



Vital Records for Data Sharing Agreements

Birth Certificate Variables (unless otherwise noted, data available is 1954-current)

Agreement # (HHS Use Only)	Date Range for Data Request	
	Start Date	End Date

- | | | |
|---|--|--|
| <ul style="list-style-type: none"> 1. <input type="checkbox"/> Certificate Number 2. <input type="checkbox"/> FacilityID/Code 3. <input type="checkbox"/> Birth City Code 4. <input type="checkbox"/> Birth County Code 5. <input type="checkbox"/> Birth State Code 6. <input type="checkbox"/> Name 7. <input type="checkbox"/> Social Security Number (1991-current) 8. <input type="checkbox"/> Sex 9. <input type="checkbox"/> Plurality 10. <input type="checkbox"/> Birth Order 11. <input type="checkbox"/> Time of Birth 12. <input type="checkbox"/> Child's Birth Date
<input type="checkbox"/> Year
<input type="checkbox"/> Month
<input type="checkbox"/> Day 13. <input type="checkbox"/> Mother's Name 14. <input type="checkbox"/> Mother's Social Security Number (1999-current) 15. <input type="checkbox"/> Mother's Birth Date
<input type="checkbox"/> Year
<input type="checkbox"/> Month
<input type="checkbox"/> Day 16. <input type="checkbox"/> Mother's Age 17. <input type="checkbox"/> Mother's Birthplace
<input type="checkbox"/> State Code | <ul style="list-style-type: none"> 18. <input type="checkbox"/> Mother's Residence 19. <input type="checkbox"/> County Code 20. <input type="checkbox"/> State Code 21. <input type="checkbox"/> Zip Code (5 digit or 9 digit) (2007-current) 22. <input type="checkbox"/> Mother's Marital Status (1999-current) 23. <input type="checkbox"/> Mother's Race (1999-current) 24. <input type="checkbox"/> Mother's Ancestry (Ethnicity) (2007-current) 25. <input type="checkbox"/> Mother's Primary Language (2015-current) 26. <input type="checkbox"/> Mother's Education (1999-current) 27. <input type="checkbox"/> Mother's WIC Status (2007-current) 28. <input type="checkbox"/> Mother's cigarette use during pregnancy (1999-current) 29. <input type="checkbox"/> Mother's Height (2007-current) 30. <input type="checkbox"/> Mother's Weight Before Pregnancy (2007-current) | <ul style="list-style-type: none"> 31. <input type="checkbox"/> Spouse's Birth Date
<input type="checkbox"/> Year
<input type="checkbox"/> Month
<input type="checkbox"/> Day 32. <input type="checkbox"/> Spouse's Name 33. <input type="checkbox"/> Spouse's Name Before Marriage (2015 – current) 34. <input type="checkbox"/> Spouse's Social Security Number (1999-current) 35. <input type="checkbox"/> Spouse's Race (1999-current) 36. <input type="checkbox"/> Spouse's Age 37. <input type="checkbox"/> Spouse's Birthplace
<input type="checkbox"/> State Code 38. <input type="checkbox"/> Spouse's Ancestry (Ethnicity) (2007-current) 39. <input type="checkbox"/> Spouse's Education (1999-current) 40. <input type="checkbox"/> Spouse's Primary Language (2015-current) 41. <input type="checkbox"/> Live Births Now Living (1999-current) 42. <input type="checkbox"/> Live Births Now Deceased (1999-current) |
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| 43. <input type="checkbox"/> Date Last Live Birth (1999-current) | 55. <input type="checkbox"/> Onset of Labor (1999-current) | 69. <input type="checkbox"/> Mother Transferred in Prior to Delivery (1999-current) |
| 44. <input type="checkbox"/> Date Last Menses (1999-current) | 56. <input type="checkbox"/> Attendant Information (2007 – current) | 70. <input type="checkbox"/> Infant Transferred and Facility (1999-current) |
| 45. <input type="checkbox"/> Gestational Age Clinical Estimate (1999-current) | 57. <input type="checkbox"/> Certifier Information (2007 – current) | 71. <input type="checkbox"/> Mother Breastfeeding or Pumping (2007 – current) |
| 46. <input type="checkbox"/> Date First Prenatal Visit (2007-current) | 58. <input type="checkbox"/> Principal Source of Payment (2007 – current) | 72. <input type="checkbox"/> Infant rec. Dried Bloodspot Screen (2015 – current) |
| 47. <input type="checkbox"/> Month Prenatal Care Began (1999-current) | 59. <input type="checkbox"/> Mother's Weight at Delivery (2007 – current) | 73. <input type="checkbox"/> Infant rec. Newborn Hearing Screen (2015 – current) |
| 48. <input type="checkbox"/> Number Prenatal Visits (1999-current) | 60. <input type="checkbox"/> Characteristics of Labor and Delivery (1999-current) | 74. <input type="checkbox"/> Infant Removed from Mother's Custody (2007 – current) |
| 49. <input type="checkbox"/> Mother's Total Weight Gain/Loss (1999-current) | 61. <input type="checkbox"/> Method of Delivery (1999-current) | 75. <input type="checkbox"/> Alcohol Use (1999-2006) |
| 50. <input type="checkbox"/> Obstetric Procedures (1999-current) | 62. <input type="checkbox"/> Maternal Morbidity (2007 – current) | 76. <input type="checkbox"/> Tobacco Use (1999-current) |
| 51. <input type="checkbox"/> Type of Place Where Birth Occurred (1999-current) | 63. <input type="checkbox"/> Birth Weight (1999-current) | 77. |
| 52. <input type="checkbox"/> Number of Other Outcomes (1999-current)
<input type="checkbox"/> Date of Last Other Outcomes (1999-current) | 64. <input type="checkbox"/> Apgar Score – 1 Minute (1999-2006) | 78. <input type="checkbox"/> Other (list below) |
| 53. <input type="checkbox"/> Risk Factors of Pregnancy (1999-current) | 65. <input type="checkbox"/> Apgar Score – 5 Minutes (1999-current)
Apgar Score – 10 Minutes (2007-current) | |
| 54. <input type="checkbox"/> Infections Present or Treated During Pregnancy (2007 – current) | 66. <input type="checkbox"/> Congenital Anomalies of Newborn (1999-current) | |
| | 67. <input type="checkbox"/> Abnormal Condition of Newborn (1999-current) | |

Death Certificate Variables (unless otherwise noted, data available is 1954-current)

Agreement # (HHS Use Only)	Date Range for Data Request	
	Start Date	End Date

- | | | |
|--|---|--|
| <p>1. <input type="checkbox"/> Certificate Number</p> <p>2. <input type="checkbox"/> Date of Death m/d/y</p> <p>3. <input type="checkbox"/> Sex</p> <p>4.. <input type="checkbox"/> Age</p> <p>5. <input type="checkbox"/> Date of Birth (1972 – current)</p> <p>6. <input type="checkbox"/> Name</p> <p>7. <input type="checkbox"/> Location of Death
<input type="checkbox"/> State Code
<input type="checkbox"/> County Number
<input type="checkbox"/> City Code</p> <p>8. <input type="checkbox"/> Inside City Limits (1989-current)</p> <p>9. <input type="checkbox"/> Place of Death Code</p> <p>10. <input type="checkbox"/> Facility Code</p> <p>11. <input type="checkbox"/> Ethnicity (1989-current)</p> <p>12. <input type="checkbox"/> Race</p> <p>13. <input type="checkbox"/> Education (1989-current)</p> <p>14. <input type="checkbox"/> Birth Place (1978-current)</p> | <p>15. <input type="checkbox"/> Marital Status</p> <p>16. <input type="checkbox"/> Usual Occupation (1980 – 2003, 2014 – Current)</p> <p>17. <input type="checkbox"/> Kind of Business (1980 – 2003, 2014 – Current)</p> <p>18. <input type="checkbox"/> Residence
<input type="checkbox"/> State Code
<input type="checkbox"/> County Number
<input type="checkbox"/> City Code</p> <p>19. <input type="checkbox"/> Method of Disposition (2011-current)</p> <p>20. <input type="checkbox"/> Manner of Death (1991-current)</p> <p>21. <input type="checkbox"/> Date of Injury m/d/y (1990-current)</p> <p>22. <input type="checkbox"/> Hour of Injury hour/min/indicator (2013-current)</p> <p>23. <input type="checkbox"/> Location of Injury (2005-current)</p> | <p>24. <input type="checkbox"/> Hour of Death hr/min/indicator (1972-current)</p> <p>25. <input type="checkbox"/> Pregnancy Past 12 Months (2014-current)</p> <p>26. <input type="checkbox"/> Autopsy</p> <p>27. <input type="checkbox"/> Accidental Death
<input type="checkbox"/> At Work (1968-current)
<input type="checkbox"/> Manner of Injury (2005-current)
<input type="checkbox"/> Place of Injury (2005-current)</p> <p>28. <input type="checkbox"/> Underlying Cause of Death Code</p> <p>29. <input type="checkbox"/> All Conditions Coded</p> <p>30. <input type="checkbox"/> Specific ICD Codes (specify below)</p> <p>31. <input type="checkbox"/> Other (specify below)</p> |
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Fetal Death Certificate Variables (unless otherwise noted, data available is 1972-current)

