ITEM-BY-ITEM INSTRUCTIONS

ITEM-BY-ITEM INSTRUCTION OVERVIEW

The TER birth registration consists of 8 tabs (sections) – General; Mother 1; Mother 2; Father 1; Father 2; Medical 1; Medical 2 and Certifier.

The best way to fill in the information is to use the tab key on the computer keyboard to move forward after a blank is filled in. (type – tab) This will assure that you do not skip any blanks or miss any pop-up information. Some information blanks contain drop down choices and others will need information typed into the blank.

The blanks are color coded. The yellow blanks request information; once the information is entered the box will turn white. The blue blanks will pre-populate information based on previous entries.

GENERAL – (TAB 1)

RECORD TYPE

Registration will vary according to record type selected. One of the choices must be selected.

- Born at Facility;
- Born En Route to Facility ;
- Foundling; or
- Home Birth (Hospital / Birth Center will not automatically propagate).

Please Note: *Hospitals and Birthing Centers may not file a Home Birth.*

MOTHER'S MEDICAL RECORD NUMBER

This is a mandatory – to save item and must be filled out before the record can be saved. This number is generated by the registering entity (hospital, birthing center, local registrar).

DATE AOP SENT

If the father of the child is required to fill out an Authorization of Paternity form the date it is sent in appears here. If this form is not used then this date will remain empty.

CHILD'S PLACE OF BIRTH

The hospital or birth center name and address will automatically populate when selecting "Born at Facility" or "Born En Route to Facility" above in record type.

Midwives can enter the place of birth through the Add on the Fly (AOF) process when attending a non-institutional birth. Name the place where the birth occurred. Delivery in places of business or public places are examples of places that would be entered through the AOF process.

A birthing center located in and operated by a hospital is considered part of the hospital and births in such a center should be reported as occurring in the hospital. Licensed birthing centers include those facilities that are operated independently from hospitals (autonomously).

The "Clinic/Doctor's Office" category includes other non hospital outpatient facilities where births occasionally occur.

Accurately entering the birth Place of Birth information permits analysis of the number and characteristics of births by type of facility and is helpful in determining the level of utilization and characteristics of births occurring in such facilities.

NAME OF FACILITY

Enter the full name of the facility (hospital, birthing center) in which the birth occurred. It is very important to be consistent in entering the hospital name; there should be no variations. The name of the facility will be the legal name. The facility name will pre-populate in TER when "born at facility" is selected.

If the mother is en route to the hospital when the child is born and the hospital is the first place where the child is removed from the conveyance, "En route" should be indicated. In this case the Hospital should complete the birth record to show the name of the city or town in which the facility of destination is located.

If it has been determined that the child was not first removed from conveyance at the hospital, the birth record should filed by the parent(s) with the local registrar of the city, town, village, or location where the child was first removed from the conveyance.

If the birth occurred at home, enter the house number and street name of the place where the birth occurred. If the birth occurred at some place other than those described above, enter the number and street name of the location.

The hospital name is used for follow up and query programs by the Texas Vital Statistics Unit and is of historical value to the parents and child.

PLACE OF BIRTH

- Type – Enter the type of facility
- State – Enter the state where the birth occurred
- County – Enter the county where the birth occurred.

- City – Enter the city or town in which the infant was born. If outside the city limits, enter the Justice of the Peace precinct number. Spell out the word "Precinct"; do not abbreviate.

If the mother is en route to the hospital and the child is born in a moving vehicle, the birth record should be completed to show the name of the city or town in which the facility of destination is located. "En route" should be shown followed by the name of the facility of destination.

For a birth occurring in international airspace or international waters on a flight or voyage that ends in Texas, complete a Texas birth certificate, but enter the actual place of birth in so far as it can be determined. For a birth occurring at sea or in flight, it should be marked "Other" and show "At Sea" or "In Flight." and should show the name of the vessel or aircraft e.g., SS Everett Hill (at sea) or - Global Airlines Flight 263" (in flight), along with the latitude and longitude where the birth occurred. Show the county where the infant was first removed from the vessel or aircraft. Show the city where the infant was first removed. It is important that the left hand margin of the certificate contain some citation of the page and volume number of the ship's log.

If a baby is found in this state and the place of birth is unknown, a Texas birth certificate should be completed. The place where the baby was found should be considered the place of birth.

CHILD'S INFORMATION

TIME OF BIRTH

Enter either military time or standard time; select am or pm.

Enter the exact time (hour and minute) the child was born according to local time. If daylight saving time was the official prevailing time when the birth occurred, it should be used to record the time of birth. Be sure to indicate whether the time of birth is A.M. or P.M. One minute after 12 noon is entered as "12:01pm", and one minute after midnight is entered as "12:01am." Births occurring at midnight should be recorded as "12:00am," (or "12 mid" in Certificate Manager), and births occurring at noon should be recorded as "12:00pm" (or "12 noon" in Certificate Manager).

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

This item documents the exact time of birth for various legal uses, such as the order of birth in plural deliveries. When the birth occurs around midnight, the exact hour and minute may affect the date of birth. For births occurring at the end of the year, the hour and minute affect not only the day but the year of birth, a factor in establishing dependency for income tax purpose.

DATE OF BIRTH

This is a mandatory –to-save item and must be filled out before the record can be saved. The date must be entered in the following format MM/DD/YYYY.

Enter the exact month, day, and year that the infant was born.

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

If a baby is found in this state, enter the word “found” and the date as the date of birth.

PLURALITY

This is a mandatory – to – save item and must be filled out before the record can be saved. If a single birth is indicated, the following field indicating birth order will auto-populate and the user may continue tabbing through to the next field. In a birth order field, a selection must be made.

PLURALITY-BIRTH ORDER

This is a mandatory – to – save item and must be filled out before the record can be saved. Specify the birth as single, twin, triplet, quadruplet, etc.

Specify the order in which the infant being reported was born: first, second, third etc.

NUMBER OF INFANTS ALIVE

When plurality is greater than one, the Number of Infants Alive field is activated. Select from the list.

When a plural delivery occurs, prepare and file a separate certificate for each infant born alive. File certificates relating to the same plural delivery at the same time. However, if holding the completed certificates while waiting for incomplete ones would result in late filing, the completed certificates should be filed first.

These items are related to other items on the certificate (for example, period of gestation and birth weight) that have important health implications. This information is also used to study multiple deliveries and high risk infants who may require additional medical attention.

MOTHERS CURRENT LEGAL NAME

FIRST NAME:

Enter the mother’s first name.

MIDDLE NAME:

Enter the mother's middle name. If there is no middle name, leave this item blank; do not enter NMI, NMN, etc.

LAST NAME:

Enter the mother's last name.

CHILDS CURRENT LEGAL NAME

FIRST NAME:

Enter the infant's first name. If the parents have not selected a given name for the infant, enter "Infant." Do not enter the last name of the mother as the child's first name. Do not leave this item blank.

MIDDLE NAME:

Enter the infant's middle name and any names other than First and Last. If there is no middle name, leave this item blank; do not enter NMI, NMN, etc.

LAST NAME:

Enter the infant's last name. The child's last name does not have to be the same as either parent. Also enter any suffixes following the last name.

No numerical characters can be used in names [*Example: 123456789*], but you may spell out a number in a name. [*Example: One, Two, Three, etc.]*

No obscenities, or non alphabetic characters are permitted.

Special Characters that are used in languages other than English are not permitted. [*Examples: è, é, ê, ë, å, ä, ã, ü, ø, ö, ó, ć, etc.]*

Parents may name the infant any name they desire as long as it will fit in the space provided on the certificate.

The parent(s) do not have to give the child their surname; for instance John Jones and Mary Brown, husband and wife, may name their child Tommy Green, Jr.

A mother may give her child a supposed father's name without his name appearing on the birth certificate as the father.

A last name may be hyphenated, as in Jones-Brown.

MOTHERS ADDRESS (RESIDENCE)

RESIDENCE ADDRESS:

The mother's residence is the place where her household is located. This is not necessarily the same as her home state, voting residence, mailing address, or legal residence.

The state, county, city and street address should be for the place where the mother actually lives. Never enter a temporary residence, such as one used during a visit, business trip or vacation.
Residence for a short time at the home of a relative, friend, or home for unwed mothers for the purpose of awaiting the birth of the child is considered temporary and should not be entered here. However, place of residence during a tour of military duty or during attendance at a college is not considered temporary and should be entered on the certificate as the mother's place of residence.

Enter the number and street name of the mother's residence, Rural Route number, or description that will aid in identifying the location.

RESIDENCE STATE:

Enter the state in which the mother lives. This may differ from the state for her mailing address. If the mother is not a U.S. resident, enter the name of the country.

APT. #:

Enter the apartment number, if appropriate.

STATE/FOREIGN COUNTRY/TERRITORY:

This field is a Type-Ahead Combo box. Select from the drop down list. If your selection is not on the list, it may be entered via "Add on the Fly" (AOF) process.
County: Enter the name of the county in which the mother lives. That county pick list will automatically populate with the counties that are in the state that was specified in the previous field.

CITY /TOWN OR LOCATION:

Enter the city or town in which the mother resides. Do not enter the word "Rural" if outside city limits; enter only the city name. This field is a Type-Ahead Combo box.

The city/town or location pick list will automatically populate with the cities/towns that are in the county that was specified in the previous field. Select a city from the list. If the city is not on the list, it may be entered via "add on the fly" (AOF) process.

ZIP CODE:

The zip code pick list will automatically populate with the zip codes that are associated with the city that was specified in the previous field. Select a zip code from the list. If the zip code is not on the list, it may be entered via “add on the fly” (AOF) process

ZIP CODE EXTENSION:

If a zip code extension is applicable, it may be entered in this field. Otherwise, leave this field blank.

Note : *Statistics on births are tabulated by place of residence of the mother. This makes it possible to compute birth rates based on the population residing in that area. Data on births by place of residence of the mother are used to prepare population estimates and projections. These data are used in planning for and evaluating community services and facilities, including maternal and child health programs, schools, etc. Private businesses and industries also use these data for estimating demands for services. Inside city limits is used to properly assign to either the city or the remainder of the county.*

SAME AS RESIDENCE ADDRESS (MAILING ADDRESS)

This field is a type-Ahead Combo box. If the mothers mailing address is the same as her residence address, the remaining fields under mother’s mailing address will auto-populate, and the users may tab through to the next screen.

Note: *if changes are made to the residence information fields, the changes will also be reflected in the mailing address fields.*

If the mother’s mailing address is NOT the same as her residence address, tab through to the next field. Enter the mother’s mailing address only if it is different from her street address. Enter the entire address, including the city, state, and zip code.

It is important to distinguish between the mothers mailing address and her residence address because each serves a different purpose. They are not substitutes for one another.

This information is used to mail the social security card and approved public health information / reminders to the mother.

MOTHER 1 – (TAB 2)

MOTHER'S DATE OF BIRTH

Enter the exact month, day and year that the mother was born. The date entered must be in the following format: MM/DD/YYYY.

MOTHER'S AGE

This field will auto-fill based on the information entered in the previous field.

MOTHER'S BIRTH STATE, TERRITORY OR FOREIGN COUNTRY OF BIRTH

Select the State, territory or Foreign Country of the mother's birth. If it is not on the list, it may be entered via "On the Fly" (AOF) process. Enter the mother's place of birth.

If the mother was born in the United States, enter the name of the state; if the mother was born in a foreign country or a U.S. territory, enter the name of the country or territory.

If no information is available regarding place of birth, enter "Unknown" in this item. If the mother was born in the United States or a U.S. Territory, but the exact state or territory is unknown, enter "United States."

If the mother was born in a foreign country but the country is unknown, enter "Foreign."

This item provides information on recent immigrant groups, such as Asian and Pacific Islanders, and is used for tracing family histories. It is also used to compare the childbearing characteristics of women who were born in the United States with those of foreign born women.

MOTHERS SSN

Enter the mother's social security number. A parent may refuse to give his or her social security number, but it is strongly recommended it be obtained if possible.

In some instances one or both may not have social security numbers. Should they refuse to provide their number, or not have a number, leave this field blank; do not enter "unknown."

SSN FOR BABY

Mark the "Yes" box if the parent wants a Social Security number issued for the baby; mark "No" if the parent does not. Answering "yes" to this question will enable the Social Security Letter and will make the record eligible to be included in the SSA Extract.

If the “Yes” block is not checked or the child does not have a name, no social security number will be issued by the Social Security Administration through the birth registration process.

It will take approximately two weeks from the time of electronic transmission for the parent to receive the social security card from the Social Security Administration.

MOTHER RELINQUISH RIGHTS

Select from the list. Mother Relinquish Date This field will only enable if the answer to the previous question is “yes”. The date entered must be in the following format: MM/DD/YYYY.

MOTHER’S EDUCATION.

Select from the list. Enter the total number of years of education completed. If education is unknown, enter “Unknown.” For no education, enter “None.”

A person who enrolls in college but does not complete one full year should not be identified with any college education in this item.

Do not include beauty, barber, trade, business, technical, pre kindergarten, kindergarten, or other special schools when determining highest grade completed. Zero (0) indicates no regular schooling; 1-12 indicates years of elementary/secondary school completed; 13-16 represent 1-4 years of college; and 17+ indicates graduate education beyond a bachelor’s degree.

Education is correlated with fertility and birth outcome, and is used as an indicator of socioeconomic status. This item is also used to measure the effect of education and social economic status on health, childbearing, and infant mortality.

MOTHER’S OCCUPATION AND INDUSTRY

Enter the mother’s occupation during most of her working life (e.g., homemaker, student, teacher, clerk, programmer, attorney, realtor, artist, nurse, etc.). If occupation is unknown, enter “Unknown.” For no occupation, enter none. Many women specify “housewife” because they stopped working after pregnancy began or shortly before birth. Ask them if they were working any time in the last two years. Do not use “self employed.”

MOTHER’S TYPE OF BUSINESS

Enter the kind of business or industry related to the mother’s occupation (e.g., ranching, retail, consulting, education, farming, government, manufacturing, etc.). If the kind of business is unknown, enter “Unknown.” For no kind of business, enter “None.”

MOTHER OF HISPANIC ORIGIN

Check one (1) from the list. If “yes”, other Spanish? Hispanic? Latino” is checked, enter the Hispanic Origin in the specify field. Mark “Yes” or “No” to indicate whether the mother is of Hispanic origin. Enter the country (ies) of Hispanic origin. If the mother indicates that she is of multiple Hispanic origins, enter the origins as reported, separated by commas (for example, Mexican, Puerto Rican).
This item is not a part of the Race item; a person of Hispanic origin may be of any race.

Each question, Race and Hispanic origin, should be asked and treated as an independent item. Hispanics comprise the second largest ethnic minority in this country. This item provides data to measure differences in fertility and pregnancy outcome as well as variations in health care for people of Hispanic and non Hispanic origin. Without collection of data on persons of Hispanic origin, it is impossible to obtain valid demographic and health information on this important group of Americans.

***Note**: Information on race/ethnicity is essential in producing data for various populations. It is used to study cultural variations in access to health care and pregnancy outcomes (infant mortality and birth weight). Race/ethnicity is an important variable in planning for and evaluating the effectiveness of health programs and in preparing population estimates.*

MOTHER’S RACE FRAME

Enter the race of the mother as obtained from the parents or other informant. For Asians and Pacific Islanders, enter the national origin of the mother, such as Chinese, Japanese, Korean, Filipino, Samoan, Vietnamese, or Hawaiian.

Check one or more races to indicate how the mother identifies herself.

- 01 White
- 02 Black or African American
- 03 American Indian or Alaska Native If “American Indian or Alaska Native” is checked, enter the name of the enrolled or principle tribe in the field.
- 04 Asian Indian
- 05 Chinese
- 06 Filipino
- 07 Japanese
- 08 Korean
- 09 Vietnamese
- 10 Other Asian If “Other Asian” is checked, enter the “other Asian” race in the “specify field”.
- 11 Native Hawaiian
- 12 Guamanian or Chamorro
- 13 Samoan

- 14 Other Pacific Islander If “Other Pacific Islander” is checked, enter the “other pacific islander” race in the specify field.
- 15 Other If “Other” is checked, enter the “Other” race in the ‘Specify” field.
- 99 Unknown

MOTHER 2 – (TAB 3)

MOTHER’S HEALTH INFORMATION

DID THE MOTHER RECEIVE WIC FOOD FOR HERSELF BECAUSE SHE WAS PREGNANT WITH THIS CHILD?

Select from the list.

MOTHER’S HEIGHT

Enter feet and inches.

MOTHER’S WEIGHT (POUNDS)

- Pre-pregnancy – enter the pre-pregnancy weight in pounds.
- At Delivery – enter the mother’s weight at the time of the delivery in pounds.

Note: This will indicate the amount of weight in pounds gained by the mother during the pregnancy.

CIGARETTE SMOKING BEFORE AND DURING PREGNANCY

Enter the approximate amount in a single cigarette count or in packs per day. Enter 0 if a non smoker. This section is divided into four quarters; three months before, first three months; second three months and third trimester. Each section will need to be answered.

Note: Smoking during pregnancy may have an adverse impact on pregnancy outcome. This information is used to evaluate the relationship between certain lifestyle factors and pregnancy outcome and to determine at what levels these factors clearly begin to affect pregnancy outcome.

MOTHER’S MARITAL STATUS

The following choices are available.

- Never married – if this selection is made, focus will automatically advance to the “Paternity Affidavit” field.
- Widowed – If this selection is made, focus will automatically advance to the “Married within 300 days” field.
- Divorced – If this selection is made, focus will automatically advance to the “Married within 300 days” field.

- Currently Married – If this selection is made, focus will automatically advance to the “Paternity Affidavit” field.

Note: *Common law marriage is a legal marriage in Texas. If the parent’s state they are married by virtue of common law, as long as they are not married to another party and they both are at least 18 years of age, then the person completing the birth certificate should not question the validity of the marriage. A woman is legally married even if she is separated. However, a person is no longer legally married when the divorce is granted by a judge.*

- Married but refusing Husband Information – If this selection is made, TER will assume that there will not be a Paternity Acknowledgement attached to the record and will disable both the fathers and presumed fathers information.

Note: *This information is used to monitor the differences in health and fertility between married and unmarried women.*

MARRIED WITHIN 300 DAYS

The following choices are available.

- Yes – If this selection is made, focus will automatically advance to the “Paternity Affidavit” field.
- No – If this selection is made, focus will automatically advance to the “Paternity Affidavit” field.
- Yes, but refusing Father’s Information – If this selection is made, TER will assume that there will not be a Paternity Acknowledgement attached to the record and will disable both the fathers and presumed fathers information.

AOP

Select from the list.

MOTHERS NAME PRIOR TO FIRST MARRIAGE

The following fields are available

FIRST NAME:

Enter the mother’s first name.

MIDDLE NAME:

Enter the mother’s middle name. If there is no middle name, leave this item blank; do not enter NMI, NMN, etc.

LAST NAME:

Enter the mother's last name prior to her first marriage .

SUFFIX:

Enter any suffixes following the last name

***Note**: The mother's maiden surname is important because it remains constant throughout her life, in contrast to other names, which may change because of marriage or divorce. This is also the basic link to the child's maternal lineage.*

FATHER 1 – (TAB 4)

If the mother is married at the time birth, (or was married and the marriage ended not more than 300 days before the birth), the husband or former husband of the mother is presumed to be the father of the child. [FC §160.201(b)(1), FC §160.204] If the husband or former husband actually is the father of the child, his information can be added to the birth certificate, and no signatures or Acknowledgment of Paternity are required.

If the parents state that they are married by common law, VSU will accept the birth certificate without an AOP as long as "Mother Married" is checked "Yes". However; the Office of the Attorney General recommends that an AOP be signed in cases involving common-law marriage because of the difficulty of proving a common-law marriage if it is ever challenged.

When the parents are not married, or the mother is married to someone other than the father (or was married and the marriage ended within 300 days before the birth of the child), paternity may be voluntarily established by using a witnessed Acknowledge of Paternity, Form VS-159.1 (AOP). If the form is properly completed and attached to the birth certificate, the father's information can be included on the birth certificate.

If a man believes he is the father and the mother does not agree, he may file a Notice of Intent to Claim Paternity VS-130 before or within 30 days from the date of the child's birth. It will not legally establish paternity or allow him to be named on the birth certificate, but it allows him to assert that he believes he is the father and wishes to preserve his rights as a parent.

If you have a question about whether to add the father's name to the birth certificate, or when and how to complete the AOP see the section of this handbook on "Paternity" .

FATHER'S CURRENT LEGAL NAME

FIRST NAME:

Enter the father's first name.

MIDDLE NAME:

Enter the father's middle name. If there is no middle name leave this item blank; do not enter NMI, NMN, etc.

LAST NAME:

Enter the father's last name.

SUFFIX:

Enter any suffixes following the last name.

FATHER'S DATE OF BIRTH

The date entered must be in the following format; MM/DD/YYYY. Enter the exact month, day, and year that the father was born. If unknown, tab through this section.

FATHER'S BIRTH STATE, TERRITORY, OR FOREIGN COUNTRY

- Select the state, territory or foreign country of the father's birth. If not on the list, it may be entered via "Add on the fly" (AOF) process.

- Enter the father's place of birth. If the father was born in the United States, enter the name of the state. If the father was born in a foreign country or a U.S. territory, enter the name of the country or territory.

- If no information is available regarding place of birth, tab through this section. If the father was born in the United States or a U.S. Territory, but the exact state or territory is unknown; enter "United States."

- If the father was born in a foreign country, but the country is unknown, enter "Foreign."

FATHER'S SSN

Enter the father's social security number.

Note: *A parent may refuse to give his or her social security number, but it is strongly recommended it be obtained if possible. In some instances one or both may not have social security numbers. Should they refuse to provide their number, or not have number, leave this field blank; do not enter "unknown."*

FATHER'S EDUCATION

Select from the list.

Enter the total number of years of education completed. If education is unknown, enter "Unknown." For no education, enter "None." A person who enrolls in college but does not complete one full year should not be identified with any

college education in this item. Do not include beauty, barber, trade, business, technical, pre kindergarten, kindergarten, or other special schools when determining highest grade completed.

***Note**: Education is correlated with fertility and birth outcome, and is used as an indicator of socioeconomic status. This item is also used to measure the effect of education and social economic status on health, childbearing, and infant mortality.*

FATHER'S OCCUPATION AND INDUSTRY

Enter the father's occupation during most of his working life (e.g., homemaker, student, teacher, clerk, programmer, attorney, realtor, artist, nurse, etc.). If occupation is unknown, enter "Unknown." For no occupation, enter "None." Do not use "self employed."

FATHER'S TYPE OF BUSINESS (INDUSTRY)

Enter the kind of business or industry related to the occupation (e.g., ranching, retail, consulting, education, farming, government, manufacturing, etc.). If the kind of business is unknown, enter "Unknown." For no kind of business, enter "None."

FATHER OF HISPANIC ORIGIN

Check one (1) from the list. If "yes", other Spanish? Hispanic? Latino" is checked, enter the Hispanic Origin in the specify field. Mark "Yes" or "No" to indicate whether the father is of Hispanic origin. Enter the country (ies) of Hispanic origin. If the father indicates that he is of multiple Hispanic origins, enter the origins as reported, separated by commas (for example, Mexican, Puerto Rican).This item is not a part of the Race item; a person of Hispanic origin may be of any race.

Each question, Race and Hispanic origin, should be asked and treated as an independent item. Hispanics comprise the second largest ethnic minority in this country. This item provides data to measure differences in fertility and pregnancy outcome as well as variations in health care for people of Hispanic and non Hispanic origin. Without collection of data on persons of Hispanic origin, it is impossible to obtain valid demographic and health information on this important group of Americans.

FATHER'S RACE CHECK

Enter the race of the father as obtained from the parents or other informant. For Asians and Pacific Islanders, enter the national origin of the father, such as Chinese, Japanese, Korean, Filipino, Samoan, Vietnamese, or Hawaiian.

Check one or more races to indicate how the mother identifies herself.

- 01 White
- 02 Black or African American

- 03 American Indian or Alaska Native If “American Indian or Alaska Native” is checked, enter the name of the enrolled or principle tribe in the field.
- 04 Asian Indian
- 05 Chinese
- 06 Filipino
- 07 Japanese
- 08 Korean
- 09 Vietnamese
- 10 Other Asian If “Other Asian” is checked, enter the “other Asian” race in the “specify field”.
- 11 Native Hawaiian
- 12 Guamanian or Chamorro
- 13 Samoan
- 14 Other Pacific Islander If “Other Pacific Islander” is checked, enter the “other pacific islander” race in the specify field.
- 15 Other If “Other” is checked, enter the “Other” race in the ‘Specify” field.
- 99 Unknown

***Note**: Information on race/ethnicity is essential in producing data for various populations. It is used to study cultural variations in access to health care and pregnancy outcomes (infant mortality and birth weight). Race/ethnicity is an important variable in planning for and evaluating the effectiveness of health programs and in preparing population estimates.*

FATHER 2 – (TAB 5)

PATERNITY – GENETIC TESTING

Select from the list.

FATHER’S MAILING ADDRESS

SAME AS MOTHER’S MAILING ADDRESS

If the father’s mailing address is the same as the mother’s mailing address, select “yes.” If his address is different from the mother’s, enter the father’s complete mailing address, including city, state, and zip code.

RESIDENCE ADDRESS

The father’s residence is the place where his household is located. This is not necessarily the same as his home state, voting residence, mailing address, or legal residence. The state, county, city and street address should be for the place where the father actually lives. Never enter a temporary residence, such as one used during a visit, business trip or vacation.

Residence for a short time at the home of a relative, friend, or home for unwed mothers for the purpose of awaiting the birth of the child is considered temporary

and should not be entered here. However, place of residence during a tour of military duty or during attendance at a college is not considered temporary and should be entered on the certificate as the father's place of residence.

Enter the number and street name of the father's residence, Rural Route number, or description that will aid in identifying the location.

RESIDENCE STATE

Enter the state in which the father lives. This may differ from the state for his mailing address. If the father is not a U.S. resident, enter the name of the country.

APT. #:

Enter the apartment number, if appropriate.

STATE/FOREIGN COUNTRY/TERRITORY

This field is a Type-Ahead Combo box. Select from the drop down list. If your selection is not on the list, it may be entered via “Add on the Fly” (AOF) process.

COUNTY

Enter the name of the county in which the father lives. That county pick list will automatically populate with the counties that are in the state that was specified in the previous field.

CITY /TOWN OR LOCATION

Enter the city or town in which the father resides. Do not enter the word “Rural” if outside city limits; enter only the city name. This field is a Type-Ahead Combo box. The city/town or location pick list will automatically populate with the cities/towns that are in the county that was specified in the previous field. Select a city from the list. If the city is not on the list, it may be entered via “add on the fly” (AOF) process.

ZIP CODE

The zip code pick list will automatically populate with the zip codes that are associated with the city that was specified in the previous field. Select a zip code from the list. If the zip code is not on the list, it may be entered via “add on the fly” (AOF) process.

ZIP CODE EXTENSION

if a zip code extension is applicable, it may be entered in this field. Otherwise, leave this field blank.

PRESUMED FATHER’S INFORMATION

If the mother is married at the time birth, (or was married and the marriage ended not more than 300 days before the birth), the husband or former husband of the mother is presumed to be the father of the child.

PRESUMED FATHER’S DATE OF BIRTH

The date entered must be in the following format; MM/DD/YYYY. Enter the exact month, day, and year that the presumed father was born. If unknown, tab through this section.

PRESUMED FATHER’S SSN

Enter the presumed father’s social security number.

PRESUMED FATHER'S CURRENT LEGAL NAME

FATHER'S FIRST NAME

Enter the presumed father's first name.

FATHER'S MIDDLE NAME

Enter the presumed father's middle name. If there is no middle name leave this item blank; do not enter NMI, NMN, etc.

FATHER'S LAST NAME

Enter the presumed father's last name.

FATHER'S SUFFIX

Enter any suffixes following the last name.

PRESUMED FATHER'S MAILING ADDRESS

It is important to distinguish between the presumed father's mailing address and his residence address because each serves a different purpose. They are not substitutes for one another.

ADDRESS

Enter the number and street name of the presumed father's mailing address, Rural Route number, or description that will aid in identifying the location.

RESIDENCE STATE

Enter the state in which the presumed father's receives mail. If the presumed father is not a U.S. resident, enter the name of the country.

APT. #:

Enter the apartment number, if appropriate.

STATE/FOREIGN COUNTRY/TERRITORY

This field is a Type-Ahead Combo box. Select from the drop down list. If your selection is not on the list, it may be entered via “Add on the Fly” (AOF) process.

COUNTY

Enter the name of the county in which the presumed father receives mail. That county pick list will automatically populate with the counties that are in the state that was specified in the previous field.

CITY /TOWN OR LOCATION

Enter the city or town in which the presumed father receives mail. Do not enter the word “Rural” if outside city limits; enter only the city name.

This field is a Type-Ahead Combo box. The city/town or location pick list will automatically populate with the cities/towns that are in the county that was specified in the previous field.

Select a city from the list. If the city is not on the list, it may be entered via “add on the fly” (AOF) process.

ZIP CODE

The zip code pick list will automatically populate with the zip codes that are associated with the city that was specified in the previous field.

Select a zip code from the list. If the zip code is not on the list, it may be entered via “add on the fly” (AOF) process.

