

**NORTH CAROLINA
VITAL STATISTICS DATA FILES**

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**This report was prepared to serve as a
user's guide for publicly-accessible
vital statistics data files**

by

**Vital Statistics Branch
State Center for Health and Environmental Statistics
Department of Environment, Health, and Natural Resources**

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PREFACE

This publication contains documentation of North Carolina vital statistics data files that are available for public use. These files were created and made available by the State Center for Health and Environmental Statistics (SCHES) in response to numerous requests from users of vital statistics data who desire analysis different from that normally published by the SCHES.

This agency continually strives to be responsive to the needs of users of vital statistics data. In recent years we have made tremendous strides in the timeliness, the content, and the number of different publications released from this office. Yet, we realize that the published reports can never meet everyone's needs. Keeping in mind our legal and moral obligations concerning the confidentiality of these reported vital events, we have created these data files such that each record does not identify an individual yet retains all variables of statistical interest that were originally captured from the certificates.

The SCHES does not assume responsibility for any interpretations or conclusions which may be made based on these data. We recommend that users follow the guidelines in this publication, which are included to help the user better utilize the data files and to help us better meet our objectives in the dissemination of vital statistics data.

Access to these files may be obtained by contacting:

Dr. William Groves
Office of Information Technology
Computing Systems Division
CB #3460
308 Wilson Library
Chapel Hill, N.C. 27599-3460
Phone (919) 962-6501

Dr. Chris Mansfield
East Carolina University Building N,
Physician's Quadrangle
Center for Health Services
Research and Development
Greenville, N.C. 27858
Phone (919) 551-2785

I. INTRODUCTION

As mentioned in the Preface, one objective of the State Center for Health and Environmental Statistics (SCHES) is the dissemination of vital statistics data. This objective is met primarily by such standard publications as Vital Statistics, Volume 1 and Volume 2, Detailed Mortality Statistics, the Basic Automated Birth Yearbook (BABY BOOK), and the North Carolina Health Statistics Pocket Guide. In addition to this major series of publications, special one-time reports are prepared as part of the Center for Health and Environmental Statistics (CHES) Studies series. Unpublished tabulations dealing with vital statistics are also available. Information concerning any of these materials may be obtained by communication with the SCHES.

The data sets described in this publication add another dimension to our efforts to meet the needs of vital statistics data users. We are making available files containing data on births, deaths, fetal deaths, marriages, and divorces occurring since 1968. A separate data set exists for each event type and year of occurrence. Additional files will be made available each year. Exact definitions of these events and information concerning how they are collected can be found in this publication under Section III: GENERAL INFORMATION.

Another type of data set which is a subset of birth and death files is also available. We have created a consolidated birth/infant death file that contains records of deaths occurring during the first year of life. Each such death record has been matched with a corresponding birth record creating a composite record containing information about both events. Users of these consolidated files should be aware that the file year of these data sets refers to the year of birth, not the year of death. For example, the 1970 consolidated birth/infant death file contains records of births occurring during 1970 that ended in an infant death either in 1970 or 1971. For this reason, the number of infant deaths for a particular year as obtained from the consolidated file will not be the same as the number obtained from the death file for that same year. This difference should especially be kept in mind when using this file in conjunction with the publication Vital Statistics, Volume 1.

In establishing these files for different years, we encountered numerous versions of code structures and record formats. Our objective was to create files with a common format and code structure for all years. This was successfully accomplished for years 1968-1974. In 1975 our vital statistics processing changed significantly in terms of data captured and codes used. As a result of this new direction in our processing, we decided to deviate slightly from the existing file structure for data years 1975 onward.

In 1978, North Carolina began using revised certificates for births, deaths, fetal deaths, and marriages based on the model state certificates proposed by the National Center for Health Statistics. Once again we were faced with a decision on maintaining the 1975-1977 file structure or adding new data. The birth file is the only one we chose to modify as a result of these revisions. Seven new items have been added, extending the records by 15 characters. Once again, the first 51 characters are the same for all years and positions 52-62 agree with the 1975-1977 format. To keep the record length of fetal deaths the same as births, blanks were inserted in these new fields for fetal deaths.

The 1978 consolidated birth/infant death file has been modified to include the seven new birth items as well. The first 78 characters are the same for all years and positions 79-88 agree with the 1975-1977 format. Positions 89-104 have been added to accommodate the new variables. The 1978 consolidated birth/infant death file, being by year of birth, has a mixture of cause-of-death codes. Causes for infants dying in 1978 are coded according to ICDA-8 and those dying during 1979 are coded according to the ICD-9 version.

The 1978 death file structure was not modified, in anticipation of a 1979 revision to accommodate the change in cause-of-death coding. The Ninth Revision

of the International Classification of Diseases (ICD) became effective January 1, 1979. This revision has several major changes which result in a lack of comparability for persons doing trend analysis. In addition to the change in cause-of-death coding, three new items have been added, extending the death records by 6 characters. The first 36 characters are the same for all years with positions 37-42 having been added to accommodate the new variables.

The 1984 death file structure remains the same except for the addition of occupation and industry codes of the decedent in positions 43-45 and 46-48. The codes for occupation and industry are derived from the Bureau of the Census Alphabetical Index of Industries and Occupations.

In 1988, major revisions were instituted for birth and fetal deaths. These changes are reflected in the new file descriptions. Although the files are very similar, the differences are such that separate descriptions are included.

The new birth certificate implemented by North Carolina in 1988 requires the reporting of mother's date of birth rather than her age; we then compute her age. Some other states made this change in 1989, but Virginia still collects mother's age and not her date of birth. Mother's age is not routinely keyed. As a result, it was discovered that some age-specific data published for 1988 and 1989 was in error due to missing age information, statewide to a small extent but most notably for Alleghany, Currituck, Dare, Caswell, Gates, Hertford, and Northampton counties.

We cannot correct the 1988 files because photocopies of out-of-state birth certificates for North Carolina residents have been destroyed according to the prescribed retention schedule. We have corrected the 1989 and later files to reflect recorded mother's age for out-of-state births.

Starting with the 1990 live birth, fetal death, and consolidated birth/infant death records, the field for race of child will be the same as the field for race of mother. Race of child was formerly based on race of mother and race of father, but the National Center for Health Statistics is now using race of mother only.

There will be instances where race of mother is unknown (code "9"). However, race of child will always assume a known value (codes "0-8"), based on random assignment in the same proportions as the known cases.

II. GUIDELINES

1. Any publication utilizing the data should acknowledge the State Center for Health and Environmental Statistics as the source of data. Such an acknowledgement should make it clear that this agency is responsible for the original data only, and not for any content of the publication.
2. Users of the data files should notify the State Center for Health and Environmental Statistics at the beginning of each new major project or study that will utilize the data. By sharing with us a brief overview of each new use of the data, the user will be able to benefit from our knowledge of similar efforts completed.
3. The State Center for Health and Environmental Statistics requests a copy of any material based on the data. This includes position papers, scientific reports, and graduate papers in addition to publications.
4. All users of the data files should utilize the publications from this office as a baseline for their analysis whenever possible. Doing so will be an added safeguard against misinterpretation of the data. Supporting publications are mentioned in the INTRODUCTION.
5. Any and all discrepancies between the documentation and the data files or any problems encountered in accessing the data sets should be reported to the State Center for Health and Environmental Statistics as soon as possible.
6. Requests for publications or problems encountered with the data sets should be addressed to:

Vital Statistics Branch
State Center for Health and Environmental Statistics
Department of Environment, Health, and Natural Resources
P.O. Box 29538
Raleigh, North Carolina 27626-0538
Telephone: (919) 733-4728

III. GENERAL INFORMATION

A live birth is the complete expulsion or extraction from its mother of a product of conception, irrespective of the duration of pregnancy, which, after such separation, breathes or shows any other evidence of life, such as beating of the heart, pulsation of the umbilical cord, or any definite movement of voluntary muscles, whether or not the umbilical cord has been cut or the placenta is attached. (Definition adopted by World Health Organization in 1950.)

A fetal death is death prior to the complete expulsion or extraction from its mother of a product of conception, irrespective of the duration of pregnancy, as 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. (Definition adopted by World Health Organization in 1950.) Consistent with North Carolina law, this includes only fetal deaths which do not qualify as therapeutic abortions and which result from pregnancies of 20 or more weeks duration.

Death is defined as the permanent disappearance of any evidence of life at any time after live birth (1). This definition excludes fetal deaths.

North Carolina law defines marriage as the legal union of a male and a female (G.S. 51-1). Legal divorce or annulment can occur only by decree of an authorized court. Annulments, which void marriage from the beginning, constitute less than one percent of the sum of these events. A divorce from bed and board is a judicial separation suspending cohabitation but not otherwise affecting the marriage bond. Divorces from bed and board are not included in these files.

The origin, flow, and disposition of North Carolina vital records are illustrated in the flow diagram included as Exhibit G. A brief history of vital records processing in North Carolina and current registration practice are discussed below. The user of these data sets may note in particular the paragraph regarding registration of fetal deaths. Legislation enacted by the 1971 North Carolina General Assembly altered fetal death registration practice.

The Bureau of Vital Statistics, with the State Health Director as State Registrar of Vital Statistics, was created by an act of the General Assembly of 1913. The duties of the State Registrar of Vital Statistics are accomplished primarily by the Vital Records Section of the Division of Epidemiology with support from the State Center for Health and Environmental Statistics.

The collection of birth and death records began on October 1, 1913. The Division of Vital Records is the custodian of these records. Statutes enacted by the General Assembly of 1913 required that physicians, midwives, or other persons attending a birth, file a birth certificate within five days after birth. In 1989 the reporting period was changed from five days to ten. The funeral director or persons burying a body is responsible for filing a death certificate or fetal death certificate with the local registrar prior to final disposition and within 72 hours after death. North Carolina was admitted into the National Death Registration Area in 1916 and into the National Birth Registration Area in 1917.

(1)R.D. Grove and A.M. Hetzel, Vital Statistics Rates in the United States: 1940-1960, Public Health Service Publication No. 1677, (Washington, D.C.: U.S. Government Printing Office, 1968), pp. 47-49.

The local registrar is the health director in all 100 counties. A clerk of the county health department, designated by the local registrar as deputy registrar, carries out registration procedures locally. The deputy registrar forwards the original birth and death certificates to the Vital Records Section on the fifth day of the month following the event, where they are processed and permanently preserved.

Prior to May 19, 1971, North Carolina law required the filing of a fetal death certificate for fetal deaths (stillbirths) of 20 or more weeks gestation. Legislation enacted by the 1971 General Assembly (G.S. 14-45.1) requires that an induced abortion be reported on a separate form. For this reason, the number of fetal deaths reported since 1971 is not strictly comparable to the number in previous years.

In 1957, the General Assembly enacted legislation requiring that the duties of the clerk of court include the registration of divorces and annulments of marriage effective January 1, 1958. Lists of divorces and annulments were required to be sent to the Vital Records Section on or before the 15th day of the month following the event. In 1985 a certificate of absolute divorce or annulment replaced the listing. (See Exhibits K and R.)

By virtue of legislation enacted in 1961, the duties of the county register of deeds include the registration of marriages occurring on or after January 1, 1962. Copies of the certificates of marriage are required to be forwarded to the Vital Records Section on or before the 15th day of the month following the marriage. The original certificates are filed with the county registers of deeds.

In January 1964, North Carolina was admitted to the National Marriage Registration Area. North Carolina is not a member of the National Divorce Registration Area.

Completeness of registration is defined as the degree to which reported vital event enumerations agree with the true counts in a given time frame. Birth registration, tested for completeness in 1940 and 1950, was found to be 86 and 96 percent complete respectively (2). Death registration is believed to be even more complete than birth registration.

Fetal death registration, tested for completeness in 1974, was found to be 99 percent complete (3). Marriage registration was tested for completeness in 1963. Over 99 percent of performed marriages resulted in properly recorded certificates of marriage (4).

Delayed registration results in underenumeration of vital events for a specific time period. Records in these data sets are based on events filed with the local registrar prior to March 1 of the year following occurrence and processed in the State office before the end of March. Based on examinations of lagtimes in prior years, the number of calendar year events filed after March 1 of the subsequent year is considered negligible.

(2)U.S. Department of Health, Education and Welfare, Public Health Service, National Office of Vital Statistics, "Birth Registration Completeness in the United States and Geographic Areas, 1950," 39:2 (September 21, 1954), p. 55.

(3)Lucas, I.J. (1975). A Study of Completeness of Fetal Death Registration in North Carolina. North Carolina Department of Environment, Health and Natural Resources, Division of Statistics and Information Services Statistical Report Series, No. SRS-5141-07-28-75, Raleigh, North Carolina, p. 16.

(4)North Carolina State Board of Health, Public Health Statistics Section. Test conducted in compliance with procedures of the National Office of Vital Statistics.

IV. BIRTH AND FETAL DEATH FILES, 1968-1987

A. BIRTH TAPE IDENTIFICATION

<u>YEAR</u>	<u>NUMBER OF RECORDS</u>	<u>RECORD LENGTH</u>
1968	94,059	51
1969	95,368	51
1970	100,044	51
1971	97,211	51
1972	90,604	51
1973	87,128	51
1974	85,584	51
1975	82,073	61
1976	81,837	61
1977	86,053	61
1978	83,907	76
1979	85,316	76
1980	86,182	76
1981	85,405	76
1982	87,538	76
1983	85,526	76
1984	87,586	76
1985	91,026	76
1986	91,730	76
1987	95,019	76

IV. BIRTH AND FETAL DEATH FILES, 1968-1987

B. FETAL TAPE IDENTIFICATION

<u>YEAR</u>	<u>NUMBER OF RECORDS</u>	<u>RECORD LENGTH</u>
1968	1,620	51
1969	1,606	51
1970	1,646	51
1971	1,533	51
1972	1,359	51
1973	1,347	51
1974	1,230	51
1975	1,043	61
1976	1,062	61
1977	1,049	61
1978	947	76
1979	946	76
1980	908	76
1981	891	76
1982	888	76
1983	843	76
1984	788	76
1985	784	76
1986	817	76
1987	836	76

IV. BIRTH AND FETAL DEATH FILES, 1968-1987

C. 1968-1974 FILE DESCRIPTION

<u>Variable</u>	<u>Record Position</u>	<u>Possible Values</u>	<u>Decode</u>
Institution	1	0-9	0 = Home or Non-Institution 1 = General Hospital 2 = T. B. Hospital 3 = Mental Hospital 4 = Chronic Hospital 5 = Penal Hospital 6 = Veterans Hospital 7 = Nursing and Rest Home 8 = Clinic and Doctor's Office 9 = Other Institution
Bed code	2	*	*
Hospital code	(1-7)	*	*
Place in which event occurred	3-7		
County	(3-5)	001-100 (in state) 999 (out of state)	See Exhibit A1 See Exhibit C1
District within county**	(6-7)	00-99 (in state) 01-99 (out of state)	See Exhibits A1 and B See Exhibit C1
Place of residence of mother	8-12		
County	(8-10)	001-100 (in state) 999 (out of state)	See Exhibit A1 See Exhibit C1
District within county**	(11-12)	00-99 (in state) 01-99 (out of state)	See Exhibits A1 and B See Exhibit C1

*Bed code is an alphanumeric variable used in conjunction with institution and place of occurrence to uniquely identify each hospital. Hospital code, therefore, is located in positions 1-7 of each record. A complete list of hospital codes is too extensive to be included in this document. Anyone desiring to identify individual hospitals should contact the SCHES for assistance.

**Incorporated places of 2500 and more are coded in addition to the county code. A district code of '00' implies a rural part of the county.

<u>Variable</u>	<u>Record Position</u>	<u>Possible Values</u>	<u>Decode</u>
Plurality	13	0-9	0 = Single 1 = 1st of Twins 2 = 2nd of Twins 3 = 1st of Triplets 4 = 2nd of Triplets 5 = 3rd of Triplets 6 = 1st of Quadruplets 7 = 2nd of Quadruplets 8 = 3rd of Quadruplets 9 = 4th of Quadruplets
Date of birth	14-19		
Month	(14-15)	1-12	1 = January • • • 12 = December
Day	(16-17)	1-31	
Year	(18-19)	(file year)	
Sex	20	1,2	1 = Male 2 = Female
Race	21	1-4	1 = White 2 = Black 3 = American Indian 4 = Other
Age of father	22-23	10-95, 99	99 = Unknown
Age of mother	24-25	10-55, 99	99 = Unknown
Education of father (No. of yrs. completed)	26-27	0-17, 99	17 = 17 or more 99 = Unknown
Education of mother (No. of yrs. completed)	28-29	0-17, 99	17 = 17 or more 99 = Unknown
Total pregnancies (including this one)	30-31	1-25, 99	99 = Unknown
Number of previous live births now dead	32-33	0-9, 99	9 = Nine or more 99 = Unknown
Number of previous fetal deaths	34-35	0-9, 99	9 = Nine or more 99 = Unknown

<u>Variable</u>	<u>Record Position</u>	<u>Possible Values</u>	<u>Decode</u>
Date of last live birth	36-39		
Month	(36-37)	0-12	0 = Not appl., unknown 1 = January . . . 12 = December
Year	(38-39)	(numeric)	0 = Not appl., unknown
Outcome of last delivery	40	1, 2, 9	1 = Live birth 2 = Fetal death 9 = Not appl., unknown
Completed weeks of gestation	41-42	0-99	0 = Unknown
Month of pregnancy in which prenatal care began	43-44	0-9, 99	0 = None 1 = First Month . . . 9 = Ninth Month 99 = Unknown
Total number of prenatal visits	45-46	0-9, 99	9 = Nine or more 99 = Unknown
Birth weight group (in grams)	47-48	0-9, 99	0 = 500 or less 1 = 500 - 1000 2 = 1001 - 1500 3 = 1501 - 2000 4 = 2001 - 2500 5 = 2501 - 3000 6 = 3001 - 3500 7 = 3501 - 4000 8 = 4001 - 4500 9 = 4501 and over 99 = Unknown
Marital status	49	1, 2, 9	1 = Married 2 = Not Married 9 = Unknown
Attendant	50	1-4	1 = Physician 2 = Midwife 3 = Other 4 = Medical Examiner (for fetals)(1972-1974)
Record code	51	1, 3	1 = Births 3 = Fetals

IV. BIRTH AND FETAL DEATH FILES, 1968-1987

D. 1975-1977 FILE DESCRIPTION

<u>Variable</u>	<u>Record Position</u>	<u>Possible Values</u>	<u>Decode</u>
Institution	1	0-9	0 = Home or Non-Institution 1 = General Hospital 2 = T. B. Hospital 3 = Mental Hospital 4 = Chronic Hospital 5 = Penal Hospital 6 = Veterans Hospital 7 = Nursing and Rest Home 8 = Clinic and Doctor's Office 9 = Other Institution
Bed code	2	*	*
Hospital code	(1-7)	*	*
Place in which event occurred	3-7		
County	(3-5)	001-100 (in state) 999 (out of state)	See Exhibit A2 See Exhibit C2
District within county**	(6-7)	00-99 (in state) 01-99 (out of state)	See Exhibits A2 and B See Exhibit C2
Place of residence of mother	8-12		
County	(8-10)	001-100 (in state) 999 (out of state)	See Exhibit A2 See Exhibit C2
District within county**	(11-12)	00-99 (in state) 01-99 (out of state)	See Exhibits A2 and B See Exhibit C2

*Bed code is an alphanumeric variable used in conjunction with institution and place of occurrence to uniquely identify each hospital. Hospital code, therefore, is located in positions 1-7 of each record. A complete list of hospital codes is too extensive to be included in this document. Anyone desiring to identify individual hospitals should contact the SCHES for assistance.

**Incorporated places of 2500 and more are coded in addition to the county code. A district code of '00' implies a rural part of the county. (For 1975 data, only those incorporated places of 10,000 and more are coded.)

<u>Variable</u>	<u>Record Position</u>	<u>Possible Values</u>	<u>Decode</u>
Plurality	13	0-9	1 = Single 2 = Twins 3 = Triplets 4 = Quadruplets 5 = Quintuplets or more
Date of birth	14-19		
Month	(14-15)	1-12	1 = January • • • 12 = December
Day	(16-17)	1-31	
Year	(18-19)	(file year)	
Sex	20	1, 2	1 = Male 2 = Female
Race	21	1-4	1 = White 2 = Black 3 = American Indian 4 = Other
Age of father	22-23	10-95, 99	99 = Unknown
Age of mother	24-25	10-44, 99	99 = Unknown
Education of father (No. of yrs. completed)	26-27	0-17, 99	17 = 17 or more 99 = Unknown
Education of mother (No. of yrs. completed)	28-29	0-17, 99	17 = 17 or more 99 = Unknown
Total pregnancies (including this one)	30-31	1-25, 99	99 = Unknown
Number of previous live births now dead	32-33	0-9, 99	9 = Nine or more 99 = Unknown
Number of previous fetal deaths	34-35	0-9, 99	9 = Nine or more 99 = Unknown

<u>Variable</u>	<u>Record Position</u>	<u>Possible Values</u>	<u>Decode</u>
Date of last live birth	36-39		
Month	(36-37)	0-12	0 = Not appl., unknown 1 = January . . . 12 = December
Year	(38-39)	(numeric)	0 = Not appl., unknown
Outcome of last delivery	40	1, 2, 9	1 = Live birth 2 = Fetal death 9 = Not appl., unknown
Completed weeks of gestation	41-42	0-99	0 = Unknown
Month of pregnancy in which prenatal care began	43-44	0-9, 99	0 = None 1 = First Month . . . 9 = Ninth Month 99 = Unknown
Total number of prenatal visits	45-46	0-49, 99	99 = Unknown
Birth weight group (in grams)	47-48	0-9, 99	0 = 500 or less 1 = 500 - 1000 2 = 1001 - 1500 3 = 1501 - 2000 4 = 2001 - 2500 5 = 2501 - 3000 6 = 3001 - 3500 7 = 3501 - 4000 8 = 4001 - 4500 9 = 4501 and over 99 = Unknown
Marital status	49	1, 2, 9	1 = Married 2 = Not Married 9 = Unknown
Attendant	50	1-4	1 = Physician 2 = Midwife 3 = Other 4 = Medical Examiner (fetals only)

<u>Variable</u>	<u>Record Position</u>	<u>Possible Values</u>	<u>Decode</u>
Record code	51	1, 3	1 = Births 3 = Fetals
Number of previous children now living	52-53	0-25, 99	99 = Unknown
Date of last fetal	54-57		
Month	(54-55)	0-12	0 = Not appl., unknown 1 = January • • • 12 = December
Year	(56-57)	(numeric)	0 = Not appl., unknown
Birth weight in pounds and ounces	58-61		
Pounds	(58-59)	0-15, 99	15 = 15 and over (oz=00) 99 = Unknown
Ounces	(60-61)	0-15, 99	99 = Unknown

IV. BIRTH AND FETAL DEATH FILES, 1968-1987

E. 1978-1987 FILE DESCRIPTION

<u>Variable</u>	<u>Record Position</u>	<u>Possible Values</u>	<u>Decode</u>
Institution	1	0-9	0 = Home or Non-Institution 1 = General Hospital 2 = T. B. Hospital 3 = Mental Hospital 4 = Chronic Hospital 5 = Penal Hospital 6 = Veterans Hospital 7 = Nursing and Rest Home 8 = Clinic and Doctor's Office 9 = Other Institution
Bed code	2	*	*
Hospital code	(1-7)	*	*
Place in which event occurred	3-7		
County	(3-5)	001-100 (in state) 999 (out of state)	See Exhibits A2 or A3 See Exhibit C2
District within county**	(6-7)	00-99 (in state) 01-99 (out of state)	See Exhibits A2 or A3 and Exhibit B See Exhibit C2
Place of residence of mother	8-12		
County	(8-10)	001-100 (in state) 999 (out of state)	See Exhibits A2 or A3 See Exhibit C2
District within county**	(11-12)	00-99 (in state) 01-99 (out of state)	See Exhibits A2 or A3 and Exhibit B See Exhibit C2

*Bed code is an alphanumeric variable used in conjunction with institution and place of occurrence to uniquely identify each hospital. Hospital code, therefore, is located in positions 1-7 of each record. A complete list of hospital codes is too extensive to be included in this document. Anyone desiring to identify individual hospitals should contact the SCHES for assistance.

**Incorporated places of 2500 and more are coded in addition to the county code. A district code of '00' implies a rural part of the county.

<u>Variable</u>	<u>Record Position</u>	<u>Possible Values</u>	<u>Decode</u>
Plurality	13	1-5	1 = Single 2 = Twins 3 = Triplets 4 = Quadruplets 5 = Quintuplets or more
Date of birth	14-19		
Month	(14-15)	1-12	1 = January • • • 12 = December
Day	(16-17)	1-31	
Year	(18-19)	(file year)	
Sex	20	1, 2	1 = Male 2 = Female
Race	21	1-4	1 = White 2 = Black 3 = American Indian 4 = Other
Age of father	22-23	10-95, 99	99 = Unknown
Age of mother	24-25	10-55, 99	99 = Unknown
Education of father (No. of yrs. completed)	26-27	0-17, 99	17 = 17 or more 99 = Unknown
Education of mother (No. of yrs. completed)	28-29	0-17, 99	17 = 17 or more 99 = Unknown
Total pregnancies (including this one)	30-31	1-25, 99	99 = Unknown
Number of previous live births now dead	32-33	0-9, 99	9 = Nine or more 99 = Unknown
Number of previous fetal deaths	34-35	0-9, 99	9 = Nine or more 99 = Unknown
Date of last live birth	36-39		
Month	(36-37)	0-12	0 = Not appl., unknown 1 = January • • • 12 = December
Year	(38-39)	(numeric)	0 = Not appl., unknown

<u>Variable</u>	<u>Record Position</u>	<u>Possible Values</u>	<u>Decode</u>
Outcome of last delivery	40	1, 2, 9	1 = Live birth 2 = Fetal death 9 = Not appl., unknown
Completed weeks of gestation	41-42	0-99	0 = Unknown
Month of pregnancy in which prenatal care began	43-44	0-9, 99	0 = None 1 = First Month • • • 9 = Ninth Month 99 = Unknown
Total number of prenatal visits	45-46	0-49, 99	99 = Unknown
Birth weight group (in grams)	47-48	0-9, 99	0 = 500 or less 1 = 500 - 1000 2 = 1001 - 1500 3 = 1501 - 2000 4 = 2001 - 2500 5 = 2501 - 3000 6 = 3001 - 3500 7 = 3501 - 4000 8 = 4001 - 4500 9 = 4501 and over 99 = Unknown
Marital status	49	1, 2, 9	1 = Married 2 = Not Married 9 = Unknown
Attendant	50	(For 1978-1979 data years) 1-4 (For 1980-1987 data years) 1-5	1 = Physician 2 = Midwife 3 = Other 4 = Medical Examiner (fetals only) 1 = Physician 2 = Certified midwife 3 = Midwife 4 = Other 5 = Medical Examiner (fetals only)
Record code	51	1, 3	1 = Births 3 = Fetals
Number of previous children now living	52-53	0-25, 99	99 = Unknown

<u>Variable</u>	<u>Record Position</u>	<u>Possible Values</u>	<u>Decode</u>
Date of last fetal death	54-57		
Month	(54-55)	0-12	0 = Not appl., unknown 1 = January • • • 12 = December
Year	(56-57)	(numeric)	0 = Not appl., unknown
Birth weight in pounds and ounces	58-61		
Pounds	(58-59)	0-15, 99	15 = 15 and over (oz =00) 99 = Unknown
Ounces	(60-61)	0-15, 99	99 = Unknown
Positions 62-76 apply to births only. They are blank for fetal deaths.			
Apgar score (one minute)	62-63	00-10, 99	(See Exhibit P) 99 = Unknown
Apgar score (five minutes)	64-65	00-10, 99	(See Exhibit P) 99 = Unknown
Complications of pregnancy or concurrent conditions	66	0, 1, 2, 3	0 = Neither 1 = Complications 2 = Concurrent Conditions 3 = Both
Complications of labor	67	0, 1	0 = None stated 1 = Complications Mentioned
Congenital malformation (code 1)	68-71	(see 5) (see page 2)	(see 5) (see page 2)
Congenital malformation (code 2)	72-75	(see 5) (see page 2)	(see 5) (see page 2)
Congenital malformation (additional code indicator)	76	0, 1	0 = No more codes exist 1 = Additional codes exist

(5) For 1978: National Center for Health Statistics, Eighth Revision International Classification of Diseases, Adapted for Use in the United States, Public Health Services Pub. No. 1693, (Washington, D.C.: U.S. Government Printing Office, 1967.)