Agreement # (HHS Use Only)	Date Range for Data Request	
	Start Date	End Date

- | | | |
|---|--|---|
| <p>1. <input type="checkbox"/> Certificate Number</p> <p>2. <input type="checkbox"/> Sex</p> <p>3. <input type="checkbox"/> Date of Delivery</p> <p>4. <input type="checkbox"/> Hour of Delivery
h/m/indicator (no data for 2000-2011)</p> <p>5. <input type="checkbox"/> Location of Delivery
<input type="checkbox"/> State Code
<input type="checkbox"/> County Number
<input type="checkbox"/> City Code</p> <p>6. <input type="checkbox"/> Place of Delivery</p> <p>7. <input type="checkbox"/> Facility Code</p> <p>8. <input type="checkbox"/> Mother's Date of Birth (m/d/y) (1989-current)</p> <p>9. <input type="checkbox"/> Mother's Age</p> <p>10. <input type="checkbox"/> State of Birth Code – Mother</p> <p>11. <input type="checkbox"/> Mother's Residence
<input type="checkbox"/> State Code
<input type="checkbox"/> County Number
<input type="checkbox"/> City Code</p> <p>12. <input type="checkbox"/> Father's Date of Birth (m/d/y) (1989-current)</p> <p>13. <input type="checkbox"/> Father's Age (1989-current)</p> <p>14. <input type="checkbox"/> State of Birth Code – Father (1989-current)</p> | <p>15. <input type="checkbox"/> Mother's Ethnicity</p> <p>16. <input type="checkbox"/> Mother's Race</p> <p>17. <input type="checkbox"/> Mother's Education</p> <p>18. <input type="checkbox"/> Mother's Occupation (1989-2008)</p> <p>19. <input type="checkbox"/> Mother's Industry/Business (1989-2008)</p> <p>20. <input type="checkbox"/> Father's Ethnicity (1989-2014)</p> <p>21. <input type="checkbox"/> Father's Race (1972-2014)</p> <p>22. <input type="checkbox"/> Father's Education (1972-2014)</p> <p>23. <input type="checkbox"/> Father's Occupation (1989-2008)</p> <p>24. <input type="checkbox"/> Father's Industry/Business (1989-2008)</p> <p>25. <input type="checkbox"/> Pregnancy History
<input type="checkbox"/> # Now Living
<input type="checkbox"/> # Now Dead</p> <p>26. <input type="checkbox"/> Date of Last Live Birth</p> <p>27. <input type="checkbox"/> Weight of Fetus (1974-current)</p> <p>28. <input type="checkbox"/> Plurality</p> | <p>29. <input type="checkbox"/> Mother's Marital Status</p> <p>30. <input type="checkbox"/> Date of Last Normal Menses (m/d/y)</p> <p>31. <input type="checkbox"/> Month Prenatal Care Began (1972 – 2011)</p> <p>32. <input type="checkbox"/> Total Prenatal Visits</p> <p>33. <input type="checkbox"/> Clinical Estimate Gestation (1978-current)</p> <p>34. <input type="checkbox"/> Mother Transferred (1989-current)</p> <p>35.</p> <p>36. <input type="checkbox"/> Alcohol Use (1989-2011)</p> <p>37. <input type="checkbox"/> Tobacco Use (1989-current)</p> <p>38. <input type="checkbox"/> Weight Gained During Pregnancy (1989-current)</p> <p>39. <input type="checkbox"/> Obstetric Procedures (2000-2011)</p> <p>40. <input type="checkbox"/> Events of Labor and Delivery (1989-2011)</p> <p>41. <input type="checkbox"/> Method of Delivery (2012 – current)</p> |
|---|--|---|

- 42. Congenital Anomalies (various ones from 1989-current)
- 43. Cause of Fetal Death
- 44. Autopsy (1989-current)
- 45. Method of Disposition (1989-2011, 2017-Current)
- 46. Specific ICD Codes (specify below)
- 47. Other (specify below)