PRA Disclosure Statement: The Vital Records project aims to expand and strengthen data capacity by linking VR birth certificate data with TAF data to provide state, federal, and academic researchers with accessible, linked, longitudinal data on pregnant people and their newborn infants. These requirements are voluntary.

Under the Privary Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 938-1148 (CMS-10398 # 81). The time required to complete this information collection is estimated to awerage 1 hour per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

Field #	Name	Contents	Code Structure Description
1	IDOB_YR	Date of Birth (Infant)Year	4 digit year
2	BSTATE	State, U.S. Territory or Canadian Province of Birth (Infant) - code	For US Territories: MP NORTHERN MARIANAS AS AMERICAN SAMOA GU GUAM VI VIRGIN ISLANDS PR PUERTO RICO For Canadian Provinces: AB ALBERTA BC BRITISH COLUMBIA MB MANITOBA NB NEW BRUNSWICK NL NEWFOUNDLAND AND LABRADOR NS NOVA SCOTIA NT NORTHWEST TERRITORIES NU NUNAVUT ON ONTARIO PE PRINCE EDWARD ISLAND QC QUEBEC SK SASKATCHEWAN
3	ISEX	Sex	YT YUKON M = Male F = Female N = Not Yet Determined
4	IDOB_MO	Date of Birth (Infant)Month	01-12
5	IDOB_DY	Date of Birth (Infant)Day	01-31 (based on month)
6	CNTYO	County of Birth	NCHS Instruction Manual: Part 8
7	BPLACE	Place Where Birth Occurred (type of place or institution)	1 = Hospital 2 = Freestanding Birth Center 3 = Home (Intended) 4 = Home (Not Intended) 5 = Home (Unknown if Intended) 6 = Clinic/Doctor's Office 7 = Other 9 = Unknown
8	FNPI	Facility ID (NPI) - if available	
9	MDOB_YR	Date of Birth (Mother)Year	4 digit year (< year of birth of child); 9999 = unknown
10	MDOB_MO	Date of Birth (Mother)Month	01-12, 99
11	MDOB_DY	Date of Birth (Mother)Day	01-31 (based on month), 99
12	MAGE_BYPASS	Date of Birth (Mother)Edit Flag	0 = Edit Passed
13	CITYC	Residence of MotherCity	1 = Data Queried NCHS Instruction Manual: Part 8
14	COUNTYC	Residence of MotherCounty	NCHS Instruction Manual: Part 8
15	STATEC	State, U.S. Territory or Canadian Province of Residence (Mother) - code	NCHS Instruction Manual: Part 8 ZZ = UNKNOWN OR BLANK U.S. STATE OR TERRITORY OR UNKNOWN/ UNCLASSIFIABLE COUNTRY XX = COUNTRY IS CANADA BUT UNKNOWN CANADIAN PROVINCE OR ANY COUNTRY THAT IS KNOWN, BUT NOT U.S. OR CANADA FOR U.S. Territories: MP NORTHERN MARIANAS AS AMERICAN SAMOA GU GUAM VI VIRGIN ISLANDS PR PUERTO RICO FOR Canadian Provinces: AB ALBERTA BC BRITISH COLUMBIA MB MANITOBA NB NEW BRUNSWICK NL NEWFOUNDLAND AND LABRADOR NS NOVA SCOTIA NT NORTHWEST TERRITORIES NU NUNAVUT ON ONTARIO PE PRINCE EDWARD ISLAND QC QUEBEC SK SASKATCHEWAN YT YUKON
16	COUNTRYC	Residence of MotherCountry	NCHS Instruction Manual: Part 8
17	LIMITS	Residence of MotherInside City Limits	Y = Yes N = No U = Unknown
18	MARN	Mother Married? At Conception, at Birth or any Time in	Y = Yes

19	MEDUC	Mother's Education	1 = 8th grade or less 2 = 9th through 12th grade; no diploma 3 = High School Graduate or GED Completed 4 = Some college credit, but no degree 5 = Associate Degree 6 = Bachelor's Degree
			7 = Master's Degree 8 = Doctorate Degree or Professional Degree
			9 = Unknown
20	MEDUC_BYPASS	Mother's EducationEdit Flag	0 = Edit Passed 1 = Edit Failed, Data Queried and Verified
21	METHNIC1	Mother of Hispanic Origin?Mexican	2 = Edit Failed, Data Queried, but not Verified N = No, Not Mexican
21	METHNICI	would of hispanic Origin:wextean	H = Yes, Mexican U = Uhknown
22	METHNIC2	Mother of Hispanic Origin?Puerto Rican	N = No, Not Puerto Rican H = Yes, Puerto Rican U = Unknown
23	METHNIC3	Mother of Hispanic Origin?Cuban	N = No, Not Cuban H = Yes, Cuban
24	METUNICA	Mother of Hispanic Origin?Other	U = Unknown N = No, Not other Hispanic
24	METHNIC4	Would of hispanic Origin?Ottler	H = Yes, other Hispanic U = Unknown
25	METHNIC5	Mother of Hispanic Origin?Other Literal	literal; blank
26	MRACE1	Mother's RaceWhite	Y = Yes, box for race checked N = No, box for race not checked
27	MRACE2	Mother's RaceBlack or African American	Y, N
28	MRACE3	Mother's RaceAmerican Indian or Alaska Native	Y, N
29	MRACE4	Mother's RaceAsian Indian	Y, N
30	MRACE5	Mother's RaceChinese	Y, N
31	MRACE6	Mother's RaceFilipino	Y, N
32	MRACE7	Mother's RaceJapanese	Y, N
33	MRACE8	Mother's RaceKorean	Y, N
34	MRACE9	Mother's RaceVietnamese	Y, N
35	MRACE10	Mother's RaceOther Asian	Y, N
36	MRACE11	Mother's RaceNative Hawaiian	Y, N
37	MRACE12	Mother's RaceGuamanian or Chamorro	Y, N
38	MRACE13	Mother's RaceSamoan	Y, N
39	MRACE14	Mother's RaceOther Pacific Islander	Y, N
40	MRACE15	Mother's RaceOther	Y, N
41	MRACE16	Mother's RaceFirst American Indian or Alaska Native Literal	Literal; blank
42	MRACE17	Mother's RaceSecond American Indian or Alaska Native Literal	·
43	MRACE18	Mother's RaceFirst Other Asian Literal Mother's RaceSecond Other Asian Literal	Literal; blank
44 45	MRACE19 MRACE20	Mother's RaceFirst Other Pacific Islander Literal	Literal; blank Literal; blank
46	MRACE21	Mother's RaceSecond Other Pacific Islander Literal	Literal; blank
47	MRACE22	Mother's RaceFirst Other Literal	Literal; blank
48	MRACE23	Mother's RaceSecond Other Literal	Literal; blank
49	MRACE1E	Mother's Race Tabulation Variable 1E	NCHS Appendix E
		Mother's Race Tabulation Variable 2E	(values for fields 62 - 77 returned from NCHS)
50	MRACE2E		NCHS Appendix E
51 52	MRACE3E MRACE4E	Mother's Race Tabulation Variable 3E Mother's Race Tabulation Variable 4E	NCHS Appendix E NCHS Appendix E
53	MRACE5E	Mother's Race Tabulation Variable 5E	NCHS Appendix E
54	MRACE6E	Mother's Race Tabulation Variable 6E	NCHS Appendix E
55	MRACE7E	Mother's Race Tabulation Variable 7E	NCHS Appendix E
56	MRACE8E	Mother's Race Tabulation Variable 8E	NCHS Appendix E
57	MRACE16C	Mother's Race Tabulation Variable 16C	NCHS Appendix E
58	MRACE17C	Mother's Race Tabulation Variable 17C	NCHS Appendix E
59	MRACE18C	Mother's Race Tabulation Variable 18C	NCHS Appendix E
60	MRACE19C	Mother's Race Tabulation Variable 19C	NCHS Appendix E
61	MRACE20C	Mother's Race Tabulation Variable 20C	NCHS Appendix E
62	MRACE21C	Mother's Race Tabulation Variable 21C	NCHS Appendix E
63	MRACE22C	Mother's Race Tabulation Variable 22C	NCHS Appendix E
64	MRACE23C	Mother's Race Tabulation Variable 23C	NCHS Appendix E
65	FEDUC	Father's Education	1 = 8th grade or less 2 = 9th through 12th grade; no diploma 3 = High School Graduate or GED Completed 4 = Some college credit, but no degree 5 = Associate Degree 6 = Bachelor's Degree 7 = Master's Degree 8 = Doctorate Degree or Professional Degree 9 = Unknown
66	FEDUC_BYPASS	Father's EducationEdit Flag	0 = Edit Passed 1 = Edit Failed, Data Queried and Verified 2 = Edit Failed, Data Queried, but not Verified

67	FETHNIC1	Father of Hispanic Origin?Mexican	N = No, Not Mexican
			H = Yes, Mexican
			U = Unknown
68	FETHNIC2	Father of Hispanic Origin?Puerto Rican	N = No, Not Puerto Rican
			H = Yes, Puerto Rican
			U = Unknown
69	FETHNIC3	Father of Hispanic Origin?Cuban	N = No, Not Cuban
			H = Yes, Cuban
			U = Unknown
70	FETHNIC4	Father of Hispanic Origin?Other	N = No, Not other Hispanic
			H = Yes, other Hispanic
			U = Unknown
71	FETHNIC5	Father of Hispanic Origin?Other Literal	Literal; blank
72	FRACE1	Father's RaceWhite	Y = Yes, box for race checked
			N = No, box for race not checked
73	FRACE2	Father's RaceBlack or African American	Y, N
74	FRACE3	Father's RaceAmerican Indian or Alaska Native	Y, N
75	FRACE4	Father's RaceAsian Indian	Y, N
76	FRACE5	Father's RaceChinese	Y, N
77	FRACE6	Father's RaceFilipino	Y, N
78	FRACE7	Father's RaceJapanese	Y, N
79	FRACE8	Father's RaceKorean	Y, N
			·
80	FRACE9	Father's RaceVietnamese	Y, N
81	FRACE10	Father's RaceOther Asian	Y, N
82	FRACE11	Father's RaceNative Hawaiian	Y, N
83	FRACE12	Father's RaceGuamanian or Chamorro	Y, N
84	FRACE13	Father's RaceSamoan	Y, N
85	FRACE14	Father's RaceOther Pacific Islander	Y, N
86	FRACE15	Father's RaceOther	Y, N
87	FRACE16	Father's RaceFirst American Indian or Alaska Native Literal	Literal; blank
01		O TRACT I MOTION MIGHT OF PROSING PROLITY CENTER	Enteron, Julia
88	FRACE17	Father's RaceSecond American Indian or Alaska Native Literal	Literal; blank
89	FRACE18	Father's RaceFirst Other Asian Literal	Literal; blank
90	FRACE19	Father's RaceSecond Other Asian Literal	Literal; blank
91	FRACE20	Father's RaceFirst Other Pacific Islander Literal	Literal; blank
92	FRACE21	Father's RaceSecond Other Pacific Islander Literal	Literal; blank
93	FRACE22	Father's RaceFirst Other Literal	Literal; blank
94	FRACE23	Father's RaceSecond Other Literal	Literal; blank
95	FRACE1E	Father's Race Tabulation Variable 1E	NCHS Appendix E
		5 # 1 B 7 T 1 # 1/ 1 1 0 5	(values for fields 108 - 123 returned from NCHS)
96	FRACE2E	Father's Race Tabulation Variable 2E	NCHS Appendix E
97	FRACE3E	Father's Race Tabulation Variable 3E	NCHS Appendix E
98	FRACE4E	Father's Race Tabulation Variable 4E	NCHS Appendix E
99	FRACE5E	Father's Race Tabulation Variable 5E	NCHS Appendix E
100	FRACE6E	Father's Race Tabulation Variable 6E	NCHS Appendix E
101	FRACE7E	Father's Race Tabulation Variable 7E	NCHS Appendix E
102	FRACE8E	Father's Race Tabulation Variable 8E	NCHS Appendix E
103	FRACE16C	Father's Race Tabulation Variable 16C	NCHS Appendix E
104	FRACE17C	Father's Race Tabulation Variable 17C	NCHS Appendix E
105	FRACE18C	Father's Race Tabulation Variable 18C	NCHS Appendix E
106	FRACE19C	Father's Race Tabulation Variable 19C	NCHS Appendix E
107	FRACE20C	Father's Race Tabulation Variable 20C	NCHS Appendix E
108	FRACE21C	Father's Race Tabulation Variable 21C	NCHS Appendix E
109	FRACE22C	Father's Race Tabulation Variable 22C	NCHS Appendix E
110	FRACE23C	Father's Race Tabulation Variable 23C	NCHS Appendix E
111	ATTEND	Attendant Title	1 = MD
			2 = DO
			3 = CNM/CM
			4 = Other midwife
			5 = Other (specify)
			9 = Unknown
112	TRAN	Mother Transferred?	Y = Yes
			N = No
440	DOED NO	Date of First Propostal Corr. Visit Manuals	U = Unknown
113	DOFP_MO	Date of First Prenatal Care VisitMonth	01-12, 88=no care, 99=unknown
114	DOFP_DY	Date of First Prenatal Care VisitDay	01-31 (based on month), 88=no care, 99=unknown
115	DOFP_YR	Date of First Prenatal Care VisitYear	4 digit year; year of child's birth or
440	NDDEV	Total Number of Propost-1 C Vi-it-	(year of child's birth - 1), 8888=no care, 9999=unknown
116	NPREV	Total Number of Prenatal Care Visits	00-98, 99
117	NPREV_BYPASS	Total Number of Prenatal Care VisitsEdit Flag	0 = Edit Passed
			1 = Edit Failed, Number Verified
440	1480	Did Matheway 1 MIO Facility 110	2 = Edit Failed, Number not Verified
118	WIC	Did Mother get WIC Food for Herself?	Y = Yes
			N = No
119	PLBL	Previous Live Births Now Living	U = Unknown
			00-30, 99
120	PLBD	Previous Live Births Now Dead	00-30, 99
121	POPO	Previous Other Pregnancy Outcomes	00-30, 99

100		D. C. C. C. D. H. M. H.	04.40.00.00
122	MLLB	Date of Last Live BirthMonth	01-12, 88, 99
123	YLLB	Date of Last Live BirthYear	4 digit year;(year of mother's birth + 10) through
124	МОРО	Date of Last Other Pregnancy OutcomeMonth	year of child's birth, 8888, 9999 01-12, 88, 99
125	YOPO	Date of Last Other Pregnancy OutcomeYear	4 digit year;(year of mother's birth + 10) through
125	1010	Date of Last Other Freghandy Outcome-Freah	year of child's birth, 8888, 9999
126	CIGPN	Number of Cigarettes Smoked in 3 months prior to Pregnancy	00-98, 99
127	CIGFN	Number of Cigarettes Smoked in 1st 3 months	00-98, 99
128	CIGSN	Number of Cigarettes Smoked in 2nd 3 months	00-98, 99
129	CIGLN	Number of Cigarettes Smoked in third or last trimester	00-98, 99
130	PAY	Principal source of Payment for this delivery	1 = Medicaid
			2 = Private Insurance
			3 = Self-pay 4 = Indian Health Service
			5 = CHAMPUS/TRICARE
			6 = Other Government (Fed, State, Local)
			8 = Other
404	DI MD VD	D. I. I. I. D. Y	9 = Unknown
131	DLMP_YR	Date Last Normal Menses BeganYear	4 digit year; year of child's birth or (year of child's birth - 1)
			or (year of child's birth - 2), 9999
132	DLMP_MO	Date Last Normal Menses BeganMonth	01-12, 99
133	DLMP_DY	Date Last Normal Menses BeganDay	01-31 (based on month), 99
134	PDIAB	Risk FactorsPrepregnancy Diabetes	Y = Yes
			N = No
40=	ODIAD	Dialy Fasters Contational Dialy	U = Unknown
135	GDIAB	Risk FactorsGestational Diabetes	Y, N, U
136	PHYPE GHYPE	Risk FactorsPrepregnancy Hypertension	Y, N, U
137	GHYPE	Risk FactorsGestational Hypertension (SEE ADDITIONAL HYPERTENSION CATEGORY IN LOCATION 924)	Y, N, U
		THE ENTENDION DATEGORY IN LOCATION 924)	
138	PPB	Risk FactorsPrevious Preterm Births	Y, N, U
139	INFT	Risk FactorsInfertility Treatment (SEE ADDITIONAL	Y, N, U
		SUBCATEGORIES IN LOCATIONS 925-926)	
140	PCES	Risk FactorsPrevious Cesarean	Y, N, U
141	NPCES	Risk FactorsNumber Previous Cesareans	00-30, 99
142	NPCES_BYPASS	Risk FactorsNumber Previous CesareansEdit Flag	0 = Edit Passed
143	GON	Infections PresentGonorrhea	1 = Edit Failed, Verified Y = Yes
140	00.1	missione i resent Constitue	N = No
			U = Unknown
144	SYPH	Infections PresentSyphilis	Y, N, U
145	CHAM	Infections PresentChlamydia	Y, N, U
146	HEPB	Infections PresentHepatitis B	Y, N, U
147	HEPC	Infections PresentHepatitis C	Y, N, U
148	CERV	Obstetric ProceduresCervical Cerclage	Y = Yes N = No
			U = Unknown
149	тос	Obstetric ProceduresTocolysis	Y, N, U
150	ECVS	Obstetric ProceduresSuccessful External Cephalic Version	Y, N, U
151	ECVF	Obstetric ProceduresFailed External Cephalic Version	Y, N, U
152	PROM	Onset of LaborPremature Rupture of Membranes	Y = Yes N = No
			N = NO U = Unknown
153	PRIC	Onset of LaborPrecipitous Labor	Y, N, U
154	PROL	Onset of LaborProlonged Labor	Y, N, U
155	INDL	Characteristics of Labor & DeliveryInduction of Labor	Y = Yes
			N = No
450	NVDD	Characteristics of Lakes 9 Delivery N	U = Unknown
156	NVPR	Characteristics of Labor & DeliveryNon-vertex Presentation	Y = Yes N = No
			U = Unknown
157	AUGL	Characteristics of Labor & DeliveryAugmentation of Labor	Y, N, U
158	STER	Characteristics of Labor & DeliverySteroids	Y, N, U
159	ANTB	Characteristics of Labor & DeliveryAntibiotics	Y, N, U
160	CHOR	Characteristics of Labor & DeliveryChorioamnionitis	Y, N, U
161	MECS	Characteristics of Labor & DeliveryMeconium Staining	Y, N, U
162	FINT	Characteristics of Labor & DeliveryFetal Intolerance	Y, N, U
163	ESAN	Characteristics of Labor & DeliveryAnesthesia	Y, N, U
164	ATTF	Method of DeliveryAttempted Forceps	Y, N, U
165	ATTV	Method of DeliveryAttempted Vacuum	Y, N, U
166	PRES	Method of DeliveryFetal Presentation	1 = Cephalic
			2 = Breech
			3 = Other 9 = Unknown

167	ROUT	Method of DeliveryRoute and Method of Delivery	1 = Spontaneous
			2 = Forceps
			3 = Vacuum
			4 = Cesarean
100			9 = Unknown
168	TLAB	Method of DeliveryTrial of Labor Attempted	Y = Yes
			N = No
			U = Unknown
400	MTR	Mataural Manhidita, Mataural Tarraturian	X = Not Applicable Y = Yes
169	WIIK	Maternal MorbidityMaternal Transfusion	N = No
			U = Unknown
170	PLAC	Maternal MorbidityPerineal Laceration	Y, N, U
171	RUT	·	Y, N, U
		Maternal MorbidityRuptured Uterus	
172	UHYS	Maternal MorbidityUnplanned Hysterectomy	Y, N, U
173	AINT	Maternal MorbidityAdmit to Intensive Care	Y, N, U
174	UOPR	Maternal MorbidityUnplanned Operation	Y, N, U
175	BWG	Birthweight in grams	0000-9998; 9999=unknown
176	BW_BYPASS	BirthweightEdit Flag	0 = Off
			1 = Queried data correct, out of range
			2 = Queried, failed birthweight/gestation edit
177	OWGEST	Obstetric Estimation of Gestation	00-98, 99
178	OWGEST_BYPASS	Obstetric Estimation of GestationEdit Flag	0 = Off
			1 = Queried data correct, out of range
179	APGAR5	Apgar Score at 5 Minutes	00-10, 99
180	APGAR10	Apgar Score at 10 Minutes	00-10, 88, 99
181	PLUR	Plurality	01-12, 99
182	SORD	Set Order	01-12, 99
183	LIVEB	Number of Live Born	01-12, 99
184	MATCH	Matching Number	left 0 filled; 000001-999999
185	PLUR_BYPASS	PluralityEdit Flag	0 = OFF
185	PLUK_BTPASS	PluralityEdit Flag	1 = Queried, and Correct
			2 = Plurality/Set Order Queried, Inconsistent
186	AVEN1	Abnormal Conditions of the NewbornAssisted Ventilation	Y = Yes
100	AVENT	7 Brioffical Contactions of the Howson 7 Boliciou Voltaidion	N = No
			U = Unknown
187	AVEN6	Abnormal Conditions of the NewbornAssisted Ventilation > 6	Y, N, U
		hours	1,11,0
188	NICU	Abnormal Conditions of the NewbornAdmission to NICU	Y, N, U
189	SURF	Abnormal Conditions of the NewbornSurfactant Replacement	Y, N, U
190	ANTI	Abnormal Conditions of the NewbornAntibiotics	Y, N, U
191	SEIZ	Abnormal Conditions of the NewbornSeizures	Y, N, U
192	BINJ	Abnormal Conditions of the NewbornBirth Injury	Y, N, U
193	ANEN	Congenital Anomalies of the NewbornAnencephaly	Y = Yes
			N = No
404	MINOR	O ''. I A ''. I I I I I I I I I I I I I I I I I I	U = Unknown
194	MNSB	Congenital Anomalies of the NewbornMeningomyelocele/Spina	Y, N, U
195	CCHD	Bifida Congenital Anomalies of the NewbornCyanotic congenital heart	VNII
195	ССПО	disease	t , IN, U
196	CDH	Congenital Anomalies of the NewbornCongenital diaphragmatic	YNU
130	ODII	hernia	1, 14, 0
197	OMPH	Congenital Anomalies of the NewbornOmphalocele	Y, N, U
198	GAST	Congenital Anomalies of the NewbornGastroschisis	Y, N, U
199	LIMB	Congenital Anomalies of the NewbornLimb Reduction Defect	Y, N, U
199	LIMU	Congenital Anomalies of the Newborn-Limb Reduction Defect	i , i v , U
200	CL	Congenital Anomalies of the NewbornCleft Lip with or without	Y, N, U
250	- -	Cleft Palate	.1.9 =
201	СР	Congenital Anomalies of the NewbornCleft Palate Alone	Y, N, U
202	DOWT	Congenital Anomalies of the NewbornDown Syndrome	C = Confirmed
202		2 3	P = Pending
			N = No
			U = Unknown
203	CDIT	Congenital Anomalies of the NewbornSuspected Chromosomal	
		disorder	P = Pending
			N = No
			U = Unknown
204	HYPO	Congenital Anomalies of the NewbornHypospadias	Y = Yes
			N = No
			U = Unknown
205	ITRAN	Was Infant Transferred Within 24 Hours of Delivery?	Y = Yes
			N = No
000	II N/	In Infant I biles of Time CD (C)	U = Unknown
206	ILIV	Is Infant Living at Time of Report?	Y = Yes
			N = No
207	REED	le Infant Reing Bregetfed at the Time of Discharge?	U = Infant transferred, Status Unknown
207	BFED	Is Infant Being Breastfed at the Time of Discharge?	Y = Yes N = No
			N = NO U = Unknown
208	MAGER	Mother's Reported Age	00-98, 99
209	EHYPE	Risk FactorsHypertension Eclampsia (RECOMMENDED	Y, N, U (BLANK IF NOT ADDED)
209	LITTE	ADDITION EFFECTIVE 2004)	I, IV, O (DEMINICIF INOT ADDED)
		ADDITION ELLECTIVE 2007)	

210	INFT_DRG	Risk FactorsInfertility: Fertility Enhancing Drugs (RECOMMENDED ADDITION EFFECTIVE 2004)	Y = Yes N = No X = Not Applicable
			U = Unknown (BLANK IF NOT ADDED)
211	INFT_ART	Risk FactorsInfertility: Asst. Rep. Technology (RECOMMENDED ADDITION EFFECTIVE 2004)	Y, N, X, U (BLANK IF NOT ADDED)
212	МСРН	Abnormal Conditions of the NewbornMicrocephaly	Y, N, U
213	KIDFNAME	Child's First Name	Free form literal
214	KIDMNAME	Child's Middle Name	Free form literal
215	KIDLNAME	Child's Last Name	Free form literal
216	KIDSUFFX	Child's Surname Suffix (moved from end)	Valid suffix
217	BIRTH_CO	County of Birth (Literal)	valid county literal
218	BRTHCITY	City/town/place of birth (Literal)	Valid city/town/place literal
219	HOSP	Name of Facility of Birth	Facility name literal
220	MOMFNAME	Mother's First Name	Free form literal
221	MOMMIDDL	Mother's Middle Name	Free form literal
222	MOMLNAME	Mother's Last Name	Free form literal
223	MOMSUFFX	Mother's Surname Suffix	Valid suffix
224	MOMFMNME	Mother's First Maiden Name	Free form literal
225	MOMMMID	Mother's Middle Maiden Name	Free form literal
226	MOMMAIDN	Mother's Maiden Surname	Free form literal
227	MOMMSUFX	Mother's Maiden Surname Suffix	Valid suffix
228	STNUM	Residence Street Number	parsed residence address
229	PREDIR	Residence Pre Directional	parsed residence address
230	STNAME	Residence Street name	parsed residence address
231	STDESIG	Residence Street designator	parsed residence address
232	POSTDIR	Residence Post Directional	parsed residence address
233	UNUM	Residence Unit or Apartment Number	parsed residence address
234	ADDRESS	Mother's Residence Street Address	The item is made up of one long string that includes Street number, Pre Directional, Street name, Street designator, Post Directional, and Unit or Apartment Number. Jurisdiction should use version of Mother's Residence address that's used in their system versus reprogramming.
235	ZIPCODE	Mother's Residence Zip Code and Zip+4	Valid 5+4 digit zip code; 3 space 3 for Canada; unknown portion left blank; do not include the "-"
236	COUNTYTXT	Mother's Residence County (Literal)	Valid county literal
237	CITYTEXT	Mother's Residence City/Town (Literal)	Valid city/town/place literal
238	STATETXT	State, U.S. Territory or Canadian Province of Residence (Mother) - literal	Valid state, U.S. territory or Canadian province literal, otherwise blank
239	CNTRYTXT	Mother's Residence Country (Literal)	Valid text for country of residence
240	DADFNAME	Father's First Name	Free form literal
241	DADMNAME	Father's Middle Name	Free form literal
242	DADLNAME	Father's Last Name	Free form literal
243	DADSUFFX	Father's Surname Suffix	Valid suffix
244	MOM_SSN	Mother's Social Security Number	9 digit SSN; blank if unknown or not sharable
245	DAD_SSN	Father's Social Security Number	9 digit SSN; blank if unknown or not sharable
246	MAGE_CALC	Mother's Age (Calculated)	0-98, 99
247 248	FAGE_CALC	Father's Age (Calculated)	0-98, 99
249	MOM_OC_C	Occupation of Mother Occupation of Mother (coded)	Literal for mother's usual occupation Refer to NCHS Instruction Manual Part 19, Industry and Occupation Coding for Death Certificates, 2003. Leave blank if using a coding system other than this
250	DAD_OC_T	Occupation of Father	Literal for father's usual occupation
251	DAD_OC_C	Occupation of Father (coded)	Refer to NCHS Instruction Manual Part 19, Industry and Occupation Coding for Death Certificates, 2003. Leave blank if using a coding system other than this
252	MOM_IN_T	Industry of Mother	Literal for mother's corresponding industry
253	MOM_IN_C	Industry of Mother (coded)	Refer to NCHS Instruction Manual Part 19, Industry and Occupation Coding for Death Certificates, 2003. Leave blank if using a coding system other than this
254	DAD_IN_T	Industry of Father (coded)	Literal for father's corresponding industry
255	DAD_IN_C	Industry of Father (coded)	Refer to NCHS Instruction Manual Part 19, Industry and Occupation Coding for Death Certificates, 2003. Leave blank if using a coding system other than this
256	METHNIC5C	Mother's Hispanic Code for Literal	NCHS Appendix D
257	METHNICE	Mother's Edited Hispanic Origin Code	NCHS will send this information to occurrence state for editing or special codes. Send it if available at the time of regular transmission to receiving states. Do not wait to obtain from NCHS if outside of the normal time frame for Interjurisdictional exchange.

258	MRACEBG_C	Mother's Bridged Race - NCHS Code	01 = White 02 = Black
			02 – Біаск 03 = American Indian/Alaskan Native
			04 = Asian Indian
			05 = Chinese
			06 = Filipino
			07 = Japanese
			08 = Korean
			09 = Vietnamese
			10 = Other Asian
			11 = Native Hawaiian 12 = Guamanian
			13 = Samoan
			14 = Other Pacific Islander
			15 = Other
			21 = Bridged White
			22 = Bridged Black
			23 = Bridged American Indian/Alaskan Native
			24 = Bridged Asian & Pacific Islander
259	FETHNIC5C	Father's Hispanic Code for Literal	NCHS Appendix D
260	FETHNICE	Father's Edited Hispanic Origin Code	NCHS Appendix D
261	FRACEBG_C	Father's Bridged Race - NCHS Code	01 = White
			02 = Black
			03 = American Indian/Alaskan Native
			04 = Asian Indian 05 = Chinese
			05 = Chinese 06 = Filipino
			00 - Pilipilio 07 = Japanese
			08 = Korean
			09 = Vietnamese
			10 = Other Asian
			11 = Native Hawaiian
			12 = Guamanian
			13 = Samoan
			14 = Other Pacific Islander
			15 = Other
			21 = Bridged White
			22 = Bridged Black
			23 = Bridged American Indian/Alaskan Native 24 = Bridged Asian & Pacific Islander
262	METHNIC_T	Mother's Hispanic Origin - Specify	Text, comma delimit multiple entries
263	MRACE_T	Mother's Race - Specify	Text, comma delimit multiple entries
264	FETHNIC_T	Father's Hispanic Origin - Specify	Text, comma delimit multiple entries
	TETTINIO_T	rather 3 riispanie Origin - Opcony	rext, comma delimit manapie entries
	FRACE T	Father's Race - Specify	Text_comma_delimit_multiple_entries
265 266	FRACE_T HOSPEROM	Father's Race - Specify Facility Mother Moved From (if transferred)	Text, comma delimit multiple entries
266	HOSPFROM	Facility Mother Moved From (if transferred)	Literal facility name; blank if not transferred
266 267	HOSPFROM HOSPTO	Facility Mother Moved From (if transferred) Facility Infant Transferred To (if transferred w/in 24 hours)	Literal facility name; blank if not transferred Literal facility name; blank if not transferred
266 267 268	HOSPFROM HOSPTO ATTEND_OTH_TXT	Facility Mother Moved From (if transferred) Facility Infant Transferred To (if transferred w/in 24 hours) Attendant ("Other" specified text)	Literal facility name; blank if not transferred
266 267 268 269	HOSPFROM HOSPTO ATTEND_OTH_TXT MMIS_ID	Facility Mother Moved From (if transferred) Facility Infant Transferred To (if transferred w/in 24 hours) Attendant ("Other" specified text) Mother's Medicaid ID number (if applicable)	Literal facility name; blank if not transferred Literal facility name; blank if not transferred Alpha character string when "Other" text is specified Free form literal
266 267 268	HOSPFROM HOSPTO ATTEND_OTH_TXT	Facility Mother Moved From (if transferred) Facility Infant Transferred To (if transferred w/in 24 hours) Attendant ("Other" specified text)	Literal facility name; blank if not transferred Literal facility name; blank if not transferred Alpha character string when "Other" text is specified
266 267 268 269	HOSPFROM HOSPTO ATTEND_OTH_TXT MMIS_ID	Facility Mother Moved From (if transferred) Facility Infant Transferred To (if transferred w/in 24 hours) Attendant ("Other" specified text) Mother's Medicaid ID number (if applicable)	Literal facility name; blank if not transferred Literal facility name; blank if not transferred Alpha character string when "Other" text is specified Free form literal Y = Yes
266 267 268 269	HOSPFROM HOSPTO ATTEND_OTH_TXT MMIS_ID	Facility Mother Moved From (if transferred) Facility Infant Transferred To (if transferred w/in 24 hours) Attendant ("Other" specified text) Mother's Medicaid ID number (if applicable)	Literal facility name; blank if not transferred Literal facility name; blank if not transferred Alpha character string when "Other" text is specified Free form literal Y = Yes N = No
266 267 268 269 270	HOSPFROM HOSPTO ATTEND_OTH_TXT MMIS_ID PNC1	Facility Mother Moved From (if transferred) Facility Infant Transferred To (if transferred w/in 24 hours) Attendant ("Other" specified text) Mother's Medicaid ID number (if applicable) Source of Prenatal Care - Hospital Clinic	Literal facility name; blank if not transferred Literal facility name; blank if not transferred Alpha character string when "Other" text is specified Free form literal Y = Yes N = No X = Not Applicable U = Unknown (BLANK IF NOT ADDED)
266 267 268 269	HOSPFROM HOSPTO ATTEND_OTH_TXT MMIS_ID	Facility Mother Moved From (if transferred) Facility Infant Transferred To (if transferred w/in 24 hours) Attendant ("Other" specified text) Mother's Medicaid ID number (if applicable)	Literal facility name; blank if not transferred Literal facility name; blank if not transferred Alpha character string when "Other" text is specified Free form literal Y = Yes N = No X = Not Applicable U = Unknown (BLANK IF NOT ADDED) Y = Yes
266 267 268 269 270	HOSPFROM HOSPTO ATTEND_OTH_TXT MMIS_ID PNC1	Facility Mother Moved From (if transferred) Facility Infant Transferred To (if transferred w/in 24 hours) Attendant ("Other" specified text) Mother's Medicaid ID number (if applicable) Source of Prenatal Care - Hospital Clinic	Literal facility name; blank if not transferred Literal facility name; blank if not transferred Alpha character string when "Other" text is specified Free form literal Y = Yes N = No X = Not Applicable U = Unknown (BLANK IF NOT ADDED) Y = Yes N = No
266 267 268 269 270	HOSPFROM HOSPTO ATTEND_OTH_TXT MMIS_ID PNC1	Facility Mother Moved From (if transferred) Facility Infant Transferred To (if transferred w/in 24 hours) Attendant ("Other" specified text) Mother's Medicaid ID number (if applicable) Source of Prenatal Care - Hospital Clinic	Literal facility name; blank if not transferred Literal facility name; blank if not transferred Alpha character string when "Other" text is specified Free form literal Y = Yes N = No X = Not Applicable U = Unknown (BLANK IF NOT ADDED) Y = Yes N = No X = Not Applicable
266 267 268 269 270	HOSPFROM HOSPTO ATTEND_OTH_TXT MMIS_ID PNC1	Facility Mother Moved From (if transferred) Facility Infant Transferred To (if transferred w/in 24 hours) Attendant ("Other" specified text) Mother's Medicaid ID number (if applicable) Source of Prenatal Care - Hospital Clinic	Literal facility name; blank if not transferred Literal facility name; blank if not transferred Alpha character string when "Other" text is specified Free form literal Y = Yes N = No X = Not Applicable U = Unknown (BLANK IF NOT ADDED) Y = Yes N = No X = Not Applicable U = Unknown (BLANK IF NOT ADDED)
266 267 268 269 270	HOSPFROM HOSPTO ATTEND_OTH_TXT MMIS_ID PNC1 PNC2	Facility Mother Moved From (if transferred) Facility Infant Transferred To (if transferred w/in 24 hours) Attendant ("Other" specified text) Mother's Medicaid ID number (if applicable) Source of Prenatal Care - Hospital Clinic Source of Prenatal Care - Public Health Clinic	Literal facility name; blank if not transferred Literal facility name; blank if not transferred Alpha character string when "Other" text is specified Free form literal Y = Yes N = No X = Not Applicable U = Unknown (BLANK IF NOT ADDED) Y = Yes N = No X = Not Applicable
266 267 268 269 270	HOSPFROM HOSPTO ATTEND_OTH_TXT MMIS_ID PNC1	Facility Mother Moved From (if transferred) Facility Infant Transferred To (if transferred w/in 24 hours) Attendant ("Other" specified text) Mother's Medicaid ID number (if applicable) Source of Prenatal Care - Hospital Clinic	Literal facility name; blank if not transferred Literal facility name; blank if not transferred Alpha character string when "Other" text is specified Free form literal Y = Yes N = No X = Not Applicable U = Unknown (BLANK IF NOT ADDED) Y = Yes N = No X = Not Applicable U = Unknown (BLANK IF NOT ADDED)
266 267 268 269 270	HOSPFROM HOSPTO ATTEND_OTH_TXT MMIS_ID PNC1 PNC2	Facility Mother Moved From (if transferred) Facility Infant Transferred To (if transferred w/in 24 hours) Attendant ("Other" specified text) Mother's Medicaid ID number (if applicable) Source of Prenatal Care - Hospital Clinic Source of Prenatal Care - Public Health Clinic	Literal facility name; blank if not transferred Literal facility name; blank if not transferred Alpha character string when "Other" text is specified Free form literal Y = Yes N = No X = Not Applicable U = Unknown (BLANK IF NOT ADDED) Y = Yes N = No X = Not Applicable U = Unknown (BLANK IF NOT ADDED) Y = Yes N = No X = Not Applicable U = Unknown (BLANK IF NOT ADDED) Y = Yes N = No
266 267 268 269 270	HOSPFROM HOSPTO ATTEND_OTH_TXT MMIS_ID PNC1 PNC2	Facility Mother Moved From (if transferred) Facility Infant Transferred To (if transferred w/in 24 hours) Attendant ("Other" specified text) Mother's Medicaid ID number (if applicable) Source of Prenatal Care - Hospital Clinic Source of Prenatal Care - Public Health Clinic	Literal facility name; blank if not transferred Literal facility name; blank if not transferred Alpha character string when "Other" text is specified Free form literal Y = Yes N = No X = Not Applicable U = Unknown (BLANK IF NOT ADDED) Y = Yes N = No X = Not Applicable U = Unknown (BLANK IF NOT ADDED) Y = Yes U = Volume text is not applicable U = Unknown (BLANK IF NOT ADDED) Y = Yes
266 267 268 269 270 271	HOSPFROM HOSPTO ATTEND_OTH_TXT MMIS_ID PNC1 PNC2 PNC2	Facility Mother Moved From (if transferred) Facility Infant Transferred To (if transferred w/in 24 hours) Attendant ("Other" specified text) Mother's Medicaid ID number (if applicable) Source of Prenatal Care - Hospital Clinic Source of Prenatal Care - Public Health Clinic Source of Prenatal Care - Private Physician	Literal facility name; blank if not transferred Literal facility name; blank if not transferred Alpha character string when "Other" text is specified Free form literal Y = Yes N = No X = Not Applicable U = Unknown (BLANK IF NOT ADDED) Y = Yes N = No X = Not Applicable U = Unknown (BLANK IF NOT ADDED) Y = Yes N = No X = Not Applicable U = Unknown (BLANK IF NOT ADDED) Y = Yes N = No X = Not Applicable U = Unknown (BLANK IF NOT ADDED) Y = Yes N = No X = Not Applicable U = Unknown (BLANK IF NOT ADDED)
266 267 268 269 270	HOSPFROM HOSPTO ATTEND_OTH_TXT MMIS_ID PNC1 PNC2	Facility Mother Moved From (if transferred) Facility Infant Transferred To (if transferred w/in 24 hours) Attendant ("Other" specified text) Mother's Medicaid ID number (if applicable) Source of Prenatal Care - Hospital Clinic Source of Prenatal Care - Public Health Clinic	Literal facility name; blank if not transferred Literal facility name; blank if not transferred Alpha character string when "Other" text is specified Free form literal Y = Yes N = No X = Not Applicable U = Unknown (BLANK IF NOT ADDED) Y = Yes N = No X = Not Applicable U = Unknown (BLANK IF NOT ADDED) Y = Yes N = No X = Not Applicable U = Unknown (BLANK IF NOT ADDED) Y = Yes N = No X = Not Applicable U = Unknown (BLANK IF NOT ADDED) Y = Yes N = No X = Not Applicable U = Unknown (BLANK IF NOT ADDED)
266 267 268 269 270 271	HOSPFROM HOSPTO ATTEND_OTH_TXT MMIS_ID PNC1 PNC2 PNC2	Facility Mother Moved From (if transferred) Facility Infant Transferred To (if transferred w/in 24 hours) Attendant ("Other" specified text) Mother's Medicaid ID number (if applicable) Source of Prenatal Care - Hospital Clinic Source of Prenatal Care - Public Health Clinic Source of Prenatal Care - Private Physician	Literal facility name; blank if not transferred Literal facility name; blank if not transferred Alpha character string when "Other" text is specified Free form literal Y = Yes N = No X = Not Applicable U = Unknown (BLANK IF NOT ADDED) Y = Yes N = No X = Not Applicable U = Unknown (BLANK IF NOT ADDED) Y = Yes N = No X = Not Applicable U = Unknown (BLANK IF NOT ADDED) Y = Yes N = No X = Not Applicable U = Unknown (BLANK IF NOT ADDED) Y = Yes N = No X = Not Applicable U = Unknown (BLANK IF NOT ADDED) Y = Yes N = No
266 267 268 269 270 271	HOSPFROM HOSPTO ATTEND_OTH_TXT MMIS_ID PNC1 PNC2 PNC2	Facility Mother Moved From (if transferred) Facility Infant Transferred To (if transferred w/in 24 hours) Attendant ("Other" specified text) Mother's Medicaid ID number (if applicable) Source of Prenatal Care - Hospital Clinic Source of Prenatal Care - Public Health Clinic Source of Prenatal Care - Private Physician	Literal facility name; blank if not transferred Literal facility name; blank if not transferred Alpha character string when "Other" text is specified Free form literal Y = Yes N = No X = Not Applicable U = Unknown (BLANK IF NOT ADDED) Y = Yes N = No X = Not Applicable U = Unknown (BLANK IF NOT ADDED) Y = Yes N = Not Applicable U = Unknown (BLANK IF NOT ADDED) Y = Yes N = No X = Not Applicable U = Unknown (BLANK IF NOT ADDED) Y = Yes N = No X = Not Applicable U = Unknown (BLANK IF NOT ADDED) Y = Yes N = No X = Not Applicable
266 267 268 269 270 271	HOSPFROM HOSPTO ATTEND_OTH_TXT MMIS_ID PNC1 PNC2 PNC2	Facility Mother Moved From (if transferred) Facility Infant Transferred To (if transferred w/in 24 hours) Attendant ("Other" specified text) Mother's Medicaid ID number (if applicable) Source of Prenatal Care - Hospital Clinic Source of Prenatal Care - Public Health Clinic Source of Prenatal Care - Private Physician	Literal facility name; blank if not transferred Literal facility name; blank if not transferred Alpha character string when "Other" text is specified Free form literal Y = Yes N = No X = Not Applicable U = Unknown (BLANK IF NOT ADDED) Y = Yes N = No X = Not Applicable U = Unknown (BLANK IF NOT ADDED) Y = Yes N = No X = Not Applicable U = Unknown (BLANK IF NOT ADDED) Y = Yes N = No X = Not Applicable U = Unknown (BLANK IF NOT ADDED) Y = Yes N = No X = Not Applicable U = Unknown (BLANK IF NOT ADDED) Y = Yes N = No X = Not Applicable U = Unknown (BLANK IF NOT ADDED) Y = Yes N = No X = Not Applicable U = Unknown
266 267 268 269 270 271 271	HOSPFROM HOSPTO ATTEND_OTH_TXT MMIS_ID PNC1 PNC2 PNC3	Facility Mother Moved From (if transferred) Facility Infant Transferred To (if transferred w/in 24 hours) Attendant ("Other" specified text) Mother's Medicaid ID number (if applicable) Source of Prenatal Care - Hospital Clinic Source of Prenatal Care - Public Health Clinic Source of Prenatal Care - Private Physician Source of Prenatal Care - Midwife	Literal facility name; blank if not transferred Literal facility name; blank if not transferred Alpha character string when "Other" text is specified Free form literal Y = Yes N = No X = Not Applicable U = Unknown (BLANK IF NOT ADDED) Y = Yes N = No X = Not Applicable U = Unknown (BLANK IF NOT ADDED) Y = Yes N = No X = Not Applicable U = Unknown (BLANK IF NOT ADDED) Y = Yes N = No X = Not Applicable U = Unknown (BLANK IF NOT ADDED) Y = Yes N = No X = Not Applicable U = Unknown (BLANK IF NOT ADDED) Y = Yes N = No X = Not Applicable U = Unknown (BLANK IF NOT ADDED)
266 267 268 269 270 271	HOSPFROM HOSPTO ATTEND_OTH_TXT MMIS_ID PNC1 PNC2 PNC2	Facility Mother Moved From (if transferred) Facility Infant Transferred To (if transferred w/in 24 hours) Attendant ("Other" specified text) Mother's Medicaid ID number (if applicable) Source of Prenatal Care - Hospital Clinic Source of Prenatal Care - Public Health Clinic Source of Prenatal Care - Private Physician	Literal facility name; blank if not transferred Literal facility name; blank if not transferred Alpha character string when "Other" text is specified Free form literal Y = Yes N = No X = Not Applicable U = Unknown (BLANK IF NOT ADDED) Y = Yes N = No X = Not Applicable U = Unknown (BLANK IF NOT ADDED) Y = Yes N = No X = Not Applicable U = Unknown (BLANK IF NOT ADDED) Y = Yes N = No X = Not Applicable U = Unknown (BLANK IF NOT ADDED) Y = Yes N = No X = Not Applicable U = Unknown (BLANK IF NOT ADDED) Y = Yes N = No X = Not Applicable U = Unknown (BLANK IF NOT ADDED) Y = Yes N = No X = Not Applicable U = Unknown
266 267 268 269 270 271 271	HOSPFROM HOSPTO ATTEND_OTH_TXT MMIS_ID PNC1 PNC2 PNC3	Facility Mother Moved From (if transferred) Facility Infant Transferred To (if transferred w/in 24 hours) Attendant ("Other" specified text) Mother's Medicaid ID number (if applicable) Source of Prenatal Care - Hospital Clinic Source of Prenatal Care - Public Health Clinic Source of Prenatal Care - Private Physician Source of Prenatal Care - Midwife	Literal facility name; blank if not transferred Literal facility name; blank if not transferred Alpha character string when "Other" text is specified Free form literal Y = Yes N = No X = Not Applicable U = Unknown (BLANK IF NOT ADDED) Y = Yes N = No X = Not Applicable U = Unknown (BLANK IF NOT ADDED) Y = Yes N = No X = Not Applicable U = Unknown (BLANK IF NOT ADDED) Y = Yes N = No X = Not Applicable U = Unknown (BLANK IF NOT ADDED) Y = Yes N = No X = Not Applicable U = Unknown (BLANK IF NOT ADDED) Y = Yes N = No X = Not Applicable U = Unknown (BLANK IF NOT ADDED) Y = Yes N = No X = Not Applicable U = Unknown (BLANK IF NOT ADDED) Y = Yes N = No
266 267 268 269 270 271 271	HOSPFROM HOSPTO ATTEND_OTH_TXT MMIS_ID PNC1 PNC2 PNC3	Facility Mother Moved From (if transferred) Facility Infant Transferred To (if transferred w/in 24 hours) Attendant ("Other" specified text) Mother's Medicaid ID number (if applicable) Source of Prenatal Care - Hospital Clinic Source of Prenatal Care - Public Health Clinic Source of Prenatal Care - Private Physician Source of Prenatal Care - Midwife	Literal facility name; blank if not transferred Literal facility name; blank if not transferred Alpha character string when "Other" text is specified Free form literal Y = Yes N = No X = Not Applicable U = Unknown (BLANK IF NOT ADDED) Y = Yes N = No X = Not Applicable U = Unknown (BLANK IF NOT ADDED) Y = Yes N = No X = Not Applicable U = Unknown (BLANK IF NOT ADDED) Y = Yes N = No X = Not Applicable U = Unknown (BLANK IF NOT ADDED) Y = Yes N = No X = Not Applicable U = Unknown (BLANK IF NOT ADDED) Y = Yes N = No X = Not Applicable U = Unknown (BLANK IF NOT ADDED) Y = Yes N = No X = Not Applicable U = Unknown (BLANK IF NOT ADDED)
266 267 268 269 270 271 272 273	HOSPFROM HOSPTO ATTEND_OTH_TXT MMIS_ID PNC1 PNC2 PNC3 PNC4 PNC5	Facility Mother Moved From (if transferred) Facility Infant Transferred To (if transferred w/in 24 hours) Attendant ("Other" specified text) Mother's Medicaid ID number (if applicable) Source of Prenatal Care - Hospital Clinic Source of Prenatal Care - Public Health Clinic Source of Prenatal Care - Private Physician Source of Prenatal Care - Midwife Source of Prenatal Care - Midwife	Literal facility name; blank if not transferred Literal facility name; blank if not transferred Alpha character string when "Other" text is specified Free form literal Y = Yes N = No X = Not Applicable U = Unknown (BLANK IF NOT ADDED) Y = Yes N = No X = Not Applicable U = Unknown (BLANK IF NOT ADDED) Y = Yes N = No X = Not Applicable U = Unknown (BLANK IF NOT ADDED) Y = Yes N = No X = Not Applicable U = Unknown (BLANK IF NOT ADDED) Y = Yes N = No X = Not Applicable U = Unknown (BLANK IF NOT ADDED) Y = Yes N = No X = Not Applicable U = Unknown (BLANK IF NOT ADDED) Y = Yes N = No X = Not Applicable U = Unknown (BLANK IF NOT ADDED) Y = Yes N = No X = Not Applicable U = Unknown (BLANK IF NOT ADDED)
266 267 268 269 270 271 271	HOSPFROM HOSPTO ATTEND_OTH_TXT MMIS_ID PNC1 PNC2 PNC3	Facility Mother Moved From (if transferred) Facility Infant Transferred To (if transferred w/in 24 hours) Attendant ("Other" specified text) Mother's Medicaid ID number (if applicable) Source of Prenatal Care - Hospital Clinic Source of Prenatal Care - Public Health Clinic Source of Prenatal Care - Private Physician Source of Prenatal Care - Midwife	Literal facility name; blank if not transferred Literal facility name; blank if not transferred Alpha character string when "Other" text is specified Free form literal Y = Yes N = No X = Not Applicable U = Unknown (BLANK IF NOT ADDED) Y = Yes N = No X = Not Applicable U = Unknown (BLANK IF NOT ADDED) Y = Yes N = No X = Not Applicable U = Unknown (BLANK IF NOT ADDED) Y = Yes N = No X = Not Applicable U = Unknown (BLANK IF NOT ADDED) Y = Yes N = No X = Not Applicable U = Unknown (BLANK IF NOT ADDED) Y = Yes N = No X = Not Applicable U = Unknown (BLANK IF NOT ADDED) Y = Yes N = No X = Not Applicable U = Unknown (BLANK IF NOT ADDED) Y = Yes N = No X = Not Applicable U = Unknown (BLANK IF NOT ADDED)
266 267 268 269 270 271 272 273	HOSPFROM HOSPTO ATTEND_OTH_TXT MMIS_ID PNC1 PNC2 PNC3 PNC4 PNC5	Facility Mother Moved From (if transferred) Facility Infant Transferred To (if transferred w/in 24 hours) Attendant ("Other" specified text) Mother's Medicaid ID number (if applicable) Source of Prenatal Care - Hospital Clinic Source of Prenatal Care - Public Health Clinic Source of Prenatal Care - Private Physician Source of Prenatal Care - Midwife Source of Prenatal Care - Midwife	Literal facility name; blank if not transferred Literal facility name; blank if not transferred Alpha character string when "Other" text is specified Free form literal Y = Yes N = No X = Not Applicable U = Unknown (BLANK IF NOT ADDED) Y = Yes N = No X = Not Applicable U = Unknown (BLANK IF NOT ADDED) Y = Yes N = No Applicable U = Unknown (BLANK IF NOT ADDED) Y = Yes N = No X = Not Applicable U = Unknown (BLANK IF NOT ADDED) Y = Yes N = No X = Not Applicable U = Unknown (BLANK IF NOT ADDED) Y = Yes N = No X = Not Applicable U = Unknown (BLANK IF NOT ADDED) Y = Yes N = No X = Not Applicable U = Unknown (BLANK IF NOT ADDED) Y = Yes N = No X = Not Applicable U = Unknown (BLANK IF NOT ADDED) Y = Yes N = No X = Not Applicable U = Unknown (BLANK IF NOT ADDED) Y = Yes N = No
266 267 268 269 270 271 272 273	HOSPFROM HOSPTO ATTEND_OTH_TXT MMIS_ID PNC1 PNC2 PNC3 PNC4 PNC5	Facility Mother Moved From (if transferred) Facility Infant Transferred To (if transferred w/in 24 hours) Attendant ("Other" specified text) Mother's Medicaid ID number (if applicable) Source of Prenatal Care - Hospital Clinic Source of Prenatal Care - Public Health Clinic Source of Prenatal Care - Private Physician Source of Prenatal Care - Midwife Source of Prenatal Care - Midwife	Literal facility name; blank if not transferred Literal facility name; blank if not transferred Alpha character string when "Other" text is specified Free form literal Y = Yes N = No X = Not Applicable U = Unknown (BLANK IF NOT ADDED) Y = Yes N = No X = Not Applicable U = Unknown (BLANK IF NOT ADDED) Y = Yes N = No X = Not Applicable U = Unknown (BLANK IF NOT ADDED) Y = Yes N = No X = Not Applicable U = Unknown (BLANK IF NOT ADDED) Y = Yes N = No X = Not Applicable U = Unknown (BLANK IF NOT ADDED) Y = Yes N = No X = Not Applicable U = Unknown (BLANK IF NOT ADDED) Y = Yes N = No X = Not Applicable U = Unknown (BLANK IF NOT ADDED) Y = Yes N = No X = Not Applicable U = Unknown (BLANK IF NOT ADDED) Y = Yes N = No X = Not Applicable U = Unknown (BLANK IF NOT ADDED) Y = Yes N = No X = Not Applicable
266 267 268 269 270 271 272 273	HOSPFROM HOSPTO ATTEND_OTH_TXT MMIS_ID PNC1 PNC2 PNC3 PNC4 PNC5	Facility Mother Moved From (if transferred) Facility Infant Transferred To (if transferred w/in 24 hours) Attendant ("Other" specified text) Mother's Medicaid ID number (if applicable) Source of Prenatal Care - Hospital Clinic Source of Prenatal Care - Public Health Clinic Source of Prenatal Care - Private Physician Source of Prenatal Care - Midwife Source of Prenatal Care - Midwife	Literal facility name; blank if not transferred Literal facility name; blank if not transferred Alpha character string when "Other" text is specified Free form literal Y = Yes N = No X = Not Applicable U = Unknown (BLANK IF NOT ADDED) Y = Yes N = No X = Not Applicable U = Unknown (BLANK IF NOT ADDED) Y = Yes N = No X = Not Applicable U = Unknown (BLANK IF NOT ADDED) Y = Yes N = No X = Not Applicable U = Unknown (BLANK IF NOT ADDED) Y = Yes N = No X = Not Applicable U = Unknown (BLANK IF NOT ADDED) Y = Yes N = No X = Not Applicable U = Unknown (BLANK IF NOT ADDED) Y = Yes N = No X = Not Applicable U = Unknown (BLANK IF NOT ADDED) Y = Yes N = No X = Not Applicable U = Unknown (BLANK IF NOT ADDED) Y = Yes N = No X = Not Applicable U = Unknown (BLANK IF NOT ADDED) Y = Yes N = No X = Not Applicable U = Unknown
266 267 268 269 270 271 271 272 273	HOSPFROM HOSPTO ATTEND_OTH_TXT MMIS_ID PNC1 PNC2 PNC3 PNC4 PNC5	Facility Mother Moved From (if transferred) Facility Infant Transferred To (if transferred w/in 24 hours) Attendant ("Other" specified text) Mother's Medicaid ID number (if applicable) Source of Prenatal Care - Hospital Clinic Source of Prenatal Care - Public Health Clinic Source of Prenatal Care - Private Physician Source of Prenatal Care - Midwife Source of Prenatal Care - None Source of Prenatal Care - None	Literal facility name; blank if not transferred Literal facility name; blank if not transferred Alpha character string when "Other" text is specified Free form literal Y = Yes N = No X = Not Applicable U = Unknown (BLANK IF NOT ADDED) Y = Yes N = No X = Not Applicable U = Unknown (BLANK IF NOT ADDED) Y = Yes N = No X = Not Applicable U = Unknown (BLANK IF NOT ADDED) Y = Yes N = No X = Not Applicable U = Unknown (BLANK IF NOT ADDED) Y = Yes N = No X = Not Applicable U = Unknown (BLANK IF NOT ADDED) Y = Yes N = No X = Not Applicable U = Unknown (BLANK IF NOT ADDED) Y = Yes N = No X = Not Applicable U = Unknown (BLANK IF NOT ADDED) Y = Yes N = No X = Not Applicable U = Unknown (BLANK IF NOT ADDED) Y = Yes N = No X = Not Applicable U = Unknown (BLANK IF NOT ADDED) Y = Yes N = No X = Not Applicable U = Unknown (BLANK IF NOT ADDED)
266 267 268 269 270 271 272 273	HOSPFROM HOSPTO ATTEND_OTH_TXT MMIS_ID PNC1 PNC2 PNC3 PNC4 PNC5	Facility Mother Moved From (if transferred) Facility Infant Transferred To (if transferred w/in 24 hours) Attendant ("Other" specified text) Mother's Medicaid ID number (if applicable) Source of Prenatal Care - Hospital Clinic Source of Prenatal Care - Public Health Clinic Source of Prenatal Care - Private Physician Source of Prenatal Care - Midwife Source of Prenatal Care - Midwife	Literal facility name; blank if not transferred Literal facility name; blank if not transferred Alpha character string when "Other" text is specified Free form literal Y = Yes N = No X = Not Applicable U = Unknown (BLANK IF NOT ADDED) Y = Yes N = No X = Not Applicable U = Unknown (BLANK IF NOT ADDED) Y = Yes N = No X = Not Applicable U = Unknown (BLANK IF NOT ADDED) Y = Yes N = No X = Not Applicable U = Unknown (BLANK IF NOT ADDED) Y = Yes N = No X = Not Applicable U = Unknown (BLANK IF NOT ADDED) Y = Yes N = No X = Not Applicable U = Unknown (BLANK IF NOT ADDED) Y = Yes N = No X = Not Applicable U = Unknown (BLANK IF NOT ADDED) Y = Yes N = No X = Not Applicable U = Unknown (BLANK IF NOT ADDED) Y = Yes N = No X = Not Applicable U = Unknown (BLANK IF NOT ADDED) Y = Yes N = No X = Not Applicable U = Unknown (BLANK IF NOT ADDED)
266 267 268 269 270 271 271 272 273	HOSPFROM HOSPTO ATTEND_OTH_TXT MMIS_ID PNC1 PNC2 PNC3 PNC4 PNC5	Facility Mother Moved From (if transferred) Facility Infant Transferred To (if transferred w/in 24 hours) Attendant ("Other" specified text) Mother's Medicaid ID number (if applicable) Source of Prenatal Care - Hospital Clinic Source of Prenatal Care - Public Health Clinic Source of Prenatal Care - Private Physician Source of Prenatal Care - Midwife Source of Prenatal Care - None Source of Prenatal Care - None	Literal facility name; blank if not transferred Literal facility name; blank if not transferred Alpha character string when "Other" text is specified Free form literal Y = Yes N = No X = Not Applicable U = Unknown (BLANK IF NOT ADDED) Y = Yes N = No X = Not Applicable U = Unknown (BLANK IF NOT ADDED) Y = Yes N = No X = Not Applicable U = Unknown (BLANK IF NOT ADDED) Y = Yes N = No X = Not Applicable U = Unknown (BLANK IF NOT ADDED) Y = Yes N = No X = Not Applicable U = Unknown (BLANK IF NOT ADDED) Y = Yes N = No X = Not Applicable U = Unknown (BLANK IF NOT ADDED) Y = Yes N = No X = Not Applicable U = Unknown (BLANK IF NOT ADDED) Y = Yes N = No X = Not Applicable U = Unknown (BLANK IF NOT ADDED) Y = Yes N = No X = Not Applicable U = Unknown (BLANK IF NOT ADDED) Y = Yes N = No X = Not Applicable U = Unknown (BLANK IF NOT ADDED) Y = Yes N = No X = Not Applicable U = Unknown (BLANK IF NOT ADDED) Y = Yes N = No
266 267 268 269 270 271 271 272 273	HOSPFROM HOSPTO ATTEND_OTH_TXT MMIS_ID PNC1 PNC2 PNC3 PNC4 PNC5	Facility Mother Moved From (if transferred) Facility Infant Transferred To (if transferred w/in 24 hours) Attendant ("Other" specified text) Mother's Medicaid ID number (if applicable) Source of Prenatal Care - Hospital Clinic Source of Prenatal Care - Public Health Clinic Source of Prenatal Care - Private Physician Source of Prenatal Care - Midwife Source of Prenatal Care - None Source of Prenatal Care - None	Literal facility name; blank if not transferred Literal facility name; blank if not transferred Alpha character string when "Other" text is specified Free form literal Y = Yes N = No X = Not Applicable U = Unknown (BLANK IF NOT ADDED) Y = Yes N = No X = Not Applicable U = Unknown (BLANK IF NOT ADDED) Y = Yes N = No X = Not Applicable U = Unknown (BLANK IF NOT ADDED) Y = Yes N = No X = Not Applicable U = Unknown (BLANK IF NOT ADDED) Y = Yes N = No X = Not Applicable U = Unknown (BLANK IF NOT ADDED) Y = Yes N = No X = Not Applicable U = Unknown (BLANK IF NOT ADDED) Y = Yes N = No X = Not Applicable U = Unknown (BLANK IF NOT ADDED) Y = Yes N = No X = Not Applicable U = Unknown (BLANK IF NOT ADDED) Y = Yes N = No X = Not Applicable U = Unknown (BLANK IF NOT ADDED) Y = Yes N = No X = Not Applicable U = Unknown (BLANK IF NOT ADDED) Y = Yes N = No X = Not Applicable U = Unknown (BLANK IF NOT ADDED)
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266 267 268 269 270 271 271 272 273	HOSPFROM HOSPTO ATTEND_OTH_TXT MMIS_ID PNC1 PNC2 PNC3 PNC4 PNC5	Facility Mother Moved From (if transferred) Facility Infant Transferred To (if transferred w/in 24 hours) Attendant ("Other" specified text) Mother's Medicaid ID number (if applicable) Source of Prenatal Care - Hospital Clinic Source of Prenatal Care - Public Health Clinic Source of Prenatal Care - Private Physician Source of Prenatal Care - Midwife Source of Prenatal Care - None Source of Prenatal Care - None	Literal facility name; blank if not transferred Literal facility name; blank if not transferred Alpha character string when "Other" text is specified Free form literal Y = Yes N = No X = Not Applicable U = Unknown (BLANK IF NOT ADDED) Y = Yes N = No X = Not Applicable U = Unknown (BLANK IF NOT ADDED) Y = Yes N = No X = Not Applicable U = Unknown (BLANK IF NOT ADDED) Y = Yes N = No X = Not Applicable U = Unknown (BLANK IF NOT ADDED) Y = Yes N = No X = Not Applicable U = Unknown (BLANK IF NOT ADDED) Y = Yes N = No X = Not Applicable U = Unknown (BLANK IF NOT ADDED) Y = Yes N = No X = Not Applicable U = Unknown (BLANK IF NOT ADDED) Y = Yes N = No X = Not Applicable U = Unknown (BLANK IF NOT ADDED) Y = Yes N = No X = Not Applicable U = Unknown (BLANK IF NOT ADDED) Y = Yes N = No X = Not Applicable U = Unknown (BLANK IF NOT ADDED) Y = Yes N = No X = Not Applicable U = Unknown (BLANK IF NOT ADDED)

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Y, N, U

Field #	Name	Contents	Code Structure Description
1	DOD_YR	Date of DeathYear	4 digit year
2	DSTATE	State, U.S. Territory or Canadian	NCHS Instruction Manual: Part 8
		Province of Death - code	For U.S. Territories: MP NORTHERN MARIANAS
			AS AMERICAN SAMOA
			GU GUAM
			VI VIRGIN ISLANDS
			PR PUERTO RICO
			For Canadian Provinces:
			AB ALBERTA
			BC BRITISH COLUMBIA
			MB MANITOBA
			NB NEW BRUNSWICK NL NEWFOUNDLAND AND LABRADOR
			NS NOVA SCOTIA
			NT NORTHWEST TERRITORIES
			NU NUNAVUT
			ON ONTARIO
			PE PRINCE EDWARD ISLAND
			QC QUEBEC
			SK SASKATCHEWAN
2	ONAME	Decedentle Level News Cives	YT YUKON
3	GNAME	Decedent's Legal NameGiven	
4	MNAME	Decedent's Legal NameMiddle	
5	LNAME	Decedent's Legal NameLast	Last name is required
6	SUFF	Decedent's Legal NameSuffix	0.0:: 18
7	ALIAS	Decedent's Legal NameAlias	0 = Original Record 1 = Alias Record
8	SEX	Sex	M = Male
Ü	OZA.	COA	F = Female
			U = Unknown
9	SEX_BYPASS	SexEdit Flag	0 = Edit Passed
			1 = Edit Failed, Data Queried, and Verified
10	SSN	Social Security Number	9 digit SSN; blank if unknown or not sharable
11	AGETYPE	Decedent's AgeType	1 = Years
			2 = Months
			4 = Days 5 = Hours
			6 = Minutes
			9 = Unknown (not classifiable)
12	AGE	Decedent's AgeUnits	001 - 135, 999
			Codes: If AGETYPE = 1 then 001-135, 999
			2 then 001-011, 999
			4 then 001-027, 999
			5 then 001-023, 999 6 then 001-059, 999
			9 then 999
13	AGE_BYPASS	Decedent's AgeEdit Flag	0 = Edit Passed
-		5	1 = Edit Failed, Data Queried, and Verified
14	DOB_YR	Date of BirthYear	4 digit year; <=year of death, 9999
15	DOB_MO	Date of BirthMonth	01-12, 99
16	DOB_DY	Date of BirthDay	01-31 (based on month), 99
17	CITYC	Decedent's ResidenceCity	NCHS Instruction Manual: Part 8
18	COUNTYC	Decedent's ResidenceCounty	NCHS Instruction Manual: Part 8

19	STATEC	State, U.S. Territory or Canadian Province of Decedent's residence - code	NCHS Instruction Manual: Part 8 ZZ = UNKNOWN OR BLANK U.S. STATE OR TERRITORY OR UNKNOWN/ UNCLASSIFIABLE COUNTRY XX = COUNTRY IS CANADA BUT UNKNOWN CANADIAN PROVINCE OR ANY COUNTRY THAT IS KNOWN, BUT NOT U.S. OR CANADA For U.S. Territories: MP NORTHERN MARIANAS AS AMERICAN SAMOA GU GUAM VI VIRGIN ISLANDS PR PUERTO RICO For Canadian Provinces: AB ALBERTA BC BRITISH COLUMBIA MB MANITOBA NB NEW BRUNSWICK NL NEWFOUNDLAND AND LABRADOR NS NOVA SCOTIA NT NORTHWEST TERRITORIES NU NUNAVUT ON ONTARIO PE PRINCE EDWARD ISLAND QC QUEBEC SK SASKATCHEWAN YT YUKON
20	COUNTRYC	Decedent's Posidence Country	NCHS Instruction Manual: Part 8
21	LIMITS	Decedent's ResidenceCountry Decedent's ResidenceInside City Limits	
21	LIMITS	Decedent's Residencemside Oity Limits	N = No
			U = Unknown
22	MARITAL	Marital Status	M = Married
			A = Married but Separated
			W = Widowed D = Divorced
			S = Never Married
			U = Not Classifiable
23	MARITAL_BYPASS	Marital StatusEdit Flag	0 = Edit Passed
	_	-	1 = Edit Failed, Data Queried, and Verified
			2 = Edit Failed, Data Queried, but not Verified
0.4	DDI AGE	Diagonal Dooth	4 = Edit Failed, Query Needed
24	DPLACE	Place of Death	1 = Inpatient 2 = Emergency Room/Outpatient
			3 = Dead on Arrival
			4 = Decedent's Home
			5 = Hospice Facility
			6 = Nursing Home/Long Term Care Facility
			7 = Other
25	COD	County of Death Occurrence	9 = Unknown NCHS Instruction Manual: Part 8
20	COD	County of Beath Occurrence	Variable description ("Contents") edited; same as NCHS "Facility
			NameCounty"
26	DOD_MO	Date of DeathMonth	01-12, 99
27	DOD_DY	Date of DeathDay	01-31 (based on month), 99
28	TOD	Time of Death	0000-2359, 9999
29	DEDUC	Decedent's Education	1 = 8th grade or less
			2 = 9th through 12th grade; no diploma
			3 = High School Graduate or GED Completed
			4 = Some college credit, but no degree
			5 = Associate Degree 6 = Bachelor's Degree
			7 = Master's Degree
			8 = Doctorate Degree or Professional Degree
			9 = Unknown
30	DEDUC_BYPASS	Decedent's EducationEdit Flag	0 = Edit Passed
			1 = Edit Failed, Data Queried, and Verified 2 = Edit Failed, Data Queried, but not Verified
			3 = Edit Failed, Review Needed
			4 = Edit Failed, Query Needed
31	DETHNIC1	Decedent of Hispanic Origin?Mexican	N = No, Not Mexican
		-	H = Yes, Mexican
			U = Unknown

32	DETHNIC2	Decedent of Hispanic Origin?Puerto Rican	N = No, Not Puerto Rican H = Yes, Puerto Rican
33	DETHNIC3	Decedent of Hispanic Origin?Cuban	U = Unknown N = No, Not Cuban H = Yes, Cuban
34	DETHNIC4	Decedent of Hispanic Origin?Other	U = Unknown N = No, Not other Hispanic H = Yes, other Hispanic
35	DETHNIC5	Decedent of Hispanic Origin?Other, Literal	U = Unknown Literal; Blank
36	RACE1	Decedent's RaceWhite	Y = Yes, box for race checked N = No, box for race not checked
37	RACE2	Decedent's RaceBlack or African American	Y, N
38	RACE3	Decedent's RaceAmerican Indian or Alaska Native	Y, N
39	RACE4	Decedent's RaceAsian Indian	Y, N
40	RACE5	Decedent's RaceChinese	Y, N
41	RACE6	Decedent's RaceFilipino	Y, N
42	RACE7	Decedent's RaceJapanese	Y, N
43	RACE8	Decedent's RaceKorean	Y, N
44	RACE9	Decedent's RaceVietnamese	Y, N
45	RACE10	Decedent's RaceOther Asian	Y, N
46	RACE11	Decedent's RaceNative Hawaiian	Y, N
47	RACE12	Decedent's RaceGuamanian or Chamorro	Y, N
48	RACE13	Decedent's RaceSamoan	Y, N
49	RACE14	Decedent's RaceOther Pacific Islander	Y, N
50	RACE15	Decedent's RaceOther	Y, N
51	RACE16	Decedent's RaceFirst American Indian	Literal; Blank
50	D. 00-10	or Alaska Native Literal	17 18 1
52	RACE17	Decedent's RaceSecond American Indian or Alaska Native Literal	Literal; Blank
53	RACE18	Decedent's RaceFirst Other Asian Literal	Literal; Blank
54	RACE19	Decedent's RaceSecond Other Asian Literal	Literal; Blank
55	RACE20	Decedent's RaceFirst Other Pacific Islander Literal	Literal; Blank
56	RACE21	Decedent's RaceSecond Other Pacific Islander Literal	Literal; Blank
57	RACE22	Decedent's RaceFirst Other Literal	Literal; Blank
58	RACE23	Decedent's RaceSecond Other Literal	Literal; Blank
59	RACE1E	Race tabulation variables	Appendix I
60	DACESE	Dage tabulation variables	(Values for fields 67 - 82 returned from NCHS)
60	RACE2E	Race tabulation variables Race tabulation variables	Appendix I
61	RACE3E	Race tabulation variables Race tabulation variables	Appendix I
62	RACE4E		Appendix I
63	RACE5E	Race tabulation variables	Appendix I
64	RACE6E	Race tabulation variables	Appendix I
65	RACE7E	Race tabulation variables	Appendix I
66	RACE8E	Race tabulation variables	Appendix I
67	RACE16C	Race tabulation variables	Appendix I
68	RACE17C	Race tabulation variables	Appendix I
69	RACE18C	Race tabulation variables	Appendix I
70	RACE19C	Race tabulation variables	Appendix I
71	RACE20C	Race tabulation variables	Appendix I
72	RACE21C	Race tabulation variables	Appendix I
73	RACE22C	Race tabulation variables	Appendix I
74	RACE23C	Race tabulation variables	Appendix I
75	RACE_MVR	Decedent's RaceMissing	R = Refused
			S = Sought, but Unknown C = Not Obtainable
76	OCCUP	Occupation Literal (REQUIRED)	5 NOT OBTAINABLE

77	OCCUPC	Occupation Code (OPTIONAL)	Refer to NCHS Instruction Manual Part 19, Industry and Occupation Coding for Death Certificates, 2003. Leave blank if using a coding system other than this.
78	INDUST	Industry Literal (REQUIRED)	System strong than this.
79	INDUSTC	Industry Code (OPTIONAL)	Refer to NCHS Instruction Manual Part 19, Industry and Occupation Coding for Death Certificates, 2003. Leave blank if using a coding
			system other than this.
80	BCNO	Infant Death/Birth Linking - birth certificate number	Left 0 filled; 000001-999999, BLANK
81	IDOB_YR	Infant Death/Birth Linking - year of birth	4 digit year = year of death or (year of death - 1) 9999 = unknown
82	BSTATE	Infant Death/Birth Linking - State, U.S. Territory or Canadian Province of Birth - code	Blank NCHS Instruction Manual: Part 8 ZZ = UNKNOWN OR BLANK U.S. STATE OR TERRITORY OR UNKNOWN/ UNCLASSIFIABLE COUNTRY XX = COUNTRY IS CANADA BUT UNKNOWN CANADIAN PROVINCE OR ANY COUNTRY THAT IS KNOWN, BUT NOT U.S. OR CANADA YC = NEW YORK CITY For U.S. Territories: MP NORTHERN MARIANAS AS AMERICAN SAMOA GU GUAM VI VIRGIN ISLANDS PR PUERTO RICO For Canadian Provinces: AB ALBERTA BC BRITISH COLUMBIA MB MANITOBA NB NEW BRUNSWICK NL NEWFOUNDLAND AND LABRADOR NS NOVA SCOTIA NT NORTHWEST TERRITORIES NU NUNAVUT ON ONTARIO PE PRINCE EDWARD ISLAND QC QUEBEC SK SASKATCHEWAN
83	OCCUPC4	Occupation 4 digit Code (OPTIONAL)	YT YUKON 4 digit code
84	INDUSTC4	Industry 4 digit Code (OPTIONAL)	4 digit code
85	MANNER	Manner of Death	Refer to the NCHS Code Structure Descriptions contained in the file layouts for SuperMicar and Transax output formats. These files are available on the NCHS website at the following address: http://www.cdc.gov/nchs/nvss/vital_certificate_revisions.htm. Please note that the "Time of Injury Unit" field in position #1075 needs to be completed in conjuction with "Time of injury" in position #989. For Place of Injury (computer generated), record position 704, it will be a numeric code if it is from the Transax file and an alpha code if the field is generated from SuperMicar.
86	INJPL	Place of Injury (computer generated)	- '
87	MAN_UC	Manual Underlying Cause	
88	ACME_UC	ACME Underlying Cause	
89	_		
	EAC	Entity-axis codes	
90 91	TRX_FLG RAC	Transax conversion flag: Computer Generated Record-axis codes	
92	AUTOP	Was Autopsy performed	
93	AUTOPF	Were Autopsy Findings Available to Complete the Cause of Death?	
94	TOBAC	Did Tobacco Use Contribute to Death?	

PREC_BYPASS If Female-Edit Flag; From EDR only	95	PREG	Pregnancy Note: sending state will use format they send to NCHS. Receiving state may wish to call "near" neighboring states where they receive the greatest volume of their resident transcripts to double check on time items a particular state uses to collect this information. It appears to be highly variable.	
DOL DY Date of Injury—day ToL HR Time of Injury—year ToL HR Time of Injury—year ToL HR Time of Injury—year ToL HR Time of Certifier RACT Activity at time of death (computer generated) State Specific Data Part of STATESP STATESP State Specific Data Part of State Specific Data Part Officer State State Part Data	96	PREG_BYPASS	If FemaleEdit Flag: From EDR only	
DOL YR Time of Injury work	97	DOI_MO	Date of injurymonth	
To Link Time of Injury Time of Certifier NACT CERTL Title of Certifier NACT CHARLES CERTL Title of Certifier Activity at time of death (computer generated) State Specific Data StatesP States	98	DOI_DY	Date of injuryday	
MORKIN. Injury at work Computer Activity at time of death (computer Activity at time of leath (computer Activity at time of sealing at time of sealing at time of sealing at	99	DOI_YR	Date of injuryyear	
CERTL Title of Centifier Activity at time of death (computer generates)	100	TOI_HR	Time of injury	
INACT	101	WORKINJ	Injury at work	
generated) State Specific Data STATESP State Specific Data SUR_MO Surgery Date—month O1-12, 99 or Blank O1-12, 99 or Blank O1-13 (Dased on month), 99 or Blank O1-14, 99 or Blank O1-14, 99 or Blank O1-14, 99 or Blank O1-15, 99 or Blank O1-16, 99 or Blank O1-17, 99 or Blank O1-17, 99 or Blank O1-17, 99 or Blank O1-18, 90 or Blank O1-18, 99 or Blank O1-18, 90 or Blank O1-1	102	CERTL	Title of Certifier	
STATESP State Specific Data Possible use for future filler unless two neighboring states wish to use for some specific information that they both collect. This would be a non-standard field O11-12, 99 or Blank O11-12, 199 or Blank O11-12, 1	103	INACT	· · · · · · · · · · · · · · · · · · ·	
SUR_OY Surgery Date—day 01-31 (based on month), 99 or Blank 4 digit year, <=year of death, 9999 or Blank 4 digit year, <=year of death, 9999 or Blank 4 digit year, <=year of death, 9999 or Blank 4 digit year, <=year of death, 9999 or Blank 4 digit year, <=year of death, 9999 or Blank 4 digit year, <=year of death, 9999 or Blank 4 digit year, <=year of death, 9999 or Blank 4 digit year, <=year of death, 9999 or Blank 4 digit year, <=year of death, 9999 or Blank 4 digit year, <=year of death, 9999 or Blank 4 digit year, <=year of death, 9999 or Blank 4 digit year, <=year of death, 9999 or Blank 4 digit year, <=year of death, 9999 or Blank 4 digit year, <=year of death, 9999 or Blank 4 digit year, <=year of death, 9999 or Blank 4 digit year, <=year of death, 9999 or Blank 4 digit year, <=year of death, 9999 or Blank 4 digit year, <=year of death, 9999 or Blank 4 digit year, <=year of death, 9999 or Blank 4 digit year, <=year of death, 9999 or Blank 4 digit year, <=year of death, 9999 or Blank 4 digit year, <=year of death, 9999 or Blank 4 digit year, <=year of death, 9999 or Blank 4 digit year, <=year of death, 9999 or Blank 4 digit year, <=year of death, 9999 or Blank 4 digit year, <=year of death, 9999 or Blank 4 digit year, <=year of death, 9999 or Blank 4 digit year, <=year of Death 9990 or Blank 4 digit year, <=year of Death 9990 or Blank 9999 or Blank 4 digit year, <=year of Death 9990 or Blank 9990 or Blank 4 digit year, <=year of Death 9990 or Blank 9990 or Blank 4 digit year, <=year of Death 9990 or Blank 9990 or Blank 4 digit year, <=year of Death 9990 or Blank 9990 or Blank 4 digit year, <=year of Death 9990 or Blank 9990 or Blank 4 digit year, <=year of Death 9990 or Blank 9990 or Blank 4 digit year, <=year of Death 9990 or Blank 9	104	STATESP		use for some specific information that they both collect. This would
1078 SUR_YR Surgery Dateyear 4 digit, year, "=year of death, 9999 or Blank 108 TOL_UNIT Time of Injury Unit A, P, M or Blank (AM, PM or Millitary) 110 BLANK1 For possible future change in transax Decedent ever served in Armed Forces? 111 DINSTI Death Institution name Facility name literal; if Place of Death (DPLACE)=4 (decedent's home), enter "Home" 112 ADDRESS_D Long String address for place of death 118 The Item is made up of one long string that includes Street number, enter "Home" 118 STNUM_D Place of death. Street number 118 PREDIR_D Place of death. Street name 118 STDSIG_D Place of death. Street name 120 Place of death. City or Town name Valid cty/town/location literal 121 STATEEXT_D Place of death. City or Town name Valid text for U.S. State or Territory or Canadia; unknown portion left blank, do not include the "-" 121 COUNTYTEXT_D Place of death. County of Death Valid cty/town/location literal 122 LONG_D Place of death. Longitude As coded by state of occurrence. Commonly coded with space for a negative sign followed by 3	105	SUR_MO	Surgery Datemonth	01-12, 99 or Blank
TOLUNIT Time of Injury Unit DINSTI Decedent ever served in Armed Forces? Tocopy Name of Injury Unit ARMEDF Decedent ever served in Armed Forces? Tocopy Name of Injury Unit DINSTI DINSTI Death Institution name Table of Death Institution name Long String address for place of death The Item is made up of one long string that includes Street number, Prec Directional, Street name, Street designator, Post Directional, and Unit or Apartment Number. Jurisdiction should use version of Place of Death Place of death. Street name The Directional Street name Street designator, Post Directional, and Unit or Apartment Number. Jurisdiction should use version of Place of Death address that's used in their system versus reprogramming. Name D Place of death. Street name The Directional Street name Street name Iteral The Directional Street name Iteral The Directional Street name Iteral The Iteral Street name Itera	106	SUR_DY	Surgery Dateday	01-31 (based on month), 99 or Blank
BLANK1	107	SUR_YR	Surgery Dateyear	4 digit year; <=year of death, 9999 or Blank
110 ARMEDF Decedent ever served in Armed Forces? Y=yes; N=no; U=unknown	108	TOI_UNIT	Time of Injury Unit	A, P, M or Blank (AM, PM or Military)
Dinsti Dinsti Death Institution name ADDRESS_D Long String address for place of death Long String address for place of death Long String address for place of death The item is made up of one long string that includes Street number, Pre Directional, Street name, Street designator, Post Directional, and Unit or Apartment Number. Jurisdiction should use version of Place of Place of death. Street number PREDIR_D Place of death. Street name PREDIR_D Place of death. Pre Directional Place of death. Post Directional Place of death. Post Directional Place of death. Street name literal Place of death. State name literal Valid text for U.S. State or Territory or Canadian Province Valid 5*4 digit zip code; 3 space 3 for Canada; unknown portion left blank; do not include the "." Valid county literal NCHS Instruction Manual: Part 8. Other part of the 12 digit fips code is contained in earlier part of the record with state and county of death. This is the place or city code As coded by state of occurrence. Commonly coded with space for a negative sign followed by 3 bytes, a decimal divider, and 6 decimal places. STNUM_R Decedent's Residence - Street name PREDIR_R Decedent's Residence - Post Directional PREDIR_R Decedent's Residence - Unit or apt number Unitroum_R Decedent's Residence - City or Town name Decedent's Residence - City or Town name Valid city/town/location literal	109	BLANK1	For possible future change in transax	Blank
home), enter "Home" The item is made up of one long string that includes Street number, Pre Directional, Street name, Street designator, Post Directional, and Unit or Apartment Number. Jurisdiction should use version of Place of Death address that's used in their system versus reprogramming. STNUM_D Place of death. Street number PREDIR_D Place of death. Pre Directional Place of death. Pre Directional Place of death. Street name POSTDIR_D POSTDIR_D Place of death. Post Directional Place of death. State name literal Valid city/town/location literal Valid text for U.S. State or Territory or Canadian Province Valid St4 digit zip code; 3 space 3 for Canada; unknown portion left blank; do not include the "-" Valid county literal NCHS Instruction Manual: Part 8. Other part of the 12 digit fips code is contained in earlier part of the record with state and county of death. This is the place or dity code As coded by state of occurrence. Commonly coded with space for a negative sign followed by 3 bytes, a decimal divider, and 6 decimal places. STNUM_R Decedent's Residence - Street name POSTDIR_R Decedent's Residence - Post Directional Valid city/town/location literal Valid city/town/location literal Valid county literal NCHS Instruction Manual: Part 8. Other part of the 12 digit fips code is contained in earlier part of the record with state and county of death. This is the place or city code As coded by state of occurrence. Commonly coded with space for a negative sign followed by 3 bytes, a decimal divider, and 6 decimal places. STNUM_R Decedent's Residence - Pre Directional Valid city/town/location literal Decedent's Residence - Unit or apt number Decedent's Residence - Unit or apt number Decedent's Residence - City or Town name Decedent's Residence - City or Town name Decedent's Residence - ZIP code Valid 5+4 digit zip code; 3 space 3 for Canada; unknown portion left	110	ARMEDF	Decedent ever served in Armed Forces?	Y=yes; N=no; U=unknown
ADDRESS_D Long String address for place of death The item is made up of one long string that includes Street number, Pre Directional, Street name, Street designator, Post Directional, and Unit or Apartment Number. Jurisdiction should use version of Place of Death address that's used in their system versus reprogramming. STNUM_D PREDIR_D Place of death. Street number PREDIR_D Place of death. Street name Place of death. Street name STDESIG_D Place of death. Street designator Place of death. Street name Place of death. Street designator Place of death. Street designator Place of death. Street designator Place of death. Street name Place of death. City or Town name Valid city/town/location literal Valid text for U.S. State or Territory or Canadian Province Valid 5+4 digit zpoed; 3 space 3 for Canada; unknown portion left blank; do not include the *-* Valid county literal NCHS Instruction Manual: Part 8. Other part of the 12 digit fips code is contained in earlier part of the record with state and county of death. This is the place or city code As coded by state of occurrence. Commonly coded with space for a negative sign followed by 3 bytes, a decimal divider, and 6 decimal places. STNUM_R Decedent's Residence - Street number Decedent's Residence - Street name Decedent's Residence - Post Directional Valid city/town/location literal	111	DINSTI	Death Institution name	· · · · · · · · · · · · · · · · · · ·
113 STNUM_D PREDIR_D Place of death. Street number 114 PREDIR_D Place of death. Pre Directional 115 STNAME_D Place of death. Pre Directional 116 STDESIG_D Place of death. Street designator 117 POSTDIR_D Place of death. Post Directional 118 CITYTEXT_D Place of death. City or Town name 119 STATETEXT_D Place of death. Zip code 110 ZIP9_D Place of death. Zip code 110 ZIP9_D Place of death. County of Death 111 COUNTYTEXT_D Place of death. County of Death 112 COUNTYTEXT_D Place of death. County of Death 113 CITYCODE_D Place of death. County of Death 114 COUNTYTEXT_D Place of death. County of Death 115 CITYCODE_D Place of death. Longitude Place of Death. Latitude Place of Death. Latitude Place of Death. Latitude PREDIR_R Decedent's Residence - Street number 126 PREDIR_R Decedent's Residence - Pre Directional 127 STNAME_R Decedent's Residence - Post Directional 128 UNITNUM_R Decedent's Residence - Post Directional 129 UNITNUM_R Decedent's Residence - Post Directional 129 UNITNUM_R Decedent's Residence - Post Directional 129 UNITNUM_R Decedent's Residence - City or Town name 130 CITYTEXT_R Decedent's Residence - City or Town name 131 ZIP9_R Decedent's Residence - ZIP code Valid 5+4 digit zip code; 3 space 3 for Canada; unknown portion left	112	ADDRESS_D	Long String address for place of death	The item is made up of one long string that includes Street number, Pre Directional, Street name, Street designator, Post Directional, and Unit or Apartment Number. Jurisdiction should use version of Place
PREDIR_D Place of death. Pre Directional	113	STNUM D	Place of death. Street number	g
Place of death. Street designator	114	_	Place of death. Pre Directional	
Place of death. Street designator	115	-		
THE CITYTEXT_D STATETEXT_D Place of death. State name literal Place of death. State name literal Place of death. State name literal Place of death. Zip code Valid 5+4 digit zip code; 3 space 3 for Canada; unknown portion left blank; do not include the "-" Valid county literal Valid	116	-	Place of death. Street designator	
TATETEXT_D Place of death. State name literal Place of death. State name literal Place of death. Zip code Valid 5-4 digit zip code; 3 space 3 for Canada; unknown portion left blank; do not include the "-" Valid county literal Valid county literal Valid county literal Valid county literal NCHS Instruction Manual: Part 8. Other part of the 12 digit fips code is contained in earlier part of the record with state and county of death. This is the place or city code As coded by state of occurrence. Commonly coded with space for a negative sign followed by 3 bytes, a decimal divider, and 6 decimal places. As coded by state of occurrence. Commonly coded with space for a negative sign followed by 2 bytes, a decimal divider, and 6 decimal places. STNUM_R Decedent's Residence - Street number PREDIR_R Decedent's Residence - Pre Directional PREDIR_R Decedent's Residence - Post Directional Decedent's Residence - Unit or apt number Decedent's Residence - City or Town name Decedent's Residence - ZIP code Valid 5+4 digit zip code; 3 space 3 for Canada; unknown portion left	117	POSTDIR_D	Place of death. Post Directional	
STATETEXT_D Place of death. State name literal Valid text for U.S. State or Territory or Canadian Province	118	-	Place of death. City or Town name	Valid city/town/location literal
blank; do not include the "-" Valid county literal NCHS Instruction Manual: Part 8. Other part of the 12 digit fips code is contained in earlier part of the record with state and county of death. This is the place or city code LONG_D Place of death. Longitude Place of death. Longitude As coded by state of occurrence. Commonly coded with space for a negative sign followed by 3 bytes, a decimal divider, and 6 decimal places. As coded by state of occurrence. Commonly coded with space for a negative sign followed by 2 bytes, a decimal divider, and 6 decimal places. STNUM_R Decedent's Residence - Street number PREDIR_R Decedent's Residence - Pre Directional PREDIR_R Decedent's Residence - Pre Directional Decedent's Residence - Post Directional Decedent's Residence - Unit or apt number Decedent's Residence - City or Town name Decedent's Residence - City or Town name Decedent's Residence - ZIP code Valid 5+4 digit zip code; 3 space 3 for Canada; unknown portion left	119	-		Valid text for U.S. State or Territory or Canadian Province
blank; do not include the "-" Valid county literal NCHS Instruction Manual: Part 8. Other part of the 12 digit fips code is contained in earlier part of the record with state and county of death. This is the place or city code LONG_D Place of death. Longitude Place of death. Longitude As coded by state of occurrence. Commonly coded with space for a negative sign followed by 3 bytes, a decimal divider, and 6 decimal places. As coded by state of occurrence. Commonly coded with space for a negative sign followed by 2 bytes, a decimal divider, and 6 decimal places. STNUM_R Decedent's Residence - Street number PREDIR_R Decedent's Residence - Pre Directional PREDIR_R Decedent's Residence - Pre Directional Decedent's Residence - Post Directional Decedent's Residence - Unit or apt number Decedent's Residence - City or Town name Decedent's Residence - City or Town name Decedent's Residence - ZIP code Valid 5+4 digit zip code; 3 space 3 for Canada; unknown portion left	120	ZIP9_D	Place of death. Zip code	Valid 5+4 digit zip code; 3 space 3 for Canada; unknown portion left
Place of death. City FIPS code NCHS Instruction Manual: Part 8. Other part of the 12 digit fips code is contained in earlier part of the record with state and county of death. This is the place or city code As coded by state of occurrence. Commonly coded with space for a negative sign followed by 3 bytes, a decimal divider, and 6 decimal places. As coded by state of occurrence. Commonly coded with space for a negative sign followed by 2 bytes, a decimal divider, and 6 decimal places. STNUM_R Decedent's Residence - Street number PREDIR_R Decedent's Residence - Pre Directional POSTDIR_R Decedent's Residence - Post Directional Decedent's Residence - Unit or apt number Decedent's Residence - City or Town name Decedent's Residence - City or Town name Decedent's Residence - ZIP code Valid 5+4 digit zip code; 3 space 3 for Canada; unknown portion left				blank; do not include the "-"
LONG_D Place of death. Longitude As coded by state of occurrence. Commonly coded with space for a negative sign followed by 3 bytes, a decimal divider, and 6 decimal places. LAT_D Place of Death. Latitude As coded by state of occurrence. Commonly coded with space for a negative sign followed by 2 bytes, a decimal divider, and 6 decimal places. STNUM_R Decedent's Residence - Street number PREDIR_R Decedent's Residence - Pre Directional TOURITHOUSE POSTDIR_R Decedent's Residence - Pre Directional Decedent's Residence - Pre Directional Decedent's Residence - Pre Directional Decedent's Residence - Unit or apt number Decedent's Residence - City or Town name Decedent's Residence - City or Town name Decedent's Residence - City or Town name Decedent's Residence - ZIP code Valid 5+4 digit zip code; 3 space 3 for Canada; unknown portion left	121	-	•	Valid county literal
LONG_D Place of death. Longitude As coded by state of occurrence. Commonly coded with space for a negative sign followed by 3 bytes, a decimal divider, and 6 decimal places. LAT_D Place of Death. Latitude As coded by state of occurrence. Commonly coded with space for a negative sign followed by 2 bytes, a decimal divider, and 6 decimal places. STNUM_R Decedent's Residence - Street number PREDIR_R Decedent's Residence - Pre Directional STNAME_R Decedent's Residence - Street name Decedent's Residence - Post Directional UNITNUM_R Decedent's Residence - Unit or apt number Decedent's Residence - City or Town name Decedent's Residence - City or Town name Valid city/town/location literal 121P9_R Decedent's Residence - ZIP code Valid 5+4 digit zip code; 3 space 3 for Canada; unknown portion left	122	CITYCODE_D	Place of death. City FIPS code	is contained in earlier part of the record with state and county of
As coded by state of occurrence. Commonly coded with space for a negative sign followed by 2 bytes, a decimal divider, and 6 decimal places. STNUM_R Decedent's Residence - Street number Decedent's Residence - Pre Directional STNAME_R Decedent's Residence - Street name Decedent's Residence - Post Directional Decedent's Residence - Post Directional UNITNUM_R Decedent's Residence - Unit or apt number CITYTEXT_R Decedent's Residence - City or Town name Decedent's Residence - City or Town Name Valid city/town/location literal Valid 5+4 digit zip code; 3 space 3 for Canada; unknown portion left	123	LONG_D	Place of death. Longitude	As coded by state of occurrence. Commonly coded with space for a negative sign followed by 3 bytes, a decimal divider, and 6 decimal
125 STNUM_R Decedent's Residence - Street number 126 PREDIR_R Decedent's Residence - Pre Directional 127 STNAME_R Decedent's Residence - Street name 128 POSTDIR_R Decedent's Residence - Post Directional 129 UNITNUM_R Decedent's Residence - Unit or apt number 130 CITYTEXT_R Decedent's Residence - City or Town name 131 ZIP9_R Decedent's Residence - ZIP code Valid 5+4 digit zip code; 3 space 3 for Canada; unknown portion left	124	LAT_D	Place of Death. Latitude	As coded by state of occurrence. Commonly coded with space for a
127 STNAME_R Decedent's Residence - Street name 128 POSTDIR_R Decedent's Residence - Post Directional 129 UNITNUM_R Decedent's Residence - Unit or apt 130 CITYTEXT_R Decedent's Residence - City or Town 131 ZIP9_R Decedent's Residence - ZIP code Valid 5+4 digit zip code; 3 space 3 for Canada; unknown portion left	125	STNUM_R	Decedent's Residence - Street number	places.
POSTDIR_R Decedent's Residence - Post Directional 129 UNITNUM_R Decedent's Residence - Unit or apt number 130 CITYTEXT_R Decedent's Residence - City or Town name 131 ZIP9_R Decedent's Residence - ZIP code Valid 5+4 digit zip code; 3 space 3 for Canada; unknown portion left	126	PREDIR_R	Decedent's Residence - Pre Directional	
number 130 CITYTEXT_R Decedent's Residence - City or Town name 131 ZIP9_R Decedent's Residence - ZIP code Valid 5+4 digit zip code; 3 space 3 for Canada; unknown portion left		-		
130 CITYTEXT_R Decedent's Residence - City or Town name 131 ZIP9_R Decedent's Residence - City or Town Valid city/town/location literal 132 Valid 5+4 digit zip code; 3 space 3 for Canada; unknown portion left	129	UNITNUM_R	•	
131 ZIP9_R Decedent's Residence - ZIP code Valid 5+4 digit zip code; 3 space 3 for Canada; unknown portion left	130	CITYTEXT_R		Valid city/town/location literal
	131	ZIP9_R		

122	COUNTYTEYT D	Decedent's Residence County	Valid county literal
132 133	COUNTYTEXT_R	Decedent's Residence - County Decedent's Residence - State name	Valid tout for U.S. State or Territory or Consider Province
134	STATETEXT_R COUNTRYTEXT_R	Decedent's Residence - COUNTRY	Valid text for U.S. State or Territory or Canadian Province Valid text for country of residence
135	ADDRESS_R	name Long string address for decedent's place of residence same as above but allows states to choose the way they capture information.	The item is made up of one long string that includes Street number, Pre Directional, Street name, Street designator, Post Directional, and Unit or Apartment Number. Jurisdiction should use version of Decedent's Residence address that's used in their system versus reprogramming.
136	DETHNICE	Hispanic - NCHS will send this information to occurrence state for editing or special codes. Send it if available at the time of regular transmission to receiving states. Do not wait to obtain from NCHS if outside of the normal time frame for	100 = NonHispanic 200-299 = Hispanic 996-999 = Unknown
137	NCHSBRIDGE	Race - This item will be returned to occurrence state by NCHS. Sending state will send if available at the time files transmitted. Do not wait to send files if item not yet available from NCHS. Source: David Johnson, NCHS	
138	HISPOLDC	Hispanic - old NCHS single ethnicity codes	 0 = Non-Hispanic 1 = Mexican 2 = Puerto Rican 3 = Cuban 4 = Central of South American 5 = Other or unknown Hispanic 9 = Not classifiable
139	RACEOLDC	Race - old NCHS single race codes	1 = White; 2 = Black 3 = American Indian; 4 = Chinese 5 = Japanese; 6 = Hawaiian 7 = Filipino; 8 = Other Asian/ Pac Islander 9 = Not reported; A = Asian Indian B = Korean; C = Samoan D = Vietnamese; E = Guamian F = Multi-racial
140	HISPSTSP	Hispanic Origin - Specify	Comma delimit multiple entries Some states keep a version of multiple race/Hispanic origin that is in an irregular format. Those states can provide what they send to either NCHS in new or old format and receiving state can decide how to convert.
141	RACESTSP	Race - Specify	Comma delimit multiple entries Same note as above Hispanic item
142	DMIDDLE	Middle Name of Decedent	NCHS only asks for middle initial in start col 77. Free form alpha literal; left justified
143	REFERRED	Was case Referred to Medical Examiner/Coroner?	Y=Yes; N=No; U=Unknown
144	POILITRL	Place of Injury- literal	Literal description; Blank for natural death
145	HOWINJ	Describe How Injury Occurred	Literal description; Blank for natural death
146	TRANSPRT	If Transportation Accident, Specify	DR=Driver/Operator PA=Passenger PE=Pedestrian
147	COUNTYTEXT_I	County of Injury - literal	Enter full text if it does not fit above (blank for natural death) Valid county literal; blank for natural death
148	COUNTYCODE_I	County of Injury code	NCHS Instruction Manual: Part 8; 999=unknown;
			Blank for natural death.

149	CITYTEXT_I	Town/city of Injury - literal	Valid town/city literal; blank for natural death.
150	CITYCODE_I	Town/city of Injury code	NCHS Instruction Manual: Part 8; blank for natural death.
151	STATECODE_I	State, U.S. Territory or Canadian Province of Injury - code	NCHS Instruction Manual: Part 8 ZZ = UNKNOWN OR BLANK U.S. STATE OR TERRITORY OR
		1 Tovince of Injury - code	UNKNOWN/ UNCLASSIFIABLE COUNTRY
			XX = COUNTRY IS CANADA BUT UNKNOWN CANADIAN
			PROVINCE OR ANY COUNTRY THAT IS KNOWN, BUT NOT U.S.
			OR CANADA For
			U.S. Territories: MP NORTHERN MARIANAS
			AS AMERICAN SAMOA
			GU GUAM
			VI VIRGIN ISLANDS
			PR PUERTO RICO
			For Canadian Provinces: AB ALBERTA
			BC BRITISH COLUMBIA
			MB MANITOBA
			NB NEW BRUNSWICK
			NL NEWFOUNDLAND AND LABRADOR
			NS NOVA SCOTIA NT NORTHWEST TERRITORIES
			NU NUNAVUT
			ON ONTARIO
			PE PRINCE EDWARD ISLAND
			QC QUEBEC
			SK SASKATCHEWAN YT YUKON
152	LONG I	Place of injury. Longitude	As coded by state of occurrence. Commonly coded with space for a
102	20110_1	riaco or injury. Longitudo	negative sign followed by 3 bytes, a decimal divider, and 6 decimal
			places (blank if natural death).
153	LAT_I	Place of injury. Latitude	As coded by state of occurrence. Commonly coded with space for a
			negative sign followed by 2 bytes, a decimal divider, and 6 decimal
154	OLDEDUC	Old NCHS education code if collected -	places (blank if natural death). 00 = None
101	OLDLDOO	receiving state will recode as they prefer	
			13 = 1 Year of College
			14 = 2 Years of College
			15 = 3 Years of College 16 = 4 Years of College
			17 = 5 or More Years of College
			99 = unknown
155	REPLACE	Replacement Record suggested codes	0=original record; 1=updated record; 2=updated, do not send to
450	00044		NCHS
156	COD1A	Cause of Death Part I Line a	Literal information reported on Line a
157	INTERVAL1A	Cause of Death Part I Interval, Line a	Duration reported on Line a
158	COD1B	Cause of Death Part I Line b	Literal information reported on Line b
159 160	INTERVAL1B COD1C	Cause of Death Part I Interval, Line b	Duration reported on Line b
161	INTERVAL1C	Cause of Death Part Unterval Line c	Literal information reported on Line c
162	COD1D	Cause of Death Part I Interval, Line c	Duration reported on Line c
163	INTERVAL1D	Cause of Death Part I Line d Cause of Death Part I Interval, Line d	Literal information reported on Line d Duration reported on Line d
164	OTHERCONDITION	Cause of Death Part II	Literal information reported in Part II
165	DMAIDEN	Decedent's Maiden Name	Elicial illionidatori reported il i arc il
166	STINJURY	State, U.S. Territory or Canadian	Valid state, U.S. territory or Canadian province literal, otherwise
		Province of Injury - literal	blank (blank if natural death)
167	STATEBTH	State, U.S. Territory or Canadian	Valid state, U.S. territory or Canadian province literal, otherwise
160	DTUCOUNTRYOR	Province of Birth - literal	blank NCHS Instruction Manual: Part 9
168 169	DTHCOUNTRYCD DTHCOUNTRY	Country of Death - Literal	NCHS Instruction Manual: Part 8 Valid text for country of death
170	MARITAL_DESCRIP	Country of Death - Literal Marital Descriptor	Free text for use of jurisdictions with domestic partnerships, other
			types of relationships.
171	DETHNIC5C	Hispanic Code for Literal	