

VITAL and HEALTH STATISTICS

DOCUMENTS AND COMMITTEE REPORTS

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The 1968 Revision of the Standard Certificates

Discusses the procedure followed in the 1968 revision of the Standard Certificates of Live Birth, Death, Fetal Death, Marriage and Divorce or Annulment; the history and basic principles of the Standard Certificates and the major objectives of this revision are outlined; the principal additions, modifications, and deletions of items are described; design and printing of the certificate forms are also considered.

Washington, D.C.

June 1968

U.S. DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
Wilbur J. Cohen
Acting Secretary

Public Health Service
William H. Stewart
Surgeon General



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CONTENTS

	Page
Importance -----	1
History -----	1
Principles-----	2
Major Objectives-----	3
Method-----	3
Principal Issues and Additions-----	5
Other Additions or Modifications-----	9
Live Birth and Fetal Death Certificates-----	9
Death Certificate-----	9
Marriage Certificate-----	9
Divorce Certificate-----	10
Additions Considered, But Not Adopted-----	10
Live Birth and Fetal Death Certificates-----	10
Death Certificate-----	11
Marriage Certificate-----	12
Divorce Certificate-----	12
Deletions -----	13
Design and Printing-----	13
Implementation -----	14
Detailed Tables-----	17

IN THIS REPORT the most recent (1968) revision of the Standard Certificates of Live Birth, Death, Fetal Death, Marriage, and Divorce or Annulment is discussed. The importance of these standard certificates to national vital statistics, their historical development, and the basic principles underlying them are considered. The major objectives of the 1968 revision are stated. The process of obtaining comments and opinions of many persons and organizations through questionnaires, committee discussions, and national meetings is described in detail. The principal changes made in the latest standard certificates and the major issues and differences of opinion are explained.

SYMBOLS

Data not available-----	---
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Quantity zero-----	-
Quantity more than 0 but less than 0.05-----	0.0
Figure does not meet standards of reliability or precision-----	*

THE 1968 REVISION OF THE STANDARD CERTIFICATES

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IMPORTANCE

The vital statistics of the United States are collected and published by a decentralized, cooperative system in which control of the registration of live births, fetal deaths, deaths, marriages, divorces, and annulments is vested in the individual States and certain independent registration cities. The degree of uniformity necessary for national statistics has been obtained by a periodic issuance of recommended standards from the responsible national agency, and their cooperative adoption by the individual States. The standard certificates have been the principal means for achieving uniformity in the information upon which national vital statistics are based. Prior to 1946 the Bureau of the Census issued the nationally recommended standard certificates. Since that year, the Public Health Service has performed this function. It has also been customary for representatives of the State Vital Statistics Offices to advise and assist the responsible national agency in the development of the standard certificates.

HISTORY

Adoption of a law patterned after the Model State Vital Statistics Law was one of the original requirements for the admission of a State into the National Birth and Death Registration Areas, which were established to promote national vital statistics. Early editions of the Model Law included a provision stating that the State's certifi-

cates must contain as a minimum the items on the standard certificates. The latest (1959) edition of the model law contains a similar provision but it allows for modification by the State health department.

Including the latest (1968) revision, there have been nine editions of the Standard Certificates of Live Birth and Death, five editions of the Standard Certificate of Fetal Death (formerly Stillbirth) and two editions of the Standard Certificates or Records of Marriage and Divorce or Annulment (tables 1-5).

It is instructive to compare the successive versions of the Standard Certificates of Live Birth and Death. The time interval between the first and latest revisions is 68 years for both the birth and the death certificates. Of the 34 items on the first Standard Birth Certificate (1900), 27 are continued in the 1968 revision. There are 21 items on the 1968 certificates not included in the 1900 version. The additions are concerned with more detailed information about children previously born to the mother, period of gestation, birth weight, prenatal care, medical aspects of the pregnancy and delivery, medical condition of the infant, and a more detailed specification of place of mother's residence.

The first (1900) version of the Standard Death Certificate contained 42 items, of which 33 are continued in the latest (1968) revision and there are 30 items on the 1968 certificate which were not included in 1900. The additions are chiefly concerned with more detailed information on causes of death, miscellaneous items such as

citizenship, marital status, and Social Security number, and an entire section is devoted to deaths from external causes. The most interesting item deleted in the recent revisions was a question on place of contraction of the disease causing death.

PRINCIPLES

Vital records are used for so many different purposes that many factors must be considered and evaluated in deciding what should be recommended as the national standards.

1. The records must serve legal and personal identification purposes. These require information on names, age, date and place of occurrence, signatures, and addresses. The individual and numerous public agencies—schools, welfare departments, Passport Office, Social Security Administration, and Veterans Administration—have a direct interest.
2. They must provide the statistical information needed by State and local government agencies, particularly health departments, to plan and evaluate their programs. The specific data needed vary considerably, due to the large differences between States in size and composition of population, local government organization and magnitude of public programs.
3. The needs for vital statistics for the entire country are numerous, varied, and in many cases related to major public programs. Statistics of births, deaths, marriages, or divorces are frequently used in public health research and administration to measure and analyze rates of population growth and changes in population composition, to study social problems, e.g., broken families and illegitimacy, and to measure actual or potential consumers for numerous products and services.

Faced with these many and varied uses of vital records, the national vital statistics agency and each State vital statistics office must make choices for inclusion and exclusion, and the

choices are sometimes difficult to make. The choices must take into account certain limitations and certain advantages inherent in the registration process.

Compared with a census or with most special household surveys, the amount of information that can be reasonably asked in a registration form is quite restricted. It is limited by the fact that the form is a legal as well as a statistical record and will be retained permanently for personal identification purposes. The legal nature of the record limits its use for statistical or scientific purposes by competition for available space on the form and by respondents' reluctance to provide certain kinds of information on a form known to be used for identification purposes. To some extent this problem has been alleviated by dividing the birth record into two sections, with the bottom section containing information used only for scientific purposes and detached or not used for legal purposes, but this problem is still far from being solved.

The amount of obtainable information is also restricted by the number of vital records that must be completed and processed each year—approximately 4,000,000 births, 1,900,000 deaths, 1,700,000 marriages, and 400,000 divorces—and by the number and variety of persons responsible for completing them, i.e., several hundred thousand physicians, funeral directors, hospital clerks, coroners, ministers, and local officials. Obviously, these conditions are quite different from those in which information is sought for a relatively small sample of cases or even for the entire population by trained enumerators or interviewers. The physical dimensions of vital records, the time devoted to completing each record, and the variability of the training, competence, and interest of the persons completing the record all impose severe restrictions.

Within the limitations inherent in the purposes and nature of the registration system, the State and national vital statistics offices must select for inclusion on the records those items which meet certain criteria:

1. The information is needed for personal identification or for establishing time and place of the event, or

2. The information has a high priority among the data needed for scientific or public program purposes, and
3. There is a basis for believing that it can be obtained with adequate completeness and accuracy with reasonable efforts.

MAJOR OBJECTIVES

Early in the 1968 revision process, four major objectives were formulated:

1. To serve expanded research interests and new program needs without overburdening the registration system or compromising the legal uses of the records.
2. To provide increased protection of confidential-type or potentially discriminatory information and thus to encourage its accurate reporting and continued availability for important scientific and program purposes.
3. To consider and reflect in the certificate forms, to the extent appropriate, the potential impact of technological advances in records management and data transmission and processing.
4. To develop a certificate format which would encourage reporting of more complete and accurate information.

METHOD

The most recent thorough revision of the Standard Live Birth and Death Certificates was in 1949. The 1956 revision was deliberately limited to minor changes because only 6 instead of the usual 10 years had elapsed since the previous revision. The principal reason for the 1956 revision was to change the timing of revisions from census-period years to mid-decade years. Under these circumstances, it seemed that in the next revision all of the certificates should be thoroughly reexamined with respect to both content and format.

It was determined that a potentially major revision required broad solicitation of views among Federal and State official agencies; national

and State medical, hospital, mortuary, and other associations concerned with producing vital records; and the associations and individuals concerned with uses of vital statistics in the areas of health, medicine, demography, social problems, insurance, and economics. It was also clearly desirable to enlist the help of advisory groups which included members actively engaged in one or more aspects of the production and use of vital records and statistics.

Realistic pretests of certain items and groups of items were originally planned; but they proved too difficult to arrange. Preliminary arrangements were worked out with one registration area to test different ways of asking the medical questions on the live birth certificate. The idea was to have certain hospitals use two kinds of forms and compare them for completeness of information. However, it was decided that the test could not be made because of the extra work involved for the hospitals.

It is definitely more difficult to pretest an official form, such as a vital record, than a survey or census schedule. The form to be tested must be used in addition to the form then in effect. This imposes extra and unwelcome work for the hospital, physician, funeral director, and others. Also, it is hard to conduct the test in a way that closely corresponds to normal registration procedures and does not introduce artificial conditions. The first obstacle might be overcome by paying adequately for the additional work performed, but the problem of providing realistic test conditions deserves some basic thinking and experimentation.

One of the workshops conducted during the National Meeting of the Public Health Conference on Records and Statistics (PHCRS) in June 1962 was devoted to advance planning for the revision of the standard certificates. The primary purposes and results of this workshop were to evaluate experiences with the current standard certificates, to obtain suggestions for changes in the certificates, and to formulate procedures to be followed in the impending revision process.

Early in 1963, three study groups of the Public Health Conference on Records and Statistics were formed to advise and assist the National Center for Health Statistics. They were assigned to work respectively on (1) content of the certifi-

cates, (2) format, and (3) medicolegal aspects of death registration. Each of these groups held several meetings. The first major task was to obtain the opinions of informed persons and interested agencies and organizations on desirable changes. Detailed questionnaires covering numerous possible additions, deletions, or changes in the contents of the five standard certificates were developed. The second part of the questionnaires was used to obtain opinions on the desirability of sectionalizing the certificates to differentiate information that should be routinely, occasionally, or never included in public copies. These questionnaires were mailed in August 1963 to 1,145 persons or organizations. Although a majority received all questionnaires, some persons received only those for birth and death, or marriage and divorce, or only the death certificate. Approximately 300 birth and death questionnaires and about 170 marriage and divorce questionnaires were returned.

This information was tabulated and discussed at meetings of the three study groups in December 1963 (tables 6-13) and first drafts of the new certificates were reviewed by the study groups in March 1964. Revised drafts were then prepared and sent, with an explanation and a summary of the questionnaire results, to all State vital statistics officials and other persons invited to attend the national meeting of the Public Health Conference on Records and Statistics in June 1964.

At that meeting one and one-half days were devoted to workshops in which the drafts of the new certificates were discussed. Approximately 200 persons attended these workshop discussions, and sharp differences of opinions on some questions were evident both in the discussions and in the answers to the mail questionnaire. These opinions were carefully reviewed in the National Center for Health Statistics and in February 1965 revised drafts of the certificates were prepared and discussed with the new study group of the Public Health Conference on Records and Statistics. This group included representatives from each of the three earlier groups plus several new members.

Following this meeting, new certificate drafts were prepared and mailed with a second questionnaire to 260 persons or agencies, selected on the basis of their demonstrated interest in vital sta-

tistics or their close relationship to the registration process. Replies were received from over 40 percent of the addressees. The results were summarized and discussed at a meeting of the study group in late July 1965 (tables 14-18).

Summaries of the questionnaire responses and of the study group meeting were sent to the American Association for Vital Records and Public Health Statistics for discussion at its national meeting, August 9-10. Five recommendations relating to the standard certificates were made at this meeting and communicated to the National Center for Health Statistics. They were:

1. Delete mother's date of birth on the Standard Live Birth Certificate.
2. Delete age of surviving spouse on the Standard Death Certificate.
3. Exclude confidential sections in the Standard Certificates of Marriage and Divorce.
4. Define the term "institution" on the Standard Death Certificates from January 1, 1967 to January 1, 1968.
5. Change the effective date of the new standard certificates from January 1, 1967 to January 1, 1968.

All of these recommendations, except the one dealing with inclusion of confidential sections on the marriage and divorce certificates, were followed by the NCHS.

During the revision process, communication was also maintained with other committees or groups interested in the standard certificates. They were:

1. Committee on Standard Certificates and the Council of the Statistics Section, American Public Health Association.
2. Committee on Standard Certificate Revision, American Association for Vital Records and Public Health Statistics.
3. Committee on Population Statistics and Subcommittees on Natality and Mortality Statistics, Population Association of America.

4. United States National Committee on Vital and Health Statistics.
5. Committee on Marriage and Divorce Statistics, American Sociological Association.
6. Panel of advisors of the National Center for Health Statistics.

In March 1966, revised drafts of the certificates were distributed to all State offices which reflected the discussions of the PHCRS Study Group Meeting in July 1965, the recommendations of the AAVRPHS at its meeting in August 1965, and further consideration by the staff of the National Center for Health Statistics.

The standard certificates were again the subject of discussion in workshops held during the biennial National Meeting of the Public Health Conference on Records and Statistics in June 1966. However, the emphasis was shifted to the problems of implementing the new certificates. Opportunity was given for suggesting changes with the understanding that they should be limited to editorial and style matters. For this workshop review, the March 1966 varityped drafts were redone by letterpress printing which gave a more accurate indication of the appearance of the new certificate forms.

PRINCIPAL ISSUES AND ADDITIONS

Inclusion and location of item requesting information on "race."—During recent years there has been much discussion of the inclusion of this question on vital records and other forms. Four States (California, New Jersey, New York, and Ohio) have by legislative action removed this item from their marriage certificates. Legislation to remove the question from all vital records has been introduced, but not passed in several States. Several registration areas have changed the location of this question from the top parts to the back or bottom sections of the live birth and fetal death certificates.

Several national associations have passed formal resolutions favoring continued collection of data on race, i.e., American Public Health Association, Association of State and Territorial Health Officers, American Sociological Association,

Population Association of America, Social Statistics Section of the American Statistical Association, and the National Urban League. All of these resolutions emphasized the value of data classified by race in scientific research and in planning and evaluating public health and social welfare programs. They also stated that race information should not be used to identify individuals in a discriminatory way. A majority of respondents to the questionnaires also favored this view. In contrast, some Federal and State officials believe that "race" is still an important identifying characteristic and should be generally available from public records.

The United States Supreme Court has affirmed a lower Federal Court ruling which upheld the legal right of a State to ask for information on race where the purpose is not to use it for discriminatory purposes.

Considering the above facts the NCHS decided that to retain this information for social and scientific purposes and to discourage its use for personal and discriminatory identification, the question should be located in the bottom, confidential sections of the Standard Certificates of Live Birth, Fetal Death, Marriage, and Divorce or Annulment.