ZIP CODE EXTENSION

if a zip code extension is applicable, it may be entered in this field. Otherwise, leave this field blank.

MEDICAL 1 – (TAB 6)

PRENATAL CARE

PRENATAL CARE?

If the mother had no pre-natal care, select “No” from the drop down list.

If the mother had pre-natal care, select “Yes” from the drop down list.
If the mother’s pre-natal history is unknown, select “unknown” from the drop down list.

Pregnancy history fields will be disabled if you answered “No” or “Unknown”.

DATE OF FIRST VISIT

Enter the date of this pregnancy in which the mother first received care from a physician or other health professional, or attended a prenatal clinic. The date must be entered in the following format: MM/DD/YYYY.

The month of pregnancy in which prenatal care began is measured from the date last normal menses began and not from the date of conception.

DATE OF LAST VISIT

Enter the date of this pregnancy in which the mother last received care from a physician or other health professional, or attended a prenatal clinic. The date must be entered in the following format: MM/DD/YYYY.

TOTAL NUMBER OF PRENATAL VISITS FOR THIS PREGNANCY

Enter the number of prenatal visits the mother had for this pregnancy. Enter the number of visits made to a health care provider for supervision of the pregnancy. If the answer is “None,” or unknown this item will be disabled.

This information is used to determine the relationship of prenatal care to the health of the child at birth. The number of women receiving delayed care or no care is of considerable interest to public health officials because inadequate care may be harmful to both the mother and fetus.

DATE OF LAST NORMAL MENSES BEGIN

Enter the start date of the mother’s last normal menses prior to the start of this pregnancy. The date must be entered in the following format. MM/DD/YYYY.

This item, in conjunction with the date of birth, is used to determine length of gestation. A record with a plausible date that the Last Normal Menses began provides a cross check with length of gestation based on ultrasound or other techniques.

SOURCE OF PRENATAL CARE

Mark the appropriate box(es) to indicate all sources of prenatal care during this pregnancy. If the “Other” box is marked, enter the other source of prenatal care.

PREGNANCY HISTORY

LIVE BIRTHS NOW LIVING

Enter the number of children born alive to this mother who are still living; do not include this child. If this child is the mother’s first, or if all previous live-born children have died, marks “None.”

LIVE BIRTHS NOW DEAD

Enter the number of children born alive to this mother who are no longer living; do not include this child. If this child is the mother's first, mark "None."

DATE OF LAST LIVE BIRTH

If applicable, enter the date of the last live birth for this mother. The date must be entered in the following format. MM/YYYY.

If this certificate is for the second birth of a twin set, enter the date of birth for the first baby of the set, if it was born alive. Similarly for triplets or other multiple births, enter the date of birth of the previous live birth of the set. If all previously born members of a multiple set were born dead, enter the date of the mother's last delivery that resulted in live birth. If this certificate is for the second birth of a twin set and the first was born dead, enter the delivery date of that fetus. Similarly, for other multiple births, if any previous member of the set was born dead, enter the delivery date of that fetus.

Note: *These items are used to determine total birth and live birth order, which are important in studying trends in childbearing and child spacing. They are also useful in studying health problems associated with birth order (for example, first births to older women) and determining the relationship of birth order to infant and prenatal mortality.*

NUMBER OF OTHER PREGNANCY OUTCOMES

Enter the number of other pregnancy outcomes for this mother. This includes prenatal death and abortion

DATE OF LAST OTHER PREGNANCY OUTCOME

Enter the date of the last other pregnancy outcome for this mother.
The date entered must be in the following format: MM/YYYY. Example: 02/2005.

RISK FACTORS IN THIS PREGNANCY

Check all that apply. If none apply, check 'none of the above'

INFECTIONS

INFECTIONS PRESENT AND/OR TREATED DURING THE PREGNANCY

Check all that apply.

HIV TEST DONE PRENATALLY:

Select from the list.

HIV TEST DONE AT DELIVERY

Select from the list.

OBSTETRIC PROCEDURES

Check all that apply.

ONSET OF LABOR

Check all that apply

MEDICAL 2 – (TAB 7)

CHARACTERISTICS OF LABOR & DELIVERY

Check all that apply.

METHOD OF DELIVERY

This information is used to relate method of delivery with birth outcome, to monitor changing trends in obstetric practice and to determine which groups of women are most likely to have cesarean delivery. Information in this item can be used to monitor delivery trends in Texas and across the United States.

WAS DELIVERY WITH FORCEPS ATTEMPTED BUT UNSUCCESSFUL?

Select from the list.

WAS THE DELIVERY WITH VACUUM EXTRACTION ATTEMPTED BUT UNSUCCESSFUL?

Select from the list.

FETAL PRESENTATION AT BIRTH

Select from the list.
If 'Other' is selected, enter clarifying information in the field.

FINAL ROUTE AND METHOD OF DELIVERY

Select from the list.

IF CESAREAN, WAS A TRIAL OF LABOR ATTEMPTED?

This field will only enable if the answer to the previous question is 'Yes'.
Select from the list.

MATERNAL MORBIDITY

Check all that apply.

CHILDS HEALTH INFORMATION

BIRTH WEIGHT

Enter the infant's birth weight, in either grams or pounds and ounces. Do not convert from one measure to the other. Weight in grams should be entered to the

left of the printed “Grams:” Weight in pounds and ounces should be entered to the left of the printed “Pounds, Ozs.”

Do not enter fractions. Round fractional ounces to the nearest ounce; round fractional grams to the nearest gram.

This is the single most important characteristic associated with infant mortality. It is also related to prenatal care, socioeconomic status, marital status, and other factors surrounding the birth. Consequently, it is used with other information to plan for and evaluate the effectiveness of health care.

Obstetric Estimate of Gestation (weeks)

Please enter the obstetric estimate of the infant’s gestation.

If the obstetric estimate of gestation is not known, enter one question mark (?) in the space.

Do not complete this item based on the infant’s date of birth and the mother’s date of LMP.

Calculated Gestation (weeks)

The Calculated Gestation (Weeks) will be automatically calculated from the date entered in the *Date of Birth* field and the date entered in the *Date Last Normal Menses Began* field.

Child’s Sex

If sex and name are inconsistent, verify both entries. If sex cannot be determined after verification with medical records, mother of child, or other sources, select “Not Yet Determined”

This item aids in identification of the infant. It is also used for measuring sex differentials in health related characteristics and for making population estimates and projections.

Apgar Score

At 5 minutes / At 10 minutes

Enter the infant’s Apgar score at 5 minutes, and if the score at 5 minutes is less than 6, enter the infant’s Apgar score at 10 minutes.

If the infant’s Apgar score is not known or was not taken at 5 minutes or 10 minutes, enter “unknown”.

If Apgar score is not taken at 5 minutes or 10 minutes select “Not Taken”.

WAS INFANT TRANSFERRED WITHIN 24 HOURS DELIVERY?

ABNORMAL CONDITIONS OF THE NEW BORN

Mark each abnormal condition associated with the newborn infant. If more than one abnormal condition exists, mark each condition.

This item cannot be left blank.

This information should be obtained from the infant's physician or the medical records .

ASSISTED VENTILATION REQUIRED IMMEDIATELY FOLLOWING DELIVERY (LESS THAN 30 MINUTES):

A mechanical method of assisting respiration for newborns with a respiratory failure. In this case, the ventilation assistance lasts for less than 30 minutes.

Synonym to be included in this item: Intubated with 02 less than 30 minutes

ASSISTED VENTILATION REQUIRED FOR MORE THAN SIX HOURS:

Newborn placed on assisted ventilation for 30 minutes or longer.

Synonym to be included in this item: Intubated with O2 30 minutes or more.

NICU ADMISSION:

Check if baby was admitted into the NIC unit.

NEWBORN GIVEN SURFACTANT REPLACEMENT THERAPY:

Check if this item applies.

ANTIBIOTICS RECEIVED BY THE NEWBORN FOR SUSPECTED NEONATAL SEPSIS:

Sepsis: A systemic infection diagnosed in the newborn. ICD-9 code 771.8

SEIZURE OR SERIOUS NEUROLOGICAL DYSFUNCTION:

Seizures: A seizure of any etiology. Frequent and serious neonatal problem, usually focal, migratory clonic jerks of extremities, alternating hemiseizures, or primitive subcortical seizures. A sudden, brief attack of altered consciousness, motor activity, sensory phenomena, or inappropriate behavior. ICD 9 code 779.0

SIGNIFICANT BIRTH INJURY (SKELETAL FRACTURE(S), PERIPHERAL NERVE INJURY, AND/OR SOFT TISSUE/ SOLID ORGAN HEMORRHAGE WHICH REQUIRES INTERVENTION):

Check if applies.

NONE OF THE ABOVE:

If it is Abnormal Conditions of the New Born is not known enter “None of the Above”

Note: *Information on abnormal conditions of the newborn helps measure the extent infants experience medical problems and can be used to plan for their health care needs. This item also provides a source of information on abnormal outcome in addition to congenital anomalies or infant death. These data allow researchers to estimate the number of high risk infants who may benefit from special medical services.*

CONGENITAL ANOMALIES

Mark each anomaly of the child. Do not include birth injuries. The checklist of anomalies is grouped according to major body systems. If there are no congenital anomalies of the child, select *None of the Above*. This item must be completed. This information should be obtained from the mother’s and infant’s physician or the medical records (obstetric and pediatric).

ANENCEPHALY

Partial or complete absence of the brain and skull. Also called anencephalus, acrania, or absent brain. Babies with craniorachischisis (anencephaly with contiguous spine defect) should also be included in this category.

MENINGOMYELOCELE/SPINA BIFIDA

Spina bifida refers to herniation of the meninges and/or spinal cord tissue through a bony defect of spine closure. Meningomyelocele refers to herniation of meninges and spinal cord tissue. Babies with meningocele (herniation of meninges without spinal cord tissue) should also be included in the category. Both open and closed (covered with skin) lesions should be included. Spina bifida occulta (a midline bony spinal defect without protrusion of the spinal cord or meninges) should not be included in this category.

CYANOTIC CONGENITAL HEART DISEASE

Congenital heart defects which cause cyanosis. Includes but is not limited to transposition of the great arteries (vessels), teratology of Fallot, pulmonary or pulmonic valvular atresia, tricuspid atresia, truncus arteriosus, total/partial anomalous pulmonary venous return with or without obstruction.

CONGENITAL DIAPHRAGMATIC HERNIA

Defect in the formation of the diaphragm allowing herniation of abdominal organs into the thoracic cavity.

OMPHALOCELE

A defect in the anterior abdominal wall, accompanied by herniation of some abdominal organs through a widened umbilical ring into the umbilical stalk. The defect is covered by a membrane, (different from gastroschisis, see below), although this sac may rupture. Also called exomphalos. Umbilical hernia (completely covered by skin) should not be included in this category.

GASTROSCHISIS

An abnormality of the anterior abdominal wall, lateral to the umbilicus, resulting in herniation of the abdominal contents directly into the amniotic cavity. Differentiated from omphalocele by the location of the defect and absence of a protective membrane.

LIMB REDUCTION DEFECT (EXCLUDING CONGENITAL AMPUTATION AND DWARFING SYNDROMES)

Complete or partial absence of a portion of an extremity secondary to failure to develop.

CLEFT LIP WITH OR WITHOUT CLEFT PALATE

Cleft lip with or without cleft palate refers to incomplete losure of the lip. Cleft lip may be unilateral, bilateral or median; all should be included in this category.

CLEFT PALATE ALONE

Cleft palate refers to incomplete fusion of the palatal shelves. This may be limited to the soft palate or may also extend into the hard palate. Cleft palate in the presence of cleft lip should be included in the “Cleft Lip with or without cleft Palate” category, rather than here.

DOWN SYNDROME:

Trisomy 21

Karotype (select from list)

Confirmed, *Pending* or *Unknown*.

SUSPECTED CHROMOSOMAL DISORDER

Includes any constellation of congenital malformations resulting from or compatible with known syndromes caused by detectable defects in chromosome structure.

Karotype (select from list)

Confirmed, *Pending* or *Unknown*.

HYPOSPADIAS:

Incomplete closure of the male urethra resulting in the urethral meatus opening on the ventral surface of the penis. Includes first degree – on the glans ventral to the tip, second degree – in the coronal sulcus, and third degree – on the penile shaft.

NONE OF THE ABOVE

Indicates no congenital anomalies were identified by the time of the birth certificate completion.

***Note**: Information on congenital anomalies is used to identify health problems that require medical care and to monitor the incidence of the stated conditions. It is also used to study unusual clusters of selected anomalies, to track trends among different segments of the population, and to relate the prevalence of anomalies to other characteristics of the mother, infant, and the environment.*

IMMTRAC CONSENT

ImmTrac is the Texas immunization registry developed by the Texas Department of State Health Services (DSHS). ImmTrac is a free, confidential registry designed to consolidate immunization records from multiple providers and store a child's immunization information electronically in one secure central system. ImmTrac offers physicians and other healthcare providers and authorized users easy online access to a child's immunization history. The Registry is part of a DSHS initiative to increase vaccination coverage for children across Texas.

With written parental consent, the ImmTrac Registry receives vaccination information for a child from private and public healthcare providers across the state, including input from the Vital Statistics Unit of DSHS, Women, Infant and Children (WIC) clinics, Medicaid, the Texas-Wide Integrated Client Encounter System (TWICES), and health plans. Upon registration with ImmTrac, immunization information is available to schools, licensed child-care facilities, local health departments, public health districts, payors, and state agencies having legal custody of a child. Parents may request their child's ImmTrac record from their physician or their local health department.

Please indicate the parent's choice regarding consent for ImmTrac participation. The birth registrar will be required to affirm that this information accurately reflects the parent's choice.

If the parent has not yet been offered the option to consent for ImmTrac participation you may skip this section and answer at a later time this section must be completed for legal release of the birth registration in TER.

More information on the ImmTrac program can be found at www.dshs.state.tx.us/immunize/immtrac

CERTIFIER – (TAB 8)

ATTENDANT / CERTIFIER

ATTENDANT

Select an attendant from the list. If the attendant is not on the list the Attendant's Name and Mailing Address may be entered via "On the Fly' (AOF) process.

Type the full name and address of the person who delivered the baby (that is, the person who was with the mother when the baby emerged from the birth canal-regardless of who cut the umbilical cord). Enter the street and number, city or town, state and zip code.

ER physicians are considered to be the attending physician when an infant is delivered en-route to the facility if no other attendant can be identified or located for signature.

In the case of a foundling, the ER physician, the Chief of Staff Services, the Hospital Administrator or, as a last resort, the case Social Worker may be shown on the record as attendant. The record should be completed in so far as is possible.
A single line may be drawn through the word "attendant." If the mother was alone when the baby was born, she should be listed as the attendant.

However, she must file the birth certificate as a non-institutional birth and present the documents required for such a filing to the local registrar in the registration district where the birth occurred [See Non-Institutional Births for more instruction]. No record may be accepted for filing without the attendant's name and address being completed. The mailing address is used for inquiries to correct or complete items on the record and for follow back studies to obtain additional information about the birth.

IS CERTIFIER SAME AS ATTENDANT?

If yes is selected, the remaining fields will populate under attendant information.

CERTIFIER INFORMATION

Select a certifier from the list. If a certifier is not on the list, the certifier may be entered via "On the fly' (AOF) process. This is the person who will be electronically certifying the record in TER.

DATE CERTIFIED

This will pre-populate with the date the record is electronically certified by the certifier.

PRINCIPAL SOURCE OF PAYMENT FOR THIS DELIVERY

Select the principal payment source from the list, or select “other” from the list and enter the source in the “other” specify field.

MOTHER MEDICAID/CHIP NAME

If the mother is enrolled in CHIP enter that name in the Medicaid/CHIP name.

If it is not known if she is enrolled in CHIP, but mother is enrolled in Medicaid enter mother’s Medicaid name in the Medicaid/CHIP name.

MOTHER MEDICAID/CHIP NUMBER

Use the mother's CHIP Perinatal ID number or Enrollment Confirmation Letter number to enter the into Medicaid/CHIP number field.

If CHIP Perinatal number is not known, enter the mother's Emergency Medicaid ID number, if known.

If neither CHIP or Medicaid numbers are known, enter mother's name, and nine "9's " into the Medicaid/CHIP number field, so it appears as: 999999999

If the hospital is not participating in the auto forwarding process, hospital **will have to manually complete DHS 7484 form** for those records where the mother’s Medicaid number is used.

Hospitals **do not** need to complete the DHS 7484 form for these records where the CHIP perinatal number is entered.

To participate in the automatic forwarding email help-ter@dshs.state.tx.us with your

- Facilities name;
- Medicaid provider number; and
- Your name and title.

Medicaid contact: Karen Roach @ (512) 231-5643 (check status or obtain 7484 form)

Enter the mother’s Medicaid number, if known. The number contains nine digits.

INFANT MEDICAL RECORD NUMBER

Enter the infant’s medical record number

INFANT PRIMARY CARE PHYSICIAN

Enter the infant’s primary care physician.

WAS MOTHER TRANSFERRED TO THIS FACILITY FOR DELIVERY?

Select yes, no or unknown from the list. Select *NO* if this is the first facility the mother was admitted to for delivery.

Select *YES* if the mother was transferred from one facility to another facility *before* the child was delivered.

SPECIFY FACILITY:

Enter the name of the facility from which the mother was transferred.

If the mother was transferred during labor from the care of a documented midwife, answer *YES* and enter the word *MIDWIFE* followed by the midwife's name.

If the mother was transferred more than once, enter the name of the last facility from which she was transferred.

Transfer information is important in identifying high-risk deliveries and following up on maternal and infant deaths.