1979 Onward: World Health Organization, Manual of the International Statistical Classification of Diseases, Injuries and Cause of Death (ICD), 1975 Revision, (Geneva Switzerland: 1978.)

V. BIRTH FILES, 1988-PRESENT

A. TAPE IDENTIFICATION

<u>YEAR</u>	<u>NUMBER OF RECORDS</u>	<u>RECORD LENGTH</u>
1988	99,139	180
1989	103,981	180
1990	106,200	180
1991	104,052	180
1992	105,498	180

V. BIRTH FILES, 1988-PRESENT

B. FILE DESCRIPTION

<u>Variable</u>	<u>Record Position</u>	<u>Possible Values</u>	<u>Decode</u>
Institution	1	0-9	0 = Home or Non-Institution 1 = General Hospital 2 = T. B. Hospital 3 = Mental Hospital 4 = Chronic Hospital 5 = Penal Hospital 6 = Veterans Hospital 7 = Nursing and Rest Home 8 = Clinic and Doctor's Office 9 = Other Institution
Bed code	2	*	*
Hospital code	(1-7)	*	*
Place in which event occurred	3-7		
County	(3-5)	001-100 (in state) 999 (out of state)	See Exhibit A3 See Exhibit C2
District within county**	(6-7)	00-99 (in state) 01-99 (out of state)	See Exhibits A3 and B See Exhibit C2
Place of residence of mother	8-12		
County	(8-10)	001-100 (in state) 999 (out of state)	See Exhibit A3 See Exhibit C2
District within county**	(11-12)	00-99 (in state) 01-99 (out of state)	See Exhibits A3 and B See Exhibit C2

*Bed code is an alphanumeric variable used in conjunction with institution and place of occurrence to uniquely identify each hospital. Hospital code, therefore, is located in positions 1-7 of each record. A complete list of hospital codes is too extensive to be included in this document. Anyone desiring to identify individual hospitals should contact the SCHES for assistance.

**Incorporated places of 2500 and more are coded in addition to the county code. A district code of '00' implies a rural part of the county.

<u>Variable</u>	<u>Record Position</u>	<u>Possible Values</u>	<u>Decode</u>
Plurality	13	1-5, 9	1 = Single 2 = Twins 3 = Triplets 4 = Quadruplets 5 = Quintuplets or more 9 = Unknown
Date of birth	14-19		
Month	(14-15)	1-12	1 = January • • • 12 = December
Day	(16-17)	1-31	
Year	(18-19)	(file year)	
Sex	20	1, 2	1 = Male 2 = Female
Race of child	21	(For data years 1988-1989)	
		1-4	1 = White 2 = Black 3 = American Indian 4 = Other
		(For data years 1990-Present)	
		0-8	0 = Other Nonwhite 1 = White 2 = Black 3 = American Indian 4 = Chinese 5 = Japanese 6 = Hawaiian 7 = Filipino 8 = Other Asian or Pacific Islander
Age of father	22-23	10-95, 99	99 = Unknown
Age of mother	24-25	10-55, 99	99 = Unknown
Education of father (No. of yrs. completed)	26-27	0-17, 99	17 = 17 or more 99 = Unknown
Education of mother (No. of yrs. completed)	28-29	0-17, 99	17 = 17 or more 99 = Unknown

<u>Variable</u>	<u>Record Position</u>	<u>Possible Values</u>	<u>Decode</u>
Total pregnancies* (including this one)	30-31	1-25, 99	99 = Unknown
Number of previous live births now dead	32-33	0-25, 99	99 = Unknown
Number of other terminations*	34-35	0-25, 99	99 = Unknown
Date of last live birth	36-39		
Month	(36-37)	0-12	0 = Not appl., unknown 1 = January • • • 12 = December
Year	(38-39)	(numeric)	0 = Not appl., unknown
Outcome of last delivery	40	1, 2, 9	1 = Live birth 2 = Fetal death 9 = Not appl., unknown
Completed weeks of gestation	41-42	18-45, 99	99 = Unknown
Month of pregnancy in which prenatal care began	43-44	0-9, 99	0 = None 1 = First Month • • • 9 = Ninth Month 99 = Unknown
Total number of prenatal visits	45-46	0-49, 99	99 = Unknown
Birth weight group (in grams)	47-48	0-9, 99	0 = 500 or less 1 = 500 - 1000 2 = 1001 - 1500 3 = 1501 - 2000 4 = 2001 - 2500 5 = 2501 - 3000 6 = 3001 - 3500 7 = 3501 - 4000 8 = 4001 - 4500 9 = 4501 and over 99 = Unknown
Marital status	49	1, 2, 9	1 = Married 2 = Not Married 9 = Unknown

*Not completely comparable with similar data in earlier years. Field 30-31 is the sum of Fields 32-33, 34-35, and 52-53 plus 1 for this event. Field 34-35 used to be "Number of previous fetal deaths" and thus excluded spontaneous/induced abortions.

<u>Variable</u>	<u>Record Position</u>	<u>Possible Values</u>	<u>Decode</u>
Attendant	50	(For data year 1988) 1-4, 9	1 = Physician 2 = Certified midwife 3 = Midwife 4 = Other 9 = Unknown
		(For data years 1989-Present) 1-5, 9	1 = Physician (M.D.) 2 = Physician (D.O.) 3 = Certified midwife 4 = Midwife 5 = Other 9 = Unknown
Record code	51	1	1 = Births
Number of previous children now living	52-53	0-25, 99	99 = Unknown
Date of last fetal death	54-57		
Month	(54-55)	0-12	0 = Not appl., unknown 1 = January . . . 12 = December
Year	(56-57)	(numeric)	0 = Not appl., unknown
Birth weight in pounds and ounces	58-61		
Pounds	(58-59)	0-15, 99	15 = 15 and over (oz =00) 99 = Unknown
Ounces	(60-61)	0-15, 99	99 = Unknown
Race of mother	62	(For data years 1988-1989) 0-9	0 = Other Asian or Pacific Islander 1 = White 2 = Black 3 = American Indian 4 = Chinese 5 = Japanese 6 = Hawaiian 7 = Other Nonwhite 8 = Filipino 9 = Unknown

<u>Variable</u>	<u>Record Position</u>	<u>Possible Values</u>	<u>Decode</u>
		(For data years 1990-Present)	
		0-9	0 = Other Nonwhite 1 = White 2 = Black 3 = American Indian 4 = Chinese 5 = Japanese 6 = Hawaiian 7 = Filipino 8 = Other Asian or Pacific Islander 9 = Unknown
Race of father	63	0-9	Same values as "Race of Mother"
Hispanic origin of mother	64	C,M,N,O,P,S,U	C = Cuban M = Mexican N = Non-Hispanic O = Other and Unknown Hispanic P = Puerto Rican S = Central/South American U = Not classifiable
Hispanic origin of father	65	C,M,N,O,P,S,U	Same values as "Hispanic origin of Mother"
Residence zipcode	66-70	numeric, blank	
Average # of cigarettes daily	71-72	00-99	00 = None 98 = Smokes, amount unknown 99 = status unknown
Average # of alcoholic drinks per week	73-74	00-99	00 = None 98 = Drinks, amount unknown 99 = status unknown
Pounds gained during pregnancy	75-76	00-99	98 = 98 and over 99 = unknown
Medical history for this pregnancy	(77-93)	0, 1, 9	0 = No 1 = Yes 9 = Unknown, entire question blank
Anemia	77		
Cardiac disease	78		
Ac/Ch Lung disease	79		
Diabetes	80		
Genital herpes	81		
Hydramnios/Oligo.	82		
Hemoglobinopathy	83		
Hypertension, chronic	84		
Hypertension, preg.	85		
Eclampsia	86		

<u>Variable</u>	<u>Record Position</u>	<u>Possible Values</u>	<u>Decode</u>
Incompetent cervix	87		
Prev. infant 4000+gm	88		
Prev. preterm/small	89		
Renal disease	90		
Rh sensitization	91		
Uterine bleeding	92		
Other	93		
Obstetric Procedures	(94-100)	0, 1, 9	Same as above
Amniocentesis	94		
Electronic fetal mont.	95		
Induction of labor	96		
Stimulation of labor	97		
Tocolysis	98		
Ultrasound	99		
Other	100		
Events of labor and/or delivery	(101-116)	0, 1, 9	Same as above
Febrile	101		
Meconium mod/heavy	102		
Prem. rupture of mem.	103		
Abruptio placenta	104		
Placenta previa	105		
Other excess. bleed.	106		
Seizures during labor	107		
Precipitous labor	108		
Prolonged labor	109		
Dysfunctional labor	110		
Breech/Malpresent.	111		
Cephalopelvic disprop.	112		
Cord prolapse	113		
Anesthetic complic.	114		'8' (invalid data) for data years 1988-1989
Fetal distress	115		
Other	116		
Method of delivery	(117-122)	0, 1, 9	Same as above
Vaginal	117		
Vaginal after C-sect.	118		
Primary C-section	119		
Repeat C-section	120		
Forceps	121		
Vacuum	122		
BLANK	123		

<u>Variable</u>	<u>Record Position</u>	<u>Possible Values</u>	<u>Decode</u>
Congenital anomalies of child	(124-145)	0, 1, 9	Same as above
Anencephalus	124		
Spina bifida	125		
Hydrocephalus	126		
Microcephalus	127		
Other CNS anomalies	128		
Heart malformations	129		
Other circ/resp anom.	130		
Rectal atresia	131		
Tracheo-es. fistula	132		
Omphalocele	133		
Other gastro. anom.	134		
Malformed genitalia	135		
Renal agenesis	136		
Other urogenital anom.	137		
Cleft lip/palate	138		
Polydactyly	139		
Club foot	140		
Diaphragmatic hernia	141		
Other ms/i anomal.	142		
Down's syndrome	143		
Other Chromo. anom.	144		
Other	145		
Filler	146-155		
Apgar score (one minute)	156-157	00-10, 99	(See Exhibit P) 99 = Unknown
Apgar score (five minutes)	158-159	00-10, 99	(See Exhibit P) 99 = Unknown
Kessner Index	160	1-4	1 = Adequate 2 = Intermediate 3 = Inadequate 4 = Unknown
Mother transferred prior to delivery	161	1, 2, 9	1 = Yes 2 = No 9 = Unknown
Infant transferred	162	1, 2, 9	1 = Yes 2 = No 9 = Unknown
Conditions of the newborn	(163-171)	0, 1, 9	0 = No 1 = Yes 9 = Unknown, entire question blank
Anemia	163		
Birth injury	164		
Fetal alcohol syndrome	165		
Hyaline memb. dis./RDS	166		
Meconium aspir. synd.	167		
Assisted vent < 30 min	168		
Assisted vent ≥ 30 min	169		
Seizures	170		
Other	171		
Filler	172-180		

VI. FETAL DEATH FILES, 1988-PRESENT

A. TAPE IDENTIFICATION

<u>YEAR</u>	<u>NUMBER OF RECORDS</u>	<u>RECORD LENGTH</u>
1988	899	180
1989	919	180
1990	926	180
1991	895	180
1992	968	180

VI. FETAL DEATH FILES, 1988-PRESENT

B. FILE DESCRIPTION

<u>Variable</u>	<u>Record Position</u>	<u>Possible Values</u>	<u>Decode</u>
Institution	1	0-9	0 = Home or Non-Institution 1 = General Hospital 2 = T. B. Hospital 3 = Mental Hospital 4 = Chronic Hospital 5 = Penal Hospital 6 = Veterans Hospital 7 = Nursing and Rest Home 8 = Clinic and Doctor's Office 9 = Other Institution
Bed code	2	*	*
Hospital code	(1-7)	*	*
Place in which event occurred	3-7		
County	(3-5)	001-100 (in state) 999 (out of state)	See Exhibit A3 See Exhibit C2
District within county**	(6-7)	00-99 (in state) 01-99 (out of state)	See Exhibits A3 and B See Exhibit C2
Place of residence of mother	8-12		
County	(8-10)	001-100 (in state) 999 (out of state)	See Exhibit A3 See Exhibit C2
District within county**	(11-12)	00-99 (in state) 01-99 (out of state)	See Exhibits A3 and B See Exhibit C2

*Bed code is an alphanumeric variable used in conjunction with institution and place of occurrence to uniquely identify each hospital. Hospital code, therefore, is located in positions 1-7 of each record. A complete list of hospital codes is too extensive to be included in this document. Anyone desiring to identify individual hospitals should contact the SCHES for assistance.

**Incorporated places of 2500 and more are coded in addition to the county code. A district code of '00' implies a rural part of the county.

<u>Variable</u>	<u>Record Position</u>	<u>Possible Values</u>	<u>Decode</u>
Plurality	13	1-5, 9	1 = Single 2 = Twins 3 = Triplets 4 = Quadruplets 5 = Quintuplets or more 9 = Unknown
Date of occurrence	14-19		
Month	(14-15)	1-12	1 = January • • • 12 = December
Day	(16-17)	1-31	
Year	(18-19)	(file year)	
Sex	20	1, 2	1 = Male 2 = Female
Race of fetus	21	(For data years 1988-1989)	
		1-4	1 = White 2 = Black 3 = American Indian 4 = Other
		(For data years 1990-Present)	
		0-8	0 = Other Nonwhite 1 = White 2 = Black 3 = American Indian 4 = Chinese 5 = Japanese 6 = Hawaiian 7 = Filipino 8 = Other Asian or Pacific Islander
Age of father	22-23	10-95, 99	99 = Unknown
Age of mother	24-25	10-55, 99	99 = Unknown
Education of father (No. of yrs. completed)	26-27	0-17, 99	17 = 17 or more 99 = Unknown
Education of mother (No. of yrs. completed)	28-29	0-17, 99	17 = 17 or more 99 = Unknown

<u>Variable</u>	<u>Record Position</u>	<u>Possible Values</u>	<u>Decode</u>
Total pregnancies* (including this one)	30-31	1-25, 99	99 = Unknown
Number of previous live births now dead	32-33	0-25, 99	99 = Unknown
Number of other terminations*	34-35	0-25, 99	99 = Unknown
Date of last live birth	36-39		
Month	(36-37)	0-12	0 = Not appl., unknown 1 = January • • • 12 = December
Year	(38-39)	(numeric)	0 = Not appl., unknown
Outcome of last delivery	40	1, 2, 9	1 = Live birth 2 = Fetal death 9 = Not appl., unknown
Completed weeks of gestation	41-42	18-45, 99	99 = Unknown
Month of pregnancy in which prenatal care began	43-44	0-9, 99	0 = None 1 = First Month • • • 9 = Ninth Month 99 = Unknown
Total number of prenatal visits	45-46	0-49, 99	99 = Unknown
Birth weight group (in grams)	47-48	0-9, 99	0 = 500 or less 1 = 500 - 1000 2 = 1001 - 1500 3 = 1501 - 2000 4 = 2001 - 2500 5 = 2501 - 3000 6 = 3001 - 3500 7 = 3501 - 4000 8 = 4001 - 4500 9 = 4501 and over 99 = Unknown
Marital status	49	1, 2, 9	1 = Married 2 = Not Married 9 = Unknown

*Not completely comparable with similar data in earlier years. Field 30-31 is the sum of Fields 32-33, 34-35, and 52-53 plus 1 for this event. Field 34-35 used to be "Number of previous fetal deaths" and thus excluded spontaneous/induced abortions.

<u>Variable</u>	<u>Record Position</u>	<u>Possible Values</u>	<u>Decode</u>
Attendant	50	(For data year 1988) 1-5, 9	1 = Physician 2 = Certified midwife 3 = Midwife 4 = Other 5 = Medical Examiner 9 = Unknown
		(For data years 1989-Present) 1-5, 9	1 = Physician (M.D.) 2 = Physician (D.O.) 3 = Certified midwife 4 = Midwife 5 = M.E. and Other 9 = Unknown
Record code	51	3	3 = Fetal death
Number of previous children now living	52-53	0-25, 99	99 = Unknown
Date of last fetal death	54-57		
Month	(54-55)	0-12	0 = Not appl., unknown 1 = January • • • 12 = December
Year	(56-57)	(numeric)	0 = Not appl., unknown
Birth weight in pounds and ounces	58-61		
Pounds	(58-59)	0-15, 99	15 = 15 and over (oz =00) 99 = Unknown
Ounces	(60-61)	0-15, 99	99 = Unknown
Race of mother	62	(For data years 1988-1989) 0-9	0 = Other Asian or Pacific Islander 1 = White 2 = Black 3 = American Indian 4 = Chinese 5 = Japanese 6 = Hawaiian 7 = Other Nonwhite 8 = Filipino 9 = Unknown

<u>Variable</u>	<u>Record Position</u>	<u>Possible Values</u>	<u>Decode</u>
		(For data years 1990-Present)	
		0-9	0 = Other Nonwhite 1 = White 2 = Black 3 = American Indian 4 = Chinese 5 = Japanese 6 = Hawaiian 7 = Filipino 8 = Other Asian or Pacific Islander 9 = Unknown
Race of father	63	0-9	Same values as "Race of Mother"
Hispanic origin of mother	64	C,M,N,O,P,S,U	C = Cuban M = Mexican N = Non-Hispanic O = Other and Unknown Hispanic P = Puerto Rican S = Central/South American U = Not classifiable
Hispanic origin of father	65	C,M,N,O,P,S,U	Same values as "Hispanic origin of Mother"
Residence zipcode	66-70	numeric, blank	
Average # of cigarettes daily	71-72	00-99	00 = None 98 = Smokes, amount unknown 99 = status unknown
Average # of alcoholic drinks per week	73-74	00-99	00 = None 98 = Drinks, amount unknown 99 = status unknown
Pounds gained during pregnancy	75-76	00-99	98 = 98 and over 99 = unknown
Medical history for this pregnancy	(77-93)	0, 1, 9	0 = No 1 = Yes 9 = Unknown, entire question blank
Anemia	77		
Cardiac disease	78		
Ac/Ch Lung disease	79		
Diabetes	80		
Genital herpes	81		
Hydramnios/Oligo.	82		
Hemoglobinopathy	83		
Hypertension, chronic	84		
Hypertension, preg.	85		
Eclampsia	86		
Incompetent cervix	87		
Prev. infant 4000+gm	88		

<u>Variable</u>	<u>Record Position</u>	<u>Possible Values</u>	<u>Decode</u>
Prev. preterm/small	89		
Renal disease	90		
Rh sensitization	91		
Uterine bleeding	92		
Other	93		
Obstetric procedures	(94-100)	0, 1, 9	Same as above
Amniocentesis	94		
Electronic fetal mont.	95		
Induction of labor	96		
Stimulation of labor	97		
Tocolysis	98		
Ultrasound	99		
Other	100		
Events of labor and/or delivery	(101-116)	0, 1, 9	Same as above
Febrile	101		
Meconium mod/heavy	102		
Prem. rupture of mem.	103		
Abruptio placenta	104		
Placenta previa	105		
Other excess. bleed.	106		
Seizures during labor	107		
Precipitous labor	108		
Prolonged labor	109		
Dysfunctional labor	110		
Breech/Malpresent.	111		
Cephalopelvic disprop.	112		
Cord prolapse	113		'8' (invalid data) for data years 1988-1989
Anesthetic complic.	114		
Fetal distress	115		
Other	116		
Method of delivery	(117-123)	0, 1, 9	Same as above
Vaginal	117		
Vaginal after C-sect.	118		
Primary C-section	119		
Repeat C-section	120		
Forceps	121		
Vacuum	122		
Hysterotomy/rectomy	123		
Congenital anomalies of fetus	(124-145)	0, 1, 9	Same as above
Anencephalus	124		
Spina bifida	125		
Hydrocephalus	126		
Microcephalus	127		
Other CNS anomalies	128		
Heart malformations	129		
Other circ/resp anom.	130		
Rectal atresia	131		
Tracheo-es. fistula	132		
Omphalocele	133		
Other gastro. anom.	134		
Malformed genitalia	135		

<u>Variable</u>	<u>Record Position</u>	<u>Possible Values</u>	<u>Decode</u>
Renal agenesis	136		
Other urogenital anom.	137		
Cleft lip/palate	138		
Polydactyly	139		
Club foot	140		
Diaphragmatic hernia	141		
Other ms/i anomal.	142		
Down's syndrome	143		
Other Chromo. anom.	144		
Other	145		
Filler	146-155		
Mother's occupation	156-158	numeric	(see 6)
Mother's industry	159-161	numeric	(see 6)
Father's occupation	162-164	numeric	(see 6)
Father's industry	165-167	numeric	(see 6)
Cause of death	168-171	numeric	(see 7)
Filler	172-180		

(6) Bureau of the Census, 1980 Census of Population: Alphabetical Index of Industries and Occupations, (Washington, D.C.: U.S. Government Printing Office, 1982).

(7) World Health Organization, Manual of the International Statistical Classification of Diseases, Injuries and Cause of Death (ICD), 1975 Revision, (Geneva Switzerland: 1978.)

VII. DEATH FILES, 1968-PRESENT

A. DEATH TAPE IDENTIFICATION

<u>YEAR</u>	<u>NUMBER OF RECORDS</u>	<u>RECORD LENGTH</u>
1968	45,751	36
1969	46,313	36
1970	46,205	36
1971	46,281	36
1972	48,698	36
1973	49,282	36
1974	47,687	36
1975	47,287	36
1976	47,356	36
1977	48,239	36
1978	48,948	36
1979	48,232	42
1980	50,111	42
1981	50,860	42
1982	50,189	42
1983	51,866	42
1984	52,720	48
1985	54,668	48
1986	56,325	48
1987	57,074	48
1988	59,517	56
1989	59,293	56
1990	58,950	56
1991	60,725	56
1992	61,350	56

VII. DEATH FILES, 1968-PRESENT

B. 1968-1978 FILE DESCRIPTION

<u>Variable</u>	<u>Record Position</u>	<u>Possible Values</u>	<u>Decode</u>
Institution	1	0-9	0 = Home or Non-Institution 1 = General Hospital 2 = T. B. Hospital 3 = Mental Hospital 4 = Chronic Hospital 5 = Penal Hospital 6 = Veterans Hospital 7 = Nursing and Rest Home 8 = Clinic and Doctor's Office 9 = Other Institution
Bed code	2	*	*
Hospital code	(1-7)	*	*
Place in which event occurred	3-7		
County	(3-5)	001-100 (in state) 999 (out of state)	See Exhibits A1 or A2 See Exhibit C1 or C2
District within county**	(6-7)	00-99 (in state) 01-99 (out of state)	See Exhibits A1 or A2 and Exhibit B See Exhibits C1 or C2
Place of residence	8-12		
County	(8-10)	001-100 (in state) 999 (out of state)	See Exhibits A1 or A2 See Exhibits C1 or C2
District within county**	(11-12)	00-99 (in state)	See Exhibits A1 or A2 and Exhibit B

*Bed code is an alphanumeric variable used in conjunction with institution and place of occurrence to uniquely identify each hospital. Hospital code, therefore, is located in positions 1-7 of each record. A complete list of hospital codes is too extensive to be included in this document. Anyone desiring to identify individual hospitals should contact the SCHES for assistance.

**Incorporated places of 2500 and more are coded in addition to the county code. A district code of '00' implies a rural part of the county. (For 1975 data, only those incorporated places of 10,000 and more are coded.)

<u>Variable</u>	<u>Record Position</u>	<u>Possible Values</u>	<u>Decode</u>
Date of death	13-18		
Month	(13-14)	1-12, 99	1 = January • • • 12 = December
Day	(15-16)	1-31, 99	99 = Unknown
Year	(17-18)	(file year)	
Sex	19	1, 2	1 = Male 2 = Female
Race	20	1-4	1 = White 2 = Black 3 = American Indian 4 = Other
Age at death	21-26		*
Years	(21-22)	0-99, blank	0 = Under 1 year 99 = 99 and over blank = Unknown
Months	(23-24)	0-11, 99	0 = Under 28 days 99 = Unknown age
Days	(25-26)	0-27, blank	0 = Under 24 hours blank = Unknown age
Underlying cause of death	27-30	(see 8)	(see 8)

*Age at death is recorded as the last birthday. In the case of death prior to one full year of life, age is recorded as the number of completed months and days. If death occurs prior to one month (28 days), age is recorded as the number of completed days only. The month and day fields are used only for deaths under 1 year of age (they are zero-filled otherwise). All three elements - years, months and days, - must be taken into account when determining age at death under one year (e.g. death at 14 days is recorded as '000014'; death at 3 months and 14 days is recorded as '000314'; death at 14 years recorded as '140000').

(8)National Center for Health Statistics, Eighth Revision International Classification of Diseases, Adapted for Use in the United States, Public Health Service Pub. No. 1693, (Washington, D.C.: U.S. Government Printing Office, 1967).

<u>Variable</u>	<u>Record Position</u>	<u>Possible Values</u>	<u>Decode</u>
Autopsy	31	1, 2, 9	1 = Yes 2 = No 9 = Unknown
Place of injury*	32	(For data years 1968-1974) 0-9	0 = Home 1 = Farm 2 = Quarry, Mine 3 = Industrial Place 4 = Recreation 5 = Street, Highway 6 = Public Building 7 = Resident Institution 8 = Other and Unspecified 9 = Not Applicable
		(For data years 1975-1978) 0-9, blank	0 = Home 1 = Farm 2 = Quarry, Mine 3 = Industrial Place 4 = Recreation 5 = Street, Highway 6 = Public Housing 7 = Resident Institution 8 = Other Specified 9 = Unspecified blank = Not Applicable
Mode of burial (added 1971) (not available for 1973-1974)	33	1-6, 9	1 = Burial in state 2 = Burial out of state 3 = Cremation in state 4 = Cremation out of state 5 = Other in state 6 = Other out of state 9 = Unknown
Marital status	34	1-4, 9	1 = Never Married 2 = Married 3 = Widowed 4 = Divorced 9 = Unknown
Attendant (certifier)	35	1-4	1 = Physician 2 = Medical Examiner 3 = Coroner 4 = Health Director
Record code	36	2	2 = Deaths

*Place of injury is coded only for ICDA codes 800-949.

VII. DEATH FILES, 1968-PRESENT

C. 1979-1983 FILE DESCRIPTION

<u>Variable</u>	<u>Record Position</u>	<u>Possible Values</u>	<u>Decode</u>
Institution	1	0-9	0 = Home or Non-Institution 1 = General Hospital 2 = T. B. Hospital 3 = Mental Hospital 4 = Chronic Hospital 5 = Penal Hospital 6 = Veterans Hospital 7 = Nursing and Rest Home 8 = Clinic and Doctor's Office 9 = Other Institution
Bed code	2	*	*
Hospital code	(1-7)	*	*
Place in which event occurred	3-7		
County	(3-5)	001-100 (in state) 999 (out of state)	See Exhibits A2 or A3 See Exhibit C2
District within county**	(6-7)	00-99 (in state) 01-99 (out of state)	See Exhibits A2 or A3 and Exhibit B See Exhibit C2
Place of residence	8-12		
County	(8-10)	001-100 (in state) 999 (out of state)	See Exhibits A2 or A3 See Exhibit C2
District within county**	(11-12)	00-99 (in state) 01-99 (out of state)	See Exhibits A2 or A3 and Exhibit B See Exhibit C2

*Bed code is an alphanumeric variable used in conjunction with institution and place of occurrence to uniquely identify each hospital. Hospital code, therefore, is located in positions 1-7 of each record. A complete list of hospital codes is too extensive to be included in this document. Anyone desiring to identify individual hospitals should contact the SCHES for assistance.

**Incorporated places of 2500 and more are coded in addition to the county code. A district code of '00' implies a rural part of the county.

<u>Variable</u>	<u>Record Position</u>	<u>Possible Values</u>	<u>Decode</u>
Date of death	13-18		
Month	(13-14)	1-12, 99	1 = January • • • 12 = December 99 = Unknown
Day	(15-16)	1-31, 99	99 = Unknown
Year	(17-18)	(file year)	
Sex	19	1, 2	1 = Male 2 = Female
Race	20	1-4	1 = White 2 = Black 3 = American Indian 4 = Other
Age at death	21-26		*
Years	(21-22)	0-99, blank	0 = Under 1 year 99 = 99 and over blank = Unknown
Months	(23-24)	0-11, 99	0 = Under 28 days 99 = Unknown age
Days	(25-26)	0-27, blank	0 = Under 24 hours blank = Unknown age
Underlying cause of death	27-30	(see 9) (see page 2)	(see 9) (see page 2)
Autopsy	31	1, 2, 9	1 = Yes 2 = No 9 = Unknown

*Age at death is recorded as the last birthday. In the case of death prior to one full year of life, age is recorded as the number of completed months and days. If death occurs prior to one month (28 days), age is recorded as the number of completed days only. The month and day fields are used only for deaths under 1 year of age (they are zero-filled otherwise). All three elements - years, months and days, - must be taken into account when determining age at death under one year (e.g. death at 14 days is recorded as '000014'; death at 3 months and 14 days is recorded as '000314'; death at 14 years is recorded as '140000').

(9) World Health Organization, Manual of the International Statistical Classification of Diseases, Injuries and Causes of Death (ICD), 1975 Revision, (Geneva Switzerland: 1978)

<u>Variable</u>	<u>Record Position</u>	<u>Possible Values</u>	<u>Decode</u>
Place of injury*	32	0-9, blank	0 = Home 1 = Farm 2 = Quarry, Mine 3 = Industrial Place 4 = Recreation 5 = Street, Highway 6 = Public Building 7 = Resident Institution 8 = Other Specified 9 = Unspecified blank = Not Applicable
Mode of burial	33	1-6, 9	1 = Burial in state 2 = Burial out of state 3 = Cremation in state 4 = Cremation out of state 5 = Other in state 6 = Other out of state 9 = Unknown
Marital status	34	1-4, 9	1 = Never Married 2 = Married 3 = Widowed 4 = Divorced 9 = Unknown
Attendant (certifier)	35	1-4	1 = Physician 2 = Medical Examiner 3 = Coroner 4 = Health Director
Record code	36	2	2 = Deaths
Place of birth	37-41		
State	(37-38)	01-57, 59, 99	See Exhibit C2
County	(39-41)	001-100 (in state) 999 (out of state)	See Exhibit H
Status at hospital	42	1-5, blank	For Institutions 1-4, 6: 1 = Inpatient 2 = Outpatient/Emergency 3 = Dead on Arrival 4 = Unknown 5 = Item not on Certificate For other Institutions field is blank.

*Place of injury is coded only for ICD codes 800-949.

VII. DEATH FILES, 1968-PRESENT

D. 1984-1987 FILE DESCRIPTION

<u>Variable</u>	<u>Record Position</u>	<u>Possible Values</u>	<u>Decode</u>
Institution	1	0-9	0 = Home or Non-Institution 1 = General Hospital 2 = T. B. Hospital 3 = Mental Hospital 4 = Chronic Hospital 5 = Penal Hospital 6 = Veterans Hospital 7 = Nursing and Rest Home 8 = Clinic and Doctor's Office 9 = Other Institution
Bed code	2	*	*
Hospital code	(1-7)	*	*
Place in which event occurred	3-7		
County	(3-5)	001-100 (in state) 999 (out of state)	See Exhibit A3 See Exhibit C2
District within county**	(6-7)	00-99 (in state) 01-99 (out of state)	See Exhibits A3 and B See Exhibit C2
Place of residence	8-12		
County	(8-10)	001-100 (in state) 999 (out of state)	See Exhibit A3 See Exhibit C2
District within county**	(11-12)	00-99 (in state) 01-99 (out of state)	See Exhibits A3 and B See Exhibit C2

*Bed code is an alphanumeric variable used in conjunction with institution and place of occurrence to uniquely identify each hospital. Hospital code, therefore, is located in positions 1-7 of each record. A complete list of hospital codes is too extensive to be included in this document. Anyone desiring to identify individual hospitals should contact the SCHES for assistance.

**Incorporated places of 2500 and more are coded in addition to the county code. A district code of '00' implies a rural part of the county.

<u>Variable</u>	<u>Record Position</u>	<u>Possible Values</u>	<u>Decode</u>
Date of death	13-18		
Month	(13-14)	1-12, 99	1 = January • • • 12 = December 99 = Unknown
Day	(15-16)	1-31, 99	99 = Unknown
Year	(17-18)	(file year)	
Sex	19	1, 2	1 = Male 2 = Female
Race	20	1-4	1 = White 2 = Black 3 = American Indian 4 = Other
Age at death	21-26		*
Years	(21-22)	0-99, blank	0 = Under 1 year 99 = 99 and over blank = Unknown
Months	(23-24)	0-11, 99	0 = Under 28 days 99 = Unknown age
Days	(25-26)	0-27, blank	0 = Under 24 hours blank = Unknown age
Underlying cause of death	27-30	(see 10) (see page 2)	(see 10) (see page 2)
Autopsy	31	1, 2, 9	1 = Yes 2 = No 9 = Unknown

*Age at death is recorded as the last birthday. In the case of death prior to one full year of life, age is recorded as the number of completed months and days. If death occurs prior to one month (28 days), age is recorded as the number of completed days only. The month and day fields are used only for deaths under 1 year of age (they are zero-filled otherwise). All three elements - years, months and days, - must be taken into account when determining age at death under one year (e.g. death at 14 days is recorded as '000014'; death at 3 months and 14 days is recorded as '000314'; death at 14 years is recorded as '140000').

(10)World Health Organization, Manual of the International Statistical Classification of Diseases, Injuries and Cause of Death (ICD), 1974 Revision, (Geneva Switzerland: 1978) See page 2.

<u>Variable</u>	<u>Record Position</u>	<u>Possible Values</u>	<u>Decode</u>
Place of injury*	32	0-9, blank	0 = Home 1 = Farm 2 = Quarry, Mine 3 = Industrial Place 4 = Recreation 5 = Street, Highway 6 = Public Building 7 = Resident Institution 8 = Other Specified 9 = Unspecified blank = Not Applicable
Mode of burial	33	1-6, 9	1 = Burial in state 2 = Burial out of state 3 = Cremation in state 4 = Cremation out of state 5 = Other in state 6 = Other out of state 9 = Unknown
Marital status	34	1-4, 9	1 = Never Married 2 = Married 3 = Widowed 4 = Divorced 9 = Unknown
Attendant (certifier)	35	1-4	1 = Physician 2 = Medical Examiner 3 = Coroner 4 = Health Director
Record code	36	2	2 = Deaths
Place of birth	37-41		
State	(37-38)	01-57, 59, 99	See Exhibit C2
County	(39-41)	001-100 (in state) 999 (out of state)	See Exhibit H
Status at hospital	42	1-5, blank	For Institutions 1-4, 6: 1 = Inpatient 2 = Outpatient/Emergency 3 = Dead on Arrival 4 = Unknown 5 = Item not on certificate For other Institutions field is blank.
Occupation	43-45	(see 11)	(see 11)
Kind of business	46-48	(see 11)	(see 11)

*Place of injury is coded only for ICDA codes 800-949.

(11) Bureau of the Census, 1980 Census of Population: Alphabetical Index of Industries and (Washington, D.C.: U.S. Government Printing Office, 1982).

VII. DEATH FILES, 1968-PRESENT

E. 1988-PRESENT FILE DESCRIPTION

<u>Variable</u>	<u>Record Position</u>	<u>Possible Values</u>	<u>Decode</u>
Institution	1	0-9	0 = Home or Non-Institution 1 = General Hospital 2 = T. B. Hospital 3 = Mental Hospital 4 = Chronic Hospital 5 = Penal Hospital 6 = Veterans Hospital 7 = Nursing and Rest Home 8 = Clinic and Doctor's Office 9 = Other Institution
Bed code	2	*	*
Hospital code	(1-7)	*	*
Place in which event occurred	3-7		
County	(3-5)	001-100 (in state) 999 (out of state)	See Exhibit A3 See Exhibit C2
District within county**	(6-7)	00-99 (in state) 01-99 (out of state)	See Exhibits A3 and B See Exhibit C2
Place of residence	8-12		
County	(8-10)	001-100 (in state) 999 (out of state)	See Exhibit A3 See Exhibit C2
District within county**	(11-12)	00-99 (in state) 01-99 (out of state)	See Exhibits A3 and B See Exhibit C2

*Bed code is an alphanumeric variable used in conjunction with institution and place of occurrence to uniquely identify each hospital. Hospital code, therefore, is located in positions 1-7 of each record. A complete list of hospital codes is too extensive to be included in this document. Anyone desiring to identify individual hospitals should contact the SCHES for assistance.

**Incorporated places of 2500 and more are coded in addition to the county code. A district code of '00' implies a rural part of the county.

<u>Variable</u>	<u>Record Position</u>	<u>Possible Values</u>	<u>Decode</u>
Date of death	13-18		
Month	(13-14)	1-12, 99	1 = January • • • 12 = December 99 = Unknown
Day	(15-16)	1-31, 99	99 = Unknown
Year	(17-18)	(file year)	
Sex	19	1, 2	1 = Male 2 = Female
Race	20	1-4	1 = White 2 = Black 3 = American Indian 4 = Other
Age at death	21-26		*
Years	(21-22)	0-99, blank	0 = Under 1 year 99 = 99 and over blank = Unknown
Months	(23-24)	0-11, 99	0 = Under 28 days 99 = Unknown age
Days	(25-26)	0-27, blank	0 = Under 24 hours blank = Unknown age
Underlying cause of death	27-30	(see 12) (see page 2)	(see 12) (see page 2)

*Age at death is recorded as the last birthday. In the case of death prior to one full year of life, age is recorded as the number of completed months and days. If death occurs prior to one month (28 days), age is recorded as the number of completed days only. The month and day fields are used only for deaths under 1 year of age (they are zero-filled otherwise). All three elements - years, months and days, - must be taken into account when determining age at death under one year (e.g. death at 14 days is recorded as '000014'; death at 3 months and 14 days is recorded as '000314'; death at 14 years is recorded as '140000').

(12) World Health Organization, Manual of the International Statistical Classification of Diseases, Injuries and Cause of Death (ICD), 1974 Revision, (Geneva Switzerland: 1978)

<u>Variable</u>	<u>Record Position</u>	<u>Possible Values</u>	<u>Decode</u>
Autopsy	31	1, 2, 9	1 = Yes 2 = No 9 = Unknown
Place of injury*	32	0-9, blank	0 = Home 1 = Farm 2 = Quarry, Mine 3 = Industrial Place 4 = Recreation 5 = Street, Highway 6 = Public Building 7 = Resident Institution 8 = Other Specified 9 = Unspecified blank = Not Applicable
Mode of burial	33	1-9	1 = Burial in state 2 = Burial out of state 3 = Cremation in state 4 = Cremation out of state 5 = Other in state 6 = Other out of state 7 = Removal in state 8 = Removal out of state 9 = Unknown
Marital status	34	1-4, 9	1 = Never Married 2 = Married 3 = Widowed 4 = Divorced 9 = Unknown
Attendant (certifier)	35	1-4	1 = Physician 2 = Medical Examiner 3 = Coroner 4 = Health Director
Record code	36	2	2 = Deaths
Place of birth	37-41		
State	(37-38)	01-57, 59, 99	See Exhibit C2
County	(39-41)	001-100 (in state) 999 (out of state)	See Exhibit H

*Place of injury is coded only for ICD codes 800-949.

<u>Variable</u>	<u>Record Position</u>	<u>Possible Values</u>	<u>Decode</u>
Status at hospital	42	(For data years 1988-1991)	
		1-8	1 = Inpatient 2 = Outpatient/Emergency 3 = Dead on Arrival 4 = Unknown 5 = Item not on certificate 6 = Residence 7 = Other 8 = Nursing Home
		(For data years 1992-Present)	
		1-8	1 = Inpatient 2 = Outpatient/Emergency 3 = Dead on Arrival 4 = Skilled Nursing Facility 5 = Unknown 6 = Residence 7 = Other 8 = Nursing Home
Occupation	43-45	(see 13)	(see 13)
Kind of business	46-48	(see 13)	(see 13)
Residence zipcode	49-53	numeric, blank	
Hispanic origin	54	C,M,N,O,P,S,U	C = Cuban
			M = Mexican
			N = Non-Hispanic
			O = Other and Unknown Hispanic
			P = Puerto Rican
			S = Central/South American
			U = Not classifiable
Education (No. of yrs. completed)	55-56	00-17, 99	17 = 17 or more
			99 = Unknown

(13) Bureau of the Census, 1980 Census of Population: Alphabetical Index of Industries and (Washington, D.C.: U.S. Government Printing Office, 1982).

VIII. CONSOLIDATED BIRTH/INFANT DEATH FILES, 1968-PRESENT

A. TAPE IDENTIFICATION

<u>YEAR</u>	<u>NUMBER OF RECORDS</u>	<u>RECORD LENGTH</u>
1968	2,455	78
1969	2,257	78
1970	2,334	78
1971	2,129	78
1972	2,013	78
1973	1,817	78
1974	1,648	78
1975	1,466	88
1976	1,439	88
1977	1,376	88
1978	1,344	104
1979	1,269	104
1980	1,210	104
1981	1,087	104
1982	1,196	104
1983	1,100	104
1984	1,106	104
1985	1,092	104
1986	1,064	104
1987	1,164	104
1988	1,222	191
1989	1,137	191
1990	1,147	191

VIII. CONSOLIDATED BIRTH/INFANT DEATH FILES, 1968-PRESENT

B. 1968-1974 FILE DESCRIPTION

<u>Variable</u>	<u>Record Position</u>	<u>Possible Values</u>	<u>Decode</u>
Positions 1 through 50 contain selected information from the birth record.			
Institution	1	0-9	0 = Home or Non-Institution 1 = General Hospital 2 = T. B. Hospital 3 = Mental Hospital 4 = Chronic Hospital 5 = Penal Hospital 6 = Veterans Hospital 7 = Nursing and Rest Home 8 = Clinic and Doctor's Office 9 = Other Institution
Bed code	2	*	*
Hospital code	(1-7)	*	*
Place in which event occurred	3-7		
County	(3-5)	001-100 (in state) 999 (out of state)	See Exhibit A1 See Exhibit C1
District within county**	(6-7)	00-99 (in state) 01-99 (out of state)	See Exhibits A1 and B See Exhibit C1
Place of residence of mother	8-12		
County	(8-10)	001-100 (in state) 999 (out of state)	See Exhibit A1 See Exhibit C1
District within county**	(11-12)	00-99 (in state) 01-99 (out of state)	See Exhibits A1 and B See Exhibit C1

*Bed code is an alphanumeric variable used in conjunction with institution and place of occurrence to uniquely identify each hospital. Hospital code, therefore, is located in positions 1-7 of each record. A complete list of hospital codes is too extensive to be included in this document. Anyone desiring to identify individual hospitals should contact the SCHES for assistance.

**Incorporated places of 2500 and more are coded in addition to the county code. A district code of '00' implies a rural part of the county.

<u>Variable</u>	<u>Record Position</u>	<u>Possible Values</u>	<u>Decode</u>
Plurality	13	0-9	0 = Single 1 = 1st of Twins 2 = 2nd of Twins 3 = 1st of Triplets 4 = 2nd of Triplets 5 = 3rd of Triplets 6 = 1st of Quadruplets 7 = 2nd of Quadruplets 8 = 3rd of Quadruplets 9 = 4th of Quadruplets
Date of birth	14-19		
Month	(14-15)	1-12	1 = January • • • 12 = December
Day	(16-17)	1-31	
Year	(18-19)	(file year)	
Sex	20	1, 2	1 = Male 2 = Female
Race	21	1-4	1 = White 2 = Black 3 = American Indian 4 = Other
Blank	22-23		
Age of mother	24-25	10-95, 99	99 = Unknown
Education of father (No. of yrs. completed)	26-27	0-17, 99	17 = 17 or more 99 = Unknown
Education of mother (No. of yrs. completed)	28-29	0-17, 99	17 = 17 or more 99 = Unknown
Total pregnancies (including this one)	30-31	1-25, 99	99 = Unknown
Number of previous live births now dead	32-33	0-9, 99	9 = Nine or more 99 = Unknown
Number of previous fetal deaths	34-35	0-9, 99	9 = Nine or more 99 = Unknown
Blank	36-40		

<u>Variable</u>	<u>Record Position</u>	<u>Possible Values</u>	<u>Decode</u>
Completed weeks of gestation	41-42	0-99	0 = Unknown
Month of pregnancy in which prenatal care began	43-44	0-9, 99	0 = None 1 = First Month • • • 9 = Ninth Month 99 = Unknown
Total number of prenatal visits	45-46	0-9, 99	9 = Nine or more 99 = Unknown
Birth weight group (in grams)	47-48	0-9, 99	0 = 500 or less 1 = 500 - 1000 2 = 1001 - 1500 3 = 1501 - 2000 4 = 2001 - 2500 5 = 2501 - 3000 6 = 3001 - 3500 7 = 3501 - 4000 8 = 4001 - 4500 9 = 4501 and over 99 = Unknown
Marital status	49	1, 2, 9	1 = Married 2 = Not Married 9 = Unknown
Attendant	50	1-3	1 = Physician 2 = Midwife 3 = Other
Positions 51 through 77 contain selected information from the death record.			
Institution	51	0-9	0 = Home or Non-Institution 1 = General Hospital 2 = T. B. Hospital 3 = Mental Hospital 4 = Chronic Hospital 5 = Penal Hospital 6 = Veterans Hospital 7 = Nursing and Rest Home 8 = Clinic and Doctor's Office 9 = Other Institution

<u>Variable</u>	<u>Record Position</u>	<u>Possible Values</u>	<u>Decode</u>
Bed code	52	*	*
Hospital code	(51-57)	*	*
Place in which event occurred	53-57		
County	53-55	001-100 (in state) 999 (out of state)	See Exhibit A1 See Exhibit C1
District within county**	(56-57)	00-99 (in state) 01-99 (out of state)	See Exhibits A1 and B See Exhibit C1
Place of residence	58-62		
County	(58-60)	001-100 (in state) 999 (out of state)	See Exhibit A1 See Exhibit C1
District within county**	(61-62)	00-99 (in state) 01-99 (out of state)	See Exhibits A1 and B See Exhibit C1
Date of death	63-67		
Month	(63-64)	1-12	1 = January • • • 12 = December
Day	(65-66)	1-31	
Year (2nd digit)	(67)	birth year or birth year plus one	

*Bed code is an alphanumeric variable used in conjunction with institution and place of occurrence to uniquely identify each hospital. Hospital code, therefore, is located in positions 1-7 of each record. A complete list of hospital codes is too extensive to be included in this document. Anyone desiring to identify individual hospitals should contact the SCHES for assistance.

**Incorporated places of 2500 and more are coded in addition to the county code. A district code of '00' implies a rural part of the county.

<u>Variable</u>	<u>Record Position</u>	<u>Possible Values</u>	<u>Decode</u>
Age at death	68-71		***
Months	(68-69)	0-11	0 = Under 28 days
Days	(70-71)	0-27	0 = Under 24 hours
Underlying cause of death	72-75	(see 14)	(see 14)
Autopsy	76	1, 2, 9	1 = Yes 2 = No 9 = Unknown
Attendant (certifier)	77	1-4	1 = Physician 2 = Medical Examiner 3 = Coroner 4 = Health Director
Record code	78	6	6 = Consolidated Birth /Infant Death

***Age is recorded as the number of completed months and days. If death occurs prior to one month (28 days), age is recorded as the number of completed days only. Both elements, months and days, must be taken into account when determining age at death under one year (e.g. death at 14 days is recorded as '0014'; death at 3 months and 14 days is recorded as '0314').

(14) National Center for Health Statistics, Eighth Revision International Classification of Diseases, Adapted for Use in the United States, Public Health Service Pub. No. 1693, (Washington, D.C.: U.S. Government Printing Office, 1967).

VIII. CONSOLIDATED BIRTH/INFANT DEATH FILES, 1968-PRESENT

C. 1975-1977 FILE DESCRIPTION

<u>Variable</u>	<u>Record Position</u>	<u>Possible Values</u>	<u>Decode</u>
Positions 1 through 50 contain selected information from the birth record.			
Institution	1	0-9	0 = Home or Non-Institution 1 = General Hospital 2 = T. B. Hospital 3 = Mental Hospital 4 = Chronic Hospital 5 = Penal Hospital 6 = Veterans Hospital 7 = Nursing and Rest Home 8 = Clinic and Doctor's Office 9 = Other Institution
Bed code	2	*	*
Hospital code	(1-7)	*	*
Place in which event occurred	3-7		
County	(3-5)	001-100 (in state) 999 (out of state)	See Exhibit A2 See Exhibit C2
District within county**	(6-7)	00-99 (in state) 01-99 (out of state)	See Exhibits A2 and B See Exhibit C2
Place of residence of mother	8-12		
County	(8-10)	001-100 (in state) 999 (out of state)	See Exhibits A2 and B See Exhibit C2
District within county**	(11-12)	00-99 (in state) 01-99 (out of state)	See Exhibits A2 and B See Exhibit C2

*Bed code is a alphanumeric variable used in conjunction with institution and place of occurrence to uniquely identify each hospital. Hospital code, therefore, is located in positions 1-7 of each record. A complete list of hospital codes is too extensive to be included in this document. Anyone desiring to identify individual hospitals should contact the SCHES for assistance.

**Incorporated places of 2500 and more are coded in addition to the county code. A district code of '00' implies a rural part of the county. (For 1975 data, only those incorporated places of 10,000 and more are coded.)

<u>Variable</u>	<u>Record Position</u>	<u>Possible Values</u>	<u>Decode</u>
Plurality	13	1-5	1 = Single 2 = Twins 3 = Triplets 4 = Quadruplets 5 = Quintuplets or more
Date of birth	14-19		
Month	(14-15)	1-12	1 = January • • • 12 = December
Day	(16-17)	1-31	
Year	(18-19)	(file year)	
Sex	20	1, 2	1 = Male 2 = Female
Race	21	1-4	1 = White 2 = Black 3 = American Indian 4 = Other
Age of father	22-23	10-95, 99	99 = Unknown
Age of mother	24-25	10-55, 99	99 = Unknown
Education of father (No. of yrs. completed)	26-27	0-17, 99	17 = 17 or more 99 = Unknown
Education of mother (No. of yrs. completed)	28-29	0-17, 99	17 = 17 or more 99 = Unknown
Total pregnancies (including this one)	30-31	1-25, 99	99 = Unknown
Number of previous live births now dead	32-33	0-9, 99	9 = Nine or more 99 = Unknown
Number of previous fetal deaths	34-35	0-9, 99	9 = Nine or more 99 = Unknown

<u>Variable</u>	<u>Record Position</u>	<u>Possible Values</u>	<u>Decode</u>
Date of last live birth	36-39		
Month	(36-37)	0-12	0 = Not appl., unknown 1 = January • • • 12 = December
Year	(38-39)	(numeric)	0 = Not appl., unknown
Outcome of last delivery	40	1, 2, 9	1 = Live birth 2 = Fetal death 9 = Not appl., unknown
Completed weeks of gestation	41-42	0-99	0 = Unknown
Month of pregnancy in which prenatal care began	43-44	0-9, 99	0 = None 1 = First Month • • • 9 = Ninth Month 99 = Unknown
Total number of prenatal visits	45-46	0-49, 99	99 = Unknown
Birth weight group (in grams)	47-48	0-9, 99	0 = 500 or less 1 = 500 - 1000 2 = 1001 - 1500 3 = 1501 - 2000 4 = 2001 - 2500 5 = 2501 - 3000 6 = 3001 - 3500 7 = 3501 - 4000 8 = 4001 - 4500 9 = 4501 and over 99 = Unknown
Marital status	49	1, 2, 9	1 = Married 2 = Not Married 9 = Unknown
Attendant	50	1-3	1 = Physician 2 = Midwife 3 = Other

<u>Variable</u>	<u>Record Position</u>	<u>Possible Values</u>	<u>Decode</u>
Positions 51 through 77 contain selected information from the death record.			
Institution	51	0-9	0 = Home or Non-Institution 1 = General Hospital 2 = T. B. Hospital 3 = Mental Hospital 4 = Chronic Hospital 5 = Penal Hospital 6 = Veterans Hospital 7 = Nursing and Rest Home 8 = Clinic and Doctor's Office 9 = Other Institution
Bed code	52	*	*
Hospital code	(51-57)	*	*
Place in which event occurred	53-57		
County	(53-55)	001-100 (in state) 999 (out of state)	See Exhibit A2 See Exhibit C2
District within county**	(56-57)	00-99 (in state) 01-99 (out of state)	See Exhibits A2 and B See Exhibit C2
Place of residence	58-62		
County	(58-60)	001-100 (in state) 999 (out of state)	See Exhibit A2 See Exhibit C2
District within county**	(61-62)	00-99 (in state) 01-99 (out of state)	See Exhibits A2 and B See Exhibit C2

*Bed code is an alphanumeric variable used in conjunction with institution and place of occurrence to uniquely identify each hospital. Hospital code, therefore, is located in positions 1-7 of each record. A complete list of hospital codes is too extensive to be included in this document. Anyone desiring to identify individual hospitals should contact the SCHES for assistance.

**Incorporated places of 2500 and more are coded in addition to the county code. A district code of '00' implies a rural part of the county. (For 1975 data, only those incorporated places of 10,000 and more are coded.)

<u>Variable</u>	<u>Record Position</u>	<u>Possible Values</u>	<u>Decode</u>
Date of death	63-67		
Month	(63-64)	1-12	1 = January • • • 12 = December
Day	(65-66)	1-31	
Year (2nd digit)	(67)	birth year or birth year plus one	
Age at death	68-71	*	
Months	(68-69)	0-11	0 = Under 28 days
Days	(70-71)	0-27	0 = Under 24 hours
Underlying cause of death	72-75	(see 15)	(see 15)
Autopsy	76	1, 2, 9	1 = Yes 2 = No 9 = Unknown
Attendant (certifier)	77	1-4	1 = Physician 2 = Medical Examiner 3 = Coroner 4 = Health Director
Record code	78	6	6 = Consolidated Birth Infant Death
Positions 79 through 88 contain additional information from the birth record.			
Number of previous children now living	79-80	0-25, 99	99 = Unknown

*Age is recorded as the number of completed months and days. If death occurs prior to one month (28 days), age is recorded as the number of completed days only. Both elements, months and days, must be taken into account when determining age at death under one year (e.g. death at 14 days is recorded as '0014'; death at 3 months and 14 days is recorded as '0314').

(15)National Center for Health Statistics, Eighth Revision International Classification of Diseases, Adapted for Use in the United States, Public Health Service Pub. No. 1693, (Washington, D.C.: U.S. Government Printing Office, 1967).

<u>Variable</u>	<u>Record Position</u>	<u>Possible Values</u>	<u>Decode</u>
Date of last fetal death	81-84		
Month	(81-82)	0-12	0 = Not appl., unknown 1 = January • • • 12 = December
Year	83-84	(numeric)	0 = Not appl., unknown
Birth weight in pounds and ounces	85-88		
Pounds	(85-86)	0-15, 99	15 = 15 and over (oz=00) 99 = Unknown
Ounces	(87-88)	0-15, 99	99 = Unknown

VIII. CONSOLIDATED BIRTH/INFANT DEATH FILES, 1968-PRESENT

D. 1978-1987 FILE DESCRIPTION

<u>Variable</u>	<u>Record Position</u>	<u>Possible Values</u>	<u>Decode</u>
Positions 1 through 50 contain selected information from the birth record.			
Institution	1	0-9	0 = Home or Non-Institution 1 = General Hospital 2 = T. B. Hospital 3 = Mental Hospital 4 = Chronic Hospital 5 = Penal Hospital 6 = Veterans Hospital 7 = Nursing and Rest Home 8 = Clinic and Doctor's Office 9 = Other Institution
Bed code	2	*	*
Hospital code	(1-7)	*	*
Place in which event occurred	3-7		
County	(3-5)	001-100 (in state) 999 (out of state)	See Exhibits A2 or A3 See Exhibit C2
District within county**	(6-7)	00-99 (in state) 01-99 (out of state)	See Exhibits A2 or A3 and Exhibit B See Exhibit C2
Place of residence of mother	8-12		
County	(8-10)	001-100 (in state) 999 (out of state)	See Exhibits A2 or A3 See Exhibit C2
District within county**	(11-12)	00-99 (in state) 01-99 (out of state)	See Exhibits A2 or A3 and Exhibit B See Exhibit C2

*Bed code is an alphanumeric variable used in conjunction with institution and place of occurrence to uniquely identify each hospital. Hospital code, therefore, is located in positions 1-7 of each record. A complete list of hospital codes is too extensive to be included in this document. Anyone desiring to identify individual hospitals should contact the SCHES for assistance.

**Incorporated places of 2500 and more are coded in addition to the county code. A district code of '00' implies a rural part of the county.

<u>Variable</u>	<u>Record Position</u>	<u>Possible Values</u>	<u>Decode</u>
Plurality	13	1-5	1 = Single 2 = Twins 3 = Triplets 4 = Quadruplets 5 = Quintuplets or more
Date of birth	14-19		
Month	(14-15)	1-12	1 = January • • • 12 = December
Day	(16-17)	1-31	
Year	(18-19)	(file year)	
Sex	20	1, 2	1 = Male 2 = Female
Race	21	1-4	1 = White 2 = Black 3 = American Indian 4 = Other
Age of father	22-23	10-95, 99	99 = Unknown
Age of mother	24-25	10-55, 99	99 = Unknown
Education of father (No. of yrs. completed)	26-27	0-17, 99	17 = 17 or more 99 = Unknown
Education of mother (No. of yrs. completed)	28-29	0-17, 99	17 = 17 or more 99 = Unknown
Total pregnancies (including this one)	30-31	1-25, 99	99 = Unknown
Number of previous live births now dead	32-33	0-9, 99	9 = Nine or more 99 = Unknown
Number of previous fetal deaths	34-35	0-9, 99	9 = Nine or more 99 = Unknown

<u>Variable</u>	<u>Record Position</u>	<u>Possible Values</u>	<u>Decode</u>
Date of last live birth	36-39		
Month	(36-37)	0-12	0 = Not appl., unknown 1 = January • • • 12 = December
Year	(38-39)	(numeric)	0 = Not appl., unknown
Outcome of last delivery	40	1, 2, 9	1 = Live birth 2 = Fetal death 9 = Not appl., unknown
Completed weeks of gestation	41-42	0-99	0 = Unknown
Month of pregnancy in which prenatal care began	43-44	0-9, 99	0 = None 1 = First Month • • • 9 = Ninth Month 99 = Unknown
Total number of prenatal visits	45-46	0-49, 99	99 = Unknown
Birth weight group (in grams)	47-48	0-9, 99	0 = 500 or less 1 = 500 - 1000 2 = 1001 - 1500 3 = 1501 - 2000 4 = 2001 - 2500 5 = 2501 - 3000 6 = 3001 - 3500 7 = 3501 - 4000 8 = 4001 - 4500 9 = 4501 and over 99 = Unknown
Marital status	49	1, 2, 9	1 = Married 2 = Not Married 9 = Unknown
Attendant	50	1-3	1 = Physician 2 = Midwife 3 = Other

<u>Variable</u>	<u>Record Position</u>	<u>Possible Values</u>	<u>Decode</u>
Positions 51 through 77 contain selected information from the death record.			
Institution	51	0-9	0 = Home or Non-Institution 1 = General Hospital 2 = T. B. Hospital 3 = Mental Hospital 4 = Chronic Hospital 5 = Penal Hospital 6 = Veterans Hospital 7 = Nursing and Rest Home 8 = Clinic and Doctor's Office 9 = Other Institution
Bed code	52	*	*
Hospital code	(51-57)	*	*
Place in which event occurred	53-57		
County	(53-55)	001-100 (in state) 999 (out of state)	See Exhibits A2 or A3 See Exhibit C2
District within county**	(56-57)	00-99 (in state) 01-99 (out of state)	See Exhibits A2 or A3 See Exhibit C2
Place of residence	58-62		
County	(58-60)	001-100 (in state) 999 (out of state)	See Exhibits A2 or A3 See Exhibit C2
District within county**	(61-62)	00-99 (in state) 01-99 (out of state)	See Exhibits A2 or A3 and Exhibit B See Exhibit C2

*Bed code is an alphanumeric variable used in conjunction with institution and place of occurrence to uniquely identify each hospital. Hospital code, therefore, is located in positions 1-7 of each record. A complete list of hospital codes is too extensive to be included in this document. Anyone desiring to identify individual hospitals should contact the SCHES for assistance.

**Incorporated places of 2500 and more are coded in addition to the county code. A district code of '00' implies a rural part of the county.

<u>Variable</u>	<u>Record Position</u>	<u>Possible Values</u>	<u>Decode</u>
Date of death	63-67		
Month	(63-64)	1-12	1 = January • • • 12 = December
Day	(65-66)	1-31	
Year (2nd digit)	(67)	birth year or birth year plus one	
Age at death	68-71	*	
Months	(68-69)	0-11	0 = Under 28 days
Days	(70-71)	0-27	0 = Under 24 hours
Underlying cause of death	72-75	(see 16)	(see 16)
Autopsy	76	1, 2, 9	1 = Yes 2 = No 9 = Unknown
Attendant (certifier)	77	1-4	1 = Physician 2 = Medical Examiner 3 = Coroner 4 = Health Director
Record code	78	6	6 = Consolidated Birth / Infant Death

*Age is recorded as the number of completed months and days. If death occurs prior to one month (28 days), age is recorded as the number of completed days only. Both elements, months and days, must be taken into account when determining age at death under one year (e.g. death at 14 days is recorded as '0014'; death at 3 months and 14 days is recorded as '0314').

(16)National Center for Health Statistics, Eighth Revision International Classification of Diseases, Adapted for Use in the United States, Public Health Service Pub. No. 1693, (Washington, D.C.: U.S. Government Printing Office, 1967).

If death occurred after 1978, refer to:
World Health Organization, Manual of the International Statistical Classification of Diseases, Injuries and Causes of Death (ICD), 1975 Revision. (Geneva Switzerland: 1978).

<u>Variable</u>	<u>Record Position</u>	<u>Possible Values</u>	<u>Decode</u>
Positions 79 through 103 contain additional information from the birth record.			
Number of previous children now living	79-80	0-25, 99	99 = Unknown
Date of last fetal death	81-84		
Month	(81-82)	0-12	0 = Not appl., unknown 1 = January • • • 12 = December
Year	(83-84)	(numeric)	0 = Not appl., unknown
Birth weight in pounds and ounces	85-88		
Pounds	(85-86)	0-15, 99	15 = 15 and over (oz=00) 99 = Unknown
Ounces	(87-88)	0-15, 99	99 = Unknown
Apgar score (one minute)	89-90	00-10, 99	(See Exhibit P) 99 = Unknown
Apgar score (five minutes)	91-92	00-10, 99	(See Exhibit P) 99 = Unknown
Complications of pregnancy or concurrent conditions	93	0, 1, 2, 3	0 = Neither 1 = Complications 2 = Concurrent conditions 3 = Both
Complications of labor	94	0, 1	0 = None stated 1 = Complications mentioned

<u>Variable</u>	<u>Record Position</u>	<u>Possible Values</u>	<u>Decode</u>
Congenital malformation (code 1)	95-98	(see 17)	(see 17)
Congenital malformation (code 2)	99-102	(see 17)	(see 17)
Congenital malformation (additional code indicator)	103	0, 1	0 = No more codes on certificate 1 = Additional codes on certificate

Position 104 contains additional information from the death record.

This information is available only on deaths occurring in 1979 and afterward.

Status at hospital	104	1-5, blank	For Institutions 1-4, 6: 1 = Inpatient 2 = Outpatient/Emergency Rm 3 = Dead on Arrival 4 = Unknown 5 = Item not on certificate For other Institutions field is blank.
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(17) If birth occurred in 1978, refer to:
National Center for Health Statistics, Eighth Revision International Classification of Diseases, Adapted for Use in the United States, Public Health Service, Pub. No. 1693, (Washington, D.C.: U.S. Government Printing Office, 1967).

If birth occurred in 1979 or after, refer to:
World Health Organization, Manual of the International Statistical Classification of Diseases, Injuries and Cause of Death (ICD), 1975 Revision, (Geneva Switzerland: 1978).

VIII. CONSOLIDATED BIRTH/INFANT DEATH FILES, 1968-PRESENT

E. 1988-PRESENT FILE DESCRIPTION

<u>Variable</u>	<u>Record Position</u>	<u>Possible Values</u>	<u>Decode</u>
Positions 1 through 160 contain selected information from the birth record.			
Institution	1	0-9	0 = Home or Non-Institution 1 = General Hospital 2 = T. B. Hospital 3 = Mental Hospital 4 = Chronic Hospital 5 = Penal Hospital 6 = Veterans Hospital 7 = Nursing and Rest Home 8 = Clinic and Doctor's Office 9 = Other Institution
Bed code	2	*	*
Hospital code	(1-7)	*	*
Place in which event occurred	3-7		
County	(3-5)	001-100 (in state) 999 (out of state)	See Exhibits A2 or A3 See Exhibit C2
District within county**	(6-7)	00-99 (in state) 01-99 (out of state)	See Exhibits A2 or A3 and Exhibit B See Exhibit C2
Place of residence of mother	8-12		
County	(8-10)	001-100 (in state) 999 (out of state)	See Exhibits A2 or A3 See Exhibit C2
District within county**	(11-12)	00-99 (in state) 01-99 (out of state)	See Exhibits A2 or A3 and Exhibit B See Exhibit C2

*Bed code is an alphanumeric variable used in conjunction with institution and place of occurrence to uniquely identify each hospital. Hospital code, therefore, is located in positions 1-7 of each record. A complete list of hospital codes is too extensive to be included in this document. Anyone desiring to identify individual hospitals should contact the SCHES for assistance.

**Incorporated places of 2500 and more are coded in addition to the county code. A district code of '00' implies a rural part of the county.

<u>Variable</u>	<u>Record Position</u>	<u>Possible Values</u>	<u>Decode</u>
Plurality	13	1-5	1 = Single 2 = Twins 3 = Triplets 4 = Quadruplets 5 = Quintuplets or more
Date of birth	14-19		
Month	(14-15)	1-12	1 = January • • • 12 = December
Day	(16-17)	1-31	
Year	(18-19)	(file year)	
Sex	20	1, 2	1 = Male 2 = Female
Race	21	(For data years 1988-1989)	
		1-4	1 = White 2 = Black 3 = American Indian 4 = Other
		(For data years 1990-Present)	
		0-8	0 = Other Nonwhite 1 = White 2 = Black 3 = American Indian 4 = Chinese 5 = Japanese 6 = Hawaiian 7 = Filipino 8 = Other Asian or Pacific Islander
Age of father	22-23	10-95, 99	99 = Unknown
Age of mother	24-25	10-55, 99	99 = Unknown
Education of father (No. of yrs. completed)	26-27	0-17, 99	17 = 17 or more 99 = Unknown
Education of mother (No. of yrs. completed)	28-29	0-17, 99	17 = 17 or more 99 = Unknown
Total pregnancies (including this one)	30-31	1-25, 99	99 = Unknown

<u>Variable</u>	<u>Record Position</u>	<u>Possible Values</u>	<u>Decode</u>
Number of previous live births now dead	32-33	0-9, 99	9 = Nine or more 99 = Unknown
Number of previous fetal deaths	34-35	0-9, 99	9 = Nine or more 99 = Unknown
Date of last live birth	36-39		
Month	(36-37)	0-12	0 = Not appl., unknown 1 = January • • • 12 = December
Year	(38-39)	(numeric)	0 = Not appl., unknown
Outcome of last delivery	40	1, 2, 9	1 = Live birth 2 = Fetal death 9 = Not appl., unknown
Completed weeks of gestation	41-42	18-45, 99	99 = Unknown
Month of pregnancy in which prenatal care began	43-44	0-9, 99	0 = None 1 = First Month • • • 9 = Ninth Month 99 = Unknown
Total number of prenatal visits	45-46	0-49, 99	99 = Unknown
Birth weight group (in grams)	47-48	0-9, 99	0 = 500 or less 1 = 500 - 1000 2 = 1001 - 1500 3 = 1501 - 2000 4 = 2001 - 2500 5 = 2501 - 3000 6 = 3001 - 3500 7 = 3501 - 4000 8 = 4001 - 4500 9 = 4501 and over 99 = Unknown
Marital status	49	1, 2, 9	1 = Married 2 = Not Married 9 = Unknown
Attendant	50	1-3	1 = Physician 2 = Midwife 3 = Other

<u>Variable</u>	<u>Record Position</u>	<u>Possible Values</u>	<u>Decode</u>
Number of previous children now living	51-52	0-25, 99	99 = Unknown
Date of last fetal death	53-56		
Month	(53-54)	0-12	0 = Not appl., unknown 1 = January • • • 12 = December
Year	(55-56)	(numeric)	0 = Not appl., unknown
Birth weight in pounds and ounces	57-60		
Pounds	(57-58)	0-15, 99	15 = 15 and over (oz =00) 99 = Unknown
Ounces	(59-60)	0-15, 99	99 = Unknown
Race of mother	61	(For data years 1988-1989)	
		0-9	0 = Other Asian or Pacific Islander 1 = White 2 = Black 3 = American Indian 4 = Chinese 5 = Japanese 6 = Hawaiian 7 = Other Nonwhite 8 = Filipino 9 = Unknown
		(For data years 1990-Present)	
			0 = Other Nonwhite 1 = White 2 = Black 3 = American Indian 4 = Chinese 5 = Japanese 6 = Hawaiian 7 = Filipino 8 = Other Asian or Pacific Islander 9 = Unknown

<u>Variable</u>	<u>Record Position</u>	<u>Possible Values</u>	<u>Decode</u>
Race of father	62	0-9	Same values as "Race of Mother"
Hispanic origin of mother	63	C,M,N,O,P,S,U	C = Cuban M = Mexican N = Non-Hispanic O = Other and Unknown Hispanic P = Puerto Rican S = Central/South American U = Not classifiable
Hispanic origin of father	64	C,M,N,O,P,S,U	Same values as "Hispanic origin of Mother"
Residence zipcode	65-69	numeric, blank	
Average # of cigarettes daily	70-71	00-99	00 = None 98 = Smokes, amount unknown 99 = status unknown
Average # of alcoholic drinks per week	72-73	00-99	00 = None 98 = Drinks, amount unknown 99 = status unknown
Pounds gained during pregnancy	74-75	00-99	98 = 98 and over 99 = unknown
Medical history for this pregnancy	(76-92)	0, 1, 9	0 = No 1 = Yes 9 = Unknown, entire question blank
Anemia	76		
Cardiac disease	77		
Ac/Ch Lung disease	78		
Diabetes	79		
Genital herpes	80		
Hydramnios/Oligo.	81		
Hemoglobinopathy	82		
Hypertension, chronic	83		
Hypertension, preg.	84		
Eclampsia	85		
Incompetent cervix	86		
Prev. infant 4000+gm	87		
Prev. preterm/small	88		
Renal disease	89		
Rh sensitization	90		
Uterine bleeding	91		
Other	92		

<u>Variable</u>	<u>Record Position</u>	<u>Possible Values</u>	<u>Decode</u>
Obstetric procedures	(93-99)	0, 1, 9	Same as above
Amniocentesis	93		
Electronic fetal mont.	94		
Induction of labor	95		
Stimulation of labor	96		
Tocolysis	97		
Ultrasound	98		
Other	99		
Events of labor and/or delivery	(100-115)	0, 1, 9	Same as above
Febrile	100		
Meconium mod/heavy	101		
Prem. rupture of mem.	102		
Abruptio placenta	103		
Placenta previa	104		
Other excess. bleed.	105		
Seizures during labor	106		
Precipitous labor	107		
Prolonged labor	108		
Dysfunctional labor	109		
Breech/Malpresent.	110		
Cephalopelvic disprop.	111		
Cord prolapse	112		'8' (invalid data) for data years 1988-1989
Anesthetic complic.	113		
Fetal distress	114		
Other	115		
Method of delivery	(116-122)	0, 1, 9	Same as above
Vaginal	116		
Vaginal after C-sect.	117		
Primary C-section	118		
Repeat C-section	119		
Forceps	120		
Vacuum	121		
Hysterotomy/ Hysterectomy	122		
Congenital anomalies of child	(123-144)	0, 1, 9	Same as above
Anencephalus	123		
Spina bifida	124		
Hydrocephalus	125		
Microcephalus	126		
Other CNS anomalies	127		
Heart malformations	128		
Other circ/resp anom.	129		
Rectal atresia	130		
Tracheo-es. fistula	131		
Omphalocele	132		
Other gastro. anom.	133		
Malformed genitalia	134		
Renal agenesis	135		
Other urogenital anom.	136		
Cleft lip/palate	137		

<u>Variable</u>	<u>Record Position</u>	<u>Possible Values</u>	<u>Decode</u>
Polydactyly	138		
Club foot	139		
Diaphragmatic hernia	140		
Other ms/i anomal.	141		
Down's syndrome	142		
Other Chromo. anom.	143		
Other	144		
Apgar score (one minute)	145-146	00-10, 99	(See Exhibit P) 99 = Unknown
Apgar score (five minutes)	147-148	00-10, 99	(See Exhibit P) 99 = Unknown
Kessner Index	149	1-4	1 = Adequate 2 = Intermediate 3 = Inadequate 4 = Unknown
Mother transferred prior to delivery	150	1, 2, 9	1 = Yes 2 = No 9 = Unknown
Infant transferred	151	1, 2, 9	1 = Yes 2 = No 9 = Unknown
Conditions of the newborn	(152-160)	0, 1, 9	0 = No 1 = Yes 9 = Unknown, entire question blank
Anemia	152		
Birth injury	153		
Fetal alcohol syndrome	154		
Hyaline memb. dis./RDS	155		
Meconium aspir. synd.	156		
Assisted vent< 30 min	157		
Assisted vent>=30 min	158		
Seizures	159		
Other	160		
Positions 161 through 191 contain selected information from the death record.			
Institution	161	0-9	0 = Home or Non-Institution 1 = General Hospital 2 = T. B. Hospital 3 = Mental Hospital 4 = Chronic Hospital 5 = Penal Hospital 6 = Veterans Hospital 7 = Nursing and Rest Home 8 = Clinic and Doctor's Office 9 = Other Institution

<u>Variable</u>	<u>Record Position</u>	<u>Possible Values</u>	<u>Decode</u>
Bed code	162	*	*
Hospital code	(161-167)	*	*
Place in which event occurred	163-167		
County	(163-165)	001-100 (in state) 999 (out of state)	See Exhibits A2 or A3 See Exhibit C2
District within county**	(166-167)	00-99 (in state) 01-99 (out of state)	See Exhibits A2 or A3 See Exhibit C2
Place of residence	168-172		
County	(168-170)	001-100 (in state) 999 (out of state)	See Exhibits A2 or A3 See Exhibit C2
District within county**	(171-172)	00-99 (in state) 01-99 (out of state)	See Exhibits A2 or A3 and Exhibit B See Exhibit C2
Date of death	173-178		
Month	(173-174)	1-12	1 = January • • • 12 = December
Day	(175-176)	1-31	
Year	(177-178)	birth year or birth year plus one	

*Bed code is an alphanumeric variable used in conjunction with institution and place of occurrence to uniquely identify each hospital. Hospital code, therefore, is located in positions 1-7 of each record. A complete list of hospital codes is too extensive to be included in this document. Anyone desiring to identify individual hospitals should contact the SCHES for assistance.

**Incorporated places of 2500 and more are coded in addition to the county code. A district code of '00' implies a rural part of the county.

<u>Variable</u>	<u>Record Position</u>	<u>Possible Values</u>	<u>Decode</u>
Age at death	179-182	*	
Months	(179-180)	0-11	0 = Under 28 days
Days	(181-182)	0-27	0 = Under 24 hours
Underlying cause of death	183-186	(see 16)	(see 16)
Autopsy	187	1, 2, 9	1 = Yes 2 = No 9 = Unknown
Place of injury**	188	0-9, blank	0 = Home 1 = Farm 2 = Quarry, Mine 3 = Industrial Place 4 = Recreation 5 = Street, Highway 6 = Public Building 7 = Resident Institution 8 = Other Specified 9 = Unspecified blank = Not Applicable
Mode of burial	189	1-9	1 = Burial in state 2 = Burial out of state 3 = Cremation in state 4 = Cremation out of state 5 = Other in state 6 = Other out of state 7 = Removal in state 8 = Removal out of state 9 = Unknown
Attendant (certifier)	190	1-4	1 = Physician 2 = Medical Examiner 3 = Coroner 4 = Health Director

*Age is recorded as the number of completed months and days. If death occurs prior to one month (28 days), age is recorded as the number of completed days only. Both elements, months and days, must be taken into account when determining age at death under one year (e.g. death at 14 days is recorded as '0014'; death at 3 months and 14 days is recorded as '0314').

**Place of injury is coded only for ICD codes 800-949.

(16)National Center for Health Statistics, Eighth Revision International Classification of Diseases, Adapted for Use in the United States, Public Health Service Pub. No. 1693, (Washington, D.C.: U.S. Government Printing Office, 1967).

If death occurred after 1978, refer to:
World Health Organization, Manual of the International Statistical Classification of Diseases, Injuries and Causes of Death (ICD), 1975 Revision. (Geneva Switzerland: 1978).

<u>Variable</u>	<u>Record Position</u>	<u>Possible Values</u>	<u>Decode</u>
Status at hospital	191	(For data years 1988-1991)	
		1-5, blank	For Institutions 1-4, 6: 1 = Inpatient 2 = Outpatient/Emergency 3 = Dead on Arrival 4 = Unknown 5 = Item not on certificate For other Institutions field is blank
		(For data years 1992-Present)	
		1-5, blank	For Institutions 1-4, 6: 1 = Inpatient 2 = Outpatient/Emergency 3 = Dead on Arrival 4 = Skilled Nursing Facility 5 = Unknown For other Institutions field is blank

IX. MARRIAGE FILES, 1968-PRESENT

A. TAPE IDENTIFICATION

<u>YEAR</u>	<u>NUMBER OF RECORDS</u>	<u>RECORD LENGTH</u>
1968	47,989	38
1969	49,177	38
1970	48,291	38
1971	48,971	38
1972	48,766	38
1973	46,951	38
1974	45,015	38
1975	42,310	38
1976	42,475	38
1977	43,490	38
1978	43,852	38
1979	45,064	38
1980	46,718	38
1981	48,109	38
1982	51,058	38
1983	52,128	38
1984	52,170	38
1985	50,542	38
1986	50,062	38
1987	50,414	38
1988	51,918	38
1989	51,017	38
1990	51,923	38
1991	48,754	38
1992	47,933	38

IX. MARRIAGE FILES, 1968-PRESENT

B. FILE DESCRIPTION

<u>Variable</u>	<u>Record Position</u>	<u>Possible Values</u>	<u>Decode</u>
County of marriage	1-3	001-100	See Exhibit H
Date of marriage	4-9		
Month	(4-5)	01-12	01 = January • • • 12 = December
Day	(6-7)	01-31	
Year	(8-9)	(file year)	
Type of ceremony	10	(For data years 1968-1974)	
		1, 2, 9	1 = Religious 2 = Civil 9 = Unknown
		(For data years 1975-Present)	
			1 = Civil 2 = Religious 9 = Unknown
Positions 11 through 24 contain information about the <u>GROOM</u> .			
Place of residence	11-13	001-100 (North Carolina) 901-952, 999 (out of state)	See Exhibit H See Exhibit I
Age	14-15	00, 10-99	00 = Unknown
Race	16	1, 2, 3, 9	1 = White 2 = Black 3 = Other Nonwhite 9 = Unknown
Education (No. of yrs completed)	17-18	00-17, 99	17 = 17 or more 99 = Unknown
Number of this marriage	19	0-9	0 = Remarried, but no specific number 1 = First • • • 8 = Eight or more 9 = Unknown

<u>Variable</u>	<u>Record Position</u>	<u>Possible Values</u>	<u>Decode</u>
Status of previous marriage	20	1, 2, 3, 9	1 = Not previously married 2 = Death 3 = Divorce or annulment 9 = Unknown
Date previous marriage ended (added 1975)	21-24		
Month	(21-22)	01-12, 99	01 = January • • • 12 = December 99 = Not appl., unknown
Year	(23-24)	Numeric, 99	99 = Not appl., unknown
Positions 25 through 38 contain information about the <u>BRIDE</u>			
Place of residence	25-27	001-100 (North Carolina) 901-952, 999 (out of state)	See Exhibit H See Exhibit I
Age	28-29	00, 10-99	00 = Unknown
Race	30	1, 2, 3, 9	1 = White 2 = Black 3 = Other Nonwhite 9 = Unknown
Education (No. of yrs completed)	31-32	00-17, 99	17 = 17 or more 99 = Unknown
Number of this marriage	33	0-9	0 = Remarried, but no specific number 1 = First • • • 8 = Eight or more 9 = Unknown
Status of previous marriage	34	1, 2, 3, 9	1 = Not previously married 2 = Death 3 = Divorce or annulment 9 = Unknown

<u>Variable</u>	<u>Record Position</u>	<u>Possible Values</u>	<u>Decode</u>
Date previous marriage ended (added 1975)	35-38		
Month	(35-36)	01-12, 99	01 = January • • • 12 = December 99 = Not appl., unknown
Year	(37-38)	Numeric, 99	99 = Not appl., unknown

X. DIVORCE FILES, 1968-PRESENT

A. TAPE IDENTIFICATION

<u>YEAR</u>	<u>NUMBER OF RECORDS</u>	<u>RECORD LENGTH</u>
1968	12,461	21
1969	12,871	21
1970	13,702	21
1971	15,350	21
1972	17,277	21
1973	18,532	21
1974	20,049	21
1975	22,107	21
1976	24,327	21
1977	25,013	21
1978	26,558	21
1979	27,445	21
1980	28,050	21
1981	29,593	21
1982	29,614	21
1983	30,099	21
1984	29,601	21
1985	30,212	21
1986	31,599	21
1987	31,577	21
1988	32,396	30
1989	32,272	30
1990	34,039	30
1991	33,725	30
1992	35,906	30

X. DIVORCE FILES, 1968-PRESENT

B. 1968-PRESENT FILE DESCRIPTION

<u>Variable</u>	<u>Record Position</u>	<u>Possible Values</u>	<u>Decode</u>
County of report	1-3	001-100	See Exhibit H
Date of decree	4-9		
Month	(4-5)	01-12	01 = January • • • 12 = December
Day	(6-7)	01-31	
Year	(8-9)	(file year)	
Type of divorce	10	1, 2	1 = Absolute 2 = Annulment
Grounds (1968-1983 only)	11	1-5, 7	1 = One-year separation 2 = Adultery 3 = Bigamy 4 = Insanity 5 = Impotency 7 = Other
Number of minor children	12-13	00-10, 99	10 = 10 or more 99 = Unknown
Sex of plaintiff (1976-1985 only)	14	1, 2, 9	1 = Male 2 = Female 9 = Unknown
Race of plaintiff	15	1, 2, 3, 9	1 = White 2 = Black 3 = Other Nonwhite 9 = Unknown
County of residence (plaintiff)	16-18	001-100, 888, 999 888 = Out of state 999 = Unknown	See Exhibit H
County of residence (defendant)	19-21	001-100, 888, 999 888 = Out of state 999 = Unknown	See Exhibit H
State of marriage (added in 1988)	22-23	01-57, 99	See Exhibit A3

<u>Variable</u>	<u>Record Position</u>	<u>Possible Values</u>	<u>Decode</u>
Date of marriage (added in 1988)	24-29		
Month	(24-25)	01-12, 99	01 = January • • • 12 = December 99 = Unknown
Day	(26-27)	01-31, 99	99 = Unknown
Year	(28-29)	numeric	99 = Unknown
Filler	30		

EXHIBITS

VITAL STATISTICS CODES OF NORTH CAROLINA COUNTIES AND INCORPORATED PLACES OF 2500 AND OVER (1970 CENSUS)

00100	ALAMANCE	02800	OARE	05100	JOHNSTON	07800	ROBESON
00170	Graham	02900	DAVIDSON	05160	Selma	07860	Red Springs
00190	Burlington	02980	Lexington	05161	Clayton	07861	Fairmont*
00200	ALEXANDER	02981	Thomasville	05170	Smithfield	07880	Lumberton
00300	ALLEGHANY	03000	DAVIE	05200	JONES	07900	ROCKINGHAM
00400	ANSON	03060	Mocksville*	05300	LEE	07961	Mayodan*
00460	Wadesboro	03100	DUPLIN	05380	Sanford	07980	Reidsville
00500	ASHE	03160	Wallace*	05400	LENOIR	07981	Eden
00600	AVERY	03161	Warsaw*	05460	La Grange*	08000	ROWAN
00700	BEAUFORT	03200	DURHAM	05480	Kinston	08060	Spencer
00770	Washington	03295	Durham	05500	LINCOLN	08080	Salisbury
00800	BERTIE	03300	EDGECOMBE	05570	Lincolnton	08100	RUTHERFORD
00900	BLADEN	03370	Tarboro	05600	MCDOWELL	08161	Rutherfordton
01000	BRUNSWICK	03390	Rocky Mount	05660	Marion	08162	Spindale
01100	BUNCOMBE	03400	FORSYTH	05700	MACON	08170	Forest City
01160	Black Mountain*	03460	Kernersville	05800	MADISON	08200	SAMPSON
01195	Asheville	03495	Winston Salem	05900	MARTIN	08270	Clinton
01200	BURKE	03500	FRANKLIN	05970	Williamston	08300	SCOTLAND
01260	Valdese	03560	Loulsburg	06000	HECKLENBURG	08370	Laurinburg
01280	Morganton	03600	GASTON	06060	Davidson	08400	STANLY
01300	CABARRUS	03662	Dallas	06095	Charlotte	08480	Albemarle
01380	Concord	03663	Lowell	06100	MITCHELL	08500	STOKES
01400	CALDWELL	03665	Belmont	06200	MONTGOMERY	08600	SURRY
01461	Hudson*	03671	Bessemer City	06300	MOORE	08660	Elkin
01480	Lenoir	03672	Cherryville	06370	Southern Pines	08670	Mount Airy
01500	CAMOEN	03673	Mount Holly	06400	NASH	08700	SWAIN
01600	CARTERET	03690	Gastonla	06490	Rocky Mount	08800	TRANSYLVANIA
01660	Beaufort	03700	GATES	06500	NEW HANOVER	08870	Brevard
01670	Morehead City	03800	GRAHAM	06590	Wilmington	08900	TYRRELL
01700	CASWELL	03900	GRANVILLE	06600	NORTHAMPTON	09000	UNION
01800	CATAWBA	03970	Oxford	06700	ONSLOW	09060	Wingate*
01860	Longview	04000	GREENE	06780	Jacksonville	09080	Monroe
01861	Conover*	04100	GUILFORD	06800	ORANGE	09100	VANCE
01870	Newton	04195	Greensboro	06860	Carrboro*	09180	Henderson
01880	Hickory	04196	High Point	06890	Chapel Hill	09200	WAKE
01900	CHATHAM	04200	HALIFAX	06900	PAMLICO	09260	Wake Forest
01960	Siler City	04260	Scotland Neck	07000	PASQUOTANK	09262	Fuquay Springs
02000	CHEROKEE	04261	Enfield	07080	Elizabeth City	09263	Garner
02100	CHOWAN	04280	Roanoke Rapids	07100	PENDER	09270	Cary
02160	Edenton	04300	HARNETT	07200	PERQUIMANS	09295	Raleigh
02200	CLAY	04360	Erwin	07300	PERSON	09300	WARREN
02300	CLEVELAND	04370	Dunn	07370	Roxboro	09400	WASHINGTON
02370	Kings Mountain	04400	HAYWOOD	07400	PITT	09460	Plymouth
02380	Shelby	04470	Waynesville	07460	Farmville	09500	WATAUGA
02400	COLUMBUS	04471	Canton	07461	Ayden	09570	Boone
02460	Whiteville	04500	HENDERSON	07490	Greenville	09600	WAYNE
02500	CRAVEN	04570	Hendersonville	07500	POLK	09660	Mount Olive
02570	Havelock*	04600	HERTFORD	07600	RANDOLPH	09690	Goldsboro
02580	New Bern	04661	Murfreesboro	07671	Archdale*	09700	WILKES
02600	CUMBERLAND	04670	Ahoskie	07680	Asheboro	09760	North Wilkesboro
02660	Spring Lake	04700	HOKE	07700	RICHMOND	09800	WILSON
02695	Fayetteville	04760	Raeford	07760	Hamlet	09890	Wilson
02700	CURRITUCK	04800	HYDE	07770	Richmond	10000	YANCEY
		04900	I REDELL	07770	Hamlet		
		04970	Mooresville	07770	Hamlet		
		04980	Statesville				
		05000	JACKSON				

VITAL STATISTICS CODES OF NORTH CAROLINA COUNTIES AND INCORPORATED PLACES OF 2500 AND OVER (1970 CENSUS)

001-00	ALAMANCE	029-00	DAVIDSON	051-00	JACKSON	071-00	ROCKINGHAM
001-70	Graham	029-80	Lexington	051-00	JOHNSTON	071-60	Rod Springs
001-90	Hurlington	029-81	Thomasville	051-60	Selma	078-61	Fairmont
002-00	ALEXANDER	029-96	High Point (P)	051-61	Clayton	078-80	Lumberton
003-00	ALLEGHANY	030-00	DAVIE	051-70	Smithfield	079-00	ROCKINGHAM
004-00	ANSON	030-60	Mocksville	052-00	JONES	079-61	Mayodan
004-60	Wadesboro	031-00	DUPLIN	053-00	LEE	079-80	Reidsville
005-00	ASH	031-60	Wallace	053-80	Sanford	079-81	Eden
006-00	AVERY	031-61	Warsaw	054-00	LENOIR	080-00	ROWAN
007-00	BEAUFORT	032-00	DURHAM	054-60	La Grange	080-60	Spencer
007-70	Washington	032-90	Chapel Hill (P)	054-80	Kinston	080-80	Salisbury
008-00	BERTIE	032-95	Durham	055-00	LINCOLN	081-00	RUTHERFORD
009-00	BLADEN	033-00	EDGEcombe	055-70	Lincolnton	081-61	Rutherfordton
010-00	BRUNSWICK	033-70	Tarboro	056-00	McDOWELL	081-62	Spindale
011-00	BRUNSWICK	033-90	Rocky Mount (P)	056-60	Marion	081-70	Forest City
011-60	Black Mountain	034-00	FORSYTH	057-00	MACON	082-00	SAMPSON
011-90	Ashville	034-60	Kernersville (P)	058-00	MAISON	082-70	Clinton
012-00	BURKI	034-95	Winston Salem	059-00	MARTIN	083-00	SCOTLAND
012-60	Valdese	035-00	FRANKLIN	059-70	Williamston	083-70	Laurinburg
012-80	Morganton	035-60	Louisburg	060-00	MECKLENBURG	084-00	STANLY
012-81	Hickory (P)	036-00	GASTON	060-60	Davidson	084-80	Albemarle
013-00	CAHARRUS	036-62	Dallas	060-95	Charlotte	085-00	STOKES
013-80	Concord	036-63	Lowell	061-00	MITCHELL	086-00	SURRY
014-00	CALDWELL	036-65	Belmont	062-00	MONTGOMERY	086-61	Elkin (P)
014-60	Hudson	036-70	Kings Mountain (P)	063-00	MOORE	086-70	Mount Airy
014-80	Lenoir	036-71	Hosmer City	063-70	Southern Pines	087-00	SWAIN
015-00	CAMDEN	036-72	Cherryville	064-00	NASH	088-00	TRANSYLVANIA
016-00	CARTERET	036-73	Mount Holly	064-90	Rocky Mount (P)	088-70	Brevard
016-60	Beaufort	036-90	Gastonia	065-00	NEW HANOVER	089-00	TYRRELL
016-70	Morehead City	037-00	GATES	065-90	Wilmington	090-00	UNION
017-00	CASWELL	038-00	GRAHAM	066-00	NORTHAMPTON	090-60	Wingate
018-00	CATAWBA	039-00	GRANVILLE	067-00	ONSLow	090-80	Monroe
018-60	Longview	040-00	GREENE	067-80	Jacksonville	091-00	VANCE
018-61	Conover	041-00	GUILFORD	068-00	ORANGE	091-80	Henderson
018-70	Newton	041-60	Kernersville (P)	068-60	Carrboro	092-00	WAKE
018-81	Hickory (P)	041-95	Greensboro	068-90	Chapel Hill (P)	092-60	Wake Forest
019-00	CHATHAM	041-96	High Point (P)	069-00	PAMLICO	092-62	Fuquay Springs
019-60	Siler City	042-00	HALIFAX	070-00	PASQUOTANK	092-63	Garner
020-00	CHEROKEE	042-60	Scotland Neck	070-80	Elizabeth City	092-70	Cary
021-00	CHowan	042-61	Enfield	071-00	PENDER	092-95	Raleigh
021-60	Edenton	042-80	Roanoke Rapids	072-00	PERQUIMANS	093-00	WARREN
022-00	CLAY	043-00	HARNETT	073-00	PERSON	094-00	WASHINGTON
023-00	CLEVELAND	043-60	Frwin	073-70	Roxboro	094-60	Plymouth
023-70	Kings Mountain (P)	043-70	Dunn	074-00	PITT	095-00	WATAUGA
023-80	Shelby	044-00	HAYWOOD	074-60	Farmville	095-70	Boone
024-00	COLUMBUS	044-70	Waynesville	074-61	Ayden	096-00	WAYNE
024-60	Whiteville	044-71	Canton	074-90	Greenville	096-60	Mount Olive
025-00	Craven	045-00	HENDERSON	075-00	POLK	096-90	Goldsboro
025-70	Havelock	045-70	Hendersonville	076-00	RANDOLPH	097-00	WILKES
025-80	New Bern	046-00	HERTFORD	076-71	Archdale	097-60	No. Wilkesboro
026-00	CUMBERLAND	046-61	Murfreesboro	076-80	Asheboro	097-61	Elkin (P)
026-60	Spring Lake	046-70	Ahoskie	076-96	High Point (P)	098-00	WILSON
026-75	Fayetteville	047-00	Hoke	077-00	RICHMOND	098-90	Wilson
027-00	CURRITUCK	047-60	Racford	077-60	Hamlet	099-00	YADKIN
028-00	DARE	048-00	HYDI	077-70	Rockingham	100-00	YANCEY
		049-00	IREDELL				
		049-70	Mooreville				
		049-80	Stateville				

EXHIBIT A3

**VITAL STATISTICS CODES OF NORTH CAROLINA COUNTIES
AND INCORPORATED PLACES OF 2,500 AND OVER (1980 CENSUS)**

001-00 ALAMANCE	020-00 CHEROKEE	037-00 GATES	057-00 MACON
001-60 Elon College	020-60 Andrews ³		057-60 Franklin
001-61 Gibsonville (P)		038-00 GRAHAM	
001-62 Mebane (P)	021-00 CHOWAN		058-00 MADISON
001-70 Graham	021-60 Edenton	039-00 GRANVILLE	
001-90 Burlington		039-70 Oxford	059-00 MARTIN
	022-00 CLAY		059-70 Williamston
002-00 ALEXANDER		040-00 GREENE	
	023-00 CLEVELAND		060-00 MECKLENBURG
003-00 ALLEGHANY	023-70 Kings Mountain (P)	041-00 GUILFORD	060-60 Davidson (P)
	023-80 Shelby	041-60 Jamestown ³	060-61 Mint Hill
004-00 ANSON		041-61 Gibsonville (P)	060-70 Matthews ³
004-60 Wadesboro	024-00 COLUMBUS	041-62 Archdale (P)	060-95 Charlotte
	024-60 Whiteville	041-63 Kernersville (P) ⁴	
005-00 ASHE	024-61 Tabor City	041-95 Greensboro	061-00 MITCHELL
		041-96 High Point (P)	
006-00 AVERY	025-00 CRAVEN		062-00 MONTGOMERY
	025-70 Havelock	042-00 HALIFAX	062-60 Troy
007-00 BEAUFORT	025-80 New Bern	042-60 Scotland Neck	
007-70 Washington		042-61 Enfield	063-00 MOORE
	026-00 CUMBERLAND	042-80 Roanoke Rapids	063-60 Aberdeen ³
008-00 BERTIE	026-60 Spring Lake		063-61 Pinehurst ³
	026-61 Hope Mills	043-00 HARNETT	063-70 Southern Pines
009-00 BLADEN	026-95 Fayetteville	043-60 Erwin	
009-60 Elizabethtown		043-70 Dunn	064-00 NASH
	027-00 CURRITUCK		064-60 Nashville
010-00 BRUNSWICK		044-00 HAYWOOD	064-90 Rocky Mount (P)
010-60 Southport	028-00 DARE	044-70 Waynesville	
010-61 Long Beach ³	028-60 Kill Devil Hills ³	044-71 Canton	065-00 NEW HANOVER
			065-60 Wrightsville Beach
011-00 BUNCOMBE	029-00 DAVIDSON	045-00 HENDERSON	065-61 Carolina Beach ³
011-60 Black Mountain	029-80 Lexington	045-60 Fletcher	065-90 Wilmington
011-61 Woodfin	029-81 Thomasville	045-70 Hendersonville	
011-95 Asheville	029-96 High Point (P)		066-00 NORTHAMPTON
		046-00 HERTFORD	
012-00 BURKE	030-00 DAVIE	046-61 Murfreesboro	067-00 ONSLOW
012-60 Valdese	030-60 Mocksville	046-70 Ahoskie	067-70 Camp Lejeune ⁴
012-61 Longview (P)			067-80 Jacksonville
012-80 Morganton	031-00 DUPLIN	047-00 HOKE	
012-81 Hickory (P)	031-60 Wallace (P)	047-60 Raeford	068-00 ORANGE
	031-61 Warsaw		068-60 Carrboro
013-00 CABARRUS	031-62 Mount Olive (P)	048-00 HYDE	068-61 Hillsborough
013-80 Concord			068-62 Mebane (P)
013-81 Kannapolis (P) ²	032-00 DURHAM	049-00 IREDELL	068-90 Chapel Hill (P)
	032-90 Chapel Hill (P)	049-60 Davidson (P)	068-95 Durham (P) ³
014-00 CALDWELL	032-95 Durham (P)	049-70 Mooresville	
014-60 Hudson		049-80 Statesville	069-00 PAMLICO
014-61 Granite Falls	033-00 EDGECOMBE		
014-62 Gamewell ³	033-70 Tarboro	050-00 JACKSON	070-00 PASQUOTANK
014-63 Sawmills ³	033-90 Rocky Mount (P)		070-80 Elizabeth City (P)
014-80 Lenoir		051-00 JOHNSTON	
	034-00 FORSYTH	051-60 Selma	071-00 PENDER
015-00 CAMDEN	034-60 Kernersville (P) ⁴	051-61 Clayton	071-60 Wallace (P)
015-60 Elizabeth City (P)	034-61 Clemmons ³	051-62 Benson	
	034-62 King (P) ³	051-70 Smithfield	072-00 PERQUIMANS
016-00 CARTERET	034-95 Winston-Salem		
016-60 Beaufort		052-00 JONES	073-00 PERSON
016-61 Newport ³	035-00 FRANKLIN		073-70 Roxboro
016-70 Morehead City	035-60 Louisburg	053-00 LEE	
		053-80 Sanford	074-00 PITT
017-00 CASWELL	036-00 GASTON		074-60 Farmville
	036-61 Stanley ³	054-00 LENOIR	074-61 Ayden
018-00 CATAWBA	036-62 Dallas	054-60 La Grange	074-90 Greenville
018-60 Longview (P)	036-63 Lowell	054-80 Kinston	
018-61 Conover	036-65 Belmont		075-00 POLK
018-62 Maiden (P)	036-70 Kings Mountain (P)	055-00 LINCOLN	
018-70 Newton	036-71 Bessemer City	055-60 Maiden (P)	076-00 RANDOLPH
018-81 Hickory (P)	036-72 Cherryville	055-70 Lincolnton	076-71 Archdale (P)
	036-73 Mount Holly		076-80 Asheboro
019-00 CHATHAM	036-90 Gastonia	056-00 McDOWELL	076-96 High Point (P)
019-60 Siler City		056-60 Marion	

¹Added effective 1984 due to incorporation.

²Added effective 1985 due to incorporation.

³Added effective January 1988.

⁴Added effective July 1990.

**VITAL STATISTICS CODES OF NORTH CAROLINA COUNTIES
AND INCORPORATED PLACES OF 2,500 AND OVER (1980 CENSUS) — Continued**

077-00 RICHMOND	081-00 RUTHERFORD	088-00 TRANSYLVANIA	093-00 WARREN
077-60 Hamlet	081-61 Rutherfordton	088-70 Brevard	094-00 WASHINGTON
077-70 Rockingham	081-62 Spindale		094-60 Plymouth
	081-70 Forest City	089-00 TYRRELL	
078-00 ROBESON	082-00 SAMPSON	090-00 UNION	095-00 WATAUGA
078-60 Red Springs	082-70 Clinton	090-60 Wingate	095-70 Boone
078-61 Fairmont		090-61 Stallings ³	096-00 WAYNE
078-62 Maxton (P)	083-00 SCOTLAND	090-80 Monroe	096-60 Mount Olive (P)
078-63 Pembroke	083-60 Maxton (P)		096-90 Goldsboro
078-80 Lumberton	083-70 Laurinburg	091-00 VANCE	
		091-80 Henderson	097-00 WILKES
079-00 ROCKINGHAM	084-00 STANLY		097-60 No. Wilkesboro
079-60 Madison	084-80 Albemarle	092-00 WAKE	097-61 Elkin (P)
079-61 Mayodan		092-60 Wake Forest	097-62 Wilkesboro ³
079-80 Reidsville	085-00 STOKES	092-62 Fuquay Varina	
079-81 Eden	085-60 King (P) ¹	092-63 Garner	098-00 WILSON
		092-64 Apex	098-90 Wilson
080-00 ROWAN	086-00 SURRY	092-65 Wendell ³	
080-60 Spencer	086-61 Elkin (P)	092-66 Zebulon ³	099-00 YADKIN
080-80 Salisbury	086-70 Mount Airy	092-70 Cary	100-00 YANCEY
080-81 Kannapolis (P) ²	087-00 SWAIN	092-95 Raleigh	

¹Added effective 1984 due to incorporation.

²Added effective 1985 due to incorporation.

³Added effective January 1988.

⁴Added effective July 1990.

STATE CODES

01 Alabama	16 Iowa	31 New Jersey	46 Vermont
02 Alaska	17 Kansas	32 New Mexico	47 Virginia
03 Arizona	18 Kentucky	33 New York	48 Washington
04 Arkansas	19 Louisiana	34 North Carolina	49 West Virginia
05 California	20 Maine	35 North Dakota	50 Wisconsin
06 Colorado	21 Maryland	36 Ohio	51 Wyoming
07 Connecticut	22 Massachusetts	37 Oklahoma	52 Puerto Rico
08 Delaware	23 Michigan	38 Oregon	53 Virgin Islands
09 District of Columbia	24 Minnesota	39 Pennsylvania	54 Guam
10 Florida	25 Mississippi	40 Rhode Island	55 Canada
11 Georgia	26 Missouri	41 South Carolina	56 Cuba
12 Hawaii	27 Montana	42 South Dakota	57 Mexico
13 Idaho	28 Nebraska	43 Tennessee	59 Remainder of World
14 Illinois	29 Nevada	44 Texas	99 Not classifiable,
15 Indiana	30 New Hampshire	45 Utah	unknown, not stated

CITIES OF 10,000 AND OVER POPULATION

084-80 Albemarle	015-60 Elizabeth City (P)	041-96 High Point (P)	092-95 Raleigh
076-80 Asheboro	070-80 Elizabeth City (P)	076-96 High Point (P)	079-80 Reidsville
011-95 Asheville	026-95 Fayetteville	067-80 Jacksonville	042-80 Roanoke Rapids
095-70 Boone	092-63 Garner	013-81 Kannapolis (P)	033-90 Rocky Mount (P)
001-90 Burlington	036-90 Gastonia	080-81 Kannapolis (P)	064-90 Rocky Mount (P)
092-70 Cary	096-90 Goldsboro	054-80 Kinston	080-80 Salisbury
032-90 Chapel Hill (P)	041-95 Greensboro	083-70 Laurinburg	053-80 Sanford
068-90 Chapel Hill (P)	074-90 Greenville	014-80 Lenoir	023-80 Shelby
060-95 Charlotte	025-70 Havelock	029-80 Lexington	049-80 Statesville
013-80 Concord	091-80 Henderson	078-80 Lumberton	029-81 Thomasville
032-95 Durham (P)	012-81 Hickory (P)	090-80 Monroe	065-90 Wilmington
068-95 Durham (P)	018-81 Hickory (P)	012-80 Morganton	098-90 Wilson
079-81 Eden	029-96 High Point (P)	025-80 New Bern	034-95 Winston-Salem

EXHIBIT B

**NORTH CAROLINA DISTRICT CODES AS AN INDICATOR
OF POPULATION: 1970 CENSUS**

<u>DISTRICT CODE</u>	<u>POPULATION RANGE</u>
00	Rural and unincorporated places
60-69	2,500 to 4,999
70-79	5,000 to 9,999
80-89	10,000 to 24,999
90-94	25,000 to 49,999
95 and over	50,000 and over

EXHIBIT C1

OUT OF STATE CODES, 1968-1974

99901	Alabama	99929	New Jersey
99902	Arizona	99930	New Mexico
99903	Arkansas	99931	New York (except New York City)
99904	California	99933	North Dakota
99905	Colorado	99934	Ohio
99906	Connecticut	99935	Oklahoma
99907	Delaware	99936	Oregon
99908	District of Columbia	99937	Pennsylvania
99909	Florida	99938	Rhode Island
99910	Georgia	99939	South Carolina
99911	Idaho	99940	South Dakota
99912	Illinois	99941	Tennessee
99913	Indiana	99942	Texas
99914	Iowa	99943	Utah
99915	Kansas	99944	Vermont
99916	Kentucky	99945	Virginia
99917	Louisiana (except New Orleans)	99946	Washington
99918	Maine	99947	West Virginia
99919	Maryland (except Baltimore)	99948	Wisconsin
99920	Massachusetts	99949	Wyoming
99921	Michigan	99950	Alaska
99922	Minnesota	99951	Hawaii
99923	Mississippi	99952	Puerto Rico
99924	Missouri	99953	Virgin Islands
99925	Montana	99954	Baltimore
99926	Nebraska	99956	New York City
99927	Nevada	99957	New Orleans
99928	New Hampshire		
99958	Immigration and naturalization Service, Department of Justice		
99959	Passport Division, Department of State		
99999	Out of the country		

EXHIBIT C2

OUT OF STATE CODES, 1975 ONWARD

99901	Alabama	99931	New Jersey
99902	Alaska	99932	New Mexico
99903	Arizona	99933	New York
99904	Arkansas	99935	North Dakota
99905	California	99936	Ohio
99906	Colorado	99937	Oklahoma
99907	Connecticut	99938	Oregon
99908	Delaware	99939	Pennsylvania
99909	District of Columbia	99940	Rhode Island
99910	Florida	99941	South Carolina
99911	Georgia	99942	South Dakota
99912	Hawaii	99943	Tennessee
99913	Idaho	99944	Texas
99914	Illinois	99945	Utah
99915	Indiana	99946	Vermont
99916	Iowa	99947	Virginia
99917	Kansas	99948	Washington
99918	Kentucky	99949	West Virginia
99919	Louisiana	99950	Wisconsin
99920	Maine	99951	Wyoming
99921	Maryland	99952	Puerto Rico
99922	Massachusetts	99953	Virgin Islands
99923	Michigan	99954	Guam
99924	Minnesota	99955	Canada
99925	Mississippi	99956	Cuba
99926	Missouri	99957	Mexico
99927	Montana	99958	Other Western Hemisphere
99928	Nebraska	99959	Remainder of World
99929	Nevada	99999	Not classifiable, unknown, not stated
99930	New Hampshire		

NORTH CAROLINA DEPARTMENT OF HUMAN RESOURCES
 DIVISION OF HEALTH SERVICES - VITAL RECORDS BRANCH
CERTIFICATE OF LIVE BIRTH

REGISTRATION DISTRICT NO. _____ LOCAL NO. _____ BIRTH NO. - 132

NAME OF CHILD: FIRST _____ MIDDLE _____ LAST _____ SEX 2

THIS BIRTH: SINGLE TWIN TRIPLE ETC (SPECIFY) _____ IF NOT SINGLE BIRTH BORN FIRST SECOND THIRD ETC (SPECIFY) 3b DATE OF BIRTH: MONTH _____ DAY _____ YEAR _____ HOUR OF BIRTH 4b _____ M

PLACE OF BIRTH: COUNTY _____ USUAL RESIDENCE OF MOTHER: STATE 6b CITY OR TOWN _____

NAME OF HOSPITAL (IF NOT IN HOSPITAL GIVE STREET AND NUMBER): _____ INSIDE CITY LIMITS (SPECIFY YES OR NO) 5d STREET ADDRESS OR R.F.D. NO. _____ INSIDE CITY LIMITS (SPECIFY YES OR NO) 6e

NAME OF FATHER: FIRST _____ MIDDLE _____ LAST _____ AGE (AT TIME OF THIS BIRTH) 7b _____ YEARS STATE OF BIRTH (IF NOT IN U.S.A. NAME COUNTRY) _____

MAIDEN NAME OF MOTHER: FIRST _____ MIDDLE _____ LAST _____ AGE (AT TIME OF THIS BIRTH) 8b _____ YEARS STATE OF BIRTH (IF NOT IN U.S.A. NAME COUNTRY) _____

MOTHER'S SIGNATURE: I CERTIFY THAT _____ DATE FOR _____ RELATION TO CHILD IF MOTHER CANNOT SIGN _____

I CERTIFY THAT THE ABOVE NAMED CHILD WAS BORN AT THE _____ TIME AND DATE _____ DATE SIGNED _____

ATTENDANT'S NAME _____ DATE REC'D BY LOCAL REG. _____ DATE AMENDED _____

11d (TYPE OR PRINT) SIGNATURE OF REGISTRAR _____ DATE NAME ADDED _____

TYPE OR PRINT IN PERMANENT BLACK INK

CHILD

PARENTS

ATTENDANT

FOR MEDICAL AND HEALTH USE ONLY

COLOR OR RACE (SPECIFY WHITE NEGRO AMERICAN INDIAN ETC.) 16 _____ EDUCATION (SPECIFY HIGHEST GRADE COMPLETED): ELEMENTARY (0-12) 17a _____ HIGH SCHOOL (13-16) 17b _____ COLLEGE (17-21) 17c _____ PREVIOUS DELIVERIES (HOW MANY OTHER CHILDREN BORN TO THIS MOTHER WERE BORN DEAD FETAL DEATH AT ANY TIME AFTER CONCEPTION) 18a _____ NOW ALIVE 18b _____ NOW DEAD 18c _____ DATE OF LAST LIVE BIRTH: MONTH _____ DAY _____ YEAR _____ DATE OF LAST FETAL DEATH: MONTH _____ DAY _____ YEAR _____

COLOR OR RACE (SPECIFY WHITE NEGRO AMERICAN INDIAN ETC.) 19 _____ EDUCATION (SPECIFY HIGHEST GRADE COMPLETED): ELEMENTARY (0-12) 20a _____ HIGH SCHOOL (13-16) 20b _____ COLLEGE (17-21) 20c _____ MONTH OF PREGNANCY PRENATAL CARE BEGAN (FIRST SECOND THIRD ETC.) 21 _____ MONTH _____ YEAR _____ TOTAL NUMBER OF PRENATAL VISITS (IF NONE SO STATE) 22 _____

DATE LAST NORMAL MENSTRUATION BEGAN: MONTH _____ DAY _____ YEAR _____ 15 MOTHER MARRIED? (SPECIFY YES OR NO) 23 _____ DID MOTHER HAVE RHO(D) TEST FOR SYPHILIS? (SPECIFY YES OR NO) 24 _____

CHILD'S WEIGHT AT BIRTH: 185 _____ OZS 27 _____

FATHER

MOTHER

AFTER SIGNATURE OF ATTENDANT AND MOTHER HAVE BEEN OBTAINED DETACH THE CARBON COPY AND PRESENT IT TO THE MOTHER

NORTH CAROLINA STATE BOARD OF HEALTH
OFFICE OF VITAL STATISTICS
CERTIFICATE OF FETAL DEATH

REGISTRATION DISTRICT NO. _____ LOCAL NO. _____

NAME OF FETUS FIRST MIDDLE LAST SEX OF FETUS IF UNDETERMINED, SPECIFY

1. THIS DELIVERY - SINGLE, TWIN, TRIPLET, ETC. (SPECIFY) IF NOT SINGLE DELIVERY - BORN FIRST, SECOND, THIRD, ETC. (SPECIFY) DATE OF DELIVERY (MONTH, DAY, YEAR) HOUR OF DELIVERY

3a. PLACE OF DELIVERY COUNTY STATE USUAL RESIDENCE OF MOTHER COUNTY STATE

5a. CITY OR TOWN

5b. NAME OF HOSPITAL (IF NOT IN HOSPITAL GIVE STREET AND NUMBER) INSIDE CITY LIMITS (SPECIFY YES OR NO) STREET ADDRESS OR R.F.D. NO. INSIDE CITY LIMITS (SPECIFY YES OR NO)

5c. NAME OF FATHER FIRST MIDDLE LAST AGE (AT TIME OF THIS DELIVERY) STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) YEARS 7c. YEARS 8c.

7a. MAIDEN NAME OF MOTHER FIRST MIDDLE LAST AGE (AT TIME OF THIS DELIVERY) STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) YEARS 7c. YEARS 8c.

PART I. FETAL DEATH WAS CAUSED BY FETAL OR MATERNAL CONDITION DIRECTLY CAUSING FETAL DEATH (1) IMMEDIATELY (2) DUE TO COMBINATION OF FETAL AND MATERNAL CONDITIONS (3) AN UNKNOWN CAUSE (4) STATE AND THE UNDERLYING CAUSE LAST.

9. OTHER SIGNIFICANT CONTRIBUTOR TO FETAL DEATH.

10a. FETUS DIED DURING LABOR OR DURING DELIVERY. YES OR NO. 10b. DID MOTHER HAVE BLOOD TEST FOR SYPHILIS (SPECIFY YES OR NO) 10c. OPSY SPECIFY FETAL OR MATERNAL

11. CERTIFY THAT THIS DELIVERY OCCURRED ON THE DATE ABOVE AND THAT THE FETUS WAS BORN DEAD.

12a. SIGNATURE 12b. DATE SIGNED 12c. DATE SIGNED

13. MAILING ADDRESS SIGNATURE OF AUTHORIZED OFFICIAL (IF DELIVERY NOT ATTENDED BY PHYSICIAN)

14a. BURIAL, CREMATION, OTHER (SPECIFY) 14b. DATE 14c. NAME OF CEMETERY OR CREMATORY 14d. LOCATION (CITY, TOWN, OR COUNTY) STATE

15. DATE RECD BY LOCAL REG. 16. SIGNATURE OF REGISTRAR 17. FUNERAL HOME NAME ADDRESS

TYPE, OR PRINT IN PERMANENT BLACK INK

FETUS

PARENTS

CAUSE

CERTIFIER

BURIAL

FATHER

MOTHER

STATE BOARD OF HEALTH COPY

FOR MEDICAL AND HEALTH USE ONLY

18. COLOR OR RACE (Specify, White, Negro, American Indian, etc.)

19. EDUCATION (SPECIFY HIGHEST GRADE COMPLETED) COLLEGE (1, 2, 3, 4, or 5-11) HIGH SCHOOL (1, 2, 3, 4) ELEMENTARY (0, 1, 2, 3, 4, 5, 6, 7, 8) 19a. 19b. 19c.

20. PREVIOUS DELIVERIES (HOW MANY OTHER CHILDREN) BORN TO THIS MOTHER WERE BORN ALIVE - NOW LIVING 20a. WERE BORN DEAD (Fetal Death) or any time after conception? 20b. 20c.

21. COLOR OR RACE (Specify, White, Negro, American Indian, etc.)

22. EDUCATION (SPECIFY HIGHEST GRADE COMPLETED) COLLEGE (1, 2, 3, 4, or 5-11) HIGH SCHOOL (1, 2, 3, 4) ELEMENTARY (0, 1, 2, 3, 4, 5, 6, 7, 8) 22a. 22b. 22c.

23. DATE LAST NORMAL MENSTRUATION (Month, Day, Year) 23a. 23b. 23c.

24. MONTH OF PREGNANCY PERINATAL CARE BEGAN (1st, 2nd, etc. (Specify)) 24a. 24b. 24c.

25. WEIGHT OF FETUS (lb., oz.) 25a. 25b. 25c.

26. DATE LAST NORMAL MENSTRUATION (Month, Day, Year) 26a. 26b. 26c.

27. MONTH OF PREGNANCY PERINATAL CARE BEGAN (1st, 2nd, etc. (Specify)) 27a. 27b. 27c.

28. TOTAL NUMBER OF PERINATAL VISITS (If none, so report) 28a. 28b. 28c.

29. IS MOTHER MARRIED? (Specify, yes or no) 29a. 29b. 29c.

NORTH CAROLINA DEPARTMENT OF HUMAN RESOURCES
 DIVISION OF HEALTH SERVICES - VITAL RECORDS BRANCH
CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. _____ LOCAL NO. _____

NAME OF DECEASED _____

DATE OF DEATH _____

1. SEX _____ 2. AGE IN YEARS LAST _____ MONTHS _____ DAYS _____ HOURS _____ MIN. _____

3. PLACE OF DEATH _____ 4. COLOR OR RACE _____ 5. STATE OF BIRTH _____ 6. DATE OF BIRTH _____ 7. USUAL RESIDENCE _____

8a. NAME OF HOSPITAL OR INSTITUTION _____ 8b. CITY OR TOWN _____ 8c. INSIDE CITY LIMITS _____ 8d. SURVIVING SPOUSE _____ 8e. SOCIAL SECURITY NUMBER _____

9. STATE _____ 9a. COUNTY _____ 9b. INSIDE CITY LIMITS _____

10. CITIZEN OF WHAT COUNTRY? _____ 11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED _____ 12. FATHER'S NAME _____ 13. SOCIAL SECURITY NUMBER _____ 14a. USUAL OCCUPATION _____ 14b. MOTHER'S MAIDEN NAME _____ 14c. STREET ADDRESS OR R.F.D. No. _____ 14d. KIND OF BUSINESS OR INDUSTRY _____

15. INFORMANT'S NAME AND ADDRESS _____ 16. _____

17. DEATH CAUSED BY: _____

18. OTHER SIGNIFICANT CONDITIONS _____

19a. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED _____ 19b. ALLOPSY? _____ 19c. IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH _____

20a. TIME OF INJURY _____ 20b. PLACE OF INJURY _____ 20c. CITY OR R.F.D. _____ 20d. COUNTY _____ 20e. STATE _____

21. SIGNATURE OF CERTIFIER _____ 22. DATE SIGNED _____

23a. NAME OF CEMETERY OR CREMATORY _____ 23b. DATE _____ 23c. ADDRESS _____ 23d. LOCATION _____ 23e. CITY, TOWN, OR COUNTY _____ 23f. STATE _____

24. DATE RECD BY LOCAL REG _____ 25. SIGNATURE OF REGISTRAR _____ 26. SIGNATURE OF EMBALMER _____ 27. SIGNATURE OF FUNERAL DIRECTOR _____ 28. LICENSE NO. _____ 29. LICENSE NO. _____

30. STATE LAW REQUIRES THAT ALL DEATHS DUE TO TRAUMA, ACCIDENT, HOMICIDE, SUICIDE, OR UNDER SUSPICIOUS, UNUSUAL OR UNNATURAL CIRCUMSTANCE BE REPORTED TO, AND CERTIFIED BY A LOCAL MEDICAL EXAMINER OR A MEDICAL EXAMINER'S CERTIFICATE OF DEATH.

SAMPLE

TYPE OR PRINT IN PERMANENT BLACK INK

DECEASED

PARENTS

VITAL RECORDS COPY

CAUSE

CERTIFIER

BURIAL

DHS 1872 NOV 14 1-48-1904

THE ORIGIN, FLOW, AND DISPOSITION OF VITAL RECORDS NORTH CAROLINA

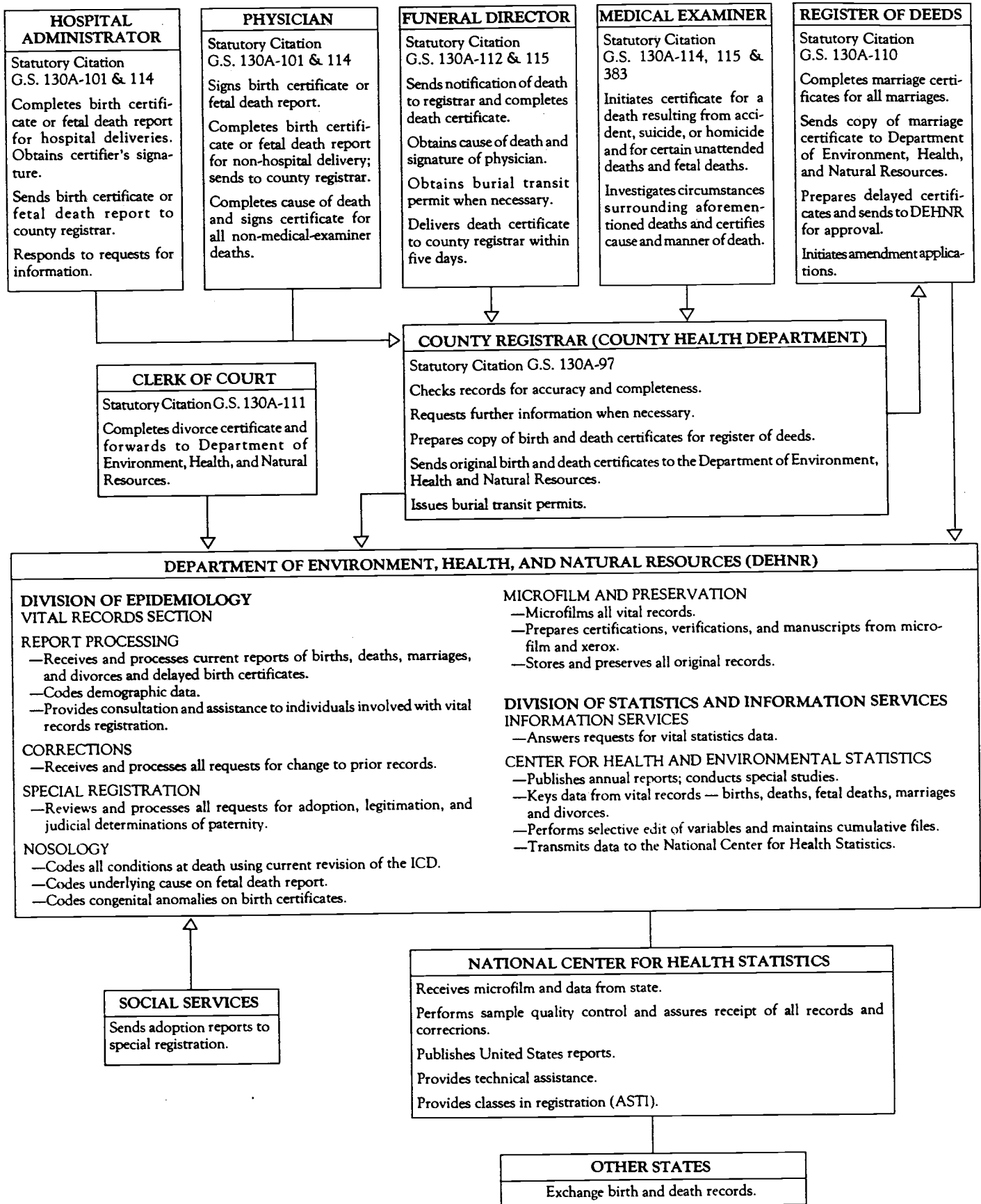


EXHIBIT H

NORTH CAROLINA COUNTY CODES

001	Alamance	026	Cumberland	051	Johnston	076	Randolph
002	Alexander	027	Currituck	052	Jones	077	Richmond
003	Alleghany	028	Dare	053	Lee	078	Robeson
004	Anson	029	Davidson	054	Lenoir	079	Rockingham
005	Ashe	030	Davie	055	Lincoln	080	Rowan
006	Avery	031	Duplin	056	McDowell	081	Rutherford
007	Beaufort	032	Durham	057	Macon	082	Sampson
008	Bertie	033	Edgecombe	058	Madison	083	Scotland
009	Bladen	034	Forsyth	059	Martin	084	Stanly
010	Brunswick	035	Franklin	060	Mecklenburg	085	Stokes
011	Buncombe	036	Gaston	061	Mitchell	086	Surry
012	Burke	037	Gates	062	Montgomery	087	Swain
013	Cabarrus	038	Graham	063	Moore	088	Transylvania
014	Caldwell	039	Granville	064	Nash	089	Tyrrell
015	Camden	040	Greene	065	New Hanover	090	Union
016	Carteret	041	Guilford	066	Northampton	091	Vance
017	Caswell	042	Halifax	067	Onslow	092	Wake
018	Catawba	043	Harnett	068	Orange	093	Warren
019	Chatham	044	Haywood	069	Pamlico	094	Washington
020	Cherokee	045	Henderson	070	Pasquotank	095	Watauga
021	Chowan	046	Hertford	071	Pender	096	Wayne
022	Clay	047	Hoke	072	Perquimans	097	Wilkes
023	Cleveland	048	Hyde	073	Person	098	Wilson
024	Columbus	049	Iredell	074	Pitt	099	Yadkin
025	Craven	050	Jackson	075	Polk	100	Yancey

EXHIBIT I

OUT OF STATE CODES, MARRIAGE FILES

901	Alabama	927	Montana
902	Alaska	928	Nebraska
903	Arizona	929	Nevada
904	Arkansas	930	New Hampshire
905	California	931	New Jersey
906	Colorado	932	New Mexico
907	Connecticut	933	New York
908	Delaware	935	North Dakota
909	District of Columbia	939	Ohio
910	Florida	937	Oklahoma
911	Georgia	938	Oregon
912	Hawaii	939	Pennsylvania
913	Idaho	940	Rhode Island
914	Illinois	941	South Carolina
915	Indiana	942	South Dakota
916	Iowa	943	Tennessee
917	Kansas	944	Texas
918	Kentucky	945	Utah
919	Louisiana	946	Vermont
920	Maine	947	Virginia
921	Maryland	948	Washington
922	Massachusetts	949	West Virginia
923	Michigan	950	Wisconsin
924	Minnesota	951	Wyoming
925	Mississippi	952	Remainder of World
926	Missouri	999	Unknown

Exhibit J

STATE OF NORTH CAROLINA
DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH SERVICES

APPLICATION, LICENSE AND CERTIFICATE OF MARRIAGE

LICENSE NUMBER		COUNTY						
GROOM-NAME		FIRST	MIDDLE					
1		LAST						
GROOM	RESIDENCE-STATE	COUNTY	CITY, TOWN, OR LOCATION					
	2a	2b	2c					
	STREET AND NUMBER		BIRTHPLACE (COUNTY & STATE)	DATE OF BIRTH (Month, Day, Year)				
	2e	3	4a	AGE				
	FATHER-NAME		STATE OF BIRTH	ADDRESS (If Living)				
	5a	5b	5c					
MOTHER-MAIDEN NAME		STATE OF BIRTH	ADDRESS (If Living)					
6a	6b	6c						
RACE-GROOM	NUMBER OF THIS MARRIAGE FIRST, SECOND, ETC (SPECIFY)	IF PREVIOUSLY MARRIED		EDUCATION SPECIFY HIGHEST GRADE COMPLETED				
7	8	LAST MARRIAGE ENDED BY Death, Divorce, Or Annulment (Specify)		DATE	ELEMENTARY	HIGH SCHOOL	COLLEGE	
				MONTH	YEAR	(0, 1, 2, 3, 4 or 8)	(1, 2, 3 or 4)	(1, 2, 3, 4, or 5)
				9a	9b	10		
BRIDE	BRIDE-NAME		FIRST	MIDDLE	LAST		MAIDEN SURNAME (If Different)	
	11a						11b	
	RESIDENCE STATE	COUNTY	CITY, TOWN, OR LOCATION		INSIDE CITY LIMITS (Specify Yes Or No)			
	12a	12b	12c		12d			
	STREET AND NUMBER		BIRTHPLACE (COUNTY & STATE)		DATE OF BIRTH (Month, Day, Year)		AGE	
	12e	13		14a		14b		
FATHER-NAME		STATE OF BIRTH	ADDRESS (If Living)					
15a	15b		15c					
MOTHER-MAIDEN NAME		STATE OF BIRTH	ADDRESS (If Living)					
16a	16b		16c					
RACE-BRIDE	NUMBER OF THIS MARRIAGE FIRST, SECOND, ETC (SPECIFY)	IF PREVIOUSLY MARRIED		EDUCATION SPECIFY HIGHEST GRADE COMPLETED				
17	18	LAST MARRIAGE ENDED BY Death, Divorce, Or Annulment (Specify)		DATE	ELEMENTARY	HIGH SCHOOL	COLLEGE	
				MONTH	YEAR	(0, 1, 2, 3, 4, or 8)	(1, 2, 3 or 4)	(1, 2, 3, 4, or 5)
				19a	19b	20		

WE HEREBY MAKE APPLICATION TO THE REGISTER OF DEEDS FOR A MARRIAGE LICENSE AND SOLEMNLY SWEAR THAT ALL OF THE STATEMENTS CONTAINED IN THE ABOVE APPLICATION ARE TRUE WE FURTHER MAKE OATH THAT THERE IS NO LEGAL IMPEDIMENT TO SUCH MARRIAGE

SWORN TO AND SUBSCRIBED BEFORE ME
THIS _____ 19__

SIGNATURE OF GROOM _____

SIGNATURE OF BRIDE _____

REGISTER OF DEEDS

DEPUTY ASSISTANT

To any ordained minister of any religious denomination, minister authorized by his church, or Magistrate, you are hereby authorized at any time within 60 days from the date hereof to celebrate the proposed marriage at any place within the above named county. The minister or other person celebrating this marriage is required within 10 days to fill out and sign both copies of this Certificate of Marriage and return them to the Register of Deeds who issued the license. Failure to do so subjects person celebrating the marriage to a forfeiture of \$200.00 to anyone who sues for the same.

DATE ISSUED	REGISTER OF DEEDS			(DEPUTY ASSISTANT)		
OFFICIANT	I CERTIFY THAT THE ABOVE NAMED PERSONS WERE MARRIED ON		MONTH	DAY	YEAR	PLACE OF MARRIAGE-CITY, TOWN, OR TOWNSHIP, COUNTY
	21a					21b
WITNESSES	OFFICIANT-SIGNATURE	TITLE	ADDRESS			
	21c	21d	21e			
SIGNATURE OF WITNESS		SIGNATURE OF WITNESS				
22a			23a			

DATE RETURNED TO REGISTER OF DEEDS _____

RECEIVED BY _____

DHS FORM 2132
VITAL RECORDS VS 80
1-1-71

REGISTER OF DEEDS COPY

987040

MONTHLY REPORT OF DIVORCES GRANTED

REPORT FOR MONTH OF _____

19__

____ COUNTY

1.	NAME OF PLAINTIFF	RESIDENCE COUNTY OR STATE	RACE	NAME OF DEFENDANT	RESIDENCE COUNTY OR STATE	TYPE DIVORCE (CHECK ONE)		GROUNDS FOR DIVORCE (SPECIFY BELOW)	NAME OF CHILDREN	DATE OF DECREE	JUDGMENT DOCKET NUMBER
						ABS.	ANNUL.				
2.											
3.											
4.											
5.											
6.											
7.											
8.											
9.											
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14.											
15.											
16.											
17.											
18.											
19.											
20.											

SAMPLE

Exhibit K

(SEE REVERSE SIDE FOR CERTIFICATION AND INSTRUCTIONS)

NORTH CAROLINA DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH SERVICES - VITAL RECORDS BRANCH

CERTIFICATE OF LIVE BIRTH

BIRTH NO. - 132

REGISTRATION DISTRICT NO. _____ LOCAL NO. _____

NAME OF CHILD		FIRST		LAST		SEX	
1. THIS BIRTH - SINGLE TWIN TRIPLET ETC (SPECIFY)		IF FIRST SINGLE BIRTH - BORN FIRST SECOND THIRD ETC (SPECIFY)		DATE OF BIRTH		2. HOUR OF BIRTH	
3a. PLACE OF BIRTH		3b. CITY OR TOWN		4a. NAME OF HOSPITAL (IF NOT IN HOSPITAL GIVE STREET AND NUMBER)		4b. INSIDE CITY LIMITS (SPECIFY YES OR NO)	
5a. NAME OF FATHER		5b. LAST		5c. AGE (AT TIME OF THIS BIRTH) YEARS		5d. COUNTY (IF BORN IN N.C.)	
6a. MARDEN NAME OF MOTHER		6b. LAST		6c. STATE OF BIRTH (IF NOT IN U.S.A. NAME COUNTRY)		6d. COUNTY (IF BORN IN N.C.)	
7a. USUAL RESIDENCE OF MOTHER		7b. CITY		7c. STATE (IF NOT IN U.S.A. NAME COUNTRY)		7d. COUNTY (IF BORN IN N.C.)	
8a. MOTHER'S SIGNATURE: I CERTIFY THAT I HAVE INSPECTED THIS CERTIFICATE FOR ACCURACY		8b. SIGNATURE		8c. RELATION TO CHILD (IF MOTHER CANNOT SIGN)		8d. INSIDE CITY LIMITS (SPECIFY YES OR NO)	
9. I CERTIFY THAT THE ABOVE NAMED CHILD WAS BORN IN N.C. AT THE PLACE AND TIME AND ON THE DATE STATED ABOVE		10. DATE SIGNED (Mo., Day, Yr.)		11. NAME AND TITLE OF ATTENDANT AT BIRTH (IF OTHER THAN CERTIFIER - MD., Nurse-Midwife, Midwife, Other (Specify))		11c. SIGNATURE	
11a. CERTIFIER - NAME AND TITLE (Type or print)		11b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)		11c. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)		11d. SIGNATURE	
12. DATE REC'D BY LOCAL REG.		13. SIGNATURE OF REGISTRAR		14. DATE NAME ADDED		15. DATE AMENDED	

TYPE OR PRINT IN PERMANENT BLACK INK

STATE COPY

AFTER SIGNATURE OF CERTIFIER AND MOTHER HAVE BEEN OBTAINED DETACH THE THIRD COPY AND PRESENT IT TO THE MOTHER

FOR MEDICAL AND HEALTH USE ONLY

16. COLOR OR RACE (SPECIFY WHITE, BLACK, AMERICAN INDIAN ETC.)	17. EDUCATION (SPECIFY HIGHEST GRADE COMPLETED)	18a. PREVIOUS DELIVERIES - HOW MANY OTHER CHILDREN BORN TO THIS MOTHER ARE NOW LIVING	18b. WERE BORN DEAD - FETAL DEATH AT ANY TIME AFTER CONCEPTION
17. ELEMENTARY (1-12), HIGH SCHOOL (9-10, 11-12), COLLEGE (13-14, 15-16 OR 17+)	18. DATE OF LAST LIVE BIRTH	19. DATE OF LAST FETAL DEATH	20. MONTH OF PREGNANCY PRENATAL CARE BEGAN (1st, 2nd, 3rd, 4th)
19. DATE LAST NORMAL MENSES BEGAN (Month, Day, Year)	20. MONTH OF PREGNANCY PRENATAL CARE BEGAN (1st, 2nd, 3rd, 4th)	21. TOTAL NUMBER OF PRENATAL VISITS	22. IS MOTHER MARRIED? (SPECIFY YES OR NO)
23. CHILD'S WEIGHT AT BIRTH	24a. LBS.	24b. OZS.	25. DID MOTHER HAVE BLOOD TESTS FOR SYPHILIS? (SPECIFY YES OR NO)
26. COMPLICATIONS OF PREGNANCY (Describe or write "none")	27a. 1 mo.	27b. 3 mo.	28. CONCURRENT ILLNESSES OR CONDITIONS AFFECTING THE PREGNANCY (Describe or write "none")
29. COMPLICATIONS OF LABOR AND/OR DELIVERY (Describe or write "none")	30. CONGENITAL MALFORMATIONS OR ANOMALIES OF CHILD (Describe or write "none")	31. _____	32. _____

FATHER

MOTHER

NORTH CAROLINA DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH SERVICES - VITAL RECORDS BRANCH
CERTIFICATE OF FETAL DEATH

REGISTRATION DISTRICT NO. _____ LOCAL NO. _____

NAME OF FETUS _____ SEX OF FETUS (IF UNDETERMINED, SPECIFY) _____

1. THIS DELIVERY - SINGLE, TWIN, TRIPLE, ETC (SPECIFY). IF NOT SINGLE DELIVERY, LIST FIRST, SECOND, THIRD, ETC (SPECIFY). DATE OF DELIVERY (MONTH, DAY, YEAR) _____ HOUR OF DELIVERY _____

2. PLACE OF DELIVERY (CITY OR TOWN) _____ COUNTY _____ INSIDE CITY LIMITS (SPECIFY YES OR NO) _____

3. NAME OF FATHER (LAST) _____ AGE (AT TIME OF THIS DELIVERY) YEARS _____ STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) _____

4. MAIDEN NAME OF MOTHER (FIRST, MIDDLE, LAST) _____ AGE (AT TIME OF THIS DELIVERY) YEARS _____ STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) _____

5. USUAL RESIDENCE OF MOTHER (CITY OR TOWN) _____ COUNTY _____ STREET ADDRESS OR R.F.D. NO. _____ INSIDE CITY LIMITS (SPECIFY YES OR NO) _____

6. PART I FETAL DEATH WAS CAUSED BY _____ USE PER LINE FOR (a), (b), (c)
(a) IMMEDIATE CAUSE
(b) FETAL OR MATERNAL CONDITION DIRECTLY CAUSING FETAL DEATH
(c) FETAL AND/OR MATERNAL CONDITION CONTRIBUTING TO THE IMMEDIATE CAUSE
(d) DUE TO OR AS A CONSEQUENCE OF _____

7. SIGNATURE _____ DATE _____

8. SIGNATURE OF MEDICAL EXAMINER (IF DELIVERY NOT ATTENDED BY PHYSICIAN) _____ DATE SIGNED _____

9. BURIAL, CREMATION, OTHER (SPECIFY) _____ DATE _____ LOCATION (CITY, TOWN, OR COUNTY) _____ (STATE) _____

10. DATE REC'D BY LOCAL REG _____ SIGNATURE OF REGISTRAR _____ FUNERAL HOME NAME _____ ADDRESS _____

SAMPLE

FOR MEDICAL AND HEALTH USE ONLY

11. COLOR OR RACE (SPECIFY WHITE, BLACK, AMERICAN INDIAN, ETC) _____ PREVIOUS DELIVERIES (ARE NOW LIVING) _____ HOW MANY OTHER CHILDREN BORN TO THIS MOTHER (SPECIFY YES OR NO) _____

12. EDUCATION (ELEMENTARY, HIGH SCHOOL, COLLEGE) _____ MONTHS OF PRENATAL CARE BEGAN (M, D, YR, HR, MIN) _____ TOTAL NUMBER OF PRENATAL VISITS (M, D, YR, HR, MIN) _____

13. EDUCATION (ELEMENTARY, HIGH SCHOOL, COLLEGE) _____ DATE OF LAST LIVE BIRTH (MONTH, DAY, YEAR) _____ DATE OF LAST FETAL DEATH (MONTH, DAY, YEAR) _____

14. DATE LAST NORMAL MENSTRUATION BEGAN (M, D, YR, HR, MIN) _____ IS MOTHER MARRIED? (SPECIFY YES OR NO) _____

NORTH CAROLINA DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH SERVICES - VITAL RECORDS BRANCH
CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. _____ LOCAL NO. _____		NAME OF DECEASED _____		SEX _____		DATE OF DEATH (MONTH, DAY, YEAR) _____	
1 COLOR OR RACE _____		2 STATE OF BIRTH _____		3 COUNTY OF BIRTH _____		4 DATE OF BIRTH _____	
5 PLACE OF DEATH (CITY OR TOWN) _____		6 CITY OR TOWN _____		7 COUNTY _____		8 AGE (IN YEARS, LAST BIRTHDAY) MONTHS _____ DAYS _____	
9 RESIDENCE - STATE _____		10 CITY OR TOWN _____		11 COUNTY _____		12 IF HOSP. OR INST. (SPECIFY) _____	
13 CITIZEN OF WHAT COUNTRY? _____		14 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED _____		15 SURVIVING SPOUSE (IF WIFE, LAST MAIDEN NAME) _____		16 STREET AND NUMBER OR R.F.D. & BOX NO. _____	
17 SOCIAL SECURITY NUMBER _____		18 USUAL OCCUPATION (INDUSTRY, TRADE, BUSINESS, SERVICE, COURSE OF STUDY) _____		19 KIND OF BUSINESS OR INDUSTRY _____		20 WAS DECEDENT EVER IN U.S. ARMED FORCES? _____	
21 FATHER'S NAME _____		22 MOTHER'S MAIDEN NAME _____		23 RELATION TO DECEASED _____		24 INSIDE CITY LIMITS (SPECIFY YES OR NO) _____	
25 INFORMANT'S NAME AND ADDRESS _____		26 DEATH CAUSED BY: _____		27 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH _____		28 INSIDE CITY LIMITS (SPECIFY YES OR NO) _____	
29 CONDITIONS, IF ANY, WHICH GAVE RISE TO INHIBITING CAUSE (IF ANY), STATING THE UNDERLYING CAUSE LAST _____		30 PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I _____		31 ALPOKSY (YES OR NO) _____		32 IF YES, ON OR APPROXIMATE DATE AND IN WHAT TERRITORY, COUNTRY, OR STATE _____	
33 ACCIDENT OR NATURAL _____		34 IF ACCIDENT, DESCRIBE (ENTER NATURE OF INJURY IN PART I, APPROPRIATE) _____		35 TIME OF ACCIDENT _____		36 QUANTITY (DAY, YEAR, HOUR) _____	
37 PLACE OF ACCIDENT _____		38 WAS CASE REFERRED TO MEDICAL EXAMINER (YES OR NO) _____		39 NOTICE - STATE LAW REQUIRES THAT ALL DEATHS DUE TO TRAUMA, ACCIDENT, HOMICIDE, SUICIDE, OR UNDER SUSPICIOUS, UNUSUAL OR UNNATURAL CIRCUMSTANCES BE REPORTED TO, AND CERTIFIED BY A MEDICAL EXAMINER ON A MEDICAL EXAMINER'S CERTIFICATE OF DEATH.		40 NAME AND TITLE OF CERTIFIER, (TYPE OR PRINT) _____	
41 CERTIFICATION PHYSICIAN (ATTENDED THE DECEASED) _____		42 AND LAST NAME (IF HE, SHE, OR IT) _____		43 DATE SIGNED _____		44 ADDRESS _____	
45 SIGNATURE OF CERTIFIER _____		46 NAME OF CEMETERY OR CREMATORY _____		47 DATE _____		48 LOCATION (CITY, TOWN, OR COUNTY) _____	
49 BURIAL, CREMATION, OTHER _____		50 SIGNATURE OF REGISTRAR _____		51 DATE REC'D BY LOCAL REG _____		52 SIGNATURE OF FUNERAL DIRECTOR _____	
53 FUNERAL HOME _____		54 SIGNATURE OF EMBALMER _____		55 DATE _____		56 LICENSE NO. _____	
57 DATE REC'D BY LOCAL REG _____		58 SIGNATURE OF REGISTRAR _____		59 DATE _____		60 LICENSE NO. _____	

TYPE, OR PRINT IN PERMANENT BLACK INK

DECEASED

PARENTS

STATE COPY

CAUSE

CERTIFIER SIGN WITH PERMANENT BLACK INK

BURIAL DHS 1872 FORM # REV. 1/78

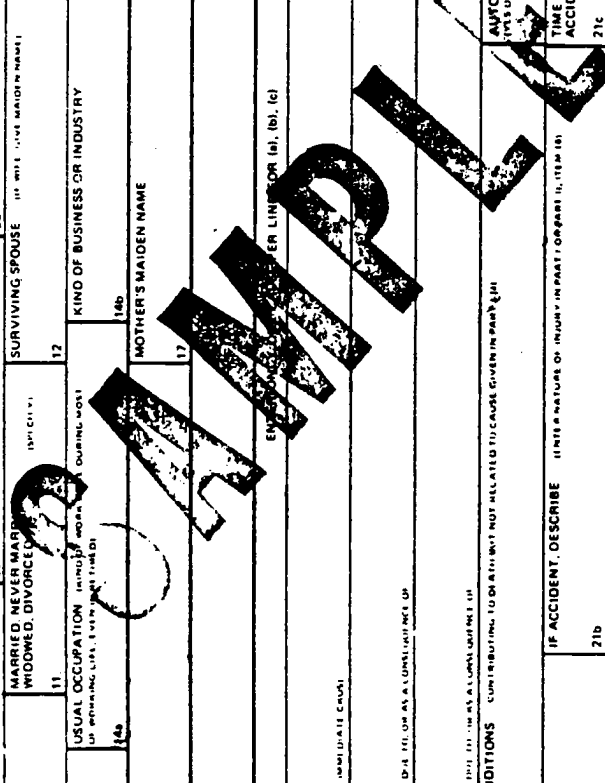


Exhibit 0

STATE OF NORTH CAROLINA
DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH SERVICES

APPLICATION, LICENSE AND CERTIFICATE OF MARRIAGE

LICENSE NUMBER		COUNTY		
GROOM-NAME		FIRST	MIDDLE	LAST
1.				
RESIDENCE-STATE		COUNTY	CITY, TOWN, OR LOCATION	
2a.		2b.	2c.	
STREET AND NUMBER		BIRTHPLACE (COUNTY & STATE)		DATE OF BIRTH (Month, Day, Year)
2e.		3.		4a.
FATHER-NAME		STATE OF BIRTH	ADDRESS (If Living)	
5a.		5b.	5c.	
MOTHER-MAIDEN NAME		STATE OF BIRTH	ADDRESS (If Living)	
6a.		6b.		6c.
RACE-GROOM	NUMBER OF THIS MARRIAGE FIRST, SECOND, ETC (SPECIFY)	IF PREVIOUSLY MARRIED		EDUCATION-SPECIFY HIGHEST GRADE COMPLETED
7.	8	LAST MARRIAGE ENDED BY Death, Divorce, Or Annulment (Specify)		DATE
		9a.		9b.
ELEMENTARY		HIGH SCHOOL		COLLEGE
10.		10.		10.
10.		10.		10.
BRIDE NAME		FIRST	MIDDLE	LAST
11a.		11b.		
RESIDENCE-STATE		COUNTY	CITY, TOWN, OR LOCATION	
12a.		12b.	12c.	
STREET AND NUMBER		BIRTHPLACE (COUNTY & STATE)		DATE OF BIRTH (Month, Day, Year)
12e.		12.		14a.
12e.		12.		14a.
FATHER-NAME		STATE OF BIRTH	ADDRESS (If Living)	
15a.		15b.	15c.	
MOTHER-MAIDEN NAME		STATE OF BIRTH	ADDRESS (If Living)	
16a.		16b.		16c.
RACE-BRIDE	NUMBER OF THIS MARRIAGE FIRST, SECOND, ETC (SPECIFY)	IF PREVIOUSLY MARRIED		EDUCATION-SPECIFY HIGHEST GRADE COMPLETED
17	18	LAST MARRIAGE ENDED BY Death, Divorce, Or Annulment (Specify)		DATE
		19a.		19b.
ELEMENTARY		HIGH SCHOOL		COLLEGE
20.		20.		20.
20.		20.		20.

WE HEREBY MAKE APPLICATION TO THE REGISTER OF DEEDS FOR A MARRIAGE LICENSE AND SOLEMNLY SWEAR THAT ALL OF THE STATEMENTS CONTAINED IN THE ABOVE APPLICATION ARE TRUE. WE FURTHER MAKE STATEMENT THAT THERE IS NO LEGAL IMPEDIMENT TO SUCH MARRIAGE.

SWORN TO AND SUBSCRIBED BEFORE ME
THIS _____ 19____

SIGNATURE OF GROOM

SIGNATURE OF BRIDE

REGISTER OF DEEDS

DEPUTY ASSISTANT

If a duly qualified minister of the gospel, a duly licensed minister of the gospel, or a Magistrate, you are hereby authorized at any time within 60 days from the date hereof to solemnize the above marriage if the place within the above named county. The minister or other person celebrating this marriage is required within 10 days to fill out and sign both copies of this Certificate of Marriage and return them to the Register of Deeds who issues the license. Failure to do so subjects person celebrating the marriage to a forfeiture of \$200.00 to anyone who sues for the same.

DATE ISSUED		REGISTER OF DEEDS			(DEPUTY ASSISTANT)
I CERTIFY THAT THE ABOVE NAMED PERSONS WERE MARRIED ON		MONTH	DAY	YEAR	PLACE OF MARRIAGE-CITY, TOWN OR TOWNSHIP, COUNTY
21a.		21b.			21b.
OFFICIANT-SIGNATURE		TITLE	ADDRESS		
21c.		21d.	21e.		
SIGNATURE OF WITNESS		SIGNATURE OF WITNESS			
22a.		23a.			

DATE RETURNED TO REGISTER OF DEEDS

RECEIVED BY

DHS FORM 2132
VITAL RECORDS VS-80
1-1-71

REGISTER OF DEEDS COPY

887051

EXHIBIT T

NORTH CAROLINA DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH SERVICES — VITAL RECORDS BRANCH

REPORT OF FETAL DEATH

Registration District No. _____ Local No. _____

FETUS	NAME OF FETUS FIRST MIDDLE LAST			SEX OF FETUS	DATE OF DELIVERY	TIME OF DELIVERY	
	1.	2.	3.	4.	M		
PARENTS	NAME OF FACILITY (If not institution, give street and number)			CITY, TOWN, OR LOCATION		COUNTY OF DELIVERY	
	5a.	5b.		5c.			
	MOTHER'S NAME (First, Middle, Last)			MAIDEN SURNAME		DATE OF BIRTH (Month, Day, Year)	
	6a.	6b.		7.			
CAUSE	RESIDENCE STATE	COUNTY	CITY, TOWN, OR LOCATION		STREET AND NUMBER		
	8a.	8b.	8c.		8d.		
	INSIDE CITY LIMITS (Yes or No)	ZIP CODE	FATHER'S NAME (First, Middle, Last)		DATE OF BIRTH (Month, Day, Year)		
	9a.	9b.	9.		10.		
CERTIFIER	PART I. FETAL DEATH WAS CAUSED BY: ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c)					SPECIFY FETAL OR MATERNAL	
	Fetal or maternal condition directly causing fetal death (a) IMMEDIATE CAUSE						
	Fetal and/or maternal conditions, if any, giving risk to the immediate cause (a), stating the underlying cause last. (b) DUE TO, OR AS A CONSEQUENCE OF						
	11. (c) DUE TO, OR AS A CONSEQUENCE OF						
SIGN WITH PERMANENT BLACK INK	PART II. OTHER SIGNIFICANT CONDITIONS of fetus or mother which may have contributed to fetal death but not resulting in the underlying cause given in Part I.			PHYSICIAN'S ESTIMATE OF GESTATION (Weeks)	Fetus died before labor, during labor or delivery, unknown (Specify)	AUTOPSY (Specify Yes or No)	
	12a.			12b.	12c.	13.	
	I certify that this delivery occurred on the date shown and that the fetus was born dead.			ATTENDANT M.D., Nurse-Midwife, Midwife, other (Specify)	DATE SIGNED		
	14. SIGNATURE:			15a.	15b.		
CERTIFIER	MAILING ADDRESS			SIGNATURE OF MEDICAL EXAMINER (If delivery not attended by physician)			
	15c.			16.			
	DATE RECEIVED BY LOCAL REGISTRAR	SIGNATURE OF REGISTRAR					
	17a.	17b.					

INFORMATION FOR STATISTICAL USE ONLY

MOTHER	OF HISPANIC ORIGIN? (Specify Yes or No, if yes, specify Cuban, Mexican, Puerto Rican, etc., below)	RACE — American Indian, White, Black, etc. (Specify below)	20. EDUCATION (Specify only highest grade completed) Elem./Sec. (0-12) College (1-4 or 5+)	21. OCCUPATION AND BUSINESS/INDUSTRY (Worked during last year) Occupation Business/Industry		
	18a. <input type="checkbox"/> Yes <input type="checkbox"/> No Specify:	18b.	20a.	21a.	21b.	
FATHER	OF HISPANIC ORIGIN? (Specify Yes or No, if yes, specify Cuban, Mexican, Puerto Rican, etc., below)	RACE — American Indian, White, Black, etc. (Specify below)	20. EDUCATION (Specify only highest grade completed) Elem./Sec. (0-12) College (1-4 or 5+)	21. OCCUPATION AND BUSINESS/INDUSTRY (Worked during last year) Occupation Business/Industry		
	18c. <input type="checkbox"/> Yes <input type="checkbox"/> No Specify:	18d.	20c.	21c.	21d.	
MULTIPLE BIRTHS Enter State File Number of Mate(s) LIVE BIRTH(S) FETAL DEATH(S)	PREGNANCY HISTORY (Complete each section)			MOTHER MARRIED? (At delivery, conception, or any time between) (Yes or No)	DATE LAST NORMAL MENSES BEGAN (Month, Day, Year)	
	LIVE BIRTHS		OTHER TERMINATIONS (Spontaneous and induced at any time after conception)	23.	24.	
	22a. Now Living	22b. Now Dead	22d. (Do not include this fetus)	MONTH OF PREGNANCY PRENATAL CARE BEGAN — First, Second, Third, etc. (Specify)	PRENATAL VISITS — Total Number (If none, so state)	
	Number <input type="checkbox"/> None	Number <input type="checkbox"/> None	Number <input type="checkbox"/> None	25. (Specify)	26.	
DATE OF LAST LIVE BIRTH (Month, Year)			WEIGHT OF FETUS	CLINICAL ESTIMATE OF GESTATION (Weeks)	Did mother have blood test for Syphilis? (Specify yes or no)	
22c.			27. LB. OZ.	28.	29.	
DATE OF LAST OTHER TERMINATION (Month, Year)			PLURALITY — Single, Twin, Triplet, etc. (Specify)	IF NOT SINGLE BIRTH — Born First, Second, Third, etc. (Specify)		
22a.			30a.	30b.		

DHS 2087 (Revised 1/88)
VITAL RECORDS

<p>31a. MEDICAL HISTORY FOR THIS PREGNANCY (Check all that apply)</p> <p>Anemia (Hct. < 30/Hgb. < 10)01 <input type="checkbox"/></p> <p>Cardiac disease02 <input type="checkbox"/></p> <p>Acute or chronic lung disease03 <input type="checkbox"/></p> <p>Diabetes04 <input type="checkbox"/></p> <p>Genital herpes05 <input type="checkbox"/></p> <p>Hydramnios/Oligohydramnios06 <input type="checkbox"/></p> <p>Hemoglobinopathy07 <input type="checkbox"/></p> <p>Hypertension, chronic08 <input type="checkbox"/></p> <p>Hypertension, pregnancy-associated09 <input type="checkbox"/></p> <p>Eclampsia10 <input type="checkbox"/></p> <p>Incompetent cervix11 <input type="checkbox"/></p> <p>Previous infant 4000+ grams12 <input type="checkbox"/></p> <p>Previous preterm or small-for-gestational-age infant13 <input type="checkbox"/></p> <p>Renal disease14 <input type="checkbox"/></p> <p>Rh sensitization15 <input type="checkbox"/></p> <p>Uterine bleeding16 <input type="checkbox"/></p> <p>None00 <input type="checkbox"/></p> <p>Other (Specify)17 <input type="checkbox"/></p>	<p>33. OBSTETRIC PROCEDURES (Check all that apply)</p> <p>Amniocentesis01 <input type="checkbox"/></p> <p>Electronic fetal monitoring02 <input type="checkbox"/></p> <p>Induction of labor03 <input type="checkbox"/></p> <p>Stimulation of labor04 <input type="checkbox"/></p> <p>Tocolysis05 <input type="checkbox"/></p> <p>Ultrasound06 <input type="checkbox"/></p> <p>None00 <input type="checkbox"/></p> <p>Other (Specify)07 <input type="checkbox"/></p>	<p>35. CONGENITAL ANOMALIES OF FETUS (Check all that apply)</p> <p>Anencephalus01 <input type="checkbox"/></p> <p>Spina bifida/Meningocele02 <input type="checkbox"/></p> <p>Hydrocephalus03 <input type="checkbox"/></p> <p>Microcephalus04 <input type="checkbox"/></p> <p>Other central nervous system anomalies (Specify)05 <input type="checkbox"/></p> <p>Heart malformations06 <input type="checkbox"/></p> <p>Other circulatory/respiratory anomalies (Specify)07 <input type="checkbox"/></p> <p>Rectal atresia/stenosis08 <input type="checkbox"/></p> <p>Tracheo-esophageal fistula/Esoophageal atresia09 <input type="checkbox"/></p> <p>Omphalocele/Gastroschisis10 <input type="checkbox"/></p> <p>Other gastrointestinal anomalies (Specify)11 <input type="checkbox"/></p> <p>Malformed genitalia12 <input type="checkbox"/></p> <p>Renal agenesis13 <input type="checkbox"/></p> <p>Other urogenital anomalies (Specify)14 <input type="checkbox"/></p> <p>Cleft lip/palate15 <input type="checkbox"/></p> <p>Polydactyl/Syndactyl/Adactyl16 <input type="checkbox"/></p> <p>Club foot17 <input type="checkbox"/></p> <p>Diaphragmatic hernia18 <input type="checkbox"/></p> <p>Other musculoskeletal/integumental anomalies (Specify)19 <input type="checkbox"/></p> <p>Down's syndrome20 <input type="checkbox"/></p> <p>Other chromosomal anomalies (Specify)21 <input type="checkbox"/></p> <p>None00 <input type="checkbox"/></p> <p>Other (Specify)22 <input type="checkbox"/></p>
<p>31b. ADDITIONAL HISTORY FOR THIS PREGNANCY (Complete all items)</p> <p>Tobacco use during pregnancy Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Average number cigarettes per day _____</p> <p>Alcohol use during pregnancy Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Average number of drinks per week _____</p> <p>Weight gained during pregnancy _____ lbs.</p>	<p>34. EVENTS OF LABOR AND/OR DELIVERY (Check all that apply)</p> <p>Febrile (> 100° F. or 38° C.)01 <input type="checkbox"/></p> <p>Meconium, moderate/heavy02 <input type="checkbox"/></p> <p>Premature rupture of membrane (> 12 hours)03 <input type="checkbox"/></p> <p>Abruptio placenta04 <input type="checkbox"/></p> <p>Placenta previa05 <input type="checkbox"/></p> <p>Other excessive bleeding06 <input type="checkbox"/></p> <p>Seizures during labor07 <input type="checkbox"/></p> <p>Precipitous labor (< 3 hours)08 <input type="checkbox"/></p> <p>Prolonged labor (> 20 hours)09 <input type="checkbox"/></p> <p>Dysfunctional labor10 <input type="checkbox"/></p> <p>Breech/Malpresentation11 <input type="checkbox"/></p> <p>Cephalopelvic disproportion12 <input type="checkbox"/></p> <p>Cord prolapse13 <input type="checkbox"/></p> <p>Anesthetic complications14 <input type="checkbox"/></p> <p>Fetal distress15 <input type="checkbox"/></p> <p>None00 <input type="checkbox"/></p> <p>Other (Specify)16 <input type="checkbox"/></p>	
<p>32. METHOD OF DELIVERY (Check all that apply)</p> <p>Vaginal01 <input type="checkbox"/></p> <p>Vaginal birth after previous C-section02 <input type="checkbox"/></p> <p>Primary C-section03 <input type="checkbox"/></p> <p>Repeat C-section04 <input type="checkbox"/></p> <p>Forceps05 <input type="checkbox"/></p> <p>Vacuum06 <input type="checkbox"/></p> <p>Hysterotomy/Hysterectomy07 <input type="checkbox"/></p>		

NORTH CAROLINA DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH SERVICES — VITAL RECORDS BRANCH

CERTIFICATE OF DEATH

Registration District No. _____ Local No. _____

DECEDENT'S NAME (First, Middle, Last)					SEX	DATE OF DEATH (Month, Day, Year)
1.					2.	3.
SOCIAL SECURITY NUMBER	AGE — Last Birthday (Years)	UNDER 1 YEAR Months Days	UNDER 1 DAY Hours Minutes	DATE OF BIRTH (Month, Day, Year)	BIRTHPLACE (City and State or Foreign Country)	
4.	5.	5b.	5c.	6.	7.	
WAS DECEDENT EVER IN U.S. ARMED FORCES (Yes or No)		9a. PLACE OF DEATH (Check only one; see instructions on other side)				
8.		HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)				
FACILITY NAME (If not institution, give street and number)			CITY, TOWN, OR LOCATION OF DEATH		INSIDE CITY LIMITS? (Yes or No)	COUNTY OF DEATH
9b.			9c.		9d.	9e.
MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify)	SURVIVING SPOUSE (If wife, give maiden name)		DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.)		KIND OF BUSINESS/INDUSTRY	
10.	11.		12a.		12b.	
RESIDENCE — STATE	COUNTY	CITY, TOWN, OR LOCATION			STREET AND NUMBER	
13a.	13b.	13c.			13d.	
INSIDE CITY LIMITS (Yes or No)	ZIP CODE	Was Decedent of Hispanic Origin? (Specify Yes or No—If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> Yes <input type="checkbox"/> No (Specify)	RACE — American Indian, Black, White, etc (Specify)	DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) Collage (13 - 17+)		
13e.	13f.	14.	15.	16.		
FATHER'S NAME (First, Middle, Last)				MOTHER'S NAME (First, Middle, Maiden Surname)		
17.				18.		
INFORMANT'S NAME (Type/Print)				MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)		
19a.				19b.		
PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock or heart failure. List only one cause on each line.						Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death)						
a. DUE TO (OR AS A CONSEQUENCE OF):						
b. DUE TO (OR AS A CONSEQUENCE OF):						
c. DUE TO (OR AS A CONSEQUENCE OF):						
Sequentially list conditions if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST.						
d.						
20a.						
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.						
20b.						
AUTOPSY? (Yes or No)	If yes, were findings considered in determining cause of death?		Was case referred to Medical Examiner? (Yes or No)		TIME OF DEATH	
21a.	21b.		21c.		22. M.	
NOTICE: STATE LAW REQUIRES THAT ALL DEATHS DUE TO TRAUMA, ACCIDENT, HOMICIDE, SUICIDE, OR UNDER SUSPICIOUS, UNUSUAL, OR UNNATURAL CIRCUMSTANCES BE REPORTED TO, AND CERTIFIED BY A MEDICAL EXAMINER ON A MEDICAL EXAMINER'S CERTIFICATE OF DEATH. ANY DEATHS FALLING INTO THESE CATEGORIES IS WITHIN THE MEDICAL EXAMINER'S JURISDICTION REGARDLESS OF THE LENGTH OF SURVIVAL FOLLOWING THE UNDERLYING INJURY.						
SIGNATURE AND TITLE OF CERTIFIER					DATE SIGNED (Month, Day, Year)	
23a.					23b.	
NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 20) (Type or Print)						
24.						
METHOD OF DISPOSITION <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal 25a. <input type="checkbox"/> Donation <input type="checkbox"/> Other		PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) 25b.		LOCATION — City or Town, State, Zip Code 25c.		
NAME AND ADDRESS OF FUNERAL HOME 26a.			SIGNATURE OF FUNERAL DIRECTOR 26b.		LICENSE NUMBER 26c.	
REGISTRAR'S SIGNATURE 27.		DATE FILED (Month, Day, Year) 28.		SIGNATURE OF EMBALMER 28d.		LICENSE NUMBER 26e.

REPORT OF FETAL DEATH

Registration District No. _____ Local No. _____

FETUS	1. NAME OF FETUS FIRST MIDDLE LAST	2. SEX OF FETUS	3. DATE OF DELIVERY	4. TIME OF DELIVERY M
	5a. NAME OF FACILITY (If not institution, give street and number)	5b. CITY, TOWN, OR LOCATION	5c. COUNTY OF DELIVERY	
PARENTS	6a. MOTHER'S NAME (First, Middle, Last)	6b. MAIDEN SURNAME	7. DATE OF BIRTH (Month, Day, Year)	
	8a. RESIDENCE STATE	8b. COUNTY	8c. CITY, TOWN, OR LOCATION	8d. STREET AND NUMBER
	9a. INSIDE CITY LIMITS (Yes or No)	9b. ZIP CODE	9c. FATHER'S NAME (First, Middle, Last)	10. DATE OF BIRTH (Month, Day, Year)
	PART I. FETAL DEATH WAS CAUSED BY ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c)			SPECIFY FETAL OR MATERNAL
CAUSE	(a) IMMEDIATE CAUSE			
	(b) DUE TO, OR AS A CONSEQUENCE OF			
SIGN WITH PERMANENT BLACK INK	PART II. OTHER SIGNIFICANT CONDITIONS of fetus or mother which may have contributed to fetal death but not resulting in the underlying cause given in Part I.			12a. PHYSICIAN'S ESTIMATE OF GESTATION (Weeks)
	11. Fetal and/or maternal conditions, if any, giving risk to the immediate cause (a), stating the underlying cause last.			12b. Fetus died before labor, during labor or delivery, unknown (Specify)
CERTIFIER	12c. AUTOPSY (Specify Yes or No)			
	13. I certify that this delivery occurred on the date shown and that the fetus was born dead.		14. ATTENDANT M.D., Nurse-Midwife, Midwife, other (Specify)	15. DATE SIGNED
	14. SIGNATURE		16. SIGNATURE OF MEDICAL EXAMINER (If delivery not attended by physician)	
	15c. MAILING ADDRESS			
	17a. DATE RECEIVED BY LOCAL REGISTRAR	17b. SIGNATURE OF REGISTRAR		

INFORMATION FOR STATISTICAL USE ONLY

MOTHER	18a. OF HISPANIC ORIGIN? (Specify Yes or No. If yes, specify Cuban, Mexican, Puerto Rican, etc., below)	19a. RACE — American Indian, White, Black, etc. (Specify below)	20a. EDUCATION (Specify only highest grade completed) Elem./Sec. (0-12) College (1-4 or 5+)	21a. OCCUPATION AND BUSINESS/INDUSTRY (Worked during last year) Occupation
	18b. <input type="checkbox"/> Yes <input type="checkbox"/> No			21b. Business/Industry
FATHER	18c. <input type="checkbox"/> Yes <input type="checkbox"/> No	19b.	20b.	21c.
				21d.
MULTIPLE BIRTHS	22a. LIVE BIRTHS (Complete each section)		23. MOTHER MARRIED? (At delivery, conception, or any time between) (Yes or No)	
	22b. OTHER TERMINATIONS (Spontaneous and induced at any time after conception)		24. DATE LAST NORMAL MENSES BEGAN (Month, Day, Year)	
LIVE BIRTH(S)	22a. Now Living	22b. Now Dead	22c. (Do not include this fetus)	25. MONTH OF PREGNANCY PRENATAL CARE BEGAN — First, Second, Third, etc. (Specify)
	Number <input type="checkbox"/> None	Number <input type="checkbox"/> None	Number <input type="checkbox"/> None	26. PRENATAL VISITS — Total Number (If none, so state)
FETAL DEATH(S)	27. WEIGHT OF FETUS		28. CLINICAL ESTIMATE OF GESTATION (Weeks)	
	27. LB. _____ OZ. _____		28. _____	
DE-HNR 2087 (Revised 10/89) VITAL RECORDS	29. DATE OF LAST LIVE BIRTH (Month, Year)		30a. PLURALITY — Single, Twin, Triplet, etc. (Specify)	
	29. _____		30b. IF NOT SINGLE BIRTH—Born First, Second, Third, etc. (Specify)	

<p>31a. MEDICAL HISTORY FOR THIS PREGNANCY (Check all that apply)</p> <p>Anemia (Hct. < 30/Hgb. < 10)01 <input type="checkbox"/></p> <p>Cardiac disease02 <input type="checkbox"/></p> <p>Acute or chronic lung disease03 <input type="checkbox"/></p> <p>Diabetes04 <input type="checkbox"/></p> <p>Genital herpes05 <input type="checkbox"/></p> <p>Hydramnios/Oligohydramnios06 <input type="checkbox"/></p> <p>Hemoglobinopathy07 <input type="checkbox"/></p> <p>Hypertension, chronic08 <input type="checkbox"/></p> <p>Hypertension, pregnancy-associated09 <input type="checkbox"/></p> <p>Eclampsia10 <input type="checkbox"/></p> <p>Incompetent cervix11 <input type="checkbox"/></p> <p>Previous infant 4000 _____ grams12 <input type="checkbox"/></p> <p>Previous preterm or small-for-gestational-age infant13 <input type="checkbox"/></p> <p>Renal disease14 <input type="checkbox"/></p> <p>Rh sensitization15 <input type="checkbox"/></p> <p>Uterine bleeding16 <input type="checkbox"/></p> <p>None00 <input type="checkbox"/></p> <p>Other (Specify)17 <input type="checkbox"/></p>	<p>33. OBSTETRIC PROCEDURES (Check all that apply)</p> <p>Amniocentesis01 <input type="checkbox"/></p> <p>Electronic fetal monitoring02 <input type="checkbox"/></p> <p>Induction of labor03 <input type="checkbox"/></p> <p>Stimulation of labor04 <input type="checkbox"/></p> <p>Tocolysis05 <input type="checkbox"/></p> <p>Ultrasound06 <input type="checkbox"/></p> <p>None00 <input type="checkbox"/></p> <p>Other (Specify)07 <input type="checkbox"/></p> <p>34. EVENTS OF LABOR AND/OR DELIVERY (Check all that apply)</p> <p>Febrile (> 100° F. or 38° C.)01 <input type="checkbox"/></p> <p>Meconium, moderate/heavy02 <input type="checkbox"/></p> <p>Premature rupture of membrane (> 12 hours)03 <input type="checkbox"/></p> <p>Abruptio placenta04 <input type="checkbox"/></p> <p>Placenta previa05 <input type="checkbox"/></p> <p>Other excessive bleeding06 <input type="checkbox"/></p> <p>Seizures during labor07 <input type="checkbox"/></p> <p>Precipitous labor (< 3 hours)08 <input type="checkbox"/></p> <p>Prolonged labor (> 20 hours)09 <input type="checkbox"/></p> <p>Dysfunctional labor10 <input type="checkbox"/></p> <p>Breech/Malpresentation11 <input type="checkbox"/></p> <p>Cephalopelvic disproportion12 <input type="checkbox"/></p> <p>Cord prolapse13 <input type="checkbox"/></p> <p>Anesthetic complications14 <input type="checkbox"/></p> <p>Fetal distress15 <input type="checkbox"/></p> <p>None00 <input type="checkbox"/></p> <p>Other (Specify)16 <input type="checkbox"/></p>	<p>35. CONGENITAL ANOMALIES OF FETUS (Check all that apply)</p> <p>Anencephalus01 <input type="checkbox"/></p> <p>Spina bifida/Meningocele02 <input type="checkbox"/></p> <p>Hydrocephalus03 <input type="checkbox"/></p> <p>Microcephalus04 <input type="checkbox"/></p> <p>Other central nervous system anomalies (Specify)05 <input type="checkbox"/></p> <p>Heart malformations06 <input type="checkbox"/></p> <p>Other circulatory/respiratory anomalies (Specify)07 <input type="checkbox"/></p> <p>Rectal atresia/stenosis08 <input type="checkbox"/></p> <p>Tracheo-esophageal fistula/Esophageal atresia09 <input type="checkbox"/></p> <p>Omphalocele/Gastroschisis10 <input type="checkbox"/></p> <p>Other gastrointestinal anomalies (Specify)11 <input type="checkbox"/></p> <p>Malformed genitalia12 <input type="checkbox"/></p> <p>Renal agenesis13 <input type="checkbox"/></p> <p>Other urogenital anomalies (Specify)14 <input type="checkbox"/></p> <p>Cleft lip/palate15 <input type="checkbox"/></p> <p>Polydactyl/Syndactyl/Adactyl16 <input type="checkbox"/></p> <p>Club foot17 <input type="checkbox"/></p> <p>Diaphragmatic hernia18 <input type="checkbox"/></p> <p>Other musculoskeletal/integumental anomalies (Specify)19 <input type="checkbox"/></p> <p>Down's syndrome20 <input type="checkbox"/></p> <p>Other chromosomal anomalies (Specify)21 <input type="checkbox"/></p> <p>None00 <input type="checkbox"/></p> <p>Other (Specify)22 <input type="checkbox"/></p>
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EXHIBIT W

NORTH CAROLINA DEPARTMENT OF ENVIRONMENT, HEALTH, AND NATURAL RESOURCES
DIVISION OF EPIDEMIOLOGY — VITAL RECORDS SECTION

Registration
District No. _____ Local No. _____

CERTIFICATE OF DEATH

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last)				2. SEX	3. DATE OF DEATH (Month, Day, Year)
4. SOCIAL SECURITY NUMBER	5. AGE — Last Birthday (Years)	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Month, Day, Year)	7. BIRTHPLACE (City and State or Foreign Country)
8. WAS DECEDENT EVER IN U.S. ARMED FORCES (Yes or No)		9a. PLACE OF DEATH (Check only one: see instructions on other side)			
9b. FACILITY NAME (If not institution, give street and number)		9c. CITY, TOWN, OR LOCATION OF DEATH		9d. INSIDE CITY LIMITS? (Yes or No)	9e. COUNTY OF DEATH
10. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify)	11. SURVIVING SPOUSE (If wife, give maiden name)	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.)		12b. KIND OF BUSINESS/INDUSTRY	
13a. RESIDENCE — STATE	13b. COUNTY	13c. CITY, TOWN, OR LOCATION		13d. STREET AND NUMBER	
13e. INSIDE CITY LIMITS (Yes or No)	13f. ZIP CODE	14. Was Decedent of Hispanic Origin? (Specify Yes or No—If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> Yes <input type="checkbox"/> No (Specify)	15. RACE — American Indian, Black, White, etc. (Specify)	16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (13-17+)	

PARENTS

17. FATHER'S NAME (First, Middle, Last)	18. MOTHER'S NAME (First, Middle, Maiden Surname)
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INFORMANT

19a. INFORMANT'S NAME (Type/Print)	19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
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CAUSE OF DEATH

PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock or heart failure. List only one cause on each line.

IMMEDIATE CAUSE → (Final disease or condition resulting in death) Sequentially list conditions if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST .	a.	DUE TO (OR AS A CONSEQUENCE OF):	Approximate Interval Between Onset and Death
	b.	DUE TO (OR AS A CONSEQUENCE OF):	
	c.	DUE TO (OR AS A CONSEQUENCE OF):	
	d.	DUE TO (OR AS A CONSEQUENCE OF):	

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

20b.

CERTIFIER

21a. AUTOPSY? (Yes or No)	21b. If yes, were findings considered in determining cause of death?	21c. Was case referred to Medical Examiner? (Yes or No)	22. TIME OF DEATH
NOTICE: STATE LAW REQUIRES THAT ALL DEATHS DUE TO TRAUMA, ACCIDENT, HOMICIDE, SUICIDE, OR UNDER SUSPICIOUS, UNUSUAL, OR UNNATURAL CIRCUMSTANCES BE REPORTED TO, AND CERTIFIED BY A MEDICAL EXAMINER ON A MEDICAL EXAMINER'S CERTIFICATE OF DEATH. ANY DEATHS FALLING INTO THESE CATEGORIES IS WITHIN THE MEDICAL EXAMINER'S JURISDICTION REGARDLESS OF THE LENGTH OF SURVIVAL FOLLOWING THE UNDERLYING INJURY.			
23a. SIGNATURE AND TITLE OF CERTIFIER			23b. DATE SIGNED (Month, Day, Year)
24. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 20) (Type or Print)			

DISPOSITION

25a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal <input type="checkbox"/> Donation <input type="checkbox"/> Other	25b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)	25c. LOCATION — City or Town, State, Zip Code	
26a. NAME AND ADDRESS OF FUNERAL HOME		26b. SIGNATURE OF FUNERAL DIRECTOR	26c. LICENSE NUMBER
27. REGISTRAR'S SIGNATURE		28. DATE FILED (Month, Day, Year)	26d. SIGNATURE OF EMBALMER
			26e. LICENSE NUMBER

STATE OF NORTH CAROLINA
DEPARTMENT OF ENVIRONMENT, HEALTH, AND NATURAL RESOURCES
DIVISION OF EPIDEMIOLOGY

APPLICATION, LICENSE AND CERTIFICATE OF MARRIAGE

LICENSE NUMBER		COUNTY		
GROOM-NAME		FIRST	MIDDLE	LAST
1.				
RESIDENCE-STATE		COUNTY	CITY, TOWN, OR LOCATION	INSIDE CITY LIMITS (Specify Yes Or No)
2a.		2b.	2c.	2d.
STREET AND NUMBER		BIRTHPLACE (COUNTY & STATE)	DATE OF BIRTH (Month, Day, Year)	AGE
2e.		3.	4a.	4b.
FATHER-NAME		STATE OF BIRTH	ADDRESS (If Living)	
5a.		5b.	5c.	
MOTHER-MAIDEN NAME		STATE OF BIRTH	ADDRESS (If Living)	
6a.		6b.	6c.	
RACE-GROOM	NUMBER OF THIS MARRIAGE FIRST, SECOND, ETC. (SPECIFY)	IF PREVIOUSLY MARRIED		EDUCATION-SPECIFY HIGHEST GRADE COMPLETED
7.		LAST MARRIAGE ENDED BY Death, Divorce Or Annulment (Specify)		DATE
				ELEMENTARY HIGH SCHOOL COLLEGE
				(0, 1, 2, 3, 4...or 8) (1, 2, 3, or 4) (1, 2, 3, 4, or 5)
				MONTH YEAR
				10.
				9a.
				9b.
				10.
				11.
				11b.
				11c.
				11d.
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				17x.
				17y.
				17z.

WE HEREBY MAKE APPLICATION TO THE REGISTER OF DEEDS FOR A MARRIAGE LICENSE AND SOLEMNLY SWEAR THAT ALL OF THE STATEMENTS CONTAINED IN THE ABOVE APPLICATION ARE TRUE. WE FURTHER MAKE OATH THAT THERE IS NO LEGAL IMPEDIMENT TO SUCH MARRIAGE.

SIGNATURE OF GROOM _____
 SIGNATURE OF BRIDE _____
 REGISTER OF DEEDS _____ DEPUTY ASSISTANT _____
 SWORN TO AND SUBSCRIBED BEFORE ME
 THIS _____ 19____

If any licensed minister of any religious denomination, minister authorized by his church, or Magistrate, who are hereby authorized at any time within 60 days from the date hereof to celebrate the proposed marriage at any place within the above named county. The minister or other person celebrating this marriage shall be required within 10 days to file and sign both copies of this Certificate of Marriage and return them to the Register of Deeds who issued the license. Failure to do so subjects person celebrating the marriage to a forfeiture of \$200.00 to anyone who sues for the same.

DATE ISSUED	REGISTER OF DEEDS	(DEPUTY ASSISTANT)
I CERTIFY THAT THE ABOVE NAMED PERSONS WERE MARRIED ON		PLACE OF MARRIAGE-CITY, TOWN, OR TOWNSHIP COUNTY
21a.	MONTH DAY YEAR	21b.
OFFICIANT-SIGNATURE	TITLE	ADDRESS
21c.	21d.	21e.
SIGNATURE OF WITNESS		SIGNATURE OF WITNESS
22a.	23a.	

DATE RETURNED TO REGISTER OF DEEDS _____ RECEIVED BY _____

DEHNR 2132
VITAL RECORDS VS-80
(Revised 10/89)

525703

REGISTER OF DEEDS COPY

EXHIBIT Y

NORTH CAROLINA DEPARTMENT OF ENVIRONMENT, HEALTH, AND NATURAL RESOURCES
DIVISION OF EPIDEMIOLOGY — VITAL RECORDS SECTION

CERTIFICATE OF LIVE BIRTH

Registration District No. _____ Local No. _____

BIRTH NO. — 132

CHILD

1. CHILD'S NAME (First, Middle, Last) _____ DATE OF BIRTH (Month, Day, Year) _____ TIME OF BIRTH _____ M.

4. SEX _____ CITY, TOWN, OR LOCATION OF BIRTH _____ COUNTY OF BIRTH _____

7. PLACE OF BIRTH: Hospital Freestanding Birth Center Clinic/Doctor's Office Residence Other (Specify) _____ FACILITY NAME (If not institution, give street and number) _____

PARENTS

9. FATHER'S NAME (First, Middle, Last) _____ DATE OF BIRTH (Month, Day, Year) _____ BIRTHPLACE (State or foreign country) _____

12a. MOTHER'S NAME (First, Middle, Last) _____ MAIDEN NAME _____ DATE OF BIRTH (Month, Day, Year) _____

STATE COPY

14. BIRTHPLACE (State or foreign country) _____ USUAL RESIDENCE (STATE) _____ COUNTY _____ CITY, TOWN OR LOCATION _____

15d. STREET AND NUMBER _____ INSIDE CITY LIMITS (Yes or No) _____ MOTHER'S MAILING ADDRESS (If same as residence, enter "same") _____ Zip Code _____

17a. MOTHER'S SIGNATURE: I certify that I have inspected this certificate. _____ RELATION TO CHILD IF MOTHER CANNOT SIGN _____ SOCIAL SECURITY NUMBER REQUESTED _____

CERTIFIER

18a. CERTIFIER'S NAME & TITLE (Type/Print) _____ DATE SIGNED (Month, Day, Year) _____ ATTENDANT'S NAME AND TITLE (If other than certifier) (Type/Print) _____

20. M.D. D.O. Hospital Administrator C.N.M. Other Midwife Other (Specify) _____ ATTENDANT'S MAILING ADDRESS (Street & Number or Rural Route & Number, City, Town, Zip Code) _____

22a. DATE RECD BY LOCAL REG. _____ SIGNATURE OF REGISTRAR _____ DATE NAME ADDED _____ DATE AMENDED _____

RACE

25a. COLOR OR RACE OF FATHER (Specify White, Black, American Indian, etc.) _____ 25b. COLOR OR RACE OF MOTHER (Specify White, Black, American Indian, etc.) _____

INFORMATION FOR MEDICAL AND HEALTH USE ONLY

FATHER 26a. SSN: _____ 26b. EDUCATION (Highest Grade Completed): _____ 26c. HISPANIC (Cuban, Mexican, Puerto Rican, etc.) ORIGIN? No Yes (Specify) _____ MOTHER 27a. SSN: _____ 27b. EDUCATION (Highest Grade Completed): _____ 27c. HISPANIC (Cuban, Mexican, Puerto Rican, etc.) ORIGIN? No Yes (Specify) _____

28. MOTHER MARRIED (At birth, conception or between birth and conception) _____ PLURALITY — Single, Twin, Triplet, etc. (Specify) _____ IF NOT SINGLE — Born First, Second, Third, etc. (Specify) _____ BIRTH WEIGHT (Specify) _____

30. PREGNANCY HISTORY (Complete each section) a. Live Births (Do not include this child) _____ b. OTHER TERMINATIONS (Spontaneous and induced at any time after conception) Number _____ DATE OF LAST OTHER TERMINATION (Month, Day, Year) _____

32. DATE LAST NORMAL MENSES BEGAN (Month, Day, Year) _____ 33. MONTH OF PREGNANCY PRENATAL CARE BEGAN (First, Second, etc.) _____ 34. PRENATAL VISITS — Total Number (If none, so state) _____ 35. CLINICAL ESTIMATE OF GESTATION (Weeks) _____ 36. Did mother have blood test for Syphilis? (Specify yes or no.) _____

37a. MOTHER TRANSFERRED PRIOR TO DELIVERY? No YES If yes, enter name of facility transferred from _____ 37b. INFANT TRANSFERRED? No YES If yes, enter name of facility transferred to _____

DEHNR 1201 (Revised 8/90) VITAL RECORDS

38a. MEDICAL HISTORY FOR THIS PREGNANCY (Check all that apply) Anemia (Hct < 30/Hgb < 10) .01 Cardiac disease .02 Acute or chronic lung disease .03 Diabetes .04 Genital herpes .05 Hydramnios/Oligohydramnios .06 Hemoglobinopathy .07 Hypertension, chronic .08 Hypertension, pregnancy-associated .09 Eclampsia .10 Incompetent cervix .11 Previous infant 4000+ grams .12 Previous preterm or small-for-gestational-age infant .13 Renal disease .14 Rh sensitization .15 Uterine bleeding .16 None .00 Other (Specify) .17 38b. OTHER HISTORY FOR THIS PREGNANCY (Complete all items) Tobacco use during pregnancy Yes No Average number cigarettes per day _____ Alcohol use during pregnancy Yes No Average number of drinks per week _____ Weight gained during pregnancy _____ lbs. 39. OBSTETRIC PROCEDURES (Check all that apply) Amniocentesis .01 Electronic fetal monitoring .02 Induction of labor .03 Stimulation of labor .04 Tocolysis .05 Ultrasound .06 None .00 Other (Specify) .07 40. EVENTS OF LABOR AND/OR DELIVERY (Check all that apply) Febrile (> 100° F. or 38° C.) .01 Meconium, moderate/heavy .02 Premature rupture of membrane (> 12 hours) .03 Abruptio placentae .04 Placenta previa .05 Other excessive bleeding .06 Seizures during labor .07 Precipitous labor (< 3 hours) .08 Prolonged labor (> 20 hours) .09 Dysfunctional labor .10 Breech/Malpresentation .11 Cephalopelvic disproportion .12 Cord prolapse .13 Anesthetic complications .14 Fetal distress .15 None .00 Other (Specify) .16 41. METHOD OF DELIVERY (Check all that apply) Vaginal .01 Vaginal birth after previous C-section .02 Primary C-section .03 Repeat C-section .04 Forceps .05 Vacuum .06 42. CONDITIONS OF THE NEWBORN (Check all that apply) Anemia (Hct < 39/Hgb < 13) .01 Birth injury .02 Fetal alcohol syndrome .03 Hyaline membrane disease/RDS .04 Meconium aspiration syndrome .05 Assisted ventilation < 30 min. .06 Assisted ventilation ≥ 30 min. .07 Seizures .08 None .00 Other (Specify) .09 43. CONGENITAL ANOMALIES OF CHILD (Check all that apply) Anencephalus .01 Spina bifida/Meningocele .02 Hydrocephalus .03 Microcephalus .04 Other central nervous system anomalies (Specify) .05 Heart malformations .06 Other circulatory/respiratory anomalies (Specify) .07 Rectal atresia/stenosis .08 Tracheo-esophageal fistula/Esoophageal atresia .09 Omphalocele/Gastroschisis .10 Other gastrointestinal anomalies (Specify) .11 Malformed genitalia .12 Renal agenesis .13 Other urogenital anomalies (Specify) .14 Cleft lip/palate .15 Polydactyl/Syndactyl/Adactyl .16 Club foot .17 Diaphragmatic hernia .18 Other musculoskeletal/integumental anomalies (Specify) .19 Down's syndrome .20 Other chromosomal anomalies (Specify) .21 None .00 Other (Specify) .22