Substitution of item on education for items on occupation and industry.—Several considerations led to the substitution of education (highest grade of regular school completed) for occupation and industry, as an indicator of socioeconomic status. Occupation of the father had been included on the Standard Certificate of Live Birth since 1900 and industry since 1918. Although these items have been used in studies of mortality where serious limitations of the data were apparent, they did not prove useful in other vital statistics studies. The chief weaknesses were inaccurate or nonspecific reporting, a lack of comparability with information for the same people in the population census, and the high costs of classifying the records. There seems to be good evidence that a question on education will suffer less from these deficiencies.

Generally, an individual's educational attainment does not change after he reaches maturity and the categories used to describe education commonly understood. Responses have been obtained with little difficulty in the population

FORM APPROVED
BUDGET BUREAU NO. 68-81-00

U.S. STANDARD
CERTIFICATE OF LIVE BIRTH

TYPE, OR PRINT IN
PERMANENT INK
SEE HANDBOOK FOR
INSTRUCTIONS

LOCAL FILE NUMBER

BIRTH NUMBER

1 CHILD—NAME FIRST MIDDLE LAST 20 DATE OF BIRTH (MONTH, DAY, YEAR) 21 HOUR

3 SEX 4a THIS BIRTH—SINGLE, TWIN, TRIPLET, ETC (SPECIFY) 4b IF NOT SINGLE BIRTH—BORN FIRST, SECOND, THIRD, ETC. (SPECIFY) 50 COUNTY OF BIRTH

60 CITY, TOWN, OR LOCATION OF BIRTH 61 INSIDE CITY LIMITS (SPECIFY YES OR NO) 62 HOSPITAL—NAME (IF NOT IN HOSPITAL, GIVE STREET AND NUMBER)

70 MOTHER—MAIDEN NAME FIRST MIDDLE LAST 71 AGE (AT TIME OF THIS BIRTH) 72 STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)

80 RESIDENCE—STATE COUNTY CITY, TOWN, OR LOCATION 81 INSIDE CITY LIMITS (SPECIFY YES OR NO) 82 STREET AND NUMBER

90 FATHER—NAME FIRST MIDDLE LAST 91 AGE (AT TIME OF THIS BIRTH) 92 STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)

100 INFORMANT 101 RELATION TO CHILD

102 CERTIFY THAT THE ABOVE NAMED CHILD WAS BORN ALIVE AT THE PLACE AND TIME AND ON THE DATE STATED ABOVE 103 DATE SIGNED (MONTH, DAY, YEAR) 104 ATTENDANT—M.D., D.O., MIDWIFE, OTHER (SPECIFY)

105 SIGNATURE 106 CERTIFIER—NAME (TYPE OR PRINT) 107 MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)

108 REGISTRAR—SIGNATURE 109 DATE RECEIVED BY LOCAL REGISTRAR (MONTH DAY YEAR)

110 CONFIDENTIAL INFORMATION FOR MEDICAL AND HEALTH USE ONLY

111 RACE—FATHER 112 EDUCATION—SPECIFY HIGHEST GRADE COMPLETED 113 PREVIOUS DELIVERIES—HOW MANY OTHER CHILDREN

114 RACE—MOTHER 115 EDUCATION—SPECIFY HIGHEST GRADE COMPLETED 116 DATE OF LAST LIVE BIRTH (MONTH DAY YEAR) 117 DATE OF LAST FETAL DEATH (MONTH DAY YEAR)

118 DEATH UNDER ONE YEAR OF AGE ENTER STATE FILE NUMBER OF DEATH CERTIFICATE FOR THIS CHILD 119 DATE LAST NORMAL MENSTRUATION BEGAN (MONTH DAY YEAR) 120 MONTH OF PREGNANCY PRENATAL CARE BEGAN (FIRST, SECOND, THIRD, ETC. (SPECIFY)) 121 PRENATAL VISITS TOTAL NUMBER (IF NONE, SO STATE) 122 LEGITIMATE (SPECIFY YES OR NO) 123 BIRTH WEIGHT

124 COMPLICATIONS RELATED TO PREGNANCY (DESCRIBE OR WRITE "NONE") 125 BIRTH INJURIES TO CHILD (DESCRIBE OR WRITE "NONE")

126 COMPLICATIONS NOT RELATED TO PREGNANCY (DESCRIBE OR WRITE "NONE") 127 CONGENITAL MALFORMATIONS OR ANOMALIES OF CHILD (DESCRIBE OR WRITE "NONE")

128 COMPLICATIONS OF LABOR (DESCRIBE OR WRITE "NONE") 129

130 MULTIPLE BIRTHS ENTER STATE FILE NUMBER FOR MATERNITY 131 LIVE BIRTH(S) 132 FETAL DEATH(S)

U.S. GOVERNMENT PRINTING OFFICE: 1967 OF—241-658

Figure 1. United States Standard Certificate of Live Birth.

census and on the birth certificate in Puerto Rico which added the item in 1963. The information is easier to code and should be more comparable between vital and census records. However, there was some opposition to including a question on education on the grounds that it would embarrass some people and therefore, would not be answered or answered incorrectly.

Both occupation and industry have been retained on the death certificate, because this information is used to study specific occupational diseases or accident risks.

Information on child spacing.—One of the conspicuous gaps in knowledge of fertility changes in the United States has been absence of regular data on intervals between marriage and birth of first children and intervals between first and second, second and third, and all other children. An earlier draft of the birth certificate contained questions on date of first marriage, date of termination of last previous pregnancy, and whether

it was a live birth or fetal death. However, a question on date of first marriage was strongly opposed by State vital statistics officials for several reasons. It might be illegal in States which by law forbid any question on legitimacy. Also, it would be resented in cases of premarital pregnancy and cases involving more than one marriage, therefore, this question has been omitted.

Questions on the date of last live birth or fetal death were more favorably viewed, although some vital statistics officials opposed them. Both demographers and public health scientists responded favorably. The former will welcome data on average spacing between successive births in analyses of fertility trends and the latter will be interested in relationships between child spacing and maternal and infant health.

Additional medical information on live birth and fetal death certificates (figs. 1 and 2).—Prior to 1968, of the 56 independent registration areas:

(including the 50 States), 48 asked a question on congenital malformations, 32 had a question on complications of pregnancy, 13 included a question on prenatal care, and 34 included an item on birth injuries. Although this information was not included on previous standard certificates, an optional supplement has been recommended beginning with the 1939 revision. There seem to be cogent reasons for putting a greater national emphasis on this information at this time.

The last 10 years have seen a definite leveling of the infant mortality rate. Federal and State programs have been started to achieve a significant reduction in the coming decade. More comprehensive data on these medical aspects of the birth process may assist in the identification of factors related to fetal and infant mortality.

It is recognized that there is a serious problem of underreporting of this type of information. This is substantiated by several studies in which the birth certificates were compared with hospital records. There are also differences

of opinion concerning the relative merits of open-end and checklist types of questions. Only one area now uses a checklist to obtain information on congenital malformations, and only one-third of the areas that obtain information on complications and birth injuries use checklists.

The National Center for Health Statistics has decided to recommend open-end questions on all of the medical items to be located in the confidential sections of the certificates. They require much less space and can be accommodated within the dimensions of the present certificates.

Format of death certificate.—No major changes of content are proposed for the Standard Certificate of Death. However, two alternative formats are proposed. Each of them provides clear differentiations between the deaths certified by medical examiners or coroners and those certified by other physicians (figs 3-5).

Under the first alternative, all persons in a State would use one death certificate form to complete the medical certification. Separate

FORM APPROVED
BUREAU BUREAU NO. 68-81902

U.S. STANDARD
CERTIFICATE OF FETAL DEATH

TYPE, OR PRINT IN PERMANENT INK
SEE HANDBOOK FOR INSTRUCTIONS

LOCAL FILE NUMBER

STATE FILE NUMBER

FETUS

1 FETUS—NAME FIRST MIDDLE LAST

2a DATE OF DELIVERY (MONTH, DAY, YEAR) HOUR

2b M.

3 SEX THIS DELIVERY—SINGLE, TWIN, TRIPLET, ETC. (SPECIFY) IF NOT SINGLE DELIVERY BORN FIRST, SECOND, THIRD, ETC. (SPECIFY) COUNTY OF DELIVERY

4a CITY, TOWN, OR LOCATION OF DELIVERY INSIDE CITY LIMITS (SPECIFY YES OR NO) HOSPITAL—NAME (IF NOT IN HOSPITAL, GIVE STREET AND NUMBER)

4b

4c

MOTHER

5a MOTHER—MAIDEN NAME FIRST MIDDLE LAST

5b AGE (AT TIME OF THIS DELIVERY)

5c STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)

6a RESIDENCE—STATE COUNTY CITY, TOWN, OR LOCATION INSIDE CITY LIMITS (SPECIFY YES OR NO) STREET AND NUMBER

6b

6c

FATHER

7a FATHER—NAME FIRST MIDDLE LAST

7b AGE (AT TIME OF THIS DELIVERY)

7c STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)

7d

7e

CAUSE

8a PART I. FETAL DEATH WAS CAUSED BY (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) SPECIFY FETAL OR MATERNAL

8b

8c

8d

8e

8f

8g

8h

8i

8j

8k

8l

8m

8n

8o

8p

8q

8r

8s

8t

8u

8v

8w

8x

8y

8z

9a PART II. OTHER SIGNIFICANT CONDITIONS OF FETUS OR MOTHER: CONDITIONS CONTRIBUTING TO FETAL DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a) FETUS DIED BEFORE LABOR, DURING LABOR OR DELIVERY, UNKNOWN (SPECIFY) (b) AUTOPSY (SPECIFY YES OR NO) (c) IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH

9b

9c

9d

9e

9f

9g

9h

9i

9j

9k

9l

9m

9n

9o

9p

9q

9r

9s

9t

9u

9v

9w

9x

9y

9z

CERTIFIER

10a I CERTIFY THAT THIS DELIVERY OCCURRED ON THE DATE STATED ABOVE AND THE FETUS WAS BORN DEAD

10b DATE SIGNED (MONTH, DAY, YEAR)

10c ATTENDANT—M.D., D.O., MIDWIFE, OTHER (SPECIFY)

10d CERTIFIER—MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)

10e AUTHORIZED OFFICIAL (IF DELIVERY NOT ATTENDED BY PHYSICIAN)

10f

10g

10h

10i

10j

10k

10l

10m

10n

10o

10p

10q

10r

10s

10t

10u

10v

10w

10x

10y

10z

BURIAL

11a BURIAL, CREMATION, OR REMOVAL (SPECIFY)

11b CEMETERY OR CREMATORY—NAME

11c LOCATION (CITY OR TOWN, STATE)

11d DATE (MONTH, DAY, YEAR)

11e FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)

11f

11g

11h

11i

11j

11k

11l

11m

11n

11o

11p

11q

11r

11s

11t

11u

11v

11w

11x

11y

11z

12a FUNERAL DIRECTOR—SIGNATURE

12b REGISTRAR—SIGNATURE

12c DATE RECEIVED BY LOCAL REGISTRAR (MONTH DAY YEAR)

12d

12e

12f

12g

12h

12i

12j

12k

12l

12m

12n

12o

12p

12q

12r

12s

12t

12u

12v

12w

12x

12y

12z

CONFIDENTIAL INFORMATION FOR MEDICAL AND HEALTH USE ONLY

13a RACE—FATHER WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)

13b EDUCATION—SPECIFY HIGHEST GRADE COMPLETED (1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100)

13c PREVIOUS DELIVERIES—HOW MANY OTHER CHILDREN ARE NOW LIVING WERE BORN ALIVE—NOW DEAD (SPECIFY)

13d

13e

13f

13g

13h

13i

13j

13k

13l

13m

13n

13o

13p

13q

13r

13s

13t

13u

13v

13w

13x

13y

13z

14a RACE—MOTHER WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)

14b EDUCATION—SPECIFY HIGHEST GRADE COMPLETED (1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100)

14c DATE OF LAST LIVE BIRTH (MONTH DAY YEAR)

14d DATE OF LAST FETAL DEATH (MONTH DAY YEAR)

14e

14f

14g

14h

14i

14j

14k

14l

14m

14n

14o

14p

14q

14r

14s

14t

14u

14v

14w

14x

14y

14z

15a DATE LAST NORMAL MENSTRUATION BEGAN (MONTH DAY YEAR)

15b MONTH OF PREGNANCY PRENATAL CARE BEGAN (1ST, 2D, ETC. (SPECIFY))

15c PRENATAL VISITS TOTAL NUMBER (IF NONE, SO STATE)

15d LEGITIMATE (SPECIFY YES OR NO)

15e BIRTH WEIGHT (SPECIFY)

15f

15g

15h

15i

15j

15k

15l

15m

15n

15o

15p

15q

15r

15s

15t

15u

15v

15w

15x

15y

15z

16a COMPLICATIONS RELATED TO PREGNANCY (DESCRIBE OR WRITE "NONE")

16b BIRTH INJURIES TO FETUS (DESCRIBE OR WRITE "NONE")

16c

16d

16e

16f

16g

16h

16i

16j

16k

16l

16m

16n

16o

16p

16q

16r

16s

16t

16u

16v

16w

16x

16y

16z

17a COMPLICATIONS NOT RELATED TO PREGNANCY (DESCRIBE OR WRITE "NONE")

17b CONGENITAL MALFORMATIONS OR ANOMALIES OF FETUS (DESCRIBE OR WRITE "NONE")

17c

17d

17e

17f

17g

17h

17i

17j

17k

17l

17m

17n

17o

17p

17q

17r

17s

17t

17u

17v

17w

17x

17y

17z

18a COMPLICATIONS OF LABOR (DESCRIBE OR WRITE "NONE")

18b

18c

18d

18e

18f

18g

18h

18i

18j

18k

18l

18m

18n

18o

18p

18q

18r

18s

18t

18u

18v

18w

18x

18y

18z

19a MULTIPLE BIRTHS (ENTER STATE # IF NUMBER FOR MATR(S))

19b LIVE BIRTH(S)

19c FETAL DEATH(S)

19d

19e

19f

19g

19h

19i

19j

19k

19l

19m

19n

19o

19p

19q

19r

19s

19t

19u

19v

19w

19x

19y

19z

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27x

27y

27z

28a

28b

28c

28d

28e

28f

28g

28h

28i

28j

28k

28l

28m

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28o

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28q

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28s

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28u

28v

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28x

28y

28z

29a

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30o

30p

30q

30r

30s

30t

30u

30v

30w

30x

30y

30z

31a

31b

31c

31d

31e

31f

31g

31h

31i

31j

31k

31l

31m

31n

31o

31p

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PHS-798 REV. 1-68 DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE—PUBLIC HEALTH SERVICE—NATIONAL CENTER FOR HEALTH STATISTICS
1968 REVISION

U.S. GOVERNMENT PRINTING OFFICE: 1967 OF-241-662

Figure 2. United States Standard Certificate of Fetal Death.

FORM APPROVED
BUDGET BUREAU NO. 68-11901

(PHYSICIAN, MEDICAL EXAMINER OR CORONER)
U.S. STANDARD
CERTIFICATE OF DEATH

U.S. GOVERNMENT PRINTING OFFICE 1967 OF-241-639

TYPE, OR PRINT IN
PERMANENT INK
SEE HANDBOOK FOR
INSTRUCTIONS

LOCAL FILE NUMBER

STATE FILE NUMBER

DECEASED

1. DECEASED—NAME FIRST MIDDLE LAST 2. SEX 3. DATE OF DEATH (MONTH, DAY, YEAR)

4. RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY) 5a. AGE—LAST BIRTHDAY (YEARS) UNDER 1 YEAR MONTHS DAYS 5b. UNDER 1 DAY HOURS MIN. 6. DATE OF BIRTH (MONTH, DAY, YEAR) 7a. COUNTY OF DEATH

8. CITY, TOWN, OR LOCATION OF DEATH 9. INSIDE CITY LIMITS (SPECIFY YES OR NO) 10. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)

11. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) 12. CITIZEN OF WHAT COUNTRY 13. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 14. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)

15. SOCIAL SECURITY NUMBER 16. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) 17. KIND OF BUSINESS OR INDUSTRY

18. RESIDENCE—STATE 19. COUNTY 20. CITY, TOWN, OR LOCATION 21. INSIDE CITY LIMITS (SPECIFY YES OR NO) 22. STREET AND NUMBER

PARENTS

23. FATHER—NAME FIRST MIDDLE LAST 24. MOTHER—MAIDEN NAME FIRST MIDDLE LAST

INFORMANT

25. INFORMANT—NAME 26. MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)

PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))

27. IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF: (b) DUE TO, OR AS A CONSEQUENCE OF: (c) DUE TO, OR AS A CONSEQUENCE OF:

28. CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), (b), OR (c), STATING THE UNDERLYING CAUSE LAST

CAUSE

29. PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a) AUTOPSY (YES OR NO) 30. IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH (YES OR NO)

31. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY) 32. DATE OF INJURY (MONTH, DAY, YEAR) 33. HOUR 34. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)

35. INJURY AT WORK (SPECIFY YES OR NO) 36. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY) 37. LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)

CERTIFIER

38. CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM MONTH DAY YEAR TO MONTH DAY YEAR AND LAST SAW HIM/HER ALIVE ON MONTH DAY YEAR I DID/DID NOT VIEW THE BODY AFTER DEATH. 39. DEATH OCCURRED AT THE PLACE, ON THE DATE, AND TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED. 40. HOUR OF DEATH 41. THE DECEASED WAS PRONOUNCED DEAD MONTH DAY YEAR HOUR

42. CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.

43. CERTIFIER—NAME (TYPE OR PRINT) 44. SIGNATURE 45. DEGREE OR TITLE 46. DATE SIGNED (MONTH, DAY, YEAR)

47. MAILING ADDRESS—CERTIFIER STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP

BURIAL

48. BURIAL, CREMATION, REMOVAL (SPECIFY) 49. CEMETERY OR CREMATORY—NAME 50. LOCATION CITY OR TOWN STATE

51. DATE (MONTH, DAY, YEAR) 52. FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)

53. FUNERAL DIRECTOR—SIGNATURE 54. REGISTRAR—SIGNATURE 55. DATE RECEIVED BY LOCAL REGISTRAR

PHS-797-1 REV. 1-68 DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE—PUBLIC HEALTH SERVICE—NATIONAL CENTER FOR HEALTH STATISTICS 1968 REVISION

Figure 3. United States Standard Certificate of Death used by physician, medical examiner, or coroner.

spaces and differently worded certification statements are provided for physicians and for medical examiners or coroners.

Under the second alternative, a State would use two death certificate forms, one for physicians and the other for medical examiners or coroners. The two forms are identical, except in the wording of the certification statements and omission of any reference to suicide or homicide on the form for physicians.

It is anticipated that a majority of States will follow the first alternative. A few States now use two certificate forms and will continue to do so but as more Statewide medical examiner systems are established, the two-form system is likely to become more popular.

Addition of "confidential sections" in the certificates of marriage and divorce or annulment (figs. 6 and 7).—Confidential sections are proposed for these certificates for the first time;

the format will be similar to that already in effect for the live birth and fetal death certificates. This will make possible an omission of certain personal information from most certified copies. Questions on race, education, and previous marital history will be placed in the confidential sections.

This action was supported by most questionnaire respondents, but a majority of State vital statistics officials do not favor it. The latter believe that local government officials, who are not under the authority of public health departments, may not accept the confidential sections. Marriage records have traditionally been treated as public records in local offices. However, the National Center for Health Statistics believes that the reasons for confidential treatment of certain information are as valid for marriage and divorce as for birth certificates.

OTHER ADDITIONS OR MODIFICATIONS

A number of other noteworthy changes were made in the 1968 standard certificates.

Live Birth and Fetal Death Certificates

A question on the "date last normal menses began" was substituted for one on "completed weeks of pregnancy." Several registration areas had made this change earlier on their own certificates. The resulting data were significantly improved in that the heaping of reported gestations at 36 and 40 weeks was eliminated. Thus, the change is expected to result in more accurate national data on premature births and relationships between length of pregnancy and other variables, e.g., birth weight.

Two questions were added on prenatal care, the "month prenatal care began" and the "total number of prenatal visits." It is hoped that they

will provide useful information on the quantity, if not the quality, of prenatal care, its variation among population groups of expectant mothers, and its general relationship to infant and fetal mortality.

Death Certificate

"Name of surviving spouse" was added because it has been found useful for identification in inheritance, social security, and pension cases. If an autopsy was performed, the question "Were findings considered in determining cause of death" was added. The use of autopsy findings obviously affects the reliability of cause-of-death certification.

Marriage Certificate

Additional identification of the officiant at the marriage as "religious or civil" was added

FORM APPROVED
BUDGET BUREAU NO. 68-81901

(MEDICAL EXAMINER OR CORONER)
U.S. STANDARD
CERTIFICATE OF DEATH

U.S. GOVERNMENT PRINTING OFFICE 1967 OF-241-950

TYPE, OR PRINT IN PERMANENT INK
SEE HANDBOOK FOR INSTRUCTIONS

LOCAL FILE NUMBER

STATE FILE NUMBER

DECEASED

1. DECEASED—NAME FIRST MIDDLE LAST 2. SEX 3. DATE OF DEATH (MONTH, DAY, YEAR)

4. RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY) 5a. AGE—LAST BIRTHDAY (YEARS) 5b. MOS. 5c. DAYS 5d. HOURS 5e. MIN. 6. DATE OF BIRTH (MONTH, DAY, YEAR) 7. COUNTY OF DEATH

8. CITY, TOWN, OR LOCATION OF DEATH 9. INSIDE CITY LIMITS (SPECIFY YES OR NO) 10. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)

11. STATE OF BIRTH (IF NOT IN U.S., NAME COUNTRY) 12. CITIZEN OF WHAT COUNTRY 13. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 14. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)

15. SOCIAL SECURITY NUMBER 16. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) 17. KIND OF BUSINESS OR INDUSTRY

18. RESIDENCE—STATE 19. COUNTY 20. CITY, TOWN, OR LOCATION 21. INSIDE CITY LIMITS (SPECIFY YES OR NO) 22. STREET AND NUMBER

PARENTS

23. FATHER—NAME FIRST MIDDLE LAST 24. MOTHER—MAIDEN NAME FIRST MIDDLE LAST

25. INFORMANT—NAME 26. MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)

CAUSE

PART I. DEATH WAS CAUSED BY: [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]

27. IMMEDIATE CAUSE

(a) DUE TO, OR AS A CONSEQUENCE OF:

(b) DUE TO, OR AS A CONSEQUENCE OF:

(c) DUE TO, OR AS A CONSEQUENCE OF:

CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST

PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)

28. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY) 29. DATE OF INJURY (MONTH, DAY, YEAR) 30. HOUR 31. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)

32. INJURY AT WORK (SPECIFY YES OR NO) 33. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY) 34. LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)

35. CERTIFICATION—MEDICAL EXAMINER OR CORONER—ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.

36. DEATH OCCURRED (HOUR) 37. THE DECEDENT WAS PRONOUNCED DEAD (MONTH) (DAY) (YEAR) 38. DATE SIGNED (MONTH, DAY, YEAR)

39. CERTIFIER—NAME (TYPE OR PRINT) 40. SIGNATURE 41. DEGREE OR TITLE

42. MAILING ADDRESS—CERTIFIER (STREET OR R.F.D. NO.) (CITY OR TOWN) (STATE) (ZIP)

BURIAL

43. BURIAL, CREMATION, REMOVAL (SPECIFY) 44. CEMETERY OR CREMATORY—NAME 45. LOCATION (CITY OR TOWN) (STATE)

46. DATE (MONTH, DAY, YEAR) 47. FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)

48. FUNERAL DIRECTOR—SIGNATURE 49. REGISTRAR—SIGNATURE 50. DATE RECEIVED BY LOCAL REGISTRAR

PHS-757-3 REC. 1-68 DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE—PUBLIC HEALTH SERVICE—NATIONAL CENTER FOR HEALTH STATISTICS 1968 REVISION

Figure 4. United States Standard Certificate of Death used by medical examiner or coroner.

FORM APPROVED
BUDGET BUREAU NO. 68-81901

(PHYSICIAN)
U.S. STANDARD
CERTIFICATE OF DEATH

U.S. GOVERNMENT PRINTING OFFICE 1967 OF-241-641

TYPE, OR PRINT IN PERMANENT INK SEE HANDBOOK FOR INSTRUCTIONS

LOCAL FILE NUMBER

STATE FILE NUMBER

DECEASED

1 DECEASED—NAME FIRST MIDDLE LAST 2 SEX 3 DATE OF DEATH (MONTH, DAY, YEAR)

4 RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY) 5a AGE—LAST BIRTHDAY (YEARS) 5b UNDER 1 YEAR 5c UNDER 1 DAY 6 DATE OF BIRTH (MONTH, DAY, YEAR) 7a COUNTY OF DEATH

8 CITY, TOWN, OR LOCATION OF DEATH 9 INSIDE CITY LIMITS (SPECIFY YES OR NO) 10 HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)

11 STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) 12 CITIZEN OF WHAT COUNTRY 13 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 14 SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)

15 SOCIAL SECURITY NUMBER 16 USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) 17 KIND OF BUSINESS OR INDUSTRY

18 RESIDENCE—STATE 19 COUNTY 20 CITY, TOWN, OR LOCATION 21 INSIDE CITY LIMITS (SPECIFY YES OR NO) 22 STREET AND NUMBER

PARENTS

23 FATHER—NAME FIRST MIDDLE LAST 24 MOTHER—MAIDEN NAME FIRST MIDDLE LAST

25 INFORMANT—NAME 26 MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)

CAUSE

27a PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) 27b IMMEDIATE CAUSE 27c APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

28 (a) DUE TO, OR AS A CONSEQUENCE OF: 29 (b) CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST 30 (c) DUE TO, OR AS A CONSEQUENCE OF:

31 PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a) 32 AUTOPSY (YES OR NO) 33 IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH

34 ACCIDENT (SPECIFY YES OR NO) 35 DATE OF INJURY (MONTH, DAY, YEAR) 36 HOUR 37 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18) 38 AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED:

39 INJURY AT WORK (SPECIFY YES OR NO) 40 PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY) 41 LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE) 42 AND LAST SAW HIM/HER ALIVE ON MONTH DAY YEAR 43 I DID/DID NOT VIEW THE BODY AFTER DEATH (HOUR) 44 DATE OCCURRED (MONTH, DAY, YEAR)

CERTIFIED

45 CERTIFICATION—PHYSICIAN (I ATTENDED THE DECEASED FROM: 46 MONTH DAY YEAR TO 47 MONTH DAY YEAR 48 AND LAST SAW HIM/HER ALIVE ON MONTH DAY YEAR 49 I DID/DID NOT VIEW THE BODY AFTER DEATH (HOUR) 50 DATE OCCURRED (MONTH, DAY, YEAR)

51 PHYSICIAN—NAME (TYPE OR PRINT) 52 SIGNATURE 53 DEGREE OR TITLE 54 DATE SIGNED (MONTH, DAY, YEAR)

55 MAILING ADDRESS—PHYSICIAN (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)

BURIAL

56 BURIAL, CREMATION, REMOVAL (SPECIFY) 57 CEMETERY OR CREMATORY—NAME 58 LOCATION (CITY OR TOWN, STATE) 59 DATE (MONTH, DAY, YEAR) 60 FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 61 FUNERAL DIRECTOR—SIGNATURE 62 REGISTRAR—SIGNATURE 63 DATE RECEIVED BY LOCAL REGISTRAR

Figure 5. United States Standard Certificate of Death used by physician.

to provide information on a factor that has shown a significant relationship with marriage stability. Also, a question on "date last marriage ended," for second or higher order marriages, in conjunction with the question on mode of termination of the last marriage, will provide information on duration of widowhood and divorced status prior to remarriage.

Divorce Certificate

A question on "approximate date couple separated" was added to this certificate. This date usually marks the defacto end of the marital union and can be used, with the dates of marriage and divorce, to compute the actual compared with the legal duration of the marriage. Name of "attorney for plaintiff" was also added to facilitate additional inquiries to the person who usually supplies the information concerning the husband and wife.

If this was not the couple's first marriage, a new question is asked on the "number of previous marriages ended by death or by divorce or annulment." Finally, the new certificate asks for the total number of living children as well as the number under 18 years of age. This will permit tabulations of more uniform information since some States now ask for the total number and some only for children under 18 years.

ADDITIONS CONSIDERED, BUT NOT ADOPTED

Live Birth and Fetal Death Certificates

Addition to the live birth and fetal death certificates of a question on "Date of mother's first marriage" was recommended by demographers and by the United States National Committee on Vital and Health Statistics. This information is obtained in a number of other countries

and is recommended by the statistical office of the United Nations as needed for the study of child spacing. However, the directors of State vital statistics offices almost unanimously opposed the question. They believed that it would not be answered or answered incorrectly in cases where there had been more than one marriage or where pregnancy occurred before marriage. The question might also be illegal in States which by law forbid any question on legitimacy of the child. It was added to the fetal death certificate in Minnesota in 1966 on a trial basis and encountered strong objections from hospitals. Reconsideration of the arguments pro and con resulted in a decision to exclude the question.

Addition of the Social Security numbers of the father and mother was proposed. The principal argument emphasized their potential usefulness in linking individual and family records for research purposes. Opponents felt that there was

little hard evidence that the numbers would be frequently or significantly used in this way and that the numbers should not be included until an actual, demonstrated public need existed. It was decided not to include the Social Security numbers of parents.

Death Certificate

Although a large majority of persons favored addition of the name of the surviving spouse, the margin favoring addition of his or her age was much smaller, with the State registrars overwhelmingly opposed to it. Proponents stressed the usefulness of the information in studies of social problems of widowed persons; opponents questioned the reliability of the information and its necessity. Thus, it was not included.

Opinion on addition of the birthplaces of the father and mother of the decedent was about evenly

FORM APPROVED BUDGET BUREAU NO. 68-81903		LICENSE NO.		U.S. STANDARD CERTIFICATE OF MARRIAGE				STATE FILE NUMBER	
COUNTY		DATE		GROOM—NAME		BRIDE—NAME		DATE	
TYPE, OR PRINT IN PERMANENT INK SEE HANDBOOK FOR INSTRUCTIONS		FIRST		MIDDLE		LAST			
GROOM		1. RESIDENCE—STATE		2. COUNTY		3. CITY, TOWN, OR LOCATION		4. INSIDE CITY LIMITS (SPECIFY YES OR NO)	
7a. STREET AND NUMBER		7b.		7c.		8. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		9. DATE OF BIRTH (MONTH, DAY, YEAR)	
10. FATHER—NAME		11. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		12. MOTHER—MAIDEN NAME		13. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		14. DATE OF BIRTH (MONTH, DAY, YEAR)	
BRIDE		15. BRIDE—NAME		16. FIRST		17. MIDDLE		18. LAST	
19. STREET AND NUMBER		20.		21.		22. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		23. DATE OF BIRTH (MONTH, DAY, YEAR)	
24. FATHER—NAME		25. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		26. MOTHER—MAIDEN NAME		27. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		28. DATE OF BIRTH (MONTH, DAY, YEAR)	
APPLICANT		29. APPLICANT—SIGNATURE		30. DATE SIGNED (MONTH, DAY, YEAR)		31. APPLICANT—SIGNATURE		32. DATE SIGNED (MONTH, DAY, YEAR)	
OFFICIANT		33. I CERTIFY THAT THE ABOVE NAMED PERSONS WERE MARRIED ON:		34. MONTH		35. DAY		36. YEAR	
37. OFFICIANT—SIGNATURE		38. DATE SIGNED (MONTH, DAY, YEAR)		39. PLACE OF MARRIAGE—COUNTY		40. STATE		41. OFFICIANT—RELIGIOUS OR CIVIL (SPECIFY)	
42. WITNESS—SIGNATURE		43. DATE SIGNED (MONTH, DAY, YEAR)		44. WITNESS—SIGNATURE		45. DATE SIGNED (MONTH, DAY, YEAR)		46. OFFICIANT—RELIGIOUS OR CIVIL (SPECIFY)	
47. LOCAL OFFICIAL MAKING RETURN TO STATE HEALTH DEPARTMENT		48. SIGNATURE		49. DATE RECEIVED BY LOCAL OFFICIAL (MONTH, DAY, YEAR)		50.		51.	
CONFIDENTIAL INFORMATION									
GROOM		52. RACE—GROOM		53. NUMBER OF THIS MARRIAGE		54. IF PREVIOUSLY MARRIED		55. EDUCATION—SPECIFY HIGHEST GRADE COMPLETED	
56. WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)		57. FIRST, SECOND, ETC. (SPECIFY)		58. LAST MARRIAGE ENDED BY—		59. DATE		60. ELEMENTARY	
61. 18.		19.		62. DEATH, DIVORCE, OR ANNULMENT (SPECIFY)		63. MONTH		64. HIGH SCHOOL	
65. 20.		21.		66. 20a.		20b.		67. COLLEGE	
BRIDE		68. RACE—BRIDE		69. NUMBER OF THIS MARRIAGE		70. IF PREVIOUSLY MARRIED		71. EDUCATION—SPECIFY HIGHEST GRADE COMPLETED	
72. WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)		73. FIRST, SECOND, ETC. (SPECIFY)		74. LAST MARRIAGE ENDED BY—		75. DATE		76. ELEMENTARY	
77. 22.		23.		78. DEATH, DIVORCE, OR ANNULMENT (SPECIFY)		79. MONTH		80. HIGH SCHOOL	
81. 24.		25.		82. 24a.		24b.		83. COLLEGE	

PHS 2039—REV. 1-68 DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE—PUBLIC HEALTH SERVICE—NATIONAL CENTER FOR HEALTH STATISTICS
1968 REVISION

U.S. GOVERNMENT PRINTING OFFICE 1967 O-261-663

Figure 6. United States Standard Certificate of Marriage.

FORM APPROVED
BUDGET BUREAU NO. 68-11904

U.S. STANDARD CERTIFICATE OF
ABSOLUTE DIVORCE OR ANNULMENT

TYPE, OR PRINT IN PERMANENT INK
SEE HANDBOOK FOR INSTRUCTIONS

LOCAL FILE NUMBER STATE FILE NUMBER

HUSBAND

1 HUSBAND—NAME FIRST MIDDLE LAST
2a RESIDENCE—STATE 2b COUNTY 2c CITY, TOWN, OR LOCATION INSIDE CITY LIMITS (SPECIFY YES OR NO)
3a STREET AND NUMBER 3b STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) 3c DATE OF BIRTH (MONTH, DAY, YEAR)

WIFE

4 WIFE—NAME FIRST MIDDLE LAST 4b MAIDEN NAME
5a RESIDENCE—STATE 5b COUNTY 5c CITY, TOWN, OR LOCATION INSIDE CITY LIMITS (SPECIFY YES OR NO)
6a STREET AND NUMBER 6b STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) 6c DATE OF BIRTH (MONTH, DAY, YEAR)

7 PLACE OF THIS MARRIAGE—COUNTY 7b STATE (IF NOT IN U.S.A., NAME COUNTRY) 7c DATE OF THIS MARRIAGE (MONTH, DAY, YEAR) 7d APPROXIMATE DATE COUPLE SEPARATED (MONTH, YEAR)

8 LIVING CHILDREN—TOTAL NUMBER 8b UNDER 18 YEARS OF AGE 8c PLAINTIFF HUSBAND, WIFE, OTHER (SPECIFY)

9a ATTORNEY FOR PLAINTIFF—NAME 9b ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)

DECREE

10 I CERTIFY THAT THE MARRIAGE OF THE ABOVE NAMED PERSONS WAS DISSOLVED ON: MONTH DAY YEAR
11 LEGAL GROUNDS FOR DECREE (SPECIFY) 12 COUNTY OF DECREE 13 DATE OF RECORDING (MONTH, DAY, YEAR)
14a COURT OFFICIAL—SIGNATURE 14b TITLE OF COURT OFFICIAL 14c COURT—NAME

CONFIDENTIAL INFORMATION

HUSBAND

15 RACE—HUSBAND (WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)) 16 NUMBER OF THIS MARRIAGE (FIRST, SECOND, ETC. (SPECIFY)) 17 IF PREVIOUSLY MARRIED HOW MANY ENDED BY (DEATH, DIVORCE OR ANNULMENT (SPECIFY IF NONE)) 18 EDUCATION—SPECIFY HIGHEST GRADE COMPLETED (ELEMENTARY, HIGH SCHOOL, COLLEGE)

WIFE

19 RACE—WIFE (WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)) 20 NUMBER OF THIS MARRIAGE (FIRST, SECOND, ETC. (SPECIFY)) 21 IF PREVIOUSLY MARRIED HOW MANY ENDED BY (DEATH, DIVORCE OR ANNULMENT (SPECIFY IF NONE)) 22 EDUCATION—SPECIFY HIGHEST GRADE COMPLETED (ELEMENTARY, HIGH SCHOOL, COLLEGE)

U.S. GOVERNMENT PRINTING OFFICE: 1967 OF-241-664

Figure 7. United States Certificate of Absolute Divorce or Annulment.

divided. The principal use cited was in epidemiological studies of the relationships between ethnic or cultural factors and mortality from various diseases. The accuracy of such information was questioned, as well as its value, considering the space limitations of the death certificate.

A majority of respondents thought that the medical certification section should be made confidential and not reproduced on copies of death certificates. The State registrars opposed this step by a two to one majority. They felt that it would compel adoption of a separate form for medicolegal deaths, because records of investigation of such deaths are public records. Also, there would be strong opposition from the insurance business.

Marriage Certificate

Although there were a number of other items proposed for inclusion on the marriage certifi-

cate, none of those proposed by the NCHS or submitted to respondents in either of the questionnaires were excluded.

Divorce Certificate

The place of final separation of the divorced couple was proposed. However, it was not considered as important as the date of separation, which was added. Therefore it was excluded from the standard certificate.

Addition of the age and sex of each child was proposed to obtain information useful in analyzing the effects of divorce on dependent children. A majority of respondents answered favorably but the State registrars opposed it by a substantial margin. They felt that such information would not be of sufficient value to justify the effort to obtain it. These questions were not included.

DELETIONS

The question "Is residence on a farm" was deleted from the live birth, fetal death, and death certificates. It had been added in the 1956 revision at the request of the Department of Agriculture and the Bureau of the Census. At the time it seemed that this information obtained on the vital records would be relatable to that obtained from a similar question in the 1960 population census. However, the definition of "farm" was changed in the 1960 census so that the resulting data were not comparable with the data obtained on vital records. Since valid vital rates by farm or nonfarm residence could not be computed it was decided to omit the question from vital records.

The questions on usual occupation and kind of business or industry were replaced on the live birth, fetal death, marriage, and divorce or annulment certificates by a question on highest grade of school completed. The reasons were stated in a previous section.

A question on service in the Armed Forces was also removed from the death certificate. This action was favored by all groups of respondents by the ratio of four to one, on the ground that the information was not needed by most State governments or the Federal Government.

DESIGN AND PRINTING

Early in the history of this revision the PHCRS Study Group on Structural Format of Standard Certificates formulated certain principles to be followed:

1. Each item should be specified and arranged to facilitate preparation of the certificate and to maximize the accuracy and completeness of the reported information.
2. In view of the extensive present use of microphotography and probable increased use in the future, microfilming requirements should be thoroughly considered in the design and physical characteristics of the certificates.

3. Location, spacing, and wording of each item should be selected for maximum facilitation of record retrieval and data processing.

A number of more specific decisions were made during the evolution of the forms:

1. Word and arrange similar items in the same way on all certificates.
2. Limit the number of different types used in the certificates. (Three different sizes of the same type style were used in the body of the final certificates.)
3. Use open-face rather than bold-face type, to avoid over-shadowing the reported information and to improve microphotographic reproduction.
4. Place printed item headings as close as possible to the line above, to leave maximum space for the entry of information.
5. Do not use reverse side of certificate for reported information.
6. Consider both vertical and horizontal spacing and attempt to allow space proportional to the information requested.
7. Plan for pica type and double spacing for all items. The death and fetal death certificates are crowded, so that only one and one-half spaces could be allowed for certain items.
8. Position the item heading above the typing line so that the typist can see what is to be entered.
9. Use check boxes only where there is clear evidence that they will result in better reporting. They require more space than can be provided in a space-limited form.
10. Provide for cross-referencing related documents, such as birth certificates of multiple births, and live birth and infant death certificates for the same infant.
11. Do not exceed the dimensions $8\frac{1}{2}'' \times 7\frac{1}{2}''$, a size which is as large as or larger than

the 1967 forms of a majority of the registration areas. It was recognized that a larger size would be preferable for the fetal death and death certificates which are somewhat crowded. However, increased certificate dimensions would not be accommodated by the existing filing equipment in many State and local offices.

12. Group related items, and lead the informant to each group by prominent "locator" words or headings.

The final standard certificate forms evolved from numerous earlier drafts prepared during the period 1964-67. The early drafts were done on an ordinary typewriter which did not permit variations in size or style of type.

The final forms were designed with the assistance of a professional forms design specialist who worked closely with the staff of the Division of Vital Statistics. Numerous drafts were prepared and reviewed. The review of forms, in which spacing, wording, and size of type are important, is a difficult, time-consuming task. There are literally hundreds of ways in which errors or inconsistencies can occur in these drafts.

When acceptable drafts were ready for printing, a member of the staff and the forms design specialist conferred with the forms design staff of the Public Health Service who provided liaison with the Government Printing Office (GPO). The final printing of the certificates was done by GPO. The proofs of the certificates were obtained and carefully reviewed. Second proofs were necessary because the GPO printers first treated the forms like ordinary questionnaires and not as permanent records, in which all of the limited space had to be used most efficiently and the spacing of items and size of type, had to be precise and carefully chosen.

IMPLEMENTATION

The original time schedule for revision of the standard certificates called for distribution of the new forms to the States approximately one year before the revised State certificates would be in use, to allow the States time to draft their own forms, obtain approval, print, and distribute them. After amendment of the original schedule,

the effective date for the new certificates was January 1, 1968. Therefore, the NCHS hoped to complete final drafts of the new certificates and print and mail them to the States in January 1967. However, the printed certificates and associated materials were not ready for distribution until April 1967.

Copies of the new standard certificates were sent to all State and independent registration area health officers with an accompanying letter from the Surgeon General of the Public Health Service, urging adoption of all items in the new certificates. A few days later copies were sent with a letter from the Director, NCHS to the chief registration executives of all States and other registration areas. In addition to the printed certificate forms each area received a brochure, "United States Standard Certificates, 1968 Revision," which explained in detail the reasons for the format and content changes. Glossy print and reproduction-negative copies of the new certificates were also provided to facilitate minor modifications that might be necessary in States wishing to adopt the standard certificates with only minimum changes.

The NCHS offered direct technical assistance in drafting the new State certificates to all States requesting it. Approximately a dozen areas asked for such help with their revised forms; about 10 other areas forwarded their proposed new forms for comment, but did not request assistance.

