

Comparison Of AVSS Online Help Messages Following The Enactment Of AB 1951

Item	2015 And Earlier	2016 And Later
4B	<p>HOUR OF BIRTH (24 HOUR CLOCK)</p> <p>THIS FIELD IS REQUIRED. ENTER THE TIME OF BIRTH. ENTER 'UNK' IF THE TIME IS NOT KNOWN. THE CLOCK TIME MUST BE 3 OR 4 NUMBERS SUCH THAT 0000 <= [H]HMM < 2400 (HH=HOURS, MM=MINUTES) THE MINUTES (MM) MUST BE LESS THAN 60.</p> <p>TIME MAY ALSO BE ENTERED USING NORMAL AM/PM FORMAT: 7:45 AM OR 7:45 A OR 07:45 A WILL ALL BE CONVERTED TO 0745 LIKEWISE, 1:30 PM OR 1:30 P OR 01:30 P WILL BE CONVERTED TO 1330. NOTE THAT THE DAY BEGINS AT MIDNIGHT (0000) AND ENDS AT 2359 FOR BIRTHS ON OR AFTER 1/1/2006. FOR THOSE BEFORE 1/1/2006, THE DAY BEGINS AT 0001 AND ENDS AT MIDNIGHT (2400).</p>	<p>HOUR OF BIRTH (24 HOUR CLOCK)</p> <p>THIS FIELD IS REQUIRED. ENTER THE TIME OF BIRTH. THE CLOCK TIME MUST BE 3 OR 4 NUMBERS SUCH THAT 0000 <= [H]HMM < 2400 (HH=HOURS, MM=MINUTES) THE MINUTES (MM) MUST BE LESS THAN 60.</p> <p>TIME MAY ALSO BE ENTERED USING NORMAL AM/PM FORMAT: 7:45 AM OR 7:45 A OR 07:45 A WILL ALL BE CONVERTED TO 0745 LIKEWISE, 1:30 PM OR 1:30 P OR 01:30 P WILL BE CONVERTED TO 1330. NOTE THAT THE DAY BEGINS AT MIDNIGHT (0000) AND ENDS AT 2359.</p> <p>FOR UNATTENDED BIRTHS ENTER THE BIRTH PARENT'S BEST ESTIMATED TIME OF BIRTH. 'UNKNOWN' IS ACCEPTABLE ONLY IF BIRTH PARENT UNABLE TO REASONABLY ESTIMATE TIME OF BIRTH.</p>
MAR	<p>MOTHER MARRIED (DURING THE PREGNANCY)/SRDP/OR COURT ORDERED SURROGACY</p> <p>ANSWER 'YES' IF MOTHER WAS MARRIED AT CONCEPTION, OR DURING PREGNANCY. ANSWER 'YES' IF THS IS A SRDP (STATE-REGISTERED DOMESTIC PARTNERSHIP). ANSWER 'YES' IF THIS IS A COURT ORDERED SURROGACY (IF SINGLE MALE, ENTER IN MOTHER FIELD). THIS ITEM DOES NOT HAVE 'WITHHELD' AS A VALID RESPONSE, ONLY IF THE MOTHER'S MARITAL STATUS CANNOT BE DETERMINED SHOULD YOU ENTER 'UNKNOWN'.</p> <p>If user answers 'NO' the following is displayed:</p> <p>ACCORDING TO STATE LAW, IN ORDER FOR THE FATHER'S NAME TO BE PRINTED IN FIELDS 6A-6C, THE PARENTS MUST BE MARRIED TO EACH OTHER OR THE MOTHER AND THE FATHER MUST SIGN A VOLUNTARY DECLARATION OF PATERNITY AT THE HOSPITAL BEFORE THE BIRTH CERTIFICATE IS PREPARED.</p>	<p>BIRTH PARENT MARRIED (DURING PREGNANCY)/SRDP/OR COURT ORDERED SURROGACY</p> <p>ANSWER 'YES' IF BIRTH PARENT WAS MARRIED AT CONCEPTION OR DURING PREGNANCY. ANSWER 'YES' IF THIS IS A SRDP (STATE-REGISTERED DOMESTIC PARTNERSHIP). ANSWER 'YES' IF THIS IS A COURT ORDERED SURROGACY</p> <p>ONLY IF THE BIRTH PARENT'S MARITAL STATUS CANNOT BE DETERMINED SHOULD YOU ENTER 'UNKNOWN'.</p> <p>IT IS THE RESPONSIBILITY OF THE PERSON GIVING BIRTH TO STATE IF THEY QUALIFY AS A STATE-REGISTERED DOMESTIC PARTNERSHIP. PARENTS SHOULD HAVE THE COURT ORDER ON FILE FOR A COURT ORDERED SURROGACY.</p> <p>----- If user answers 'NO' the following is displayed:</p> <p>ACCORDING TO STATE LAW, IN ORDER FOR AN UNMARRIED PARENT'S NAME TO BE PRINTED IN FIELDS 6A-6C, THE BIOLOGICAL PARENTS MUST SIGN A VOLUNTARY DECLARATION OF PATERNITY AT THE HOSPITAL BEFORE THE BIRTH CERTIFICATE IS PREPARED.</p>
DECP	<p>DO YOU HAVE A DECLARATION OF PATERNITY SIGNED BY THE FATHER & MOTHER</p> <p>WHEN THE PARENTS ARE NOT MARRIED (FIELD MAR='NO' OR 'UNK'), STATE LAW REQUIRES A VOLUNTARY DECLARATION OF PATERNITY BE SIGNED BY BOTH THE MOTHER AND THE FATHER IN ORDER FOR THE FATHER'S NAME (FIELDS 6A-6C) TO APPEAR ON THE BIRTH CERTIFICATE. THE BIRTH CERTIFICATE MAY BE AMENDED TO ADD THE FATHER'S NAME AT A LATER DATE ONLY IF PATERNITY HAS BEEN ESTABLISHED BY A JUDGMENT OF A COURT OF COMPETENT JURISDICTION OR BY THE FILING OF A VOLUNTARY DECLARATION OF PATERNITY. A YES/NO RESPONSE IS REQUIRED: THIS QUESTION DOES NOT HAVE 'WITHHELD' OR 'UNKNOWN' AS A VALID RESPONSE.</p>	<p>IS THERE A DECLARATION OF PATERNITY SIGNED BY THE BIOLOGICAL PARENTS</p> <p>(no change to help)</p>
6A	<p>FIRST NAME OF FATHER/PARENT</p> <p>THIS FIELD IS REQUIRED. ENTER THE FIRST NAME OF THE FATHER. THE FIRST CHARACTER MUST BE ALPHABETIC. THE REMAINING CHARACTERS MAY BE BLANK, ALPHABETIC, HYPHENS, PERIODS, APOSTROPHES OR COMMAS. IF THE FATHER'S INFORMATION IS UNKNOWN, WITHHELD, OR IF THE FATHER HAS NO FIRST NAME, ENTER TWO HYPHENS ('--'); A DASH WILL BE PRINTED.</p>	<p>FIRST NAME OF PARENT NOT GIVING BIRTH</p> <p>THIS FIELD IS REQUIRED. ENTER THE FIRST NAME OF THE PARENT NOT GIVING BIRTH AS IT APPEARS ON THEIR BIRTH RECORD, ADOPTION, COURT-ORDERED NAME CHANGE OR NATURALIZATION PAPERS. THE FIRST CHARACTER MUST BE ALPHABETIC. THE REMAINING CHARACTERS MAY BE BLANK, ALPHABETIC, HYPHENS, PERIODS, APOSTROPHES OR COMMAS.</p> <p>IF THERE IS NO FIRST NAME OR IF THE FIRST NAME IS UNKNOWN OR WITHHELD, ENTER TWO HYPHENS, '--'; A DASH WILL BE PRINTED.</p>
6B	<p>MIDDLE NAME OF FATHER/PARENT</p>	<p>MIDDLE NAME OF PARENT NOT GIVING BIRTH</p>

	<p>THIS FIELD IS REQUIRED. ENTER THE MIDDLE NAME OF THE FATHER. THE FIRST CHARACTER MUST BE ALPHABETIC. THE REMAINING CHARACTERS MAY BE BLANK, ALPHABETIC, HYPHENS, PERIODS, APOSTROPHES OR COMMAS. IF THERE IS NO MIDDLE NAME, OR IF THE FATHER'S MIDDLE NAME IS UNKNOWN OR WITHHELD, ENTER TWO HYPHENS, '--'; A DASH WILL BE PRINTED.</p>	<p>THIS FIELD IS REQUIRED. ENTER THE MIDDLE NAME OF THE PARENT NOT GIVING BIRTH AS IT APPEARS ON THEIR BIRTH RECORD, ADOPTION, COURT-ORDERED NAME CHANGE OR NATURALIZATION PAPERS. THE FIRST CHARACTER MUST BE ALPHABETIC. THE REMAINING CHARACTERS MAY BE BLANK, ALPHABETIC, HYPHENS, PERIODS, APOSTROPHES OR COMMAS. IF THERE IS NO MIDDLE NAME OR IF THE MIDDLE NAME IS UNKNOWN OR WITHHELD, ENTER TWO HYPHENS, '--'; A DASH WILL BE PRINTED.</p>
6C	<p>LAST NAME OF FATHER/PARENT</p> <p>THIS FIELD IS REQUIRED. ENTER THE LAST NAME OF THE FATHER. LAST NAMES CONTAINING ONLY ONE CHARACTER ARE VERIFIED. SUFFIXES SUCH AS JR, SR, II, III, ETC. SHOULD BE INCLUDED. AKA (ALSO KNOWN AS) DESIGNATIONS SHOULD BE OMITTED. ALL TITLES AND DEGREES (E.G. BA, BS, MD, PHD, ETC.) SHOULD BE OMITTED. THE FIRST CHARACTER MUST BE ALPHABETIC. THE REMAINING CHARACTERS MAY BE BLANK, ALPHABETIC, HYPHENS, PERIODS, APOSTROPHES OR COMMAS. IF THE FATHER'S LAST NAME IS UNKNOWN OR WITHHELD, ENTER TWO HYPHENS, '--'; A DASH WILL BE PRINTED.</p>	<p>LAST NAME (BIRTH NAME) OF PARENT NOT GIVING BIRTH</p> <p>THIS FIELD IS REQUIRED. BIRTH NAME IS THE PARENT'S NAME PRIOR TO ANY MARRIAGES. ENTER THE LAST NAME OF THE PARENT NOT GIVING BIRTH AS IT APPEARS ON THEIR BIRTH RECORD, ADOPTION, COURT-ORDERED NAME CHANGE OR NATURALIZATION PAPERS. LAST NAMES CONTAINING ONLY ONE CHARACTER ARE VALIDATED. SUFFIXES SUCH AS JR, SR, II, III, ETC. SHOULD BE INCLUDED. AKA (ALSO KNOWN AS) DESIGNATIONS SHOULD BE OMITTED. ALL TITLES AND DEGREES (E.G. BA, BS, MD, PHD, ETC.) SHOULD BE OMITTED. THE FIRST CHARACTER MUST BE ALPHABETIC. THE REMAINING CHARACTERS MAY BE BLANK, ALPHABETIC, HYPHENS, PERIODS, APOSTROPHES OR COMMAS. IF THE LAST NAME IS UNKNOWN OR WITHHELD, ENTER TWO HYPHENS, '--'; A DASH WILL BE PRINTED.</p>
6D		<p>RELATIONSHIP CHECKBOX FOR 6A-C</p> <p>THIS FIELD IS REQUIRED. USE '^S' (F9 KEY) TO SKIP ANSWERING FOR NOW. ENTER THE VALUE CHECKED BY THE PARENT OR 'BLANK' IF NONE ARE FILLED IN.</p> <p>NO MORE THAN ONE CHECKBOX MAY BE FILLED IN.</p> <p>This is a required field with MOTHER, FATHER, PARENT and BLANK in the list of allowed responses. This item will also be prompted at the LCA level so that the registrars can verify the electronic form matches the hard-copy.</p>
7	<p>FATHER/PARENT BIRTHPLACE - STATE/COUNTRY</p> <p>THIS FIELD IS REQUIRED. FOR PROPER REPORTING OF FATHER'S STATE OF BIRTH, PLEASE SELECT FROM THE AVSS LIST. TRY ENTERING THE FIRST FEW CHARACTERS OF THE STATE OR COUNTRY AND LET AVSS TRY TO FIND A MATCH. DO NOT USE A CITY SUCH AS 'JERUSALEM' OR A CONTINENT SUCH AS 'AFRICA'. DO NOT USE PUNCTUATION CHARACTERS, SUCH AS A PERIOD. USE '^L' FOR A COMPLETE LIST OF CHOICES. USE '^L Z' FOR A LIST OF CHOICES BEGINNING WITH 'Z' FOR EXAMPLE. USE 'DC' FOR WASHINGTON DC, 'NE' FOR NEBRASKA, AND 'PI' FOR THE PHILIPPINES. 'WITHHELD' IS NOT ALLOWED. PLEASE NOTE THAT THERE HAVE BEEN RECENT CHANGES IN WORLD GEOGRAPHY. TO HELP YOU WITH THESE CHANGES, ANY PREVIOUS COUNTRY THAT IS NOW NON-EXISTENT WILL INCLUDE A NOTE OF '(OLD)' IN THE LIST. 'UNKNOWN' IS CHANGED TO '-'.</p>	<p>BIRTHPLACE (STATE OR FOREIGN COUNTRY) OF PARENT NOT GIVING BIRTH</p> <p>THIS FIELD IS REQUIRED. FOR PROPER REPORTING OF STATE OR FOREIGN COUNTRY OF BIRTH, PLEASE SELECT FROM THE LIST BY ENTERING THE FIRST FEW CHARACTERS OF THE STATE OR COUNTRY AND LET AVSS FIND A MATCH. THE TWO-LETTER U.S. STATE POSTAL ABBREVIATIONS ARE RECOGNIZED. DO NOT USE A CITY SUCH AS 'JERUSALEM' OR A CONTINENT SUCH AS 'AFRICA'. DO NOT USE PUNCTUATION CHARACTERS, SUCH AS A PERIOD. USE '^L' (F3 KEY) FOR A COMPLETE LIST OF CHOICES. USE '^L Z' FOR A LIST OF CHOICES BEGINNING WITH 'Z' FOR EXAMPLE.</p>
8	<p>FATHER/PARENT DATE OF BIRTH</p> <p>THIS FIELD IS REQUIRED. IF KNOWN, ENTER THE BIRTH DATE OF THE FATHER REGARDLESS OF MOTHER'S MARITAL STATUS. FATHER'S AGE (FAGE) WILL BE COMPUTED FROM FATHER'S AND CHILD'S BIRTH DATE. AGES OUTSIDE THE RANGE 15 THRU 64 ARE VALIDATED. IF THE DAY IS NOT KNOWN, ENTER THE MONTH AND YEAR.</p>	<p>PARENT NOT GIVING BIRTH DATE OF BIRTH</p> <p>THIS FIELD IS REQUIRED. IF KNOWN, ENTER THE BIRTH DATE OF THE PARENT NOT GIVING BIRTH REGARDLESS OF MARITAL STATUS. AGE WILL BE COMPUTED FROM THIS DATE AND CHILD'S BIRTH DATE. AGES OUTSIDE THE RANGE 15 THRU 64 ARE VALIDATED.</p>

	<p>IF THE MONTH AND DAY ARE UNKNOWN, ENTER THE 4 DIGIT YEAR. IF THE BIRTH DATE OF THE FATHER IS NOT KNOWN, ENTER 'UNK'. 'UNK' IS CONVERTED TO A DASH. DO NOT ENTER THE FATHER'S AGE.</p>	<p>IF THE DAY IS NOT KNOWN, ENTER THE MONTH AND YEAR. IF THE MONTH AND DAY ARE UNKNOWN, ENTER THE 4 DIGIT YEAR. IF THE BIRTH DATE IS NOT KNOWN, ENTER 'UNK'. 'UNK' IS CONVERTED TO A DASH. DO NOT ENTER THE AGE.</p>
9A	<p>FIRST NAME OF MOTHER/PARENT</p> <p>THIS FIELD IS REQUIRED. ENTER THE MOTHER'S FIRST NAME. THE FIRST CHARACTER MUST BE ALPHABETIC. THE REMAINING CHARACTERS MAY BE BLANK, ALPHABETIC, HYPHENS, PERIODS, APOSTROPHES OR COMMAS. IF THE MOTHER HAS NO FIRST NAME, ENTER TWO HYPHENS ('--'). 'UNKNOWN' AND 'WITHHELD' ARE NO LONGER ACCEPTABLE ENTRIES.</p>	<p>FIRST NAME OF PARENT GIVING BIRTH</p> <p>THIS FIELD IS REQUIRED. ENTER THE FIRST NAME OF THE PARENT GIVING BIRTH AS IT APPEARS ON THEIR BIRTH RECORD, ADOPTION, COURT-ORDERED NAME CHANGE OR NATURALIZATION PAPERS. THE FIRST CHARACTER MUST BE ALPHABETIC. THE REMAINING CHARACTERS MAY BE BLANK, ALPHABETIC, HYPHENS, PERIODS, APOSTROPHES OR COMMAS.</p> <p>IF THERE IS NO FIRST NAME, ENTER TWO HYPHENS, '--'; A DASH WILL BE PRINTED.</p>
9B	<p>MIDDLE NAME OF MOTHER/PARENT</p> <p>THIS FIELD IS REQUIRED. ENTER THE MOTHER'S MIDDLE NAME. THE FIRST CHARACTER MUST BE ALPHABETIC. THE REMAINING CHARACTERS MAY BE BLANK, ALPHABETIC, HYPHENS, PERIODS, APOSTROPHES OR COMMAS. IF THERE IS NO MIDDLE NAME, ENTER TWO HYPHENS, '--'. A DASH WILL BE PRINTED. 'UNKNOWN' AND 'WITHHELD' ARE NO LONGER ACCEPTABLE ENTRIES.</p>	<p>MIDDLE NAME OF PARENT GIVING BIRTH</p> <p>ENTER THE MIDDLE NAME OF THE PARENT GIVING BIRTH AS IT APPEARS ON THEIR BIRTH RECORD, ADOPTION, COURT-ORDERED NAME CHANGE OR NATURALIZATION PAPERS. THE FIRST CHARACTER MUST BE ALPHABETIC. THE REMAINING CHARACTERS MAY BE BLANK, ALPHABETIC, HYPHENS, PERIODS, APOSTROPHES OR COMMAS.</p> <p>IF THERE IS NO MIDDLE NAME, ENTER TWO HYPHENS, '--'; A DASH WILL BE PRINTED.</p>
9C	<p>LAST NAME OF MOTHER/PARENT (BIRTH NAME)</p> <p>THIS FIELD IS REQUIRED. ENTER THE MOTHER'S LAST NAME AT HER BIRTH. LAST NAMES CONTAINING ONLY ONE CHARACTER ARE VALIDATED. THE FIRST CHARACTER MUST BE ALPHABETIC. THE REMAINING CHARACTERS MAY BE BLANK, ALPHABETIC, HYPHENS, PERIODS, APOSTROPHES OR COMMAS. AKA (ALSO KNOWN AS) DESIGNATIONS SHOULD BE OMITTED. ALL TITLES AND DEGREES (E.G. BA, BS, MD, PHD, ETC.) SHOULD BE OMITTED. 'WITHHELD' IS NO LONGER ACCEPTABLE ENTRIES. 'UNK' OR 'UNKNOWN' IS ONLY ALLOWED IF 9A AND 9B ARE DASH (FOUNDLINGS).</p>	<p>LAST NAME (BIRTH NAME) OF PARENT GIVING BIRTH</p> <p>THIS FIELD IS REQUIRED. BIRTH NAME IS THE PARENT'S NAME PRIOR TO ANY MARRIAGES. ENTER THE LAST NAME OF THE PARENT GIVING BIRTH AS IT APPEARS ON THEIR BIRTH RECORD, ADOPTION, COURT-ORDERED NAME CHANGE OR NATURALIZATION PAPERS. LAST NAMES CONTAINING ONLY ONE CHARACTER ARE VALIDATED. SUFFIXES SUCH AS JR, SR, II, III, ETC. SHOULD BE INCLUDED. AKA (ALSO KNOWN AS) DESIGNATIONS SHOULD BE OMITTED. ALL TITLES AND DEGREES (E.G. BA, BS, MD, PHD, ETC.) SHOULD BE OMITTED. THE FIRST CHARACTER MUST BE ALPHABETIC. THE REMAINING CHARACTERS MAY BE BLANK, ALPHABETIC, HYPHENS, PERIODS, APOSTROPHES OR COMMAS.</p> <p>'UNK' OR 'UNKNOWN' IS ONLY ALLOWED IF 9A AND 9B ARE DASH (FOUNDLINGS).</p>
9D		<p>RELATIONSHIP CHECKBOX FOR 9A-C</p> <p>THIS FIELD IS REQUIRED. USE '^S' (F9 KEY) TO SKIP ANSWERING FOR NOW. ENTER THE VALUE CHECKED BY THE PARENT OR 'BLANK' IF NONE ARE FILLED IN.</p> <p>NO MORE THAN ONE CHECKBOX MAY BE FILLED IN.</p> <p>This is a required field with MOTHER, FATHER, PARENT and BLANK in the list of allowed responses. This item will also be prompted at the LCA level so that the registrars can verify the electronic form matches the hard-copy.</p>
MLN	<p>MOTHER'S CURRENT LAST NAME</p> <p>THIS ITEM IS OPTIONAL. ENTER THE MOTHER'S LAST NAME AT THE TIME OF THIS CHILD'S BIRTH. SINGLE CHARACTER LAST NAMES ARE VERIFIED. THE FIRST CHARACTER MUST BE ALPHABETIC. THE REMAINING CHARACTERS MAY BE BLANK, ALPHABETIC, HYPHENS, PERIODS, APOSTROPHES OR COMMAS.</p>	<p>PARENT GIVING BIRTH CURRENT LAST NAME</p> <p>THIS ITEM IS OPTIONAL. ENTER THE PARENT GIVING BIRTH LAST NAME AT THE TIME OF THIS CHILD'S BIRTH. SINGLE CHARACTER LAST NAMES ARE VERIFIED. THE FIRST CHARACTER MUST BE ALPHABETIC. THE REMAINING CHARACTERS MAY BE BLANK, ALPHABETIC, HYPHENS, PERIODS, APOSTROPHES OR COMMAS.</p>
10	<p>MOTHER/PARENT BIRTHPLACE - STATE/COUNTRY</p> <p>THIS FIELD IS REQUIRED. ENTER THE MOTHER'S STATE OR COUNTRY OF BIRTH. FOR PROPER REPORTING OF MOTHER'S STATE OF BIRTH, PLEASE SELECT FROM THE AVSS LIST. TRY ENTERING THE FIRST FEW CHARACTERS OF THE STATE OR COUNTRY</p>	<p>BIRTHPLACE (STATE OR FOREIGN COUNTRY) OF PARENT GIVING BIRTH</p> <p>THIS FIELD IS REQUIRED. FOR PROPER REPORTING OF STATE OR FOREIGN COUNTRY OF BIRTH, PLEASE SELECT FROM THE LIST BY ENTERING THE FIRST FEW CHARACTERS OF THE STATE OR COUNTRY AND LET AVSS FIND A MATCH. THE TWO-LETTER U.S. STATE POSTAL ABBREVIATIONS ARE RECOGNIZED.</p>

	<p>AND LET AVSS TRY TO FIND A MATCH. DO NOT USE A CITY SUCH AS 'JERUSALEM' OR A CONTINENT SUCH AS 'AFRICA'. DO NOT USE PUNCTUATION CHARACTERS, SUCH AS A PERIOD. USE '^L' FOR A COMPLETE LIST OF CHOICES. USE '^L Z' FOR A LIST OF CHOICES BEGINNING WITH 'Z' FOR EXAMPLE. USE 'DC' FOR WASHINGTON DC, 'NE' FOR NEBRASKA, AND 'PI' FOR THE PHILIPPINES. 'WITHHELD' IS NOT ALLOWED. PLEASE NOTE THAT THERE HAVE BEEN RECENT CHANGES IN WORLD GEOGRAPHY. TO HELP YOU WITH THESE CHANGES, ANY PREVIOUS COUNTRY THAT IS NOW NON-EXISTENT WILL INCLUDE A NOTE OF '(OLD)' IN THE LIST.</p>	<p>DO NOT USE A CITY SUCH AS 'JERUSALEM' OR A CONTINENT SUCH AS 'AFRICA'. DO NOT USE PUNCTUATION CHARACTERS, SUCH AS A PERIOD. USE '^L' (F3 KEY) FOR A COMPLETE LIST OF CHOICES. USE '^L Z' FOR A LIST OF CHOICES BEGINNING WITH 'Z' FOR EXAMPLE.</p>
11	<p>MOTHER/PARENT DATE OF BIRTH</p> <p>THIS FIELD IS REQUIRED. ENTER THE BIRTH DATE OF THE MOTHER, OR 'UNK' FOR UNKNOWN BIRTH DATE. MOTHER'S AGE (MAGE) WILL BE COMPUTED FROM MOTHER'S AND CHILD'S BIRTH DATE. AGES OUTSIDE THE RANGE 15 THRU 49 ARE VALIDATED. AGE AND PREVIOUS PREGNANCY HISTORY MAY ALSO BE VALIDATED. IF THE DAY IS NOT KNOWN, ENTER THE MONTH AND THE YEAR. IF THE MONTH AND DAY ARE UNKNOWN, ENTER THE 4 DIGIT YEAR. DO NOT ENTER THE MOTHER'S AGE.</p>	<p>BIRTHDATE OF PARENT GIVING BIRTH</p> <p>THIS FIELD IS REQUIRED. IF KNOWN, ENTER THE BIRTHDATE OF THE PARENT GIVING BIRTH. AGE WILL BE COMPUTED FROM THIS DATE AND CHILD'S BIRTH DATE. AGES OUTSIDE THE RANGE 15 THRU 49 ARE VALIDATED. AGE AND PREVIOUS PREGNANCY HISTORY MAY ALSO BE VALIDATED.</p> <p>IF THE DAY IS NOT KNOWN, ENTER THE MONTH AND YEAR. IF THE MONTH AND DAY ARE UNKNOWN, ENTER THE 4 DIGIT YEAR. IF THE BIRTH DATE IS NOT KNOWN, ENTER 'UNK'. 'UNK' IS CONVERTED TO A DASH. DO NOT ENTER THE AGE.</p>
12B	<p>INFORMANT'S RELATIONSHIP TO CHILD</p> <p>THIS FIELD IS REQUIRED. USE '^S' TO SKIP ANSWERING FOR NOW. ENTER THE RELATIONSHIP TO THE CHILD OF THE PERSON CERTIFYING THE CORRECTNESS OF THE INFORMATION, OR ^L FOR A LIST OF POSSIBLE RESPONSES. IF THE CERTIFIER IS A RELATIVE NOT ON THE LIST, FIRST SELECT 'RELATIVE' THEN SPECIFY THE TYPE OF RELATIONSHIP. (I.E. SISTER-IN-LAW) IF THE CERTIFIER IS NOT RELATED TO THE CHILD AND THERE ARE NO APPLICABLE LIST ENTRIES, FIRST SELECT 'OTHER' THEN SPECIFY. (I.E. BOSS) IF THERE ARE MULTIPLE INFORMANTS, SEPARATE THEIR RELATIONSHIPS WITH A SPACE. PUNCTUATION MARKS ARE DISALLOWED.</p> <p>List:</p> <ul style="list-style-type: none"> AMBLNC ATTENDANT AUNT BIRTH CLERK BIRTH RECORDER BROTHER CERTFD MIDWIFE FATHER FIREMAN FRIEND GRANDFATHER GRANDMOTHER GRANDPARENT GUARDIAN HOSPITAL STAFF MEDCL RECS CLERK MIDWIFE MOTHER NEIGHBOR NEPHEW NIECE NURSE OTHER PARAMEDIC PARENT 	<p>INFORMANT'S RELATIONSHIP TO CHILD</p> <p>THIS FIELD IS REQUIRED. USE '^S' (F9 KEY) TO SKIP ANSWERING FOR NOW.</p> <p>ENTER THE RELATIONSHIP TO THE CHILD OF THE PERSON CERTIFYING THE CORRECTNESS OF THE INFORMATION, OR ^L (F3 KEY) FOR A LIST OF POSSIBLE RESPONSES. IF THE CERTIFIER IS A RELATIVE NOT ON THE LIST, FIRST SELECT 'RELATIVE' THEN SPECIFY THE TYPE OF RELATIONSHIP. (I.E. SISTER-IN-LAW) IF THE CERTIFIER IS NOT RELATED TO THE CHILD AND THERE ARE NO APPLICABLE LIST ENTRIES, FIRST SELECT 'OTHER' THEN SPECIFY. (I.E. BOSS)</p> <p>List:</p> <p>Add FATHER/MOTHER and MOTHER/FATHER to current list. Remove UNKNOWN</p>

	<p>PARENTS POLICEMAN RELATIVE SISTER SOCIAL WORKER SUPRVSR MED RECS UNCLE UNKNOWN</p>	
19	<p>FATHER HISPANIC, LATINO OR SPANISH</p> <p>THIS IS VOLUNTARY AT THE DISCRETION OF THE PARENT BUT REQUIRED BY AVSS. 'Y' AND 'YES' ARE NOT ALLOWED FOR THIS ITEM. HISPANIC ORIGIN CAN BE VIEWED AS THE ANCESTRY, NATIONALITY, LINEAGE IN WHICH THE FATHER OR HIS ANCESTORS WERE BORN. THE RESPONSE IS TO REFLECT THE HISPANIC POPULATION GROUP WITH WHICH THE FATHER IDENTIFIES AND IS NOT BASED ON PERCENTAGES OF ANCESTRY. IT IS NOT TO BE CONFUSED WITH RACE. A PERSON OF HISPANIC ORIGIN MAY BE OF ANY RACE. ENTER THE FIRST FEW CHARACTERS FOR FATHER'S TYPE OF HISPANIC ETHNICITY, OR ^L OR THE F3 KEY FOR A LIST OF VALID RESPONSES. IF FATHER IS NOT OF HISPANIC ORIGIN, ENTER 'NO'. FOR PRE-2007 EVENTS IF THE INFORMANT DECLINES TO ANSWER THIS QUESTION, ENTER TWO HYPHENS '--'; IF THE INFORMATION IS NOT AVAILABLE, ENTER 'UNKNOWN'. FOR 2007 AND LATER EVENTS USE 'WITHHELD' OR 'UNKNOWN' AS APPROPRIATE. DO NOT USE HYPHENS ON 2007 AND LATER EVENTS.</p>	<p>GENETIC FATHER HISPANIC, LATINO OR SPANISH</p> <p>THIS IS VOLUNTARY AT THE DISCRETION OF THE INFORMANT BUT REQUIRED BY AVSS. 'Y' AND 'YES' ARE NOT ALLOWED FOR THIS ITEM. HISPANIC ORIGIN IS VIEWED AS THE ANCESTRY, NATIONALITY, LINEAGE IN WHICH THE GENETIC FATHER OR HIS ANCESTORS WERE BORN. THE RESPONSE IS TO REFLECT THE HISPANIC POPULATION GROUP WITH WHICH THE GENETIC FATHER IDENTIFIES AND IS NOT BASED ON PERCENTAGES OF ANCESTRY. HISPANIC ORIFIN IS NOT TO BE CONFUSED WITH RACE. A PERSON OF HISPANIC ORIGIN MAY BE OF ANY RACE. HISPANIC REFERS TO PEOPLE WHOSE ORIGINS ARE FROM SPAIN, MEXICO, OR THE SPANISH-SPEAKING COUNTRIES OF CENTRAL OR SOUTH AMERICA. ENTER THE FIRST FEW CHARACTERS FOR GENETIC FATHER'S TYPE OF HISPANIC ETHNICITY, OR ^L (F3 KEY) FOR A LIST OF VALID RESPONSES. IF GENETIC FATHER IS NOT OF HISPANIC ORIGIN, ENTER 'NO'. 'WITHHELD' OR 'UNKNOWN' ARE ACCEPTABLE BUT WILL BE REFLECTED ON YOUR FACILITY'S 'COMPLETENESS' STATISITICS.</p>
18A	<p>FATHER'S RACE #1</p> <p>THIS IS VOLUNTARY AT THE DISCRETION OF THE PARENT BUT REQUIRED BY AVSS. ENTER THE FIRST FEW CHARACTERS FOR FATHER'S RACE, OR ^L FOR A LIST OF VALID RESPONSES. YOU MUST MAKE A CHOICE FROM THIS LIST. IF THE FATHER'S RACE IS UNAVAILABLE, ENTER 'UNKNOWN'. IF THE INFORMANT DECLINES TO STATE FATHER'S RACE, ENTER 'WITHHELD'. FOR PRE-2007 EVENTS YOU MAY USE THE FOLLOWING INSTRUCTIONS: IF THE FATHER'S RACE IS UNAVAILABLE, ENTER 'UNKNOWN' IN FIELD 18A AND TWO HYPHENS '--' IN FIELDS 19, 20A, 20B, AND 20C. IF THE INFORMANT DECLINES TO STATE FATHER'S RACE, ENTER 'WITHHELD' IN FIELD 18A AND TWO HYPHENS '--' IN FIELDS 19, 20A, 20B, AND 20C.</p>	<p>GENETIC FATHER'S RACE #1</p> <p>THIS IS VOLUNTARY AT THE DISCRETION OF THE INFORMANT BUT REQUIRED BY AVSS. ENTER THE FIRST FEW CHARACTERS FOR GENETIC FATHER'S RACE, OR ^L (F3 KEY) FOR A LIST OF VALID RESPONSES. YOU MUST MAKE A CHOICE FROM THIS LIST. IF THE GENETIC FATHER'S RACE IS UNAVAILABLE, ENTER 'UNKNOWN'. IF THE INFORMANT DECLINES TO STATE GENETIC FATHER'S RACE, ENTER 'WITHHELD'.</p>
18B	<p>FATHER'S RACE #2</p> <p>THIS FIELD IS OPTIONAL. THE INFORMATION IS VOLUNTARY AT THE DISCRETION OF THE PARENT. ENTER THE FIRST FEW CHARACTERS FOR ANY ADDITIONAL SPECIFICATIONS TO FATHER'S RACE. USE ^L FOR A LIST OF VALID RESPONSES. IF AN ENTRY IS MADE, YOU MUST CHOOSE FROM THIS LIST.</p>	<p>GENETIC FATHER'S RACE #2</p> <p>THIS FIELD IS OPTIONAL. THE INFORMATION IS VOLUNTARY AT THE DISCRETION OF THE INFORMANT. ENTER THE FIRST FEW CHARACTERS FOR ANY ADDITIONAL SPECIFICATIONS TO GENETIC FATHER'S RACE. USE ^L (F3 KEY) FOR A LIST OF VALID RESPONSES. IF AN ENTRY IS MADE, YOU MUST CHOOSE FROM THIS LIST.</p>
18C	<p>FATHER'S RACE #3</p> <p>THIS FIELD IS OPTIONAL. THE INFORMATION IS VOLUNTARY AT THE DISCRETION OF THE PARENT. ENTER THE FIRST FEW CHARACTERS FOR ANY ADDITIONAL SPECIFICATIONS TO FATHER'S RACE. USE ^L FOR A LIST OF VALID RESPONSES. IF AN ENTRY IS MADE, YOU MUST CHOOSE FROM THIS LIST.</p>	<p>GENETIC FATHER'S RACE #3</p> <p>THIS FIELD IS OPTIONAL. THE INFORMATION IS VOLUNTARY AT THE DISCRETION OF THE INFORMANT. ENTER THE FIRST FEW CHARACTERS FOR ANY ADDITIONAL SPECIFICATIONS TO GENETIC FATHER'S RACE. USE ^L (F3 KEY) FOR A LIST OF VALID RESPONSES. IF AN ENTRY IS MADE, YOU MUST CHOOSE FROM THIS LIST.</p>
20	<p>FATHER - DATE LAST WORKED (MONTH/YEAR)</p> <p>THIS IS VOLUNTARY AT THE DISCRETION OF THE PARENT BUT REQUIRED BY AVSS. ENTER THE MOST RECENT DATE (MONTH AND YEAR) THAT THE FATHER WORKED IN HIS USUAL OCCUPATION.</p>	<p>GENETIC FATHER - DATE LAST WORKED (MONTH/YEAR)</p> <p>THIS IS VOLUNTARY AT THE DISCRETION OF THE INFORMANT BUT REQUIRED BY AVSS. ENTER THE MOST RECENT DATE (MONTH AND YEAR) THAT THE GENETIC FATHER WORKED IN HIS USUAL OCCUPATION.</p>

	<p>IF THE FATHER IS CURRENTLY EMPLOYED ENTER THE CURRENT MONTH AND YEAR, OR ENTER 'T' FOR TODAY (WHICH WILL BE CONVERTED TO CURRENT MONTH/YEAR). IF THE FATHER NEVER WORKED ENTER 'NONE'. IF THE FATHER REFUSES TO SUPPLY THIS INFORMATION ENTER 'WITHHELD'. IF ONLY THE YEAR IS KNOWN ENTER THE 4 DIGIT YEAR. IF THE INFORMATION IS NOT AVAILABLE ENTER 'UNKNOWN'.</p>	<p>IF THE GENETIC FATHER IS CURRENTLY EMPLOYED ENTER THE CURRENT MONTH AND YEAR, OR ENTER 'T' FOR TODAY (WHICH WILL BE CONVERTED TO CURRENT MONTH/YEAR). IF THE GENETIC FATHER NEVER WORKED ENTER 'NONE'. IF THE GENETIC FATHER REFUSES TO SUPPLY THIS INFORMATION ENTER 'WITHHELD'. IF ONLY THE YEAR IS KNOWN ENTER THE 4 DIGIT YEAR. IF THE INFORMATION IS NOT AVAILABLE ENTER 'UNKNOWN'.</p>
20A	<p>FATHER'S USUAL OCCUPATION</p> <p>THIS IS VOLUNTARY AT THE DISCRETION OF THE PARENT BUT REQUIRED BY AVSS. ENTER THE OCCUPATION THE FATHER IS INVOLVED IN MOST OF THE TIME. ANY VALID ENGLISH TEXT IS ACCEPTABLE, BUT BE SPECIFIC. FOR EXAMPLE: 'CLAIM ADJUSTER', 'HOUSE BUILDER', 'SIGN PAINTER', ETC. IF THE FATHER IS RETIRED, UNEMPLOYED, DISABLED OR DECEASED, REPORT USUAL OCCUPATION WHEN HE WAS WORKING. YOU MAY HAVE TO ABBREVIATE DEPENDING ON THE LENGTH OF THE RESPONSE. IF THIS INFORMATION ABOUT THE FATHER IS UNAVAILABLE, ENTER 'UNKNOWN'. IF THE INFORMANT DECLINES TO ANSWER THIS ITEM ENTER 'WITHHELD'. FOR PRE-2007 RECORDS YOU MAY ALSO USE THE FOLLOWING INSTRUCTIONS: IF THE INFORMANT DECLINES TO ANSWER THIS QUESTION, ENTER TWO HYPHENS '--' IF FATHER'S RACE/HISPANIC IS UNKNOWN OR WITHHELD, OTHERWISE, ENTER 'WITHHELD'. IF ALL THE PATERNAL INFORMATION IS UNKNOWN OR WITHHELD, ENTER TWO HYPHENS. FOR 2007 AND LATER BIRTHS, FATHER'S USUAL OCCUPATION CANNOT BE '-'. USE 'UNKNOWN' OR 'WITHHELD' AS APPROPRIATE.</p>	<p>GENETIC FATHER'S USUAL OCCUPATION</p> <p>THIS IS VOLUNTARY AT THE DISCRETION OF THE INFORMANT BUT REQUIRED BY AVSS. ENTER THE OCCUPATION THE GENETIC FATHER HAS DONE FOR THE LONGEST PERIOD OF TIME. IF THE GENETIC FATHER IS RETIRED, UNEMPLOYED, DISABLED, OR DECEASED, REPORT THEIR USUAL OCCUPATION WHEN THEY WERE WORKING. ANY VALID ENGLISH TEXT IS ACCEPTABLE, BUT BE SPECIFIC. FOR EXAMPLE: 'CLAIM ADJUSTER', 'HOUSE BUILDER', 'SIGN PAINTER', ETC. YOU MAY HAVE TO ABBREVIATE DEPENDING ON THE LENGTH OF THE RESPONSE. IF THIS INFORMATION ABOUT THE GENETIC FATHER IS UNAVAILABLE, ENTER 'UNKNOWN'. IF THE INFORMANT DECLINES TO ANSWER THIS ITEM ENTER 'WITHHELD'.</p>
20B	<p>FATHER'S USUAL KIND OF BUSINESS OR INDUSTRY</p> <p>THIS IS VOLUNTARY AT THE DISCRETION OF THE PARENT BUT REQUIRED BY AVSS. ENTER THE TERM THAT INDICATES THE KIND OF BUSINESS OR INDUSTRY OR THE MAJOR ACTIVITY TAKING PLACE AT THE FATHER'S PLACE OF WORK. SUCH AS 'ADVERTISING AGENCY', 'GOLD MINE', 'ARMY', 'PUBLIC SCHOOL', ETC. DO NOT USE COMPANY NAMES. YOU MAY HAVE TO ABBREVIATE DEPENDING ON THE LENGTH OF THE RESPONSE. IF THIS INFORMATION ABOUT THE FATHER IS UNAVAILABLE, ENTER 'UNKNOWN'. IF THE INFORMANT DECLINES TO ANSWER THIS ITEM ENTER 'WITHHELD'. FOR PRE-2007 EVENTS THE FOLLOWING INSTRUCTIONS MAY BE USED: IF THE INFORMANT DECLINES TO ANSWER THIS QUESTION, ENTER TWO HYPHENS '--' IF FATHER'S RACE/HISPANIC IS UNKNOWN OR WITHHELD, OTHERWISE, ENTER 'WITHHELD'. IF ALL THE PATERNAL INFORMATION IS UNKNOWN OR WITHHELD, ENTER TWO HYPHENS.</p>	<p>GENETIC FATHER'S USUAL KIND OF BUSINESS OR INDUSTRY</p> <p>THIS IS VOLUNTARY AT THE DISCRETION OF THE INFORMANT BUT REQUIRED BY AVSS. ENTER THE TERM THAT INDICATES THE KIND OF BUSINESS OR INDUSTRY OR THE MAJOR ACTIVITY TAKING PLACE AT THE GENETIC FATHER'S PLACE OF WORK. SUCH AS 'ADVERTISING AGENCY', 'GOLD MINE', 'ARMY', 'PUBLIC SCHOOL', ETC. DO NOT USE COMPANY NAMES. YOU MAY HAVE TO ABBREVIATE DEPENDING ON THE LENGTH OF THE RESPONSE. IF THIS INFORMATION ABOUT THE GENETIC FATHER IS UNAVAILABLE, ENTER 'UNKNOWN'. IF THE INFORMANT DECLINES TO ANSWER THIS ITEM ENTER 'WITHHELD'.</p>
20C	<p>FATHER'S EDUCATION - HIGHEST LEVEL OR DEGREE</p> <p>THIS IS VOLUNTARY AT THE DISCRETION OF THE PARENT BUT REQUIRED BY AVSS. ENTER THE NUMBER OF THE HIGHEST GRADE COMPLETED (1 THRU 12) OR COLLEGE YEARS COMPLETED (USE '^L' FOR A LIST OF COLLEGE YEAR TYPES). FOR BIRTHS BEFORE 2006, ENTER THE TOTAL YEARS OF EDUCATION COMPLETED. 0 INDICATES NO SCHOOLING. IF THIS INFORMATION IS NOT AVAILABLE, ENTER 'UNKNOWN'. IF THE INFORMANT DECLINES TO ANSWER THIS QUESTION, ENTER 'WITHHELD'. REPORT ONLY COMPLETED YEARS OF EDUCATION. DO NOT INCLUDE BEAUTY, BARBER, TRADE, BUSINESS, TECHNICAL OR OTHER SPECIAL SCHOOLS WHEN DETERMINING THE HIGHEST GRADE COMPLETED. EDUCATION IS CORRELATED WITH FERTILITY AND BIRTH OUTCOME, AND IS USED AS AN INDICATOR OF SOCIOECONOMIC STATUS.</p>	<p>GENETIC FATHER'S EDUCATION - HIGHEST LEVEL OR DEGREE</p> <p>THIS IS VOLUNTARY AT THE DISCRETION OF THE INFORMANT BUT REQUIRED BY AVSS. ENTER THE NUMBER OF THE HIGHEST GRADE COMPLETED (1 THRU 12) OR COLLEGE DEGREE COMPLETED. USE '^L' (F3 KEY) FOR A LIST OF COLLEGE DEGREE TYPES. IF THIS INFORMATION IS NOT AVAILABLE, ENTER 'UNKNOWN'. IF THE INFORMANT DECLINES TO ANSWER THIS QUESTION, ENTER 'WITHHELD'. REPORT ONLY COMPLETED EDUCATION. DO NOT INCLUDE BEAUTY, BARBER, TRADE, BUSINESS, TECHNICAL OR OTHER SPECIAL SCHOOLS WHEN DETERMINING THE HIGHEST GRADE COMPLETED. EDUCATION IS CORRELATED WITH FERTILITY AND BIRTH OUTCOME, AND IS USED AS AN INDICATOR OF SOCIOECONOMIC STATUS.</p>
22	<p>MOTHER HISPANIC, LATINA OR SPANISH</p> <p>THIS IS VOLUNTARY AT THE DISCRETION OF THE PARENT BUT REQUIRED BY AVSS. 'Y' AND 'YES' ARE NOT ALLOWED FOR THIS ITEM. HISPANIC ORIGIN CAN BE VIEWED AS THE ANCESTRY, NATIONALITY, LINEAGE IN WHICH THE MOTHER OR HER ANCESTORS WERE BORN. THE RESPONSE IS TO REFLECT</p>	<p>GENETIC MOTHER HISPANIC, LATINA OR SPANISH</p> <p>THIS IS VOLUNTARY AT THE DISCRETION OF THE INFORMANT BUT REQUIRED BY AVSS. 'Y' AND 'YES' ARE NOT ALLOWED FOR THIS ITEM. HISPANIC ORIGIN IS VIEWED AS THE ANCESTRY, NATIONALITY, LINEAGE IN WHICH THE GENETIC MOTHER OR HER ANCESTORS WERE BORN. THE RESPONSE IS TO REFLECT THE</p>

	<p>THE HISPANIC POPULATION GROUP WITH WHICH THE MOTHER IDENTIFIES AND IS NOT BASED ON PERCENTAGES OF ANCESTRY. IT IS NOT TO BE CONFUSED WITH RACE. A PERSON OF HISPANIC ORIGIN MAY BE OF ANY RACE.</p> <p>ENTER THE FIRST FEW CHARACTERS FOR MOTHER'S TYPE OF HISPANIC ETHNICITY, OR ^L OR THE F3 KEY FOR A LIST OF VALID RESPONSES.</p> <p>IF MOTHER IS NOT OF HISPANIC ORIGIN, ENTER 'NO'.</p> <p>FOR PRE-2007 EVENTS IF THE INFORMANT DECLINES TO ANSWER THIS QUESTION, ENTER TWO HYPHENS '--'; IF THE INFORMATION IS NOT AVAILABLE, ENTER 'UNKNOWN'.</p> <p>FOR 2007 AND LATER EVENTS USE 'WITHHELD' OR 'UNKNOWN' AS APPROPRIATE. DO NOT USE HYPHENS ON 2007 AND LATER EVENTS.</p>	<p>HISPANIC POPULATION GROUP WITH WHICH THE GENETIC MOTHER IDENTIFIES AND IS NOT BASED ON PERCENTAGES OF ANCESTRY.</p> <p>HISPANIC ORIGIN IS NOT TO BE CONFUSED WITH RACE. A PERSON OF HISPANIC ORIGIN MAY BE OF ANY RACE. HISPANIC REFERS TO PEOPLE WHOSE ORIGINS ARE FROM SPAIN, MEXICO, OR THE SPANISH-SPEAKING COUNTRIES OF CENTRAL OR SOUTH AMERICA.</p> <p>ENTER THE FIRST FEW CHARACTERS FOR GENETIC MOTHER'S TYPE OF HISPANIC ETHNICITY, OR ^L (F3 KEY) FOR A LIST OF VALID RESPONSES.</p> <p>IF GENETIC MOTHER IS NOT OF HISPANIC ORIGIN, ENTER 'NO'.</p> <p>'WITHHELD' OR 'UNKNOWN' ARE ACCEPTABLE BUT WILL BE REFLECTED ON YOUR FACILITY'S 'COMPLETENESS' STATISTICS.</p>
21A	<p>MOTHER'S RACE #1</p> <p>THIS IS VOLUNTARY AT THE DISCRETION OF THE PARENT BUT REQUIRED BY AVSS. ENTER THE FIRST FEW CHARACTERS FOR MOTHER'S RACE, OR ^L FOR A LIST OF VALID RESPONSES. YOU MUST MAKE A CHOICE FROM THIS LIST.</p> <p>IF THE MOTHER'S RACE IS UNAVAILABLE, ENTER 'UNKNOWN'.</p> <p>IF THE INFORMANT DECLINES TO STATE MOTHER'S RACE, ENTER 'WITHHELD'.</p> <p>FOR PRE-2007 EVENTS YOU MAY USE THE FOLLOWING INSTRUCTIONS:</p> <p>IF THE MOTHER'S RACE IS UNAVAILABLE, ENTER 'UNKNOWN'</p> <p>IN FIELD 21A AND TWO HYPHENS '--' IN FIELDS 22, 23A, 23B, AND 23C.</p> <p>IF THE INFORMANT DECLINES TO STATE MOTHER'S RACE, PLEASE ENTER 'WITHHELD' IN FIELD 21A AND TWO HYPHENS '--' IN FIELDS 22, 23A, 23B, AND 23C.</p>	<p>GENETIC MOTHER'S RACE #1</p> <p>THIS IS VOLUNTARY AT THE DISCRETION OF THE INFORMANT BUT REQUIRED BY AVSS. ENTER THE FIRST FEW CHARACTERS FOR GENETIC MOTHER'S RACE, OR ^L (F3 KEY) FOR A LIST OF VALID RESPONSES. YOU MUST MAKE A CHOICE FROM THIS LIST.</p> <p>IF THE GENETIC MOTHER'S RACE IS UNAVAILABLE, ENTER 'UNKNOWN'.</p> <p>IF THE INFORMANT DECLINES TO STATE GENETIC MOTHER'S RACE, ENTER 'WITHHELD'.</p>
21B	<p>MOTHER'S RACE #2</p> <p>THIS FIELD IS OPTIONAL.</p> <p>THE INFORMATION IS VOLUNTARY AT THE DISCRETION OF THE PARENT. ENTER THE FIRST FEW CHARACTERS FOR ANY ADDITIONAL SPECIFICATIONS TO MOTHER'S RACE. USE ^L FOR A LIST OF VALID RESPONSES.</p> <p>IF AN ENTRY IS MADE, YOU MUST CHOOSE FROM THIS LIST.</p>	<p>GENETIC MOTHER'S RACE #2</p> <p>THIS FIELD IS OPTIONAL.</p> <p>THE INFORMATION IS VOLUNTARY AT THE DISCRETION OF THE INFORMANT. ENTER THE FIRST FEW CHARACTERS FOR ANY ADDITIONAL SPECIFICATIONS TO GENETIC MOTHER'S RACE. USE ^L (F3 KEY) FOR A LIST OF VALID RESPONSES.</p> <p>IF AN ENTRY IS MADE, YOU MUST CHOOSE FROM THIS LIST.</p>
21C	<p>MOTHER'S RACE #3</p> <p>THIS FIELD IS OPTIONAL.</p> <p>THE INFORMATION IS VOLUNTARY AT THE DISCRETION OF THE PARENT. ENTER THE FIRST FEW CHARACTERS FOR ANY ADDITIONAL SPECIFICATIONS TO MOTHER'S RACE. USE ^L FOR A LIST OF VALID RESPONSES.</p> <p>IF AN ENTRY IS MADE, YOU MUST CHOOSE FROM THIS LIST.</p>	<p>GENETIC MOTHER'S RACE #3</p> <p>THIS FIELD IS OPTIONAL.</p> <p>THE INFORMATION IS VOLUNTARY AT THE DISCRETION OF THE INFORMANT. ENTER THE FIRST FEW CHARACTERS FOR ANY ADDITIONAL SPECIFICATIONS TO GENETIC MOTHER'S RACE. USE ^L (F3 KEY) FOR A LIST OF VALID RESPONSES.</p> <p>IF AN ENTRY IS MADE, YOU MUST CHOOSE FROM THIS LIST.</p>
23	<p>MOTHER - DATE LAST WORKED (MONTH/YEAR)</p> <p>THIS IS VOLUNTARY AT THE DISCRETION OF THE PARENT BUT REQUIRED BY AVSS. ENTER THE MOST RECENT DATE (MONTH AND YEAR) THAT THE MOTHER WORKED IN HER USUAL OCCUPATION.</p> <p>IF THE MOTHER IS CURRENTLY EMPLOYED ENTER THE CURRENT MONTH AND YEAR, OR ENTER 'T' FOR TODAY (WHICH WILL BE CONVERTED TO CURRENT MONTH/YEAR).</p> <p>IF THE MOTHER NEVER WORKED ENTER 'NONE'.</p> <p>IF THE MOTHER REFUSES TO SUPPLY THIS INFORMATION ENTER 'WITHHELD'.</p> <p>IF ONLY THE YEAR IS KNOWN ENTER THE 4 DIGIT YEAR.</p> <p>IF THE INFORMATION IS NOT AVAILABLE ENTER 'UNKNOWN'.</p>	<p>GENETIC MOTHER - DATE LAST WORKED (MONTH/YEAR)</p> <p>THIS IS VOLUNTARY AT THE DISCRETION OF THE INFORMANT BUT REQUIRED BY AVSS. ENTER THE MOST RECENT DATE (MONTH AND YEAR) THAT THE GENETIC MOTHER WORKED IN HER USUAL OCCUPATION.</p> <p>IF THE GENETIC MOTHER IS CURRENTLY EMPLOYED ENTER THE CURRENT MONTH AND YEAR, OR ENTER 'T' FOR TODAY (WHICH WILL BE CONVERTED TO CURRENT MONTH/YEAR).</p> <p>IF THE GENETIC MOTHER IS A HOMEMAKER BUT NORMALLY WORKED OUTSIDE THE HOME PRIOR TO THE DELIVERY, THEN ENTER THAT INFORMATION.</p> <p>IF THE GENETIC MOTHER NEVER WORKED ENTER 'NONE'.</p> <p>IF THE GENETIC MOTHER REFUSES TO SUPPLY THIS INFORMATION ENTER 'WITHHELD'.</p> <p>IF ONLY THE YEAR IS KNOWN ENTER THE 4 DIGIT YEAR.</p> <p>IF THE INFORMATION IS NOT AVAILABLE ENTER 'UNKNOWN'.</p>
23A	<p>MOTHER'S USUAL OCCUPATION</p> <p>THIS IS VOLUNTARY AT THE DISCRETION OF THE PARENT BUT REQUIRED BY AVSS. ENTER THE OCCUPATION THE MOTHER IS INVOLVED IN MOST OF THE TIME. ANY VALID ENGLISH TEXT IS ACCEPTABLE, BUT BE SPECIFIC. FOR EXAMPLE: 'SALES CLERK', 'DENTIST', 'HOMEMAKER', '2ND GRADE TEACHER', ETC.</p>	<p>GENETIC MOTHER'S USUAL OCCUPATION</p> <p>THIS IS VOLUNTARY AT THE DISCRETION OF THE INFORMANT BUT REQUIRED BY AVSS. ENTER THE OCCUPATION THE GENETIC MOTHER HAS DONE FOR THE LONGEST PERIOD OF TIME. IF THE GENETIC MOTHER IS RETIRED, UNEMPLOYED, DISABLED, OR DECEASED, REPORT THEIR USUAL OCCUPATION WHEN THEY WERE WORKING.</p>

	<p>IF THE MOTHER IS RETIRED, UNEMPLOYED, OR DISABLED, REPORT THE USUAL OCCUPATION WHEN SHE WAS WORKING. YOU MAY HAVE TO ABBREVIATE DEPENDING ON THE LENGTH OF THE RESPONSE. IF THIS INFORMATION IS UNAVAILABLE, ENTER 'UNKNOWN'. IF THE INFORMANT DECLINES TO ANSWER THIS ITEM ENTER 'WITHHELD'. FOR PRE-2007 RECORDS YOU MAY ALSO USE THE FOLLOWING INSTRUCTIONS: IF THE INFORMANT DECLINES TO ANSWER THIS ITEM, ENTER 'WITHHELD' IF THE MOTHER'S RACE IS KNOWN, OTHERWISE ENTER TWO HYPHENS '--'. FOR 2007 AND LATER BIRTHS, MOTHER'S USUAL OCCUPATION CANNOT BE '-'. USE 'UNKNOWN' OR 'WITHHELD' AS APPROPRIATE.</p>	<p>ANY VALID ENGLISH TEXT IS ACCEPTABLE, BUT BE SPECIFIC. FOR EXAMPLE: 'CLAIM ADJUSTER', 'HOUSE BUILDER', 'SIGN PAINTER', ETC. YOU MAY HAVE TO ABBREVIATE DEPENDING ON THE LENGTH OF THE RESPONSE. IF THIS INFORMATION ABOUT THE GENETIC MOTHER IS UNAVAILABLE, ENTER 'UNKNOWN'. IF THE INFORMANT DECLINES TO ANSWER THIS ITEM ENTER 'WITHHELD'. IF THE GENETIC MOTHER NEVER WORKED, ENTER 'NEVER WORKED'. IF THE GENETIC MOTHER IS A HOMEMAKER, ENTER 'HOMEMAKER'. HOWEVER, IF THE GENETIC MOTHER NORMALLY WORKED OUTSIDE OF THE HOME PRIOR TO THIS DELIVERY THEN ENTER THAT INFORMATION.</p>
23B	<p>MOTHER'S USUAL KIND OF BUSINESS OR INDUSTRY</p> <p>THIS IS VOLUNTARY AT THE DISCRETION OF THE PARENT BUT REQUIRED BY AVSS. ENTER THE TERM THAT INDICATES THE KIND OF BUSINESS OR INDUSTRY OR THE MAJOR ACTIVITY TAKING PLACE AT THE MOTHER'S PLACE OF WORK. SUCH AS 'TRAVEL AGENCY,' 'DENTIST'S OFFICE,' 'NURSERY SCHOOL,' ETC. DO NOT USE COMPANY NAMES. YOU MAY HAVE TO ABBREVIATE DEPENDING ON THE LENGTH OF THE RESPONSE. IF THE INFORMATION IS UNAVAILABLE, ENTER 'UNKNOWN'. IF THE INFORMANT DECLINES TO ANSWER THIS ITEM ENTER 'WITHHELD'. FOR PRE-2007 EVENTS THE FOLLOWING INSTRUCTIONS MAY BE USED: IF THE INFORMANT DECLINES TO ANSWER THIS QUESTION, ENTER 'WITHHELD' IF THE MOTHER'S RACE IS KNOWN OR TWO HYPHENS '--' IF FIELDS 21 THROUGH 23C ARE ALL WITHHELD.</p>	<p>GENETIC MOTHER'S USUAL KIND OF BUSINESS OR INDUSTRY</p> <p>THIS IS VOLUNTARY AT THE DISCRETION OF THE INFORMANT BUT REQUIRED BY AVSS. ENTER THE TERM THAT INDICATES THE KIND OF BUSINESS OR INDUSTRY OR THE MAJOR ACTIVITY TAKING PLACE AT THE GENETIC MOTHER'S PLACE OF WORK. SUCH AS 'TRAVEL AGENCY,' 'DENTIST'S OFFICE,' 'NURSERY SCHOOL,' ETC. DO NOT USE COMPANY NAMES. YOU MAY HAVE TO ABBREVIATE DEPENDING ON THE LENGTH OF THE RESPONSE. IF THIS INFORMATION ABOUT THE GENETIC MOTHER IS UNAVAILABLE, ENTER 'UNKNOWN'. IF THE INFORMANT DECLINES TO ANSWER THIS ITEM ENTER 'WITHHELD'.</p>
23C	<p>MOTHER'S EDUCATION - HIGHEST LEVEL OR DEGREE</p> <p>THIS IS VOLUNTARY AT THE DISCRETION OF THE PARENT BUT REQUIRED BY AVSS. ENTER THE NUMBER OF THE HIGHEST GRADE COMPLETED (1 THRU 12) OR COLLEGE YEARS COMPLETED (USE '^L' FOR A LIST OF COLLEGE YEAR TYPES). FOR BIRTHS BEFORE 2006, ENTER THE TOTAL YEARS OF EDUCATION COMPLETED. 0 INDICATES NO SCHOOLING. IF THIS INFORMATION IS NOT AVAILABLE, ENTER 'UNKNOWN'. IF THE INFORMANT DECLINES TO ANSWER THIS QUESTION, ENTER 'WITHHELD'. REPORT ONLY COMPLETED YEARS OF EDUCATION. DO NOT INCLUDE BEAUTY, BARBER, TRADE, BUSINESS, TECHNICAL OR OTHER SPECIAL SCHOOLS WHEN DETERMINING THE HIGHEST GRADE COMPLETED. EDUCATION IS CORRELATED WITH FERTILITY AND BIRTH OUTCOME, AND IS USED AS AN INDICATOR OF SOCIOECONOMIC STATUS.</p>	<p>GENETIC MOTHER'S EDUCATION - HIGHEST LEVEL OR DEGREE</p> <p>THIS IS VOLUNTARY AT THE DISCRETION OF THE INFORMANT BUT REQUIRED BY AVSS. ENTER THE NUMBER OF THE HIGHEST GRADE COMPLETED (1 THRU 12) OR COLLEGE DEGREE COMPLETED. USE '^L' (F3 KEY) FOR A LIST OF COLLEGE DEGREE TYPES. IF THIS INFORMATION IS NOT AVAILABLE, ENTER 'UNKNOWN'. IF THE INFORMANT DECLINES TO ANSWER THIS QUESTION, ENTER 'WITHHELD'. REPORT ONLY COMPLETED EDUCATION. DO NOT INCLUDE BEAUTY, BARBER, TRADE, BUSINESS, TECHNICAL OR OTHER SPECIAL SCHOOLS WHEN DETERMINING THE HIGHEST GRADE COMPLETED. EDUCATION IS CORRELATED WITH FERTILITY AND BIRTH OUTCOME, AND IS USED AS AN INDICATOR OF SOCIOECONOMIC STATUS.</p>
24A	<p>MOTHER'S RESIDENCE (STREET AND NUMBER OR LOCATION)</p> <p>THIS FIELD IS REQUIRED. ENTER THE MOTHER'S USUAL RESIDENCE ADDRESS OR LOCATION. ENTRIES SUCH AS 'RURAL ROUTE NO. 6, BOX 67' ARE ACCEPTABLE. GENERAL DELIVERY OR POST OFFICE BOX NUMBERS ARE NOT ACCEPTABLE.</p>	<p>BIRTH PARENT'S RESIDENCE STREET AND NUMBER, OR LOCATION</p> <p>THIS ITEM IS REQUIRED. ENTER THE FULL STREET OR RURAL ADDRESS OF THE BIRTH PARENT'S USUAL RESIDENCE. THIS IS THE PLACE WHERE THEIR HOUSEHOLD IS LOCATED. THIS IS NOT NECESSARILY THE SAME AS THE HOME STATE, VOTING RESIDENCE, MAILING ADDRESS OR LEGAL RESIDENCE, BUT MUST REFLECT WHERE THE BIRTH PARENT ACTUALLY LIVES MOST OF THE TIME. ENTRIES SUCH AS 'RURAL ROUTE NO. 6, BOX 67' ARE ACCEPTABLE. GENERAL DELIVERY OR POST OFFICE BOX NUMBERS ARE NOT ACCEPTABLE.</p> <p>IF THE BIRTH PARENT REFUSES TO PROVIDE THE INFORMATION AND IT IS NOT AVAILABLE IN THE MEDICAL FILE, ENTER 'UNKNOWN'. OTHERWISE, USE THE ADDRESS FROM THE MEDICAL FILE.</p> <p>IF THE BIRTH PARENT LIVES IN AN INSTITUTION SUCH AS A GROUP HOME, MENTAL INSTITUTION, PENITENTIARY, ETC., ENTER THE ADDRESS OF THE PLACE THEY LIVED PRIOR TO THE INSTITUTION. IF THEY HAVE ALWAYS LIVED IN THE INSTITUTION OR THEIR PRIOR ADDRESS IS UNKNOWN, THEN ENTER THE ADDRESS OF THE INSTITUTION.</p> <p>IF THE BIRTH PARENT IS HOMELESS, A PHYSICAL DESCRIPTION OF THE LOCATION OF THEIR MOST RECENT HABITAT, E.G. UNDER THE XYZ BRIDGE.</p> <p>IF THE BIRTH PARENT IS ON TOUR OF MILITARY DUTY OR ATTENDING COLLEGE USE THEIR</p>

		<p>MILITARY OR COLLEGE ADDRESS.</p> <p>IF THE BIRTH PARENT IS A SURROGATE OR THIS IS A FOUNDLING, REFER TO THE BIRTH REGISTRATION HANDBOOK OR CONTACT THE STATE OR REGISTRATION DISTRICT FOR HELP.</p>
24E	<p>MOTHER'S RESIDENCE ZIP CODE</p> <p>THIS FIELD IS REQUIRED. ENTER THE FIVE DIGIT ZIP CODE OF MOTHER'S RESIDENCE, OR ^L FOR A LIST OF ZIP CODES, OR 'UNK' IF ZIP IS UNKNOWN, OR '00000' IF THE MOTHER RESIDES OUTSIDE THE UNITED STATES. A NINE-DIGIT ZIP CODE IS ALLOWABLE WITHOUT THE DASH.</p>	<p>BIRTH PARENT'S RESIDENCE ZIP CODE</p> <p>THIS FIELD IS REQUIRED. ENTER THE FIVE DIGIT ZIP CODE OF BIRTH PARENT'S RESIDENCE, OR ^L (F3 KEY) FOR A LIST OF ZIP CODES, OR 'UNK' IF ZIP IS UNKNOWN, OR '00000' IF THE BIRTH PARENT RESIDES OUTSIDE THE UNITED STATES. A NINE-DIGIT ZIP CODE IS ALLOWABLE WITHOUT THE DASH.</p> <p>IF THE BIRTH PARENT REFUSES TO PROVIDE THE INFORMATION AND IT IS NOT AVAILABLE IN THE MEDICAL FILE, ENTER 'UNKNOWN'.</p>
24D	<p>MOTHER'S STATE/FOREIGN COUNTRY OF RESIDENCE</p> <p>THIS FIELD IS REQUIRED. ENTER THE MOTHER'S STATE OF RESIDENCE. TRY ENTERING THE FIRST FEW CHARACTERS OF THE STATE OR COUNTRY AND LET AVSS TRY TO FIND A MATCH. DO NOT USE A CITY SUCH AS 'JERUSALEM' OR A CONTINENT SUCH AS 'AFRICA'. DO NOT USE PUNCTUATION CHARACTERS, SUCH AS A PERIOD. USE ^L FOR A COMPLETE LIST OF CHOICES. USE ^L Z' FOR A LIST OF CHOICES BEGINNING WITH 'Z' FOR EXAMPLE. USE 'DC' FOR WASHINGTON DC, 'NE' FOR NEBRASKA, AND 'PI' FOR THE PHILIPPINES. 'WITHHELD' IS NOT ALLOWED. PLEASE NOTE THAT THERE HAVE BEEN RECENT CHANGES IN WORLD GEOGRAPHY. TO HELP YOU WITH THESE CHANGES, ANY PREVIOUS COUNTRY THAT IS NOW NON-EXISTENT WILL INCLUDE A NOTE OF '(OLD)' IN THE LIST.</p>	<p>BIRTH PARENT'S RESIDENCE U.S. STATE, U.S. TERRITORY OR FOREIGN COUNTRY</p> <p>THIS FIELD IS REQUIRED. ENTER THE BIRTH PARENT'S STATE OF RESIDENCE. FOR PROPER REPORTING OF STATE OR FOREIGN COUNTRY, PLEASE SELECT FROM THE LIST BY ENTERING THE FIRST FEW CHARACTERS OF THE STATE OR COUNTRY OF RESIDENCE. DO NOT USE A CITY SUCH AS 'JERUSALEM' OR A CONTINENT SUCH AS 'AFRICA'. DO NOT USE PUNCTUATION CHARACTERS, SUCH AS A PERIOD. USE ^L (F3 KEY) FOR A COMPLETE LIST OF CHOICES. USE ^L Z' FOR A LIST OF CHOICES BEGINNING WITH 'Z' FOR EXAMPLE.</p> <p>IF THE BIRTH PARENT REFUSES TO PROVIDE THE INFORMATION AND IT IS NOT AVAILABLE IN THE MEDICAL FILE, ENTER 'UNKNOWN'.</p>
24B	<p>MOTHER'S COUNTY/PROVINCE OF RESIDENCE</p> <p>THIS FIELD IS REQUIRED. ENTER THE FIRST FEW CHARACTERS OF THE COUNTY NAME IF THE BIRTH OCCURRED IN THE UNITED STATES, OR THE CALIFORNIA COUNTY CODE, OR ^L FOR A LIST OF AVAILABLE COUNTIES, OR '--' IF THE MOTHER RESIDES OUTSIDE THE UNITED STATES.</p>	<p>BIRTH PARENT'S U.S. COUNTY OR CANADIAN PROVINCE OF RESIDENCE</p> <p>THIS FIELD IS REQUIRED. ENTER THE FIRST FEW CHARACTERS OF THE RESIDENCE COUNTY, OR ^L (F3 KEY) FOR A LIST OF COUNTIES IN PREVIOUSLY SELECTED STATE (24D), OR '-' IF THE BIRTH PARENT RESIDES OUTSIDE THE UNITED STATES OR CANADA.</p> <p>IF THE BIRTH PARENT REFUSES TO PROVIDE THE INFORMATION AND IT IS NOT AVAILABLE IN THE MEDICAL FILE, ENTER 'UNKNOWN'.</p>
24C	<p>MOTHER'S RESIDENCE CITY</p> <p>THIS FIELD IS REQUIRED. ENTER THE FIRST FEW CHARACTERS OF THE CITY OF MOTHER'S RESIDENCE, OR ^L FOR A LIST OF KNOWN CITIES WITHIN THIS COUNTY, OR THE ENTIRE CITY NAME IF NOT FOUND IN THE LIST. AVSS WILL VERIFY ENTRIES NOT FOUND IN THE LIST.</p>	<p>BIRTH PARENT'S RESIDENCE CITY</p> <p>THIS FIELD IS REQUIRED. ENTER THE FIRST FEW CHARACTERS OF THE CITY OF BIRTH PARENT'S RESIDENCE, OR ^L FOR A LIST OF KNOWN CITIES WITHIN THIS COUNTY (24B), OR THE ENTIRE CITY NAME IF NOT FOUND IN THE LIST. AVSS WILL VERIFY ENTRIES NOT FOUND IN THE LIST.</p> <p>IF THE BIRTH PARENT REFUSES TO PROVIDE THE INFORMATION AND IT IS NOT AVAILABLE IN THE MEDICAL FILE, ENTER 'UNKNOWN'.</p>
MAIL	<p>IS MOTHER'S MAILING ADDRESS THE SAME AS HER RESIDENCE ADDRESS?</p> <p>ENTER 'Y' IF THE MOTHER'S MAILING ADDRESS IS THE SAME AS HER RESIDENCE ADDRESS AS ENTERED IN ITEMS 24A THROUGH 24E. OTHERWISE ENTER 'N' TO BE PROMPTED FOR MOTHER'S MAILING ADDRESS.</p>	<p>IS BIRTH PARENT'S MAILING AND RESIDENCE ADDRESS THE SAME?</p> <p>ENTER 'Y' IF THE BIRTH PARENT'S MAILING ADDRESS IS THE SAME AS THE RESIDENCE ADDRESS AS ENTERED IN ITEMS 24A THROUGH 24E. OTHERWISE ENTER 'N' TO BE PROMPTED FOR BIRTH PARENT'S MAILING ADDRESS.</p> <p>NOTE: THE ADDRESS WILL BE USED FOR MAILING A SOCIAL SECURITY CARD ONLY IF LOCATED IN THE UNITED STATES OR IN A UNITED STATES TERRITORY.</p>
MSTREET	<p>MAILING ADDRESS (STREET NUMBER & NAME OR P.O. BOX)</p>	<p>MAILING ADDRESS (STREET NUMBER & NAME OR P.O. BOX)</p>

	<p>THIS ITEM IS OPTIONAL. IF THE MOTHER'S MAILING ADDRESS AND RESIDENCE ADDRESS (24A-E) ARE EQUAL ENTER 'SAME' OR A BLANK. THE REMAINING MAILING ADDRESS PROMPTS WILL BE SKIPPED.</p> <p>IF THE MOTHER WANTS TO REPORT A MAILING ADDRESS, ENTER IT HERE. IF ENTERED, THE MAILING ADDRESS WILL BE USED TO SEND THE CHILD'S SOCIAL SECURITY CARD IF ONE IS REQUESTED IN THE SSA1 PROMPT.</p> <p>NOTE: THE ADDRESS WILL BE USED FOR MAILING A SOCIAL SECURITY CARD ONLY IF IS LOCATED IN THE UNITED STATES OR IN A UNITED STATES TERRITORY.</p>	<p>THIS ITEM IS OPTIONAL. IF THE BIRTH PARENT'S MAILING ADDRESS AND RESIDENCE ADDRESS (24A-E) ARE EQUAL ENTER 'SAME' OR A BLANK. THE REMAINING MAILING ADDRESS PROMPTS WILL BE SKIPPED.</p> <p>IF THE BIRTH PARENT WANTS TO REPORT A MAILING ADDRESS, ENTER IT HERE. IF ENTERED, THE MAILING ADDRESS WILL BE USED TO SEND THE CHILD'S SOCIAL SECURITY CARD IF ONE IS REQUESTED IN THE SSA1 PROMPT.</p> <p>NOTE: THE ADDRESS WILL BE USED FOR MAILING A SOCIAL SECURITY CARD ONLY IF LOCATED IN THE UNITED STATES OR IN A UNITED STATES TERRITORY.</p>
MZIP	<p>MAILING ADDRESS ZIP CODE</p> <p>THIS ITEM IS REQUIRED. ENTER THE ZIP CODE OF THE MOTHER'S MAILING ADDRESS. FOR FOREIGN COUNTRIES ENTER '00000'. NOTE: THIS MAILING ADDRESS WILL ONLY BE USED FOR MAILING SOCIAL SECURITY CARDS IF IT IS LOCATED IN THE UNITED STATES OR U.S. TERRITORY.</p>	<p>MAILING ADDRESS ZIP CODE</p> <p>THIS ITEM IS REQUIRED. ENTER THE ZIP CODE OF THE BIRTH PARENT'S MAILING ADDRESS. FOR FOREIGN COUNTRIES ENTER '00000'. NOTE: THIS MAILING ADDRESS WILL ONLY BE USED FOR MAILING SOCIAL SECURITY CARDS IF IT IS LOCATED IN THE UNITED STATES OR U.S. TERRITORY.</p>
MSTATE	<p>MAILING ADDRESS STATE</p> <p>THIS ITEM IS REQUIRED. ENTER THE U.S. STATE, U.S. TERRITORY, OR FOREIGN COUNTRY WHERE THE MOTHER RECEIVES MAIL. NOTE: THIS MAILING ADDRESS WILL ONLY BE USED FOR MAILING SOCIAL SECURITY CARDS IF IT IS LOCATED IN THE UNITED STATES OR U.S. TERRITORY.</p>	<p>MAILING ADDRESS STATE</p> <p>THIS ITEM IS REQUIRED. ENTER THE U.S. STATE, U.S. TERRITORY, OR FOREIGN COUNTRY WHERE THE BIRTH PARENT RECEIVES MAIL. NOTE: THIS MAILING ADDRESS WILL ONLY BE USED FOR MAILING SOCIAL SECURITY CARDS IF IT IS LOCATED IN THE UNITED STATES OR U.S. TERRITORY.</p>
MCOUNTY	<p>MAILING ADDRESS COUNTY</p> <p>THIS ITEM IS REQUIRED. ENTER THE COUNTY IN WHICH THE MOTHER'S MAILING ADDRESS IS LOCATED IF THE MAILING ADDRESS IS IN THE UNITED STATES, OR THE PROVINCE IF THE MAILING ADDRESS IS IN CANADA. FOR FOREIGN COUNTRIES OTHER THAN CANADA, ENTER '-'. NOTE: THIS MAILING ADDRESS WILL ONLY BE USED FOR MAILING SOCIAL SECURITY CARDS IF IT IS LOCATED IN THE UNITED STATES OR U.S. TERRITORY.</p>	<p>MAILING ADDRESS COUNTY</p> <p>THIS ITEM IS REQUIRED. ENTER THE COUNTY IN WHICH THE BIRTH PARENT'S MAILING ADDRESS IS LOCATED IF THE MAILING ADDRESS IS IN THE UNITED STATES, OR THE PROVINCE IF THE MAILING ADDRESS IS IN CANADA. FOR FOREIGN COUNTRIES OTHER THAN CANADA, ENTER '--'. NOTE: THIS MAILING ADDRESS WILL ONLY BE USED FOR MAILING SOCIAL SECURITY CARDS IF IT IS LOCATED IN THE UNITED STATES OR U.S. TERRITORY.</p>
MCITY	<p>MAILING ADDRESS CITY OR TOWN</p> <p>THIS ITEM IS REQUIRED. ENTER THE NAME OF THE CITY, TOWN OR LOCATION WHERE THE MOTHER RECEIVES MAIL. ENTRIES NOT FOUND IN THE LIST FOR THIS STATE/COUNTY WILL BE VERIFIED. NOTE: THIS MAILING ADDRESS WILL ONLY BE USED FOR MAILING SOCIAL SECURITY CARDS IF IT IS LOCATED IN THE UNITED STATES OR U.S. TERRITORY.</p>	<p>MAILING ADDRESS CITY OR TOWN</p> <p>THIS ITEM IS REQUIRED. ENTER THE NAME OF THE CITY, TOWN OR LOCATION WHERE THE BIRTH PARENT RECEIVES MAIL. ENTRIES NOT FOUND IN THE LIST FOR THIS STATE/COUNTY WILL BE VERIFIED. NOTE: THIS MAILING ADDRESS WILL ONLY BE USED FOR MAILING SOCIAL SECURITY CARDS IF IT IS LOCATED IN THE UNITED STATES OR U.S. TERRITORY.</p>
WIC	<p>DID MOTHER GET WIC FOOD FOR HERSELF DURING THIS PREGNANCY</p> <p>THIS ITEM IS REQUIRED. DID THE MOTHER RECEIVE WOMEN, INFANTS AND CHILDREN (WIC) PROGRAM FOOD FOR HERSELF DURING THIS PREGNANCY. ENTER 'YES', 'NO' OR 'UNKNOWN'.</p>	<p>DID BIRTH PARENT RECEIVE WIC FOOD</p> <p>THIS ITEM IS REQUIRED. DID THE BIRTH PARENT RECEIVE WOMEN, INFANTS AND CHILDREN (WIC) PROGRAM FOOD DURING THIS PREGNANCY. ENTER 'YES', 'NO' OR 'UNKNOWN'.</p>
CIGPN	<p>AVERAGE NUMBER OF CIGARETTES/PACKS PER DAY FOR THREE MONTHS PRIOR TO PREGNANCY</p> <p>THIS ITEM IS REQUIRED. ENTER THE AVERAGE NUMBER OF CIGARETTES THAT THE MOTHER SMOKED PER DAY DURING THE THREE MONTHS PRIOR TO BECOMING PREGNANT WITH THIS CHILD. IF MOTHER DID NOT SMOKE DURING THIS TIME PERIOD, ENTER '0'. IF THIS INFORMATION IS NOT KNOWN, ENTER 'UNKNOWN'. USE A NUMBER FOLLOWED BY 'P' TO REPORT PACKS OF CIGARETTES. (E.G. 1.5P IS ONE AND A HALF PACKS = 30 CIGARETTES, 2 P IS 2 PACKS, ETC.) OTHERWISE ENTER A NUMBER BETWEEN 1 AND 98. NOTE: THE ONLY DECIMAL VALUES OF PACKS ALLOWED ARE .25, .5 OR .75</p>	<p>AVERAGE NUMBER OF CIGARETTES/PACKS PER DAY FOR THREE MONTHS PRIOR TO PREGNANCY</p> <p>THIS ITEM IS REQUIRED. ENTER THE AVERAGE NUMBER OF CIGARETTES THAT THE BIRTH PARENT SMOKED PER DAY DURING THE THREE MONTHS PRIOR TO BECOMING PREGNANT WITH THIS CHILD. IF BIRTH PARENT DID NOT SMOKE DURING THIS TIME PERIOD, ENTER '0'. IF THIS INFORMATION IS NOT KNOWN, ENTER 'UNKNOWN'. USE A NUMBER FOLLOWED BY 'P' TO REPORT PACKS OF CIGARETTES. (E.G. 1.5P IS ONE AND A HALF PACKS = 30 CIGARETTES, 2 P IS 2 PACKS, ETC.) OTHERWISE ENTER A NUMBER BETWEEN 1 AND 98. NOTE: THE ONLY DECIMAL VALUES OF PACKS ALLOWED ARE .25, .5 OR .75</p>

	<p>ALL OTHER DECIMAL VALUES ARE ERRORS. (E.G. 1.4 IS AN INVALID VALUE). NUMBER OF CIGARETTES 60 (3 PACKS) OR MORE ARE VERIFIED. NUMBER OF CIGARETTES LESS THAN 3 ARE VERIFIED.</p>	<p>ALL OTHER DECIMAL VALUES ARE ERRORS. (E.G. 1.4 IS AN INVALID VALUE). NUMBER OF CIGARETTES 60 (3 PACKS) OR MORE ARE VERIFIED. NUMBER OF CIGARETTES LESS THAN 3 ARE VERIFIED.</p>
CIGFN	<p>AVERAGE NUMBER OF CIGARETTES/PACKS PER DAY FIRST THREE MONTHS OF PREGNANCY</p> <p>THIS ITEM IS REQUIRED. ENTER THE AVERAGE NUMBER OF CIGARETTES THAT THE MOTHER SMOKED PER DAY DURING THE FIRST THREE MONTHS OF THE PREGNANCY. IF MOTHER DID NOT SMOKE DURING THIS TIME PERIOD, ENTER '0'. IF THIS INFORMATION IS NOT KNOWN, ENTER 'UNKNOWN'. USE A NUMBER FOLLOWED BY 'P' TO REPORT PACKS OF CIGARETTES. (E.G. 1.5P IS ONE AND A HALF PACKS = 30 CIGARETTES, 2 P IS 2 PACKS, ETC.) OTHERWISE ENTER A NUMBER BETWEEN 1 AND 98. NOTE: THE ONLY DECIMAL VALUES OF PACKS ALLOWED ARE .25, .5 OR .75 ALL OTHER DECIMAL VALUES ARE ERRORS. (E.G. 1.4 IS AN INVALID VALUE). NUMBER OF CIGARETTES 60 (3 PACKS) OR MORE ARE VERIFIED. NUMBER OF CIGARETTES LESS THAN 3 ARE VERIFIED.</p>	<p>AVERAGE NUMBER OF CIGARETTES/PACKS PER DAY FIRST THREE MONTHS OF PREGNANCY</p> <p>THIS ITEM IS REQUIRED. ENTER THE AVERAGE NUMBER OF CIGARETTES THAT THE BIRTH PARENT SMOKED PER DAY DURING THE FIRST THREE MONTHS OF THE PREGNANCY. IF BIRTH PARENT DID NOT SMOKE DURING THIS TIME PERIOD, ENTER '0'. IF THIS INFORMATION IS NOT KNOWN, ENTER 'UNKNOWN'. USE A NUMBER FOLLOWED BY 'P' TO REPORT PACKS OF CIGARETTES. (E.G. 1.5P IS ONE AND A HALF PACKS = 30 CIGARETTES, 2 P IS 2 PACKS, ETC.) OTHERWISE ENTER A NUMBER BETWEEN 1 AND 98. NOTE: THE ONLY DECIMAL VALUES OF PACKS ALLOWED ARE .25, .5 OR .75 ALL OTHER DECIMAL VALUES ARE ERRORS. (E.G. 1.4 IS AN INVALID VALUE). NUMBER OF CIGARETTES 60 (3 PACKS) OR MORE ARE VERIFIED. NUMBER OF CIGARETTES LESