

2004
Public Use – Detail Natality Record

Position	Len	Field	Description	Reporting Flag Position	Rev*	Values	Definition
1-6	6	FILLER	Filler			Blank	
7	1	REVISION	Revision		U,R	A	Data based on the 2003 revision of the US Standard Birth Certificate (Revised)
						S	Data based on the 1989 revision of the US Standard Birth Certificate (Unrevised)
8	1	RECWT	Record Weight		U,R	1	
9-14	6	FILLER	Filler			Blank	
15-18	4	DOB_YY	Birth Year		U,R	2004	Year of birth
19-20	2	DOB_MM	Birth Month		U,R	01 02 03 04 05 06 07 08 09 10 11 12	January February March April May June July August September October November December
21-28	8	FILLER	Filler			Blank	
29	1	DOB_WK	Weekday		U,R	1 2 3 4 5 6 7	Sunday Monday Tuesday Wednesday Thursday Friday Saturday
30-31	2	OSTATE	Occurrence State		U,R		
			<u>United States</u>			AK AL	Alaska Alabama

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						AR	Arkansas
						AZ	Arizona
						CA	California
						CO	Colorado
						CT	Connecticut
						DE	Delaware
						DC	District of Columbia
						FL	Florida
						GA	Georgia
						HI	Hawaii
						ID	Idaho
						IL	Illinois
						IN	Indiana
						IA	Iowa
						KS	Kansas
						KY	Kentucky
						LA	Louisiana
						MA	Massachusetts
						MD	Maryland
						ME	Maine
						MI	Michigan
						MN	Minnesota
						MO	Missouri
						MS	Mississippi
						MT	Montana
						NC	North Carolina
						ND	North Dakota
						NE	Nebraska
						NH	New Hampshire
						NJ	New Jersey
						NM	New Mexico
						NV	Nevada
						NY	New York
						OH	Ohio
						OK	Oklahoma
						OR	Oregon
						PA	Pennsylvania
						RI	Rhode Island
						SC	South Carolina
						SD	South Dakota

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						TN	Tennessee
						TX	Texas
						UT	Utah
						VA	Virginia
						VT	Vermont
						WA	Washington
						WI	Wisconsin
						WV	West Virginia
						WY	Wyoming
			<u>Outlying Areas of the United States</u>			AS	American Samoa
						GU	Guam
						MP	Northern Marianas
						PR	Puerto Rico
						VI	Virgin Islands
32-33	2	XOSTATE	Expanded Occurrence State <u>United States</u>		U,R	AK	Alaska
						AL	Alabama
						AR	Arkansas
						AZ	Arizona
						CA	California
						CO	Colorado
						CT	Connecticut
						DE	Delaware
						DC	District of Columbia
						FL	Florida
						GA	Georgia
						HI	Hawaii
						ID	Idaho
						IL	Illinois
						IN	Indiana
						IA	Iowa
						KS	Kansas
						KY	Kentucky
						LA	Louisiana
						MA	Massachusetts
						MD	Maryland
						ME	Maine
						MI	Michigan

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						MN	Minnesota
						MO	Missouri
						MS	Mississippi
						MT	Montana
						NC	North Carolina
						ND	North Dakota
						NE	Nebraska
						NH	New Hampshire
						NJ	New Jersey
						NM	New Mexico
						NV	Nevada
						NY	New York
						OH	Ohio
						OK	Oklahoma
						OR	Oregon
						PA	Pennsylvania
						RI	Rhode Island
						SC	South Carolina
						SD	South Dakota
						TN	Tennessee
						TX	Texas
						UT	Utah
						VA	Virginia
						VT	Vermont
						WA	Washington
						WI	Wisconsin
						WV	West Virginia
						WY	Wyoming
						YC	New York City
			<u>Outlying Areas of the United States</u>			AS	American Samoa
						GU	Guam
						MP	Northern Marianas
						PR	Puerto Rico
						VI	Virgin Islands
34-36	3	FILLER	Filler			Blank	
37-39	3	OCNTYFIPS	Occurrence FIPS County		U,R	001-nnn	Counties and county equivalents (independent and
*U,R			Includes data based on both the 1989 Revision of the U.S. Certificate of Live Birth (unrevised), and the 2003 Revision of the U.S. Certificate of Live Birth (revised).				
U			Includes data based on the 1989 Revision of the U.S. Certificate of Live Birth; excludes data based on the 2003 Revision.				
R			Includes data based on the 2003 Revision of the U.S. Certificate of Live Birth; excludes data based on the 1989 Revision.				

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							coextensive cities) are numbered alphabetically within each state. (Note: To uniquely identify a county, both the state and county codes must be used.) A complete list of counties is shown in the Geographic Code Outline, which follows the record layout.
						999	County of less than 100,000 population or foreign resident
40	1	OCNTYPOP	Occurrence County Pop		U,R	0 1 2 3 9	County of 1,000,000 or more County of 500,000 to 1,000,000 County of 250,000 to 500,000 County of 100,000 to 250,000 County less than 100,000
41	1	FILLER	Filler			Blank	
42	1	UBFACIL	Birth Place		U,R	1 2 3 4 5 9	Hospital Freestanding Birthing Center Clinic / Doctor's Office Residence Other Unknown
43-58	16	FILLER	Filler			Blank	
59	1	BFACIL3	Birth Place Recode		U,R	1 2 3	In Hospital Not in Hospital Unknown or Not Stated
60-86	27	FILLER	Filler			Blank	
87	1	MAGE_IMPFLG	Mother's Age Imputed		U,R	Blank 1	Age not imputed Age imputed
88	1	MAGE_REPFLG	Reported Age of Mother Flag		U,R	Blank 1	Reported age not used Reported age used
89-90	2	MAGER	Mother's Single Year of Age		U,R	12 13 14	10-12 years 13 years 14 years

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Position	Len	Field	Description	Reporting Flag Position	Rev*	Values	Definition
						15	15 years
						16	16 years
						17	17 years
						18	18 years
						19	19 years
						20	20 years
						21	21 years
						22	22 years
						23	23 years
						24	24 years
						25	25 years
						26	26 years
						27	27 years
						28	28 years
						29	29 years
						30	30 years
						31	31 years
						32	32 years
						33	33 years
						34	34 years
						35	35 years
						36	36 years
						37	37 years
						38	38 years
						39	39 years
						40	40 years
						41	41 years
						42	42 years
						43	43 years
						44	44 years
						45	45 years
						46	46 years
						47	47 years
						48	48 years
						49	49 years
						50	50-54 years
91-92	2	MAGER14	Mother's Age Recode 14		U,R	01	Under 15 Years
						03	15 years
						04	16 years

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						05	17 years
						06	18 years
						07	19 years
						08	20-24 years
						09	25-29 years
						10	30-34 years
						11	35-39 years
						12	40-44 years
						13	45-49 years
						14	50-54 years
93	1	MAGER9	Mother's Age Recode 9		U,R	1	Under 15 years
						2	15-19 years
						3	20-24 years
						4	25-29 years
						5	30-34 years
						6	35-39 years
						7	40-44 years
						8	45-49 years
						9	50-54 years
94-95	2	FILLER	Filler			Blank	
96-97	2	UMBSTATE	Mother's Birth State <u>United States</u>		U,R	AK	Alaska
						AL	Alabama
						AR	Arkansas
						AZ	Arizona
						CA	California
						CO	Colorado
						CT	Connecticut
						DE	Delaware
						DC	District of Columbia
						FL	Florida
						GA	Georgia
						HI	Hawaii
						ID	Idaho
						IL	Illinois
						IN	Indiana
						IA	Iowa

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Position	Len	Field	Description	Reporting Flag Position	Rev*	Values	Definition
						VI	Virgin Islands
			<u>Foreign</u>			CC	Canada
						CU	Cuba
						MX	Mexico
						YY	Rest of the World
						ZZ	Not Classifiable
98-99	2	FILLER	Filler			Blank	
100	1	MBSTATE_REC	Mother's Birth State Recode		U,R	1 2 3	Native born (within 50 States & DC) Foreign born (outside 50 States & DC) Unknown or Not Stated
101-106	6	FILLER	Filler			Blank	
107-108	2	XMRSTATE	Expanded State of Residence of Mother <u>United States</u>		U,R	AK AL AR AZ CA CO CT DE DC FL GA HI ID IL IN IA KS KY LA MA MD ME MI	Alaska Alabama Arkansas Arizona California Colorado Connecticut Delaware District of Columbia Florida Georgia Hawaii Idaho Illinois Indiana Iowa Kansas Kentucky Louisiana Massachusetts Maryland Maine Michigan

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Position	Len	Field	Description	Reporting Flag Position	Rev*	Values	Definition
						ZZ	Not Classifiable
109-110	2	MRSTATE	Mother's Residence State <u>United States</u>		U,R	AK AL AR AZ CA CO CT DE DC FL GA HI ID IL IN IA KS KY LA MA MD ME MI MN MO MS MT NC ND NE NH NJ NM NV NY OH OK	Alaska Alabama Arkansas Arizona California Colorado Connecticut Delaware District of Columbia Florida Georgia Hawaii Idaho Illinois Indiana Iowa Kansas Kentucky Louisiana Massachusetts Maryland Maine Michigan Minnesota Missouri Mississippi Montana North Carolina North Dakota Nebraska New Hampshire New Jersey New Mexico Nevada New York Ohio Oklahoma

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						OR	Oregon
						PA	Pennsylvania
						RI	Rhode Island
						SC	South Carolina
						SD	South Dakota
						TN	Tennessee
						TX	Texas
						UT	Utah
						VA	Virginia
						VT	Vermont
						WA	Washington
						WI	Wisconsin
						WV	West Virginia
						WY	Wyoming
			<u>Outlying Areas of the United States</u>			AS	American Samoa
						GU	Guam
						MP	Northern Marianas
						PR	Puerto Rico
						VI	Virgin Islands
			<u>Foreign</u>			CC	Canada
						CU	Cuba
						MX	Mexico
						XX	Not Applicable
						ZZ	Not Classifiable
111-113	3	FILLER	Filler			Blank	
114-116	3	MRCNTYFIPS	Mother's County of Residence (FIPS)		U,R	000	Foreign residents
						001-nnn	Counties and county equivalents (independent and coextensive cities) are numbered alphabetically within each state. (Note: To uniquely identify a county, both the state and county codes must be used.) A complete list of counties is shown in the Geographic Code Outline, which follows the record layout.
						999	County of less than 100,000 population
117-119	3	FILLER	Filler			Blank	
		*U,R	Includes data based on both the 1989 Revision of the U.S. Certificate of Live Birth (unrevised), and the 2003 Revision of the U.S. Certificate of Live Birth (revised).				
		U	Includes data based on the 1989 Revision of the U.S. Certificate of Live Birth; excludes data based on the 2003 Revision.				
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Position	Len	Field	Description	Reporting Flag Position	Rev*	Values	Definition
120-124	5	MRCITYFIPS	Mother's Place of Residence (FIPS)		U,R	0000 00001- nnnnn 99999	Foreign residents A complete list of places (cities) is shown in the Geographic Code Outline, which follows the record layout. County of less than 100,000 population
125-126	2	CMSA	Consolidated Metropolitan Statistical Areas <u>United States</u>		U,R	00 07 14 21 28 31 34 35 42 49 56 63 70 77 79 82 84 91 97	Not a CMSA Boston, Worcester, Lawrence, MA-NH-ME-CT, CMSA Chicago-Gary-Kenosha, IL-IN-WI, CMSA Cincinnati-Hamilton, OH-KY-IN, CMSA Cleveland-Akron, OH, CMSA Dallas-Fort Worth, TX, CMSA Denver-Boulder-Greeley, CO, CMSA Detroit-Ann Arbor-Flint, MI, CMSA Houston-Galveston-Brazoria, TX, CMSA Los Angeles-Riverside-Orange County, CA, CMSA Miami-Fort Lauderdale, FL, CMSA Milwaukee-Racine, WI, CMSA New York-Northern New Jersey-Long Island, NY-NJ-CT-PA, CMSA Philadelphia-Wilmington-Atlantic City, PA-NJ-DE-MD, CMSA Portland-Salem, OR-WA, CMSA Sacramento-Yolo, CA, CMSA San Francisco-Oakland-San Jose, CA, CMSA Seattle-Tacoma-Bremerton, WA, CMSA Washington-Baltimore, DC-MD-VA-WV, CMSA
			<u>Outlying Areas of the United States</u>			00 87	Not a CMSA San Juan-Caguas-Arecibo, PR, CMSA
127-130	4	MSA	Metropolitan Statistical Areas		U,R	0000 0040- 9360 9999	Foreign resident A complete list of MSA's and their component counties is available in the Geographic Code Outline, which follows the record layout. Area of less than 100,000

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131	1	MSA_POP	Population of Statistical Area		U,R	1 2 9 Z	Area of 250,000 or more Area of 100,000 to 250,000 Area of less than 100,000 of nonmetropolitan area Foreign resident
132	1	RCNTY_POP	Population of Residence County		U,R	0 1 2 3 9 Z	County of 1,000,000 or more County of 500,000 to 1,000,000 County of 250,000 to 500,000 County of 100,000 to 250,000 County less than 100,000 Foreign resident
133	1	RCITY_POP	Population of Residence City		U,R	0 1 2 3 9 Z	City of 1,000,000 or more City of 500,000 to 1,000,000 City of 250,000 to 500,000 City of 100,000 to 250,000 City of less than 100,000 Foreign resident
134	1	FILLER	Filler			Blank	
135	1	METRORES	Metropolitan Residence County		U,R	1 2 Z	Metropolitan County Nonmetropolitan County Foreign resident
136	1	FILLER	Filler			Blank	
137	1	RECTYPE	Record Type		U,R	1 2	RESIDENT: State and county of occurrence and residence are the same. NONRESIDENT: State and county of occurrence and residence are different.
138	1	RESTATUS	Residence Status <u>United States</u>		U,R	1 2	RESIDENT: State and county of occurrence and residence are the same. INTRASTATE NONRESIDENT: State of occurrence and residence are the same but county is different.

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Position	Len	Field	Description	Reporting Flag Position	Rev*	Values	Definition
						3	INTERSTATE NONRESIDENT: State of occurrence and residence are different but both are one of the 50 US states or District of Columbia.
						4	FOREIGN RESIDENT: The state of residence is not one of the 50 US states or District of Columbia.
			<u>Outlying Areas of the United States</u>			1	RESIDENT: State and county of occurrence and residence are the same. (Unique to Guam, all US residents are considered residents of Guam and thus are assigned 1.)
						2	INTRATERRITORY NONRESIDENT: Territory of occurrence and residence are the same but county is different.
						3	INTERTERRITORY RESIDENT: Territory of occurrence and residence are different but both are US Territories.
						4	FOREIGN RESIDENT: The residence is not a US Territory.
139-140	2	MBRACE	Mother's Bridged Race Includes only states reporting multiple race. Codes 01-14 used for individuals reporting only one race. Codes 21-24 used for individuals reporting more than one race that have been bridged to a single race. Code 24 also used for individuals reporting more than one Asian/Pacific Islander group; see "Technical Appendix." ** Also includes unrevised states that report multiple race.		R**	01 02 03 04 05 06 07 08 09 10 11 12 13 14 21 22 23 24 Blank	White – single race Black – single race American Indian / Alaskan Native – single race Asian Indian – single race Chinese – single race Filipino – single race Japanese – single race Korean – single race Vietnamese – single race Other Asian – single race Hawaiian – single race Guamanian – single race Samoan – single race Other Pacific Islander – single race White – bridged multiple race Black – bridged multiple race American Indian / Alaskan Native – bridged multiple race Asian / Pacific Islander – bridged multiple race Not on certificate
141-142	2	MRACE	Mother's Race Includes only states exclusively reporting single race. Some areas report additional Asian or		U		
			*U,R				Includes data based on both the 1989 Revision of the U.S. Certificate of Live Birth (unrevised), and the 2003 Revision of the U.S. Certificate of Live Birth (revised).
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			Pacific Islander (API) codes for race. Codes 18-68 replace old code 08 for these areas. Code 78 replaces old code 08 for all other areas. See reporting flag at pos.650 for expanded API reporting area.				
			<u>United States</u>			01	White
						02	Black
						03	American Indian / Alaskan Native
						04	Chinese
						05	Japanese
						06	Hawaiian (includes part Hawaiian)
						07	Filipino
						18	Asian Indian
						28	Korean
						38	Samoan
						48	Vietnamese
						58	Guamanian
						68	Other Asian / Pacific Islander in areas reporting codes 18-58.
						78	Combined other Asian / Pacific Islander, includes 18-68 for areas that do not report them separately.
						Blank	Not on certificate
			<u>Puerto Rico</u>			01	White
						02	Black
						00	Other races
						Blank	Not on certificate
			<u>Guam</u>			01	White
						02	Black
						03	American Indian / Alaskan Native
						04	Chinese
						05	Japanese
						06	Hawaiian (includes part Hawaiian)
						07	Filipino
						08	Other Asian or Pacific Islander
						58	Guamanian
						Blank	Not on certificate

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			<u>All other Outlying Areas of the United States</u>			01 02 03 04 05 06 07 08 Blank	White Black American Indian / Alaskan Native Chinese Japanese Hawaiian (includes part Hawaiian) Filipino Other Asian or Pacific Islander Not on certificate
143	1	MRACEREC	Mother's Race Recode Includes individuals reporting only one race and individuals reporting more than one race bridged to a single race.		U,R		
			<u>United States and all Outlying Areas of the United States except Puerto Rico</u>			1 2 3 4	White Black American Indian / Alaskan Native Asian / Pacific Islander
			<u>Puerto Rico</u>			1 2 0	White Black Other (not classified as White or Black)
144	1	MRACEIMP	Mother's Race Imputed Flag		U,R	Blank 1 2	Mother's race not imputed Unknown race imputed All other races, formerly coded 09, imputed.
145-147	3	FILLER	Filler			Blank	
148	1	UMHISP	Mother's Hispanic Origin	569	U,R	0 1 2 3 4 5 9	Non-Hispanic Mexican Puerto Rican Cuban Central or South American Other and Unknown Hispanic Origin unknown or not stated

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149	1	MRACEHISP	Mother's Race/Hispanic Origin	569	U,R	1 2 3 4 5 6 7 8 9	Mexican Puerto Rican Cuban Central or South American Other and Unknown Hispanic Non-Hispanic White Non-Hispanic Black Non-Hispanic Other Races Origin unknown or not stated
150-152	3	FILLER	Filler			Blank	
153	1	MAR	Mother's Marital Status		U,R	1 2 9 1 2 3 9	Yes No Unknown or not Stated Yes Unmarried parents living together Unmarried parents not living together Unknown or not stated
			<u>United States and all Outlying Areas of the United States except Puerto Rico</u>				
			<u>Puerto Rico</u>				
154	1	MAR_IMP	Mother's Marital Status Imputed Flag		U,R	Blank 1	Marital Status not imputed Marital Status imputed
155	1	MEDUC	Mother's Education	571	R	1 2 3 4 5 6 7 8 9 Blank	8 th grade or less 9 th through 12 th grade with no diploma High school graduate or GED completed Some college credit, but not a degree Associate degree (AA, AS) Bachelor's degree (BA, AB, BS) Master's degree (MA, MS) Doctorate (PHD, EdD) or Professional Degree (MD, DDS, DVM, LLB, JD) Unknown Not on certificate
156-157	2	DMEDUC	Mother's Education	647	U	00 01-08	No formal education Years of elementary school

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						09	1 year of high school
						10	2 years of high school
						11	3 years of high school
						12	4 years of high school
						13	1 year of college
						14	2 years of college
						15	3 years of college
						16	4 years of college
						17	5 or more years of college
						99	Not stated
						Blank	Not on certificate
158	1	MEDUC_REC	Mother's Education Recode	647	U	1	0 – 8 years
						2	9 – 11 years
						3	12 years
						4	13 – 15 years
						5	16 years and over
						6	Not stated
						Blank	Not on certificate
159-174	16	FILLER	Filler			Blank	
175	1	FAGERPT_FLG	Father's Reported Age Used		U,R	Blank	Father's reported age not used
						1	Father's reported age used
176-177	2	FAGERPT	Father's Reported Age		U,R	09-98	Father's reported age in years
						99	Unknown or not stated
178-181	4	FILLER	Filler			Blank	
182-183	2	FAGECOMB	Father's Combined Age (Revised) Revised states report for a range of 09-98 years.		R	09-98	Father's combined age in years
						99	Unknown or not stated
						Blank	Not on certificate
184-185	2	UFAGECOMB	Father's Combined Age Unrevised states report for a range of 10-98 years.		U	10-98	Father's combined age in years
						99	Unknown or not stated
						Blank	Not on certificate
186-187	2	FAGEREC11	Father's Age Recode 11		U,R	01	Under 15 years
*U,R			Includes data based on both the 1989 Revision of the U.S. Certificate of Live Birth (unrevised), and the 2003 Revision of the U.S. Certificate of Live Birth (revised).				
U			Includes data based on the 1989 Revision of the U.S. Certificate of Live Birth; excludes data based on the 2003 Revision.				
R			Includes data based on the 2003 Revision of the U.S. Certificate of Live Birth; excludes data based on the 1989 Revision.				

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Position	Len	Field	Description	Reporting Flag Position	Rev*	Values	Definition
						02	15-19 years
						03	20-24 years
						04	25-29 years
						05	30-34 years
						06	35-39 years
						07	40-44 years
						08	45-49 years
						09	50-54 years
						10	55-98 years
						11	Not stated
188-189	2	FBRACE	Father's Bridged Race Includes only states reporting multiple race. Codes 01-14 used for individuals reporting only one race. Codes 21-24 used for individuals reporting more than one race that have been bridged to a single race. Code 24 also used for individuals reporting more than one Asian/Pacific Islander group; see "Technical Appendix." ** Also includes unrevised states that report multiple race.		R**	01 02 03 04 05 06 07 08 09 10 11 12 13 14 21 22 23 24 99 Blank	White – single race Black – single race American Indian / Alaskan Native – single race Asian Indian – single race Chinese – single race Filipino – single race Japanese – single race Korean – single race Vietnamese – single race Other Asian – single race Hawaiian – single race Guamanian – single race Samoan – single race Other Pacific Islander – single race White – bridged multiple race Black – bridged multiple race American Indian / Alaskan Native – bridged multiple race Asian / Pacific Islander – bridged multiple race Unknown or not stated, also includes states not reporting multiple race. Not on certificate
190	1	FILLER	Filler			Blank	
191	1	FRACEREC	Father's Race Recode Includes individuals reporting only one race and individuals reporting more than one race bridged to a single race.		U,R		

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Position	Len	Field	Description	Reporting Flag Position	Rev*	Values	Definition
			<u>United States and all Outlying Areas of the United States except Puerto Rico</u>			1	White
						2	Black
						3	American Indian / Alaskan Native
						4	Asian / Pacific Islander
						9	Unknown or not stated
			<u>Puerto Rico</u>			1	White
						2	Black
						9	Unknown or not stated
						0	Other (not classified as White or Black)
192-194	3	FILLER	Filler				Blank
195	1	UFHISP	Father's Hispanic Origin				
				570	U,R	0	Non-Hispanic
						1	Mexican
						2	Puerto Rican
						3	Cuban
						4	Central American
						5	Other and Unknown Hispanic
						9	Origin unknown or not stated
196	1	FRACEHISP	Father's Race/Hispanic Origin				
				570	U,R	1	Mexican
						2	Puerto Rican
						3	Cuban
						4	Central or South American
						5	Other and Unknown Hispanic
						6	Non-Hispanic White
						7	Non-Hispanic Black
						8	Non-Hispanic Other Races
						9	Origin unknown or not stated
197-198	2	FILLER	Filler				Blank
199-200	2	FRACE	Father's Race				
			<u>United States</u>		U	01	White
						02	Black
						03	American Indian / Alaskan Native
						04	Chinese

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Position	Len	Field	Description	Reporting Flag Position	Rev*	Values	Definition
						05	Japanese
						06	Hawaiian (includes part Hawaiian)
						07	Filipino
						18	Asian Indian
						28	Korean
						38	Samoan
						48	Vietnamese
						58	Guamanian
						68	Other Asian / Pacific Islander in areas reporting codes 18-58.
						78	Combined other Asian / Pacific Islander, includes 18-68 for areas that do not report them separately.
						99	Unknown or not stated
						Blank	Not on certificate
			<u>Puerto Rico</u>			01	White
						02	Black
						00	Other races
						99	Unknown or not stated
						Blank	Not on certificate
			<u>Guam</u>			01	White
						02	Black
						03	American Indian / Alaskan Native
						04	Chinese
						05	Japanese
						06	Hawaiian (includes part Hawaiian)
						07	Filipino
						08	Other Asian or Pacific Islander
						58	Gumanian
						99	Unknown or not stated
						Blank	Not on certificate
			<u>All other Outlying Areas of the United States</u>			01	White
						02	Black
						03	American Indian / Alaskan Native
						04	Chinese
						05	Japanese
						06	Hawaiian (includes part Hawaiian)
						07	Filipino

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Position	Len	Field	Description	Reporting Flag Position	Rev*	Values	Definition
						08	Other Asian or Pacific Islander
						99	Unknown or not stated
						Blank	Not on certificate
201-203	3	FILLER	Filler			Blank	
204-205	2	PRIORLIVE	Prior Births Now Living		U,R	00-30 99	Number of children still living Unknown or not stated
206-207	2	PRIORDEAD	Prior Births Now Dead		U,R	00-30 99	Number of children dead Unknown or not stated
208-209	2	PRIORTERM	Prior Other Terminations		U,R	00-30 99	Number other terminations Unknown or not stated
210-211	2	LBO	Live Birth Order		U,R	01-31 99	Sum of all previous live births (now living and now dead) plus current birth Unknown or not stated
212	1	LBO_REC	Live Birth Order Recode		U,R	1-7 8 9	Live birth order Live birth order of 8 or more Unknown or not stated
213-214	2	FILLER	Filler			Blank	
215-216	2	TBO	Total Birth Order		U,R	01-40 99	Sum of all previous pregnancies plus current birth Unknown or not stated
217	1	TBO_REC	Total Birth Order Recode		U,R	1-7 8 9	Total birth order Total birth order of 8 or more Unknown or not stated
218-219	2	FILLER	Filler			Blank	
220-221	2	DLLB_MM	Date of Last Live Birth - Month		U,R	01 02 03 04	January February March April

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Position	Len	Field	Description	Reporting Flag Position	Rev*	Values	Definition
						05	May
						06	June
						07	July
						08	August
						09	September
						10	October
						11	November
						12	December
						88	Not applicable
						99	Unknown or not stated
222-225	4	DLLB_YY	Date of Last Live Birth - Year		U,R	nnnn 8888 9999	Year of last live birth Not applicable Unknown or not stated
226-244	19	FILLER	Filler			Blank	
245-246	2	PRECARE	Month Prenatal Care Began	668	R	00 01-10 99 Blank	No prenatal care Month prenatal care began Unknown or not stated Not on certificate
247	1	PRECARE_REC	Moht Prenatal Care Began Recode	668	R	1 2 3 4 5 Blank	1 st to 3 rd month 4 th to 6 th month 7 th to final month No prenatal care Unknown or not stated Not on certificate
248-255	8	FILLER	Filler			Blank	
256-257	2	MPCB	Month Prenatal Care Began	669	U	00 01-10 99 Blank	No prenatal care Month prenatal care began Unknown or not stated Not on certificate
258	1	MPCB_REC6	Month Prenatal Care Began Recode 6				
		*U,R	Includes data based on both the 1989 Revision of the U.S. Certificate of Live Birth (unrevised), and the 2003 Revision of the U.S. Certificate of Live Birth (revised).				
		U	Includes data based on the 1989 Revision of the U.S. Certificate of Live Birth; excludes data based on the 2003 Revision.				
		R	Includes data based on the 2003 Revision of the U.S. Certificate of Live Birth; excludes data based on the 1989 Revision.				

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Position	Len	Field	Description	Reporting Flag Position	Rev*	Values	Definition
				669	U	1 2 3 4 5 6 Blank	1 st to 2 nd month 3 rd month 4 th to 6 th month 7 th to final month No prenatal care Unknown or not stated Not on certificate
259	1	MPCB_REC5	Month Prenatal Care Began Recode 5	669	U	1 2 3 4 5 Blank	1 st trimester (1 st to 3 rd month) 2 nd trimester (4 th to 6 th month) 3 rd trimester (7 th to final month) No prenatal care Unknown or not stated Not on certificate
260-269	10	FILLER	Filler			Blank	
270-271	2	UPREVIS	Number of Prenatal Visits		U,R	00-49 99	Number of prenatal visits Unknown or not stated
272-273	2	PREVIS_REC	Number of Prenatal Visits Recode		U,R	01 02 03 04 05 06 07 08 09 10 11 12	No visits 1 to 2 visits 3 to 4 visits 5 to 6 visits 7 to 8 visits 9 to 10 visits 11 to 12 visits 13 to 14 visits 15 to 16 visits 17 to 18 visits 19 or more visits Unknown or not stated
274	1	FILLER	Filler			Blank	
275	1	APNCU	Adequacy of Prenatal Care Utilization Index	668	R	1 2 3	Inadequate Intermediate Adequate

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Position	Len	Field	Description	Reporting Flag Position	Rev*	Values	Definition
						4	Adequate +
						5	Unknown
						Blank	Not on certificate
276-277	2	WTGAIN	Weight Gain	648	U,R	00-97	Weight gain in pounds
						98	98 pounds and over
						99	Unknown or not stated
278	1	WTGAIN_REC	Weight Gain Recode	648	U,R	1	Less than 16 pounds
						2	16 to 20 pounds
						3	21 to 25 pounds
						4	26 to 30 pounds
						5	31 to 35 pounds
						6	36 to 40 pounds
						7	41 to 45 pounds
						8	46 or more pounds
						9	Unknown or not stated
279	1	U_APNCU	Adequacy of Prenatal Care Utilization Index	669	U	1	Inadequate
						2	Intermediate
						3	Adequate
						4	Adequate +
						5	Unknown
						Blank	Not on certificate
280	1	DFPC_IMP	Day of Date First Prenatal Care Imputed		R	Blank	Day of date first prenatal care not imputed
						1	Day of date first prenatal care imputed
281	1	FILLER	Filler			Blank	
282-283	2	CIG_0	Cigarettes Before Pregnancy	575	R	00-97	Number of cigarettes daily
						98	98 or more cigarettes daily
						99	Unknown or not stated
						Blank	Not on certificate
284-285	2	CIG_1	Cigarettes 1st Trimester	575	R	00-97	Number of cigarettes daily
						98	98 or more cigarettes daily

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Position	Len	Field	Description	Reporting Flag Position	Rev*	Values	Definition
						99 Blank	Unknown or not stated Not on certificate
286-287	2	CIG_2	Cigarettes 2nd Trimester	575	R	00-97 98 99 Blank	Number of cigarettes daily 98 or more cigarettes daily Unknown or not stated Not on certificate
288-289	2	CIG_3	Cigarettes 3rd Trimester	575	R	00-97 98 99 Blank	Number of cigarettes daily 98 or more cigarettes daily Unknown or not stated Not on certificate
290	1	TOBUSE	Tobacco Use	667	U	1 2 9 Blank	Yes No Unknown or not stated Not on certificate
291-292	2	CIGS	Cigarettes per Day		U	00-97 98 99 Blank	Number of cigarettes daily 98 or more cigarettes daily Unknown or not stated Not on certificate
293	1	CIG_REC6	Cigarette Recode		U	0 1 2 3 4 5 6 Blank	Non-smoker 1 to 5 cigarettes daily 6 to 10 cigarettes daily 11 to 20 cigarettes daily 21 to 40 cigarettes daily 41 or more cigarettes daily Unknown or not stated Not on certificate
294	1	CIG_REC	Cigarette Recode	575	R	Y N U Blank	Yes No Unknown or not stated Not on certificate
295	1	ALCOHOL	Alcohol Use	649	U	1 2 9	Yes No Unknown or not stated

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Position	Len	Field	Description	Reporting Flag Position	Rev*	Values	Definition
						Blank	Not on certificate
296-297	2	DRINKS	Drinks per Week	649	U	00-97 98 99 Blank	Number of drinks weekly 98 or more drinks weekly Unknown or not stated Not on certificate
298	1	DRINKS_REC	Drinks Recode	649	U	0 1 2 3 4 5 Blank	Non drinker 1 drink per week 2 drinks per week 3-4 drinks per week 5 or more drinks per week Unknown or not stated Not on certificate
299-327	29	FILLER	Filler			Blank	
328-344	17	<u>Risk Factors</u> The checkbox items below follow this structure: The version is all 1989 Standard unless otherwise noted.				1 2 9 Blank	Yes No Unknown Not on certificate
328	1	URF_ANEMIA	Anemia	681	U		
329	1	URFARDC	Cardiac	682	U		
330	1	URF_LUNG	Acute or Chronic Lung Disease	683	U		
331	1	URF_DIAB	Diabetes	684	U,R		
332	1	URF_GEN	Genital Herpes	685	U		
333	1	URF_HYDR	Hydramnios / Oligohydramnios	686	U		
334	1	URF_HEMO	Hemoglobinopathy	687	U		
335	1	URF_CHYPER	Chronic Hypertension	688	U,R		
336	1	URF_PHYPER	Pregnancy Associated Hypertension	689	U,R		
337	1	URF_ECLAM	Eclampsia	690	U,R		
338	1	URF_INCERV	Incompetent Cervix	691	U		
339	1	URF_PRE4000	Previous Infant 4000+ Grams	692	U		
340	1	URF_PRETERM	Previous Preterm Small for Gestation	693	U		

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Position	Len	Field	Description	Reporting Flag Position	Rev*	Values	Definition
341	1	URF_RENAL	Renal Disease	694	U		
342	1	URF_RH	Rh Sensitization	695	U		
343	1	URF_UTERINE	Uterine Bleeding	696	U		
344	1	URF_OTHER	Other medical risk factors	697	U		
345-354	10	FILLER	Filler			Blank	
355-361	7	<u>Obstetric Procedures</u>					
		The checkbox items below follow this structure:				1	Yes
		The version is all 1989 Standard unless otherwise noted.				2	No
						9	Unknown or not stated
						Blank	Not on certificate
355	1	UOP_AMNIO	Amniocentesis	701	U		
356	1	UOP_MONIT	Electronic Fetal Monitoring	702	U		
357	1	UOP_INDUC	Induction of Labor	703	U,R		
358	1	UOP_STIML	Stimulation of Labor	704	U		
359	1	UOP_TOCOL	Tocolysis	705	U,R		
360	1	UOP_ULTRA	Ultrasound	706	U		
361	1	UOP_OTHER	Other Obstetric Procedures	707	U		
362-373	12	FILLER	Filler			Blank	
374-389	16	<u>Complications of Labor and Delivery</u>					
		The checkbox items below follow this structure:				1	Yes
		The version is all 1989 Standard unless otherwise noted.				2	No
						9	Unknown or not stated
						Blank	Not on certificate
374	1	ULD_FEBR	Febrile	711	U		
375	1	ULD_MECO	Meconium	712	U,R		
376	1	ULD_RUPTR	Premature Rupture of Membrane	713	U		
377	1	ULD_ABRUP	Abruptio Placenta	714	U		
378	1	ULD_PREPLA	Placenta Previa	715	U		
379	1	ULD_EXCBL	Other Excessive Bleeding	716	U		
380	1	ULD_SEIZ	Seizures During Labor	717	U		
381	1	ULD_PRECIP	Precipitous Labor	718	U,R		
382	1	ULD_PROLG	Prolonged Labor	719	U		
383	1	ULD_DYSFN	Dysfunctional Labor	720	U		

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Position	Len	Field	Description	Reporting Flag Position	Rev*	Values	Definition
384	1	ULD_BREECH	Breech	721	U,R		
385	1	ULD_CEPHAL	Cephalopelvic Disproportion	722	U		
386	1	ULD_CORD	Cord Prolapse	723	U		
387	1	ULD_ANEST	Anesthetic Complications	724	U		
388	1	ULD_DISTR	Fetal Distress	725	U		
389	1	ULD_OTHER	Other Complications	726	U		
390-394	5	FILLER	Filler			Blank	
395-400	6	<u>Method of Delivery</u> The checkbox items below follow this structure:			1	Yes	
					2	No	
					9	Unknown or not stated	
395	1	UME_VAG	Vaginal	730	U,R		
396	1	UME_VBAC	Vaginal after C-Section	731	U,R		
397	1	UME_PRIMC	Primary C-Section	732	U,R		
398	1	UME_REPEC	Repeat C-Section	733	U,R		
399	1	UME_FORCP	Forceps	734	U,R		
400	1	UME_VAC	Vacuum	735	U,R		
401	1	DMETH_REC	Delivery Method Recode		U,R	1	Vaginal (excludes vaginal after previous C-section)
						2	Vaginal after previous c-section
						3	Primary C-section
						4	Repeat C-section
						5	Not stated
						6	Vaginal (unknown if previous c-section) (2003 Standard only)
						7	C-section (unknown if previous c-section) (2003 Standard only)
402-407	6	FILLER	Filler			Blank	
408	1	ATTEND	Attendent		U,R	1	Doctor of Medicine (MD)
						2	Doctor of Osteopathy (DO)
						3	Certified Nurse Midwife (CNM)
						4	Other Midwife
						5	Other
						9	Unknown or not stated

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Position	Len	Field	Description	Reporting Flag Position	Rev*	Values	Definition
409-414	6	FILLER	Filler			Blank	
415-416	2	APGAR5	Five Minute APGAR Score	574	U,R	00-10 99	A score of 0-10 Unknown or not stated
417	1	APGAR5R	Five Minute APGAR Recode	574	U,R	1 2 3 4 5	A score of 0-3 A score of 4-6 A score of 7-8 A score of 9-10 Unknown or not stated
418-422	5	FILLER	Filler			Blank	
423	1	DPLURAL	Plurality Recode		U,R	1 2 3 4 5	Single Twin Triplet Quadruplet Quintuplet or higher
424	1	FILLER	Filler			Blank	
425	1	IMP_PLUR	Plurality Imputed		U,R	Blank 1	Plurality is not imputed Plurality is imputed
426-435	10	FILLER	Filler			Blank	
436	1	SEX	Sex of Infant		U,R	M F	Male Female
437	1	IMP_SEX	Imputed Sex		U,R	Blank 1	Infant Sex not Imputed Infant Sex is Imputed
438-439	2	DLMP_MM	Last Normal Menses - Month			U,R 01 02 03 04 05	January February March April May

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U Includes data based on the 1989 Revision of the U.S. Certificate of Live Birth; excludes data based on the 2003 Revision.

R Includes data based on the 2003 Revision of the U.S. Certificate of Live Birth; excludes data based on the 1989 Revision.

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Position	Len	Field	Description	Reporting Flag Position	Rev*	Values	Definition
						06	June
						07	July
						08	August
						09	September
						10	October
						11	November
						12	December
						99	Unknown or not stated
440-441	2	DLMP_DD	Last Normal Menses - Day		U,R	01-31 99	As applicable to month of LMP Unknown or not stated
442-445	4	DLMP_YY	Last Normal Menses - Year		U,R	nnnn 9999	Year of last normal menses Unknown or not stated
446-447	2	ESTGEST	Obstetric/Clinical Gestation Est. 573		U,R	17-47 99	17 th through 47 th week of gestation Unknown or not stated
448-450	3	FILLER	Filler			Blank	
451-452	2	COMBGEST	Gestation – Detail in Weeks		U,R	17-47 99	17 th through 47 th week of Gestation Unknown
453-454	2	GESTREC10	Gestation Recode 10		U,R	01 02 03 04 05 06 07 08 09 10	Under 20 weeks 20-27 weeks 28-31 weeks 32-35 weeks 36 weeks 37-39 weeks 40 weeks 41 weeks 42 weeks and over Unknown
455	1	GESTREC3	Gestation Recode 3		U,R	1 2 3	Under 37 weeks 37 weeks and over Not stated
456	1	OBGEST_FLG	Clinical Estimate of Gestation Used Flag		U,R	Blank 1	Clinical Estimate is not used Clinical Estimate is used

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Position	Len	Field	Description	Reporting Flag Position	Rev*	Values	Definition
457	1	GEST_IMP	Gestation Imputed Flag		U,R	Blank 1	Gestation is not imputed Gestation is imputed
458-462	5	FILLER	Filler			Blank	
463-466	4	DBWT	Birth Weight – Detail in Grams		U,R	0227-8165	Number of grams
467-470	4	FILLER	Filler			Blank	
471-472	2	BWTR12	Birth Weight Recode 12		U,R	01 02 03 04 05 06 07 08 09 10 11 12	499 grams or less 500 – 999 grams 1000 - 1499 grams 1500 – 1999 grams 2000 – 2499 grams 2500 – 2999 grams 3000 – 3400 grams 3500 – 3999 grams 4000 – 4499 grams 4500 – 4999 grams 5000 – 8165 grams Not Stated
473	1	BWTR4	Birth Weight Recode 4		U,R	1 2 3 4	1499 grams or less 1500 – 2499 grams 2500 grams or more Unknown or not stated
474-482	9	FILLER	Filler			Blank	
483-491	9	<u>Abnormal Conditions of the Newborn</u> The checkbox items below follow this structure:				1 2 9 Blank	Complication reported Complication not reported Complication not classifiable Not on certificate
483	1	UAB_ANEM	Anemia	740	U		
484	1	UAB_INJURY	Birth Injury	741	U		
485	1	UAB_ALCOH	Fetal Alcohol Syndrome	742	U		
486	1	UAB_HYAL	Hyaline Membrane Disease	743	U		
487	1	UAB_MECON	Meconium Aspiration Syndrome				

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Position	Len	Field	Description	Reporting Flag Position	Rev*	Values	Definition
				744	U		
488	1	UAB_VENL30	Assisted Ventilation < 30 min	745	U		
489	1	UAB_VEN30M	Assisted Ventilation >= 30 min	746	U		
490	1	UAB_NSEIZ	Seizures	747	U		
491	1	UAB_OTHER	Other Abnormal Conditions	748		U	
492-503	12	FILLER	Filler			Blank	
504-525	22	<u>Congenital Anomalies of the Newborn</u>					
		The checkbox items below follow this structure:				1	Anomaly reported
		The version is all 1989 Standard unless otherwise noted.				2	Anomaly not reported
						9	Anomaly not classifiable
						Blank	Not on certificate
504	1	UCA_ANEN	Anencephalus	752	U,R		
505	1	UCA_SPINA	Spina Bifida / Meningocele	753	U,R		
506	1	UCA_HYDRO	Hydrocephalus	754	U		
507	1	UCA_MICRO	Microcephalus	755	U		
508	1	UCA_NERV	Other Central Nervous System Anomalies	756	U		
509	1	UCA_HEART	Heart Malformations	757	U		
510	1	UCA_CIRC	Other Circulatory / Respiration Anomalies	758	U		
511	1	UCA_RECTAL	Rectal Atrseia / Stenosis	759	U		
512	1	UCA_TRACH	Tracheo-Esophageal Fistual	760	U		
513	1	UCA_OMPHA	Omphalocele / Gastroschisis	761	U,R		
514	1	UCA_GASTRO	Other Gastrointestinal Anomalies	762	U		
515	1	UCA_GENITAL	Malformed Genitalia	763	U		
516	1	UCA_RENAL	Renal Agenesis	764	U		
517	1	UCA_UROGEN	Other Urogenital Anomalies	765	U		
518	1	UCA_CELFTLP	Cleft Lip / Palate	766	U,R		
519	1	UCA_ADACTY	Polydactyly / Syndactyly / Adactyly	767	U		
520	1	UCA_CLUBFT	Club Foot	768	U		
521	1	UCA_HERNIA	Diaphramatic Hernia	769	U		

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522	1	UCA_MUSCU	Other Musculoskeletal Anomalies	770	U		
523	1	UCA_DOWNS	Down Syndrome	771	U,R		
524	1	UCA_CHROM	Other Chromosomal Anomalies	772	U		
525	1	UCA_OTHER	Other Congenital Anomalies	773	U		
526-568	43	FILLER	Filler			Blank	
569-773	101	<u>Flag File for Reporting Flags</u> The reporting flags below follow this coding structure:				0	Not reporting
						1	Reporting
569	1	F_MORIGIN	Origin of Mother		U,R		
570	1	F_FORIGIN	Origin of Father		U,R		
571	1	F_MEDUC	Education of Mother		R		
572	1	FILLER	Filler			Blank	
573	1	F_CLINEST	Clinical Estimate of Gestation		U,R		
574	1	F_APGAR5	Five minute APGAR		U,R		
575	1	F_TOBACO	Tobacco use		R		
576-646	71	FILLER	Filler			Blank	
647	1	F_MED	Mother's Education		U		
648	1	F_WTGAIN	Weight Gain		U,R		
649	1	F_ALCOL	Alcohol use		U		
650	1	F_API	API Codes		U		
651-666	16	FILLER	Filler			Blank	
667	1	F_TOBAC	Tobacco Use		U		
668	1	F_MPCB	Month Prenatal Care Began		R		
669	1	F_MPCB_U	Month Prenatal Care Began		U		
670-680	11	FILLER	Filler			Blank	
681	1	F_URF_ANEMIA	Anemia		U		
682	1	F_URF_CARDIAC	Cardiac		U		
683	1	F_URF_LUNG	Acute or Chronic Lung Disease		U		
684	1	F_URF_DIABETES	Diabetes		U		
685	1	F_URF_HERPES	Genital Herpes		U		
686	1	F_URF_HYDRA	Hydramnios / Oligohydramnios		U		
687	1	F_URF_HEMO	Hemoglobinopathy		U		
688	1	F_URF_CHYPER	Chronic Hypertension		U		
689	1	F_URF_PHYPER	Pregnancy Associated Hypertension		U		
690	1	F_URF_ECLAMP	Eclampsia		U		

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691	1	F_URF_INCERVIX	Incompetent Cervix		U		
692	1	F_URF_PRE4000	Previous Infant 4000+ Grams		U		
693	1	F_URF_PRETERM	Previous Preterm Small for Gestation		U		
694	1	F_URF_RENAL	Renal Disease		U		
695	1	F_URF_RH	Rh Sensitization		U		
696	1	F_URF_UTERINE	Uterine Bleeding		U		
697	1	F_URF_OTHERMR	Other Medical Risk Factors		U		
698-700	3	FILLER	Filler			Blank	
701	1	F_UOB_AMNIO	Amniocentesis		U		
702	1	F_UOB_MONITOR	Electronic Fetal Monitor		U		
703	1	F_UOB_INDUCT	Induction of Labor		U		
704	1	F_UOB_STIMUL	Stimulation of Labor		U		
705	1	F_UOB_TOCOL	Tocolysis		U		
706	1	F_UOB_ULTRAS	Ultrasound		U		
707	1	F_UOB_OTHEROB	Other Obstetric Procedures		U		
708	3	FILLER	Filler			Blank	
711	1	F_ULD_FEVRILE	Febrile		U		
712	1	F_ULD_MECONIUM	Meconium		U		
713	1	F_ULD_RUPTURE	Premature Rupture of Membrane		U		
714	1	F_ULD_ABRUPTIO	Abruption Placenta		U		
715	1	F_ULD_PREPLACE	Placenta Previa		U		
716	1	F_ULD_EXCEBLD	Other Excessive Bleeding		U		
717	1	F_ULD_SEIZURE	Seizures During Labor		U		
718	1	F_ULD_PRECIP	Precipitous Labor		U		
719	1	F_ULD_PROLONG	Prolonged Labor		U		
720	1	F_ULD_DYSFUNC	Dysfunctional Labor		U		
721	1	F_ULD_BREECH	Breech		U		
722	1	F_ULD_CEPHALO	Cephalopelvic Disproportion		U		
723	1	F_ULD_CORD	Cord Prolapse		U		
724	1	F_ULD_ANESTHE	Anesthetic Complications		U		
725	1	F_ULD_DISTRESS	Fetal Distress		U		
726	1	F_ULD_OTHERLD	Other Complications		U		
727	3	FILLER	Filler			Blank	
730	1	F_U_VAGINAL	Vaginal		U		
731	1	F_U_VBAC	Vaginal after C-Section		U		
732	1	F_U_PRIMAC	Primary C-Section		U		
733	1	F_U_REPEAC	Repeat C-Section		U		
734	1	F_U_FORCEP	Forceps		U		
735	1	F_U_VACUUM	Vacuum		U		
736-739	4	FILLER	Filler			Blank	

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740	1	F_UAB_ANEMIA	Anemia		U		
741	1	F_UAB_INJURY	Birth Injury		U		
742	1	F_UAB_ALCOSYN	Fetal Alcohol Syndrome		U		
743	1	F_UAB_HYALINE	Hyaline Membrane Disease		U		
744	1	F_UAB_MECONSYN	Meconium Aspiration Syndrome		U		
745	1	F_UAB_VENL30	Assisted Ventilation < 30 min		U		
746	1	F_UAB_VEN30M	Assisted Ventilation >= 30 min		U		
747	1	F_UAB_NSEIZ	Seizures		U		
748	1	F_UAB_OTHERAB	Other Abnormal Conditions		U		
749-751	3	FILLER	Filler			Blank	
752	1	F_UCA_ANEN	Anencephalus		U		
753	1	F_UCA_SPINA	Spina Bifida / Meningocele		U		
754	1	F_UCA_HYDRO	Hydrocephalus		U		
755	1	F_UCA_MICROCE	Microcephalus		U		
756	1	F_UCA_NERVOUS	Other Central Nervous System Anomalies		U		
757	1	F_UCA_HEART	Heart Malformations		U		
758	1	F_UCA_CIRCUL	Other Circulatory / Respiration Anomalies		U		
759	1	F_UCA_RECTAL	Rectal Atrseia / Stenosis		U		
760	1	F_UCA_TRACHEO	Tracheo-Esophageal Fistual		U		
761	1	F_UCA_OMPHALO	Omphalocele / Gastroschisis		U		
762	1	F_UCA_GASTRO	Other Gastrointestinal Anomalies		U		
763	1	F_UCA_GENITAL	Malformed Genitalia		U		
764	1	F_UCA_RENALAG	Renal Agenesis		U		
765	1	F_UCA_UROGEN	Other Urogenital Anomalies		U		
766	1	F_UCA_CLEFTLP	Cleft Lip / Palate		U		
767	1	F_UCA_ADACTYL	Polydactyly / Syndactyly / Adactyly		U		
768	1	F_UCA_CLUB	Club Foot		U		
769	1	F_UCA_HERNIA	Diaphramatic Hernia		U		
770	1	F_UCA_MUSCULO	Other Musculoskeletal Anomalies		U		
771	1	F_UCA_DOWNS	Downs Syndrome		U		
772	1	F_UCA_CHROMO	Other Chromosomal Anomalies		U		
773	1	F_UCA_OTHRCON	Other Congenital Anomalies		U		
774-1087	314	FILLER	Filler			Blank	
1088-1111	24	<u>Mother's Race Edited</u>			R**	100-999 Mother's Race Edited Code A00-R99 (A complete list of race codes is available further back in this document and at http://www.cdc.gov/nchs/data/dvs/RaceCodeList.pdf .)	
1088	3	MRACE1E					
1091	3	MRACE2E					
1094	3	MRACE3E					

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1097	3	MRACE4E					
1100	3	MRACE5E					
1103	3	MRACE6E					
1106	3	MRACE7E					
1109	3	MRACE8E					
			** Also includes unrevised states that are reporting multiple race				
1112-1421	310	FILLER	Filler				Blank
1422-1445	24	<u>Father's Race Edited</u>			R**	100-999	Father's Race Edited Code A00-R99 (A complete list of race codes is available further back in this document and at http://www.cdc.gov/nchs/data/dvs/RaceCodeList.pdf .)
1422	3	FRACE1E					
1425	3	FRACE2E					
1428	3	FRACE3E					
1431	3	FRACE4E					
1434	3	FRACE5E					
1437	3	FRACE6E					
1440	3	FRACE7E					
1443	3	FRACE8E					
			** Also includes unrevised states that are reporting multiple race				
1446-1500	55	FILLER	Filler				Blank

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