pregnancy.

Categories: [Newborn Information](#)

### 34. If not a single birth, order born in the delivery

The order born in the delivery, live born or fetal death (1st, 2nd, 3rd, 4th, 5th, 6th, 7th, etc.).

Categories: [Newborn Information](#)

### 35. If not a single birth, number of infants in the delivery born alive

The number of infants in this delivery born alive at any point in the pregnancy.

Categories: [Newborn Information](#)

### 36. Abnormal conditions of the newborn

Disorders or significant morbidity experienced by the newborn (e.g., 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).

Categories: [Newborn Information](#)

### 37. Congenital anomalies of the newborn

Malformations of the newborn diagnosed prenatally or after delivery. (e.g., anencephaly, meningomyelocele/spina bifida, cyanotic congenital heart disease, congenital diaphragmatic hernia, omphalocele, gastroschisis, limb reduction defect, cleft lip with or without cleft palate, cleft palate alone, Down syndrome, suspected chromosomal disorder, hypospadias).

Categories: [Newborn Information](#)

### 38. Was the infant transferred within 24 hours of delivery?

Transfer status of the infant from this facility to another within 24 hours after delivery.

Categories: Newborn Information



Last Reviewed: October 11, 2023