In support of the new standard certificates, a series of instructional handbooks were prepared for distribution to persons responsible for the registration of live births, deaths, and fetal deaths. These handbooks were printed and distributed to all States during the first five months of 1967. They were:

Physicians' Handbook on Medical Certification: Death, Fetal Death, Birth

Hospital Handbook on Birth and Fetal Death Registration

Funeral Directors' Handbook on Death and Fetal Death Registration

Medical Examiners' and Coroners' Handbook on Death and Fetal Death Registration

These handbooks contain discussions of the use of the certificates and the importance of entering correct information, and specific instructions for completing each item. They were de-

signed as models, based on the new standard certificates and the Model Vital Statistics Act of 1959, which could be adapted by any State to reflect its own laws and regulations, or could be distributed by the States as published. The choice of the States between these two alternatives by November 1967 was:

Handbook	Number of registration areas will	
	Prepare own	Distribute model
Physicians-----	16	40
Hospital-----	24	32
Funeral director----	18	38
Medical examiner----	14	42

Handbooks on marriage registration and divorce registration are in preparation and will be published later.

An informational film strip on the registration of births and fetal deaths occurring in hospitals is in preparation. It is based on the new standard certificates and is intended for showing to physicians, nurses, and clerks in hospitals, and it will require about 20 minutes to show. Plans are also being made to revise a previously issued film on medical certification of causes of death. This film is designed for showing to physicians, interns, and medical school students.

Many State vital statistics offices have held or plan to hold regional institutes for instruction of local registrars, hospital personnel, and funeral directors in the new State certificates that are based on the revised standard certificates.

Several papers explaining the changes in the new certificates have been published or presented. Other articles are also planned for publication in appropriate journals.

Grove, R.D.: The New Standard Certificates of Vital Events. Unpublished paper presented at the Annual Meeting of the American Public Health Association, Oct. 21, 1965, Chicago, Ill.

Lunde, A.S., and Grove, R.D.: Demographic implications of the new United States certificates. *Demography* 3(2):566-573, 1966.

Lunde, A.S.: Changes in Requirements for Basic Demographic Data. Unpublished paper presented at the Annual Meeting of the American Sociological Association, San Francisco, Calif., Aug. 1967.

Lunde, A.S.: Revisions of U.S. Standard Certificates of Vital Events. *Pub. Health Rep.* 82(10):913, Oct. 1967.

Council, C.R.: Asking better questions about life and death. *Med. Record News* 38(5):310, Oct. 1967.

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DETAILED TABLES

	Page
Table 1. Contents of Standard Certificate of Live Birth, by year revised-----	18
2. Contents of Standard Certificate of Death, by year revised-----	20
3. Contents of Standard Certificate of Fetal Death, by year revised-----	22
4. Contents of Standard Certificate of Marriage, by year revised-----	24
5. Contents of Standard Certificate of Absolute Divorce or Annulment, by year revised--	25
6. Responses to Questionnaire on Revision of the Standard Certificate of Live Birth, 1963-----	26
7. Percent of State Registrars and All Other Respondents Favoring Routine Certifi- cation of Items on Certificate of Live Birth, 1963-----	29
8. Responses to Questionnaire on Revision of the Standard Certificate of Live Birth, 1965-----	30
9. Responses to Questionnaire on Revision of the Standard Certificate of Death, 1963-----	32
10. Percent of State Registrars and All Other Respondents Favoring Routine Certifi- cation of Items on Certificate of Death, 1963-----	35
11. Responses to Questionnaire on Revision of the Standard Certificate of Death, 1965-----	36
12. Responses to Questionnaire on Revision of the Standard Certificate of Fetal Death, 1965-----	38
13. Responses to Questionnaire on Revision of the Standard Certificate of Marriage, 1963-----	40
14. Percent of State Registrars and All Other Respondents Favoring Routine Certifi- cation of Items on Standard Certificate of Marriage, 1963-----	41
15. Responses to Questionnaires on Revision of the Standard Certificate of Marriage, 1965-----	42
16. Responses to Questionnaire on Revision of the Standard Certificate of Absolute Divorce or Annulment, 1963-----	44
17. Percent of State Registrars and All Other Respondents Favoring Routine Certifi- cation of Items on Certificate of Absolute Divorce or Annulment, 1963-----	45
18. Responses to Questionnaire on Revision of the Standard Certificate of Absolute Divorce or Annulment, 1965-----	46

Table 1. Contents of Standard Certificate of Live Birth, by year revised

Item	1900	1910	1915	1918	1930	1939	1949	1956	1963
<u>Place of birth</u>									
County-----	X	X	X	X	X	X	X	X	X
Township, or-----	X	X	X	X	X	-	-	-	-
Village, Town, or-----	X	X	X	X	X	X	X	X	X
City-----	X	X	X	X	X	X	X	X	X
Address-----	X	X	X	X	X	X	X	X	X
Ward-----	X	X	X	X	X	-	-	-	-
Name of hospital or institution in lieu of address-----	-	-	-	X	X	X	X	X	X
Inside city limits-----	-	-	-	-	-	X	X	X	X
<u>Child information</u>									
Name-----	X	X	X	X	X	X	X	X	X
Sex-----	X	X	X	X	X	X	X	X	X
Date of birth-----	X	X	X	X	X	X	X	X	X
Hour of birth-----	X	X	X	X	X	-	-	-	X
Legitimacy-----	X	X	X	X	X	X	X	X	X
Multiple birth-----	X	X	X	X	X	X	X	X	X
Order of birth-----	X	X	X	X	X	X	X	X	X
Premature or full term-----	-	-	-	-	X	-	-	-	-
Months of pregnancy-----	-	-	-	-	-	X	-	-	-
Weeks of pregnancy-----	-	-	-	-	-	-	X	X	-
Date of last normal menses-----	-	-	-	-	-	-	-	-	X
Weight-----	-	-	-	-	-	-	X	X	X
If stillborn, period of gestation-----	-	-	-	-	X	-	-	-	-
Cause of stillbirth-----	-	-	-	-	X	-	-	-	-
Birth injuries to child-----	-	-	-	-	-	-	-	-	X
Congenital malformations or anomalies of child-----	-	-	-	-	-	-	-	-	X
<u>Mother information</u>									
Full (maiden) name-----	X	X	X	X	X	X	X	X	X
Age-----	X	X	X	X	X	X	X	X	X
Residence (usual)-----	X	X	X	X	X	X	X	X	X
Rural-----	-	-	-	-	-	X	X	X	-
Within city -----	-	-	-	-	-	X	X	X	X
Color or race-----	X	X	X	X	X	X	X	X	X
Birthplace-----	X	X	X	X	X	X	X	X	X
Occupation-----	X	X	X	X	X	X	-	-	-
Business or industry-----	-	-	-	X	X	X	-	-	-
Years at work-----	-	-	-	-	X	-	-	-	-
When last worked-----	-	-	-	-	X	-	-	-	-

Table 1. Contents of Standard Certificate of Live Birth, by year revised—Con.

Item	1900	1910	1915	1918	1930	1939	1949	1956	1968
<u>Mother information—Con.</u>									
Children previously born-----	X	X	X	-	X	-	-	-	-
Born alive, now dead-----	-	-	-	X	X	X	X	X	X
Now living-----	X	X	X	X	X	X	X	X	X
Stillborn-----	-	-	-	X	X	X	X	X	X
Time in hospital or institution before delivery-----	-	-	-	-	-	X	-	-	-
Time in community before delivery-----	-	-	-	-	-	X	-	-	-
Mailing address-----	-	-	-	-	-	X	-	X	-
Residence on farm-----	-	-	-	-	-	-	-	X	-
Education-----	-	-	-	-	-	-	-	-	X
Date of last live birth-----	-	-	-	-	-	-	-	-	X
Date of last fetal death-----	-	-	-	-	-	-	-	-	X
Month prenatal care began-----	-	-	-	-	-	-	-	-	X
Total number of prenatal visits-----	-	-	-	-	-	-	-	-	X
Complications related to pregnancy-----	-	-	-	-	-	-	-	-	X
Complications not related to pregnancy-----	-	-	-	-	-	-	-	-	X
Complications of labor-----	-	-	-	-	-	-	-	-	X
<u>Father information</u>									
Full name-----	X	X	X	X	X	X	X	X	X
Age-----	X	X	X	X	X	X	X	X	X
Residence-----	X	X	X	X	X	-	-	-	-
Birthplace-----	X	X	X	X	X	X	X	X	X
Color or race-----	X	X	X	X	X	X	X	X	X
Occupation-----	X	X	X	X	X	X	X	X	-
Industry-----	-	-	-	X	X	X	X	X	-
Years in work-----	-	-	-	-	X	-	-	-	-
When last worked-----	-	-	-	-	X	-	-	-	-
Education-----	-	-	-	-	-	-	-	-	X
<u>Certification</u>									
Certification of birth-----	X	X	X	X	X	X	X	X	X
Signature of certifier-----	X	X	X	X	X	X	X	X	X
Address of certifier-----	X	X	X	X	X	X	X	X	X
Date signed-----	X	X	X	X	X	X	X	X	X
Type of attendant-----	-	-	-	-	-	-	X	X	X
Registrar-----	X	X	X	X	X	X	X	X	X
Date filed-----	X	X	X	X	X	X	X	X	X
Name added-----	X	X	X	X	X	X	X	-	-
Informant-----	-	-	-	-	-	X	X	X	X
Relation to child-----	-	-	-	-	-	X	-	-	X

Table 2. Contents of Standard Certificate of Death, by year revised

Item	1900	1910	1918	1930	1939	1949	1956	1968
<u>Place of death</u>								
County-----	X	X	X	X	X	X	X	X
Township, or-----	X	X	X	X	-	X	-	-
Village, town, or-----	X	X	X	X	X	X	X	X
City-----	X	X	X	X	X	X	X	X
Address-----	X	X	X	X	X	X	X	X
Ward-----	X	X	X	X	-	-	-	-
Institution or hospital, name in lieu of address-----	X	X	X	X	X	X	X	X
Rural-----	-	-	-	-	X	X	-	-
Inside city limits-----	-	-	-	-	-	-	X	X
<u>Decedent information</u>								
Name-----	X	X	X	X	X	X	X	X
Sex-----	X	X	X	X	X	X	X	X
Color or race-----	X	X	X	X	X	X	X	X
Age:								
Years, months, days-----	X	X	X	X	X	X	X	X
Hours, minutes-----	-	X	X	X	X	X	X	X
Date of birth-----	X	X	X	X	X	X	X	X
Birthplace:								
State or country-----	X	X	X	X	X	X	X	X
City or town-----	-	-	X	X	X	-	-	-
Marital status-----	X	X	X	X	X	X	X	X
Spouse's name-----	-	-	X	X	X	-	-	X
Age if alive-----	-	-	-	-	X	-	-	-
Occupation-----	X	X	X	X	X	X	X	X
Business or industry-----	-	X	X	X	X	X	X	X
Years in occupation-----	-	-	-	X	-	-	-	-
When last worked-----	-	-	-	X	-	-	-	-
Name of employer-----	-	-	X	-	-	-	-	-
Residence-inside city limits-----	-	-	-	-	-	-	X	X
Usual residence-----	X	X	X	X	X	X	X	X
Residence on farm-----	-	-	-	-	-	-	X	-
Length of stay where death occurred-----	X	X	X	X	X	X	X	-
If foreign born, how long in U.S.-----	-	-	X	X	X	-	-	-
Citizenship-----	-	-	-	-	-	X	X	X
If veteran, war, service dates-----	-	-	-	-	X	X	X	-
Social Security number-----	-	-	-	-	X	X	X	X
Name of father-----	X	X	X	X	X	X	X	X
Birthplace:								
State or country-----	X	X	X	X	X	-	-	-
City or town-----	-	-	X	X	X	-	-	-
Name of mother (maiden)-----	X	X	X	X	X	X	X	X
Birthplace:								
State or country-----	X	X	X	X	X	-	-	-
City or town-----	-	-	X	X	X	-	-	-
<u>Medical certification</u>								
Date of death-----	X	X	X	X	X	X	X	X
Period of care-----	X	X	X	X	X	X	X	X
Date last seen alive-----	X	X	X	X	X	X	X	X

Table 2. Contents of Standard Certificate of Death, by year revised—Con.

Item	1900	1910	1918	1930	1939	1949	1956	1968
<u>Medical certification—Con.</u>								
Time of death-----	X	X	X	X	X	X	X	X
Cause of death-----	X	X	X	X	X	X	X	X
Duration (days)-----	X	X	X	-	X	X	X	X
Months, years-----	-	X	X	-	X	X	X	X
Date of onset-----	-	-	-	X	-	-	-	-
Contributory cause (1)-----	X	X	X	X	X	X	X	X
Duration (days)-----	X	X	X	-	X	X	X	X
Months, years-----	-	X	X	-	X	X	X	X
Date of onset-----	-	-	-	X	-	-	-	-
Contributory cause (2)-----	-	-	-	X	X	X	X	X
Duration (days)-----	-	-	-	-	X	X	X	X
Months, years-----	-	-	-	-	X	X	X	X
Date of onset-----	-	-	-	X	-	-	-	-
Other conditions-----	-	-	-	-	X	X	X	X
Physician signature-----	X	X	X	X	X	X	X	X
Date-----	X	X	X	-	X	X	X	X
Address-----	X	X	X	X	X	X	X	X
Physician's name-type or print-----	-	-	-	-	-	-	-	X
Operation, date of-----	-	-	X	X	X	X	-	-
Autopsy-----	-	-	X	X	X	X	X	X
Confirmed diagnosis-----	-	-	X	X	-	-	-	X
Death from violence-----	-	-	-	X	X	X	X	X
Type-----	-	X	X	X	X	X	X	X
Date occurred-----	-	-	-	X	X	X	X	X
Hour-----	-	-	-	-	-	X	X	X
Geographical location-----	-	-	-	X	X	X	X	X
Industry, home, or public place-----	-	-	-	X	X	X	X	X
Manner of injury-----	-	X	X	X	X	X	X	X
Nature of injury-----	-	-	-	X	-	-	-	-
While at work-----	-	-	-	-	X	X	X	X
If disease, where contracted-----	X	X	X	-	-	-	-	-
Occupational disease-----	-	-	-	X	-	-	-	-
Separate medical examiner, certification-----	-	-	-	-	-	-	-	X
<u>Disposition of body</u>								
Place of:								
Burial, Removal;-----	X	X	X	X	X	X	X	X
Cremation-----	-	-	X	X	X	X	X	X
Date-----	X	X	X	X	X	X	X	X
Undertaker's name-----	X	X	X	X	-	X	X	-
Address-----	X	X	X	X	X	X	X	-
Signature-----	-	-	-	-	-	-	-	X
Funeral home—name and address-----	-	-	-	-	-	-	-	X
Specify type of disposition-----	-	-	-	-	X	X	X	X
Name of cemetery or crematory-----	-	-	-	-	-	X	X	X
<u>Other information</u>								
Informant's certification-----	X	X	-	-	-	-	-	-
Informant's name-----	X	X	X	X	X	X	X	X
Informant's address-----	X	X	X	X	X	-	X	X
Registrar-----	X	X	X	X	X	X	X	X
Date filed-----	X	X	X	X	X	X	X	X

Table 3. Contents of Standard Certificate of Fetal Death, by year revised

Item	1930 ¹	1939	1949	1956	1968
<u>Place of fetal death</u>					
County-----	X	X	X	X	X
Township or-----	X	-	X	-	-
Village, town or-----	X	X	X	X	X
City-----	X	X	X	X	X
Address-----	X	X	X	X	X
Ward-----	X	-	-	-	-
Name of hospital or institution in lieu of address-----	X	X	X	X	X
Inside city limits-----	-	-	-	X	X
<u>Child or fetus information</u>					
Name-----	X	X	X	X	X
Sex-----	X	X	X	X	X
Date of delivery-----	X	X	X	X	X
Period of gestation-----	X	X	X	X	X
Legitimacy-----	X	X	X	X	X
Weight-----	-	-	X	X	X
Multiple delivery-----	X	X	X	X	X
Order of delivery-----	X	X	X	X	X
Birth injuries to fetus-----	-	-	-	-	X
Congenital malformations or anomalies of fetus-----	-	-	-	-	X
<u>Mother information</u>					
Full (maiden) name-----	X	X	X	X	X
Age-----	X	X	X	X	X
Residence (usual)-----	X	X	X	X	X
Rural-----	-	X	X	-	-
Color or race-----	X	X	X	X	X
Birthplace-----	X	X	X	X	X
Occupation-----	X	X	-	-	-
Business or industry-----	X	X	-	-	-
Years at work-----	X	-	-	-	-
When last worked-----	X	-	-	-	-
Children previously born-----	X	-	-	-	-
Born alive, now dead-----	X	X	X	X	X
Now living-----	X	X	X	X	X
Stillborn-----	X	X	X	X	X
Time in hospital or institution before delivery-----	-	X	-	-	-
Time in community before delivery-----	-	X	-	-	-
Mailing address-----	-	X	-	-	-
Residence within city limits-----	-	-	-	X	X
Residence on farm-----	-	-	-	X	-
Education-----	-	-	-	-	X
Complications of pregnancy-----	-	-	-	-	X
Complications of labor-----	-	-	-	-	X
Date of last live birth-----	-	-	-	-	X
Date of last fetal death-----	-	-	-	-	X
Month prenatal care began-----	-	-	-	-	X
Total number of prenatal visits-----	-	-	-	-	X
<u>Father information</u>					
Full name-----	X	X	X	X	X
Age-----	X	X	X	X	X
Residence-----	X	-	-	-	-
Birthplace-----	X	X	X	X	X
Color or race-----	X	X	X	X	X
Education-----	-	-	-	-	X
Occupation-----	X	X	X	X	-
Industry-----	X	X	X	X	-
Years in work-----	X	-	-	-	-
When last worked-----	X	-	-	-	-

Table 3. Contents of Standard Certificate of Fetal Death, by year revised--Con.

Item	1930 ¹	1939	1949	1956	1968
<u>Medical certification</u>					
Cause of death-----	X	X	X	X	X
Fetal or maternal-----	-	X	X	X	X
Contributory cause (1)-----	-	-	-	X	X
Contributory cause (2)-----	-	-	-	X	X
Other conditions-----	-	X	X	X	X
When did fetus die-----	X	X	-	X	X
Autopsy-----	-	X	-	X	X
Confirmed diagnosis-----	-	-	-	-	X
Operation for delivery-----	-	X	X	-	-
Signature of physician-----	X	X	X	X	X
Date signed-----	X	X	X	X	X
Physician's address-----	X	X	X	X	X
Signature of authorized official, if physician not present-----	-	X	X	X	X
<u>Disposition of body</u>					
Place of burial, cremation or removal-----	X	X	X	X	X
Date-----	X	X	X	X	X
Undertaker's name-----	X	-	X	X	-
Address-----	X	X	X	X	-
Signature-----	-	X	-	-	X
Funeral home--name and address-----	-	-	-	-	X
Specify type of disposition-----	-	X	X	X	X
Name of cemetery or crematory-----	-	-	X	X	X
<u>Other information</u>					
Registrar-----	X	X	X	X	X
Date filed-----	X	X	X	X	X
Given name added-----	X	-	-	-	-

¹Not a separate certificate, question on stillbirth included on the live birth certificate; a death certificate was also filed.

Table 4. Contents of Standard Certificate of Marriage, by year revised

Item	1956	1968
<u>Characteristics of groom</u>		
Name-----	X	X
Residence-----	X	X
Inside city limits-----	-	X
Date of birth-----	X	X
State of birth-----	X	X
Race-----	X	X
Number of this marriage-----	-	X
Number of previous marriages-----	X	-
Never married-----	X	-
How last marriage ended-----	X	X
Date-----	-	X
Occupation-----	X	-
Business or industry-----	X	-
Education-----	-	X
Father's and mother's names-----	-	X
States of birth-----	-	X
<u>Characteristics of Bride</u>		
Name-----	X	X
Residence-----	X	X
Inside city limits-----	-	X
Date of birth-----	X	X
State of birth-----	X	X
Race-----	X	X
Number of this marriage-----	-	X
Number of previous marriages-----	X	-
Never married-----	X	-
How last marriage ended-----	X	X
Date-----	-	X
Occupation-----	X	-
Business or industry-----	X	-
Education-----	-	X
Father's and mother's names-----	-	X
States of birth-----	-	X
<u>Other items</u>		
Title of officiant-----	X	X
Date and place of marriage-----	X	X
Date license signed-----	X	X
Witness—signature-----	-	X

Table 5. Contents of Standard Certificate of Absolute Divorce or Annulment, by year revised

Item	1956	1968
<u>Characteristics of husband</u>		
Name-----	X	X
Residence-----	X	X
Date of birth-----	X	X
State of birth-----	X	X
Race-----	X	X
Number of this marriage-----	X	X
Occupation-----	X	-
Business or industry-----	X	-
Education-----	-	X
How previous marriages ended-----	-	X
<u>Characteristics of wife</u>		
Name-----	X	X
Residence-----	X	X
Date of birth-----	X	X
State of birth-----	X	X
Race-----	X	X
Number of this marriage-----	X	X
Occupation-----	X	-
Business or industry-----	X	-
Education-----	-	X
How previous marriages ended-----	-	X
<u>Other items</u>		
Date of marriage-----	X	X
Place of marriage-----	X	X
Date of separation-----	-	X
Living children—total number-----	-	X
Under 18 years of age-----	X	X
Plaintiff-----	X	X
Attorney for plaintiff-----	-	X
Type of decree-----	-	X
Decree granted to-----	X	X
Legal grounds for decree-----	X	X
County of decree-----	X	X
Date of recording-----	X	X
Title of court official-----	X	X
Court-----	-	X

Table 6. Responses to questionnaire on revision of the Standard Certificate of Live Birth, 1963

Item	Class of respondent								
	All respondents N=286			Registration authority N=47			Official health agency N=74		
	Yes	No	Not stated	Yes	No	Not stated	Yes	No	Not stated
Retain as worded "If not in hospital, give street address"-----	156	90	40	39	7	1	40	25	9
Retain "Is place of birth inside city limits"-----	163	54	69	27	14	6	40	16	18
Reword "Usual residence of mother"-----	89	135	62	20	25	2	19	46	9
Retain "Is residence inside city limits"-----	124	31	131	25	8	14	35	9	30
Retain "Is residence on a farm"-----	49	149	88	1	40	6	6	44	24
Include "Hour of birth"-----	194	31	61	38	9	---	55	6	13
Include "Date of birth of both parents"-----	69	...	...	8	...	...	8	...	...
Include "Age in years of both parents"---	102	...	...	29	...	...	38	...	...
Include both these items for both parents-----	40	...	...	5	...	...	7	...	...
"Date of birth for mother only" and "Age in years for both parents"-----	59	...	...	4	...	...	14	...	...
Include "Education: years of school completed"-----	171	78	37	15	26	6	40	22	12
Include "Education for mother only"-----	17	...	...	1	...	...	3	...	...
Include "Education for father only"-----	5	...	...	---	...	...	1	...	...
Include "Education for both parents"-----	154	...	...	15	...	...	38	...	...
Include "Education" as a substitute for occupation-----	57	...	...	10	...	...	17	...	...
Include "Education" as an addition-----	112	...	...	6	...	...	23	...	...
Retain "Informant"-----	171	22	93	37	5	5	48	4	22
Delete "Date on which given name added"-----	49	58	179	14	24	9	10	18	46
Reword "Length of pregnancy in weeks" to "First day of last normal menses"----	125	66	95	17	21	9	32	22	20
Include date of first marriage of mother-----	120	92	74	5	35	7	22	29	23
Include Social Security numbers of father and mother-----	157	79	50	11	31	5	35	24	15

Table 6. Responses to questionnaire on revision of the Standard Certificate of Live Birth, 1963—Con.

Class of respondent											
Voluntary health agency N=39			Government health agency (non-PHS) N=35			University N=75			Other N=16		
Yes	No	Not stated	Yes	No	Not stated	Yes	No	Not stated	Yes	No	Not stated
22	12	5	13	14	8	34	27	14	8	5	3
22	5	12	19	4	12	46	13	16	9	2	5
9	21	9	12	8	15	25	29	21	4	6	6
13	6	20	11	3	21	35	4	36	5	1	10
7	17	15	4	13	18	25	33	17	6	2	8
35	1	3	21	3	11	35	11	29	10	1	5
13	...	...	14	...	...	20	...	...	6	...	...
9	...	...	6	...	...	15	...	...	5	...	...
4	...	...	5	...	...	17	...	...	2	...	...
10	...	...	8	...	...	21	...	...	2	...	...
23	11	5	19	7	9	64	9	2	10	3	3
2	...	...	---	...	...	9	...	...	2	...	...
---	...	...	2	...	...	2	...	...	---	...	...
21	...	...	18	...	...	54	...	...	8	...	...
10	...	...	8	...	...	12	...	...	---	...	...
11	...	...	9	...	...	53	...	...	10	...	...
25	2	12	22	2	11	33	7	35	6	2	8
7	4	28	8	---	27	8	11	56	2	1	13
22	9	8	12	4	19	40	8	27	2	2	12
11	13	15	19	3	13	55	9	11	8	3	5
17	13	9	26	3	6	61	7	7	7	1	8

Table 7. Percent of State registrars and all other respondents favoring routine certification of items on Standard Certificate of Live Birth, 1963

Item	State registrars N=45	All others N=176
	Percent	
Date of first marriage-----	0.0	14.6
Legitimate-----	2.7	8.6
Education-----	3.3	18.4
Birth weight-----	11.6	23.7
Length of pregnancy-----	11.6	31.3
Children born, now dead-----	13.9	26.7
Fetal deaths-----	14.3	23.8
Other living children-----	18.6	27.3
Social Security numbers-----	24.1	48.2
Date of parents' birth-----	37.5	35.6
Business or industry-----	39.0	44.8
Race of father-----	40.0	29.0
Usual occupation-----	40.5	46.5
Race of mother-----	40.9	30.5
Mother's mailing address-----	41.5	58.8
Informant-----	50.0	65.0
Age of father-----	52.3	53.8
Age of mother-----	54.5	60.5
Father's birthplace-----	54.5	52.5
Date given name added-----	57.6	55.4
Mother's birthplace-----	59.5	56.9
Birth order-----	62.2	71.2
This birth (plurality)-----	62.2	75.0
Hospital-----	67.4	83.1
Residence of mother-----	69.8	79.5
Inside city limits-----	70.0	71.0
Hour of birth-----	73.0	56.5
Attendant's address-----	75.6	74.5
Type of attendant-----	78.0	74.7
Attendant's signature-----	80.0	75.7
Date signed-----	80.5	77.4
Maiden name-----	84.4	77.4
Registrar's signature-----	86.0	84.0
Name of father-----	86.4	74.0
County-----	90.5	96.3
Date received by local registrar-----	91.0	76.3
City, town, location-----	95.5	97.5
Sex-----	95.6	98.8
Date-----	100.0	98.2
Name-----	100.0	98.8

Table 8. Responses to questionnaire on revision of the Standard Certificate of Live Birth, 1965

Item	Class of respondent								
	All respondents N=108			State registrars N=33			Persons in Public Health Service (includes NCHS staff) N=12		
	Ap- proved	Disap- proved	No opinion	Ap- proved	Disap- proved	No opinion	Ap- proved	Disap- proved	No opinion
<u>Additions</u>									
Hour of birth-----	69	7	32	25	4	4	5	-	7
Attendant's name-----	77	10	21	27	5	1	8	1	3
Education-----	59	33	16	18	14	1	4	4	4
Date of last live birth---	57	24	27	19	11	3	5	2	5
Date of last fetal death--									
During what month of pregnancy did prenatal care begin-----	60	19	29	20	7	6	2	5	5
Mother's date of birth (month, day, year)-----	46	27	35	11	14	8	4	3	5
Medical information-----	50	30	28	16	11	6	3	3	6
<u>Modifications</u>									
Name of hospital (if not in hospital give street address)-----	66	6	36	23	2	8	7	1	4
Informant-----	¹ 37 ₂ 14	³ 22 ₄ 4	⁵ 8 ₆ 23	¹ 7 ₂ 4	³ 5 ₄ 1	⁵ 3 ₆ 3	¹ 3 ₂ 2	³ 4 ₄ -	⁵ - ₆ 3
Race of parents a. father b. mother-----	61	28	19	16	11	6	5	1	6
Birthweight (no units specified)-----	49	28	31	15	12	6	6	1	5
Date last normal menses began (month, day, year)-	60	12	36	20	5	8	4	2	6
Attendant at birth (M.D., D.O., C.M.N., midwife, other) specify-----	42	26	40	11	15	7	5	-	7
<u>Deletions</u>									
Is residence on a farm?---	74	-	34	26	-	7	7	-	5
Occupation and kind of business or industry----	55	13	40	17	6	10	6	-	6
Mother's mailing address--	36	33	39	10	16	7	4	2	6
Date on which given name added-----	59	9	40	20	5	8	4	-	8

¹Signature with certification²Signature without certification³Name only⁴Hospital superintendant's signature⁵Omit the item⁶No opinion

Table 8. Responses to questionnaire on revision of the Standard Certificate of Live Birth, 1965—Con.

Class of respondent											
Persons in all other Federal agencies N=11			Persons in State and local health agencies (including State Health Officers) N=32			Social scientists N=5			Other N=15		
Ap- proved	Disap- proved	No opinion	Ap- proved	Disap- proved	No opinion	Ap- proved	Disap- proved	No opinion	Ap- proved	Disap- proved	No opinion
3	-	8	26	1	5	2	-	3	8	1	6
4	-	7	27	2	3	1	1	3	10	1	4
5	-	6	20	11	1	3	2	-	9	2	4
4	1	6	21	7	4	1	1	3	7	2	6
4	-	7	21	6	5	3	1	1	10	-	5
6	-	5	13	9	10	4	-	1	8	1	6
4	1	6	18	12	2	3	1	1	6	3	6
2	-	9	24	2	6	1	1	3	9	-	6
$\frac{12}{21}$	$\frac{31}{42}$	$\frac{5-}{65}$	$\frac{110}{24}$	$\frac{39}{4-}$	$\frac{53}{66}$	$\frac{1-}{21}$	$\frac{3-}{4-}$	$\frac{51}{63}$	$\frac{15}{22}$	$\frac{33}{41}$	$\frac{51}{63}$
6	2	3	19	11	2	4	1	-	11	2	2
2	1	8	18	10	4	-	1	4	8	3	4
4	-	7	21	5	6	1	-	4	10	-	5
3	-	8	11	11	10	2	-	3	10	-	5
4	-	7	25	-	7	3	-	2	9	-	6
4	-	7	19	5	8	1	1	3	8	1	6
3	1	7	10	13	9	1	-	4	8	1	6
3	1	7	21	3	8	2	-	3	9	-	6

Table 9. Responses to questionnaire on revision of the Standard Certificate of Death, 1963

Item	Class of respondent								
	All respondents N=308			Registration authority N=47			Official health agency N=86		
	Yes	No	Not stated	Yes	No	Not stated	Yes	No	Not stated
<u>Place of death</u>									
Retain length of stay-----	51	180	77	4	37	6	17	52	17
Retain "within city limits"-----	99	129	80	26	16	5	26	40	20
<u>Usual residence</u>									
Should it be reworded-----	70	174	64	11	30	6	22	48	16
"Inside city limits: improve residence statistics-----	105	61	142	28	6	13	34	18	34
Retain "Is residence on farm"-----	51	176	81	-	40	7	10	50	26
<u>Marital status</u>									
Add name of spouse if living-----	208	38	62	36	9	2	54	10	22
Add age of spouse if living-----	119	98	91	8	31	8	32	25	29
Open question preferable-----	34	210	64	3	39	5	9	60	17
<u>Usual occupation or industry</u>									
Retain item-----	241	39	28	34	10	3	65	12	9
Substitute "last" for usual occupation---	59	181	68	5	35	7	12	51	23
Drop occupation, include education-----	66	64	178	6	16	25	15	22	49
<u>Names of parents</u>									
Add birthplaces of parents-----	110	110	88	11	27	9	27	31	28
<u>Question</u>									
Should medical certification be confidential-----	145	108	55	13	26	8	43	28	15
Should item show whether autopsy findings included-----	217	36	55	28	10	9	63	11	12
Uniform supplementary form for revised certification-----	216	38	54	25	15	7	64	7	15
Expand manner of death item-----	189	64	55	22	22	3	47	19	20
Provide for "Manner undetermined"-----	151	71	86	27	17	3	36	23	27
Identify hospital staff certification---	172	35	101	23	13	11	50	7	29
Reword coroner or M.E. certification----	174	29	105	29	11	7	55	10	21
Provide two certification boxes on one certificate-----	86	...	134	15	...	16	30	...	29
Provide two certificates-----	88	...	...	16	...	...	27	...	...
Type physician's name-----	239	13	56	39	4	4	65	4	17

Table 9. Responses to questionnaire on revision of the Standard Certificate of Death, 1963—Con.

Class of respondent														
Voluntary health agency N=41			Government agency N=32			University medical school N=22			University other N=55			All other N=25		
Yes	No	Not stated	Yes	No	Not stated	Yes	No	Not stated	Yes	No	Not stated	Yes	No	Not stated
7	21	13	3	16	13	9	11	2	10	26	19	1	17	7
7	21	13	4	14	14	8	10	4	24	15	16	4	13	8
8	25	8	2	17	13	4	18	-	17	20	18	6	16	3
9	14	18	5	7	20	5	5	12	19	7	29	5	4	16
8	23	10	1	16	15	6	12	4	19	24	12	7	11	7
29	3	9	17	3	12	16	3	3	37	6	12	19	4	2
14	12	15	15	5	12	13	5	4	27	11	17	10	9	6
5	27	9	1	21	10	7	13	2	6	34	15	3	16	6
35	2	4	21	5	6	19	2	1	47	7	1	20	1	4
8	26	7	7	12	13	5	14	3	17	27	11	5	16	4
10	9	22	4	7	21	6	1	15	23	2	30	2	7	16
14	16	11	12	8	12	10	10	2	27	10	18	9	8	8
22	13	6	17	9	6	19	2	1	26	13	16	5	17	3
31	8	2	20	-	12	20	2	-	40	-	15	15	5	5
27	9	5	20	2	10	21	1	-	45	1	9	14	3	8
26	10	5	23	1	8	19	1	2	41	4	10	11	7	7
17	14	10	17	3	12	13	3	6	27	7	21	14	4	7
26	9	6	12	-	20	15	1	6	30	2	23	16	3	6
27	4	10	11	-	21	16	-	6	22	1	32	14	3	8
10	...	17	7	...	19	7	...	5	9	...	36	8	...	12
14	...	6	...	...	10	10	...	10	...	...	5	...	...	...
34	3	4	21	1	10	21	-	1	38	-	17	21	1	3

Table 10. Percent of State registrars and all other respondents favoring routine certification of items on Standard Certificate of Death, 1963

Item	State registrars N=44	All others N=173
	Percent	
Education-----	36.0	26.1
Birthplace of parents-----	39.3	29.0
Was autopsy performed-----	56.8	44.2
Describe how injury occurred-----	59.5	34.3
Kind of business-----	61.0	54.4
Burial, cremation, removal-----	61.4	42.1
Cause of death-----	61.4	42.1
Date received by local registrar-----	61.9	40.0
Place of injury-----	61.9	40.0
Injury occurred (at work, not at work)-----	61.9	39.4
City, town, location-----	62.8	43.1
Color or race-----	63.6	48.8
Usual occupation-----	65.1	57.1
Was deceased in U.S. Armed Forces-----	70.5	59.2
Name and age of spouse-----	71.4	41.5
Date-----	71.4	63.2
Name of cemetery or crematory-----	72.1	60.9
Citizen of what country-----	72.7	64.1
Location of burial-----	73.2	43.6
Accident, suicide, homicide-----	73.2	43.6
Birthplace-----	75.0	62.2
Father's name-----	75.0	62.0
Mother's maiden name-----	75.0	61.5
Medical certification statement-----	76.7	51.3
Informant address-----	77.3	63.0
Funeral director address-----	81.4	64.2
Social Security Number-----	81.8	76.7
Name of hospital-----	82.9	84.7
Address-----	83.7	77.2
Marital status-----	84.1	67.7
Date signed-----	88.4	78.3
Signature-----	88.4	79.0
Usual residence-----	88.6	87.6
Date of birth-----	88.6	85.3
Age-----	93.2	85.9
Registrar's signature-----	95.3	73.4
County-----	97.5	97.5
Sex-----	100.0	98.2
Date of death-----	100.0	98.8
Name of deceased-----	100.0	98.8
City, town, location (place of death)-----	100.0	98.8

Table 11. Responses to questionnaire on revision of the Standard Certificate of Death, 1965

Item	Class of respondent								
	All respondents N=121			State registrars N=34			Persons in Public Health Service (includes NCHS staff) N=19		
	Approved		No opinion	Approved		No opinion	Approved		No opinion
	Plan I	Plan II		Plan I	Plan II		Plan I	Plan II	
<u>Plan I vs. plan II</u>									
Choice of using one certificate as opposed to the use of two certificates-----	56	25	40	19	12	3	4	4	11
<u>ADDITION</u>	Ap- proved	Disap- proved	No opinion	Ap- proved	Disap- proved	No opinion	Ap- proved	Disap- proved	No opinion
<u>Autopsy findings</u>									
Were autopsy findings used in determining the causes of death---	82	6	33	27	2	5	10	1	8
<u>MODIFICATIONS</u>									
<u>Race</u>									
To retain on certificate and drop words "or color"-----	69	14	38	24	3	7	8	1	10
To add the name and age of surviving spouse---	69	15	37	21	6	7	8	3	8
<u>Cause of death certification</u>									
Part 1. Add the words "or as a consequence of" after the words "due to"-----	71	14	36	24	3	7	10	5	4
Part 2. Insert the word "approximate" before the words "interval between onset and death"-----	85	12	24	30	2	2	11	4	4
<u>Accident, suicide, homicide</u>									
To have accident on physician's cert. have "suicide or homicide" on med. examiner's & coroner cert. add "manner undetermined" on joint certs.--	46	23	52	17	8	9	6	1	12
<u>Funeral director's signature</u>									
To require the funeral director's signature--	57	20	44	20	10	4	6	2	11
<u>DELETIONS</u>									
To delete "length of stay in city, town, or location where death occurred"-----	66	9	46	24	2	8	7	-	12
To delete "Is residence on farm"-----	72	3	46	25	-	9	7	1	11
To delete "veteran status"-----	62	14	45	20	8	6	6	2	11

Table 11. Responses to questionnaire on revision of the Standard Certificate of Death, 1965--Con.

Class of respondent											
Persons in all other Federal agencies N=11			Persons in State and local health agencies (State Health Officers) N=35			Social scientists N=5			Other N=17		
Approved		No opinion	Approved		No opinion	Approved		No opinion	Approved		No opinion
Plan I	Plan II		Plan I	Plan II		Plan I	Plan II		Plan I	Plan II	
3	-	8	21	7	7	2	-	3	7	2	8
Ap- proved	Disap- proved	No opinion	Ap- proved	Disap- proved	No opinion	Ap- proved	Disap- proved	No opinion	Ap- proved	Disap- proved	No opinion
5	-	6	28	2	5	1	-	4	11	1	5
5	2	4	19	5	11	3	1	1	10	2	5
7	-	4	20	6	9	3	-	2	10	-	7
2	2	7	24	2	9	3	-	2	8	2	7
3	2	6	28	2	5	3	-	2	10	2	5
1	-	10	16	10	9	-	1	4	6	3	8
4	-	7	17	7	11	1	-	4	9	1	7
3	1	7	20	5	10	3	-	2	9	1	7
4	-	7	23	2	10	3	-	2	10	-	7
5	-	6	18	4	13	3	-	2	10	-	7

Table 12. Responses to questionnaire on revision of the Standard Certificate of Fetal Death, 1965

Item	Class of respondent								
	All respondents N=109			State registrars N=33			Persons in Public Health Service (includes NCHS staff) N=15		
	Ap- proved	Disap- proved	No opinion	Ap- proved	Disap- proved	No opinion	Ap- proved	Disap- proved	No opinion
<u>Additions</u>									
Hour of delivery-----	51	7	51	16	3	14	5	-	10
Education of parents-----	45	26	38	12	11	10	5	-	10
Mother's date of birth----	41	21	47	11	9	13	3	3	9
Date of last live birth----	47	18	44	14	9	10	5	-	10
Date of delivery of last fetal death-----	46	15	48	14	8	11	5	-	10
Month of pregnancy in which prenatal care began-----	48	10	51	13	5	15	3	2	10
Complications of pregnancy and delivery-----	43	20	46	13	7	13	3	3	9
Congenital malformations or anomalies-----	45	15	49	14	4	15	3	3	9
Birth injuries-----	45	14	50	14	4	15	3	3	9
"Were autopsy findings considered in deter- mining causes of death?"-	32	1	76	10	1	22	3	-	12
Name and address of the funeral home-----	32	1	76	11	1	21	2	-	13
<u>Deletions</u>									
"Is residence on a farm?"-	53	2	54	15	1	17	6	-	9
"Father's occupation and kind of business or industry."-----	49	3	57	12	2	19	5	1	9
Name or signature of informant-----	34	1	74	11	1	21	2	-	13
"Title" of authorized official-----	30	1	78	10	1	22	2	-	13
<u>Modifications</u>									
"Date last normal menses began" replaces "weeks of gestation"-----	50	5	54	15	2	16	4	1	10
Provision for reporting birthweight in grams or in pounds and ounces----	42	17	50	13	6	14	4	1	10
To drop "or color" to race item and move race of parents to "medical and health" section of the certificate-----	51	12	46	15	4	14	4	1	10
Provision for a space to right of item to indicate whether cause indicated was fetal or maternal----	31	3	75	10	1	22	3	2	10
"Signature" of funeral director in place of "name"-----	30	1	78	10	1	22	2	-	11

Table 12. Responses to questionnaire on revision of the Standard Certificate of Fetal Death, 1965—Con.

Class of respondent											
Persons in all other Federal agencies N=8			Persons in State and local health agencies N=35			Social scientists N=4			Other N=14		
Ap- proved	Disap- proved	No opinion	Ap- proved	Disap- proved	No opinion	Ap- proved	Disap- proved	No opinion	Ap- proved	Disap- proved	No opinion
3	-	5	18	4	13	2	-	2	7	-	7
6	-	2	12	14	9	3	-	1	7	1	6
4	-	4	15	7	13	2	-	2	6	2	6
4	-	4	16	8	11	2	-	2	6	1	7
3	1	4	16	5	14	2	-	2	6	1	7
4	-	4	18	3	14	2	-	2	8	-	6
3	1	4	15	8	12	2	-	2	7	1	6
3	1	4	16	6	13	2	-	2	7	1	6
3	1	4	16	5	14	2	-	2	7	1	6
3	-	5	9	-	26	1	-	3	6	-	8
3	-	5	9	-	26	1	-	3	6	-	8
4	-	4	19	-	16	2	1	1	7	-	7
4	-	4	19	-	16	2	-	2	7	-	7
2	-	6	11	-	24	1	-	3	7	-	7
2	-	6	9	-	26	1	-	3	6	-	8
4	-	4	18	2	15	2	-	2	7	-	7
3	-	5	14	9	12	2	-	2	6	1	7
5	1	2	18	4	13	3	-	1	6	2	6
2	-	6	9	-	26	1	-	3	6	-	8
2	-	6	9	-	26	1	-	3	6	-	8

Table 13. Responses to questionnaire on revision of the Standard Certificate of Marriage, 1963

Item	Class of respondent														
	All respondents N=177			Registration authority N=41			Official health agency N=28			Social scientists N=60			Other N=48		
	Yes	No	Not stated	Yes	No	Not stated	Yes	No	Not stated	Yes	No	Not stated	Yes	No	Not stated
County of licensure (top left on record)															
Favor wording: "License issued in: county_____"	131	7	39	28	2	11	20	1	7	48	4	8	35	-	13
Date of birth of bride and groom															
Include on the Standard Record:															
"Date of birth" only-----	80	...	...	13	...	...	12	...	...	29	...	...	26	...	...
"Date of birth" and "Age last birthday"-----	87	...	...	27	...	...	14	...	...	29	...	...	17	...	...
No response-----	10	...	...	1	...	...	2	...	...	2	...	...	5	...	...
Usual residence of bride and groom															
Think that the items on usual residence should be reworded-----	98	32	47	22	14	5	17	5	6	37	6	17	22	7	19
Favor the suggested changes (add street name and number; request "city, town, or rural location")-----	85	20	72	15	10	16	11	3	14	37	6	17	22	1	25
Think that adding item, "Is residence inside city limits," would improve statistics-----	78	39	60	19	13	9	17	4	7	30	9	21	12	13	23
Marital status of bride and groom															
Favor wording:															
"Number of this marriage:															
☐ first															
☐ second, third etc., specify__															
If remarriage, last marriage ended by:															
☐ Death															
☐ Divorce or annulment															
Year of first marriage__-----	130	29	18	25	14	2	20	6	2	50	3	7	35	6	7
Color or race of bride and groom															
Favor deleting item entirely-----	6	...	...	1	...	...	-	...	...	2	...	...	3	...	...
Favor placing item in portion of record where access would be restricted (in some cases)-----	58	...	...	7	...	...	7	...	...	25	...	...	19	...	...
Favor leaving item in nonrestricted portion of record; retain item (as is)	69	...	...	19	...	...	13	...	...	22	...	...	15	...	...
No response-----	44	...	...	14	...	...	8	...	...	11	...	...	11	...	...
Favor wording:															
color or race-----	47	...	...	14	...	...	7	...	...	14	...	...	12	...	...
race (only)-----	57	...	...	13	...	...	9	...	...	23	...	...	12	...	...
color (only)-----	6	...	...	2	...	...	1	...	...	3	...	...	-	...	...
other wordings-----	7	...	...	-	...	...	1	...	...	4	...	...	2	...	...
Favor deleting item entirely-----	6	...	...	1	...	...	-	...	...	2	...	...	3	...	...
No response-----	54	...	...	11	...	...	10	...	...	14	...	...	19	...	...
Occupation and industry of bride and groom															
Approve including the item, "Education: years of school completed"-----	125	31	21	19	16	6	19	6	3	57	1	2	30	8	10
If favorable to including this item, would use it as:															
substitute for occupation-----	35	...	...	9	...	...	5	...	...	12	...	...	9	...	...
addition to occupation-----	89	...	...	10	...	...	14	...	...	44	...	...	21	...	...
No response-----	53	...	...	22	...	...	9	...	...	4	...	...	18	...	...
Religious vs civil marriage ceremonies															
Favor adding this item:															
Favor proposed wording-----	88	65	24	10	27	4	12	14	2	38	12	10	28	12	8
Suggest rewording-----	35	24	118	18	9	14	9	4	15	7	4	49	1	7	40

Table 14. Percent of State registrars and all other respondents favoring routine certification of items on Standard Certificate of Marriage, 1963

Item	State registrars N=42	All others N=135
	Percent	
Education-----	18.2	32.3
Religious vs. civil ceremonies-----	40.7	30.0
Number of previous marriages (bride)-----	41.9	34.1
Number of previous marriages (groom)-----	41.9	35.7
Usual occupation (bride)-----	44.8	53.0
Kind of business or industry (bride)-----	46.7	51.2
Kind of business or industry (groom)-----	46.7	48.1
Usual occupation (groom)-----	48.4	50.0
Previous marital status (bride)-----	53.1	41.9
Previous marital status (groom)-----	53.1	42.4
Color or race (bride)-----	57.6	26.1
Color or race (groom)-----	57.6	26.4
Date of signatures of applicants-----	76.7	86.1
Date of birth (bride)-----	78.8	84.9
Date of birth (groom)-----	78.8	84.9
Place of birth (bride)-----	84.8	62.8
Usual residence (bride)-----	84.8	84.9
Place of birth (groom)-----	84.8	61.2
Usual residence (groom)-----	84.8	86.0
Maiden name if different-----	93.5	78.8
Official making return-----	96.9	85.2
Date of recording-----	97.0	86.6
Place of marriage-----	97.0	91.5
Date of marriage-----	97.0	94.0
Name of bride-----	100.0	97.7
Name of groom-----	100.0	100.0

Table 15. Responses to questionnaire on revision of the Standard Certificate of Marriage, 1965

Item	Class of respondent								
	All respondents N=91			State registrars N=28			Persons in Public Health Service (including NCHS staff) N=8		
	Ap- proved	Disap- proved	No opinion	Ap- proved	Disap- proved	No opinion	Ap- proved	Disap- proved	No opinion
<u>Additions</u>									
Local file number-----	10	1	80	8	1	19	1	-	7
Date license issued-----	11	1	79	8	1	19	1	-	7
Name and birth places of parents of bride and groom-----	40	14	37	10	10	8	1	2	5
Signature of officiant, date and specification of position of officiant as clergyman or civil officer-----	44	7	40	15	5	8	1	1	6
Education (years of school completed)-----	47	22	22	13	10	5	4	2	2
<u>Modifications</u>									
License issued (county)---	12	1	78	8	-	20	1	-	7
Residence-----	10	8	73	5	4	19	1	-	7
Street and number or R.F.D.-----	11	2	78	6	1	21	2	-	6
Information about previous marriage-----	46	9	36	15	4	9	5	-	3
Signature of applicant(s) and date-----	13	4	74	7	4	17	1	-	7
Date received by local official-----	10	2	79	6	2	20	1	-	7
Race-----	44	14	33	13	6	9	3	1	4
<u>Deletions</u>									
Usual occupation and kind of business or industry of bride and of groom---	44	11	36	17	4	7	3	-	5

Table 15. Response to questionnaire on revision of the Standard Certificate of Marriage, 1965—Con.

Class of respondent											
Persons in all other Federal agencies N=8			Persons in State and local health agencies (including State Health Officers) N=30			Social scientists N=6			Other N=11		
Ap- proved	Disap- proved	No opinion	Ap- proved	Disap- proved	No opinion	Ap- proved	Disap- proved	No opinion	Ap- proved	Disap- proved	No opinion
-	-	8	1	-	29	-	-	6	-	-	11
-	-	8	1	-	29	-	-	6	1	-	10
5	-	3	13	2	15	5	-	1	6	-	5
5	-	3	14	1	15	3	-	3	6	-	5
5	-	3	15	8	7	4	2	-	6	-	5
-	-	8	3	-	27	-	-	6	-	1	10
1	-	7	3	3	24	-	-	6	-	1	10
-	-	8	3	-	27	-	-	6	-	1	10
5	-	3	13	5	12	3	-	3	5	-	6
-	-	8	5	-	25	-	-	6	-	-	11
-	-	8	3	-	27	-	-	6	-	-	11
5	-	3	15	5	10	3	2	1	5	-	6
5	-	3	12	6	12	3	1	2	4	-	7

Table 16. Responses to questionnaire on revision of the Standard Certificate of Absolute Divorce or Annulment, 1963

Item	Class of respondent														
	All respondents N=169			Registration authority N=38			Official health agency N=26			Social scientists N=60			Other N=45		
	Yes	No	Not stated	Yes	No	Not stated	Yes	No	Not stated	Yes	No	Not stated	Yes	No	Not stated
<u>Date of birth of husband and wife</u>															
Reword to "Date of birth and age in years, last birthday"-----	81	...	...	21	...	...	13	...	...	31	...	...	16	...	...
"Date of birth only"-----	77	...	...	16	...	...	11	...	...	26	...	...	24	...	...
No response-----	11	...	...	1	...	...	2	...	...	3	...	...	5	...	...
<u>Usual residence of husband and wife</u>															
Should item be reworded-----	96	33	40	20	13	5	14	6	6	38	5	17	24	9	12
Favor the suggested changes-----	74	14	81	15	4	19	11	2	13	30	5	25	18	3	24
Item "Is residence inside city limits" would be helpful-----	74	49	46	15	16	7	15	5	6	29	12	19	15	16	14
<u>Number of this marriage of husband and wife</u>															
It would be desirable that these items be expanded to include the reason for dissolution-----	135	18	16	24	12	2	22	3	1	54	...	6	35	3	7
Do you favor the suggested rewording---	100	21	48	19	6	13	13	3	10	40	8	12	28	4	13
<u>Color or race of husband and wife</u>															
These items should be retained on the Standard Record-----	133	6	30	30	...	8	23	...	3	53	2	5	27	4	14
The words "color or" should be omitted-----	47	68	54	13	13	12	9	10	7	18	25	17	7	20	18
The items should be relocated to a restricted portion of the record-----	44	71	54	6	20	12	7	10	9	20	23	17	11	18	16
<u>Occupation and industry of husband and wife</u>															
Approve of including the item, "Education: years of school completed"-----	121	26	22	19	15	4	17	4	5	57	...	3	28	7	10
Favor substituting "education" for "occupation"-----	32	...	...	9	...	...	6	...	...	11	...	...	6	...	...
Favor "education" as an addition-----	89	...	...	10	...	...	13	...	...	45	...	...	21	...	...
No response-----	48	...	...	19	...	...	7	...	...	4	...	...	18	...	...
<u>Number of children under 18</u>															
Favor adding to this item age and sex of children-----	99	43	27	6	23	9	12	9	5	47	6	7	34	5	6
Favor adding age and sex, but in a different wording-----	28	21	120	9	16	13	5	3	18	9	...	51	5	2	38
<u>Date and place of final separation</u>															
Favor the addition of the item, "Date and place of final separation"-----	119	19	31	17	12	9	19	3	4	49	2	9	34	2	9
Favor the suggested wording-----	102	19	48	15	4	19	17	2	7	42	8	10	28	5	12
<u>Name and address of attorney for plaintiff</u>															
Favor the addition of the item, "Name and address of attorney"-----	112	15	42	31	2	5	17	1	8	35	4	21	29	8	8

Table 17. Percent of State registrars and all other respondents favoring routine certification of items on Standard Certificate of Absolute Divorce or Annulment, 1963

Item	State registrars N=29	All others N=88
	Percent	
Education-----	10.0	30.8
Date and place of final separation-----	36.4	39.2
Usual occupation (husband)-----	46.2	48.1
Kind of business or industry (husband)-----	46.2	45.6
Usual occupation (wife)-----	46.2	47.5
Kind of business or industry (wife)-----	46.2	45.0
Number of this marriage (husband)-----	46.4	34.9
Name, address of attorney for plaintiff-----	48.0	42.3
Number of this marriage (wife)-----	48.1	31.3
Color or race (wife)-----	59.3	22.6
Color or race (husband)-----	59.3	21.7
Number of children under 18-----	59.3	51.9
Legal grounds for decree-----	67.9	47.4
Place of birth (husband)-----	67.9	56.6
Place of birth (wife)-----	70.4	56.6
Date of birth (husband)-----	70.4	79.5
Date of birth (wife)-----	74.1	56.6
Place of this marriage-----	75.0	81.9
Date of this marriage-----	78.6	84.3
Usual residence (wife)-----	78.6	85.4
Usual residence (husband)-----	79.4	85.4
Plaintiff-----	89.3	55.6
Decree granted (to husband, wife)-----	89.3	59.0
Date of recording-----	92.9	86.4
Statement certifying date of divorce-----	96.6	88.9
Signature, title of court official-----	100.0	88.8
Maiden name of wife-----	100.0	89.2
Name of husband-----	100.0	97.6

Table 18. Responses to questionnaire on revision of the Standard Certificate of Divorce or Annulment, 1965

Item	Class of respondent								
	All respondents N=87			State registrars N=25			Persons in Public Health Service (includes NCHS staff) N=9		
	Ap- proved	Disap- proved	No opinion	Ap- proved	Disap- proved	No opinion	Ap- proved	Disap- proved	No opinion
<u>Additions</u>									
Date couple separated-----	43	7	37	14	3	8	5	-	4
Name and address of the attorney for the plaintiff-----	51	2	34	19	1	5	4	-	5
Name of the court where divorce was granted-----	45	3	39	16	2	7	4	-	5
Education of husband and wife-----	45	10	32	12	6	7	5	1	3
How previous marriage ended-----	42	7	38	14	3	8	4	-	5
<u>Modifications</u>									
Title - Absolute divorce and annulment-----	44	1	42	19	-	6	3	-	6
Number of living children-----	49	2	36	17	1	7	3	-	6
Race-----	48	9	30	16	3	6	3	1	5
Major change in the for- mats of the certificates-----	38	10	39	10	8	7	4	-	5
<u>Deletions</u>									
Usual occupation and kind of business or industry of husband and wife-----	45	5	37	15	2	8	5	-	4

Table 18. Responses to questionnaire on revision of the Standard Certificate of Divorce or Annulment, 1965--Con.

Class of respondent											
Persons in all other Federal agencies N=10			Persons in State and local health agencies (including State Health Officers) N=28			Social scientists N=6			Other N=9		
Ap- proved	Disap- proved	No opinion	Ap- proved	Disap- proved	No opinion	Ap- proved	Disap- proved	No opinion	Ap- proved	Disap- proved	No opinion
4	1	5	12	3	13	4	-	2	4	-	5
2	1	7	17	-	11	5	-	1	4	-	5
4	-	6	14	1	13	3	-	3	4	-	5
5	-	5	13	3	12	6	-	-	4	-	5
5	-	5	11	3	14	4	1	1	4	-	5
3	-	7	13	1	14	3	-	3	3	-	6
4	1	5	16	-	12	5	-	1	4	-	5
7	-	3	14	3	11	3	2	1	5	-	4
4	-	6	13	1	14	4	1	1	3	-	6
5	-	5	13	2	13	4	1	1	3	-	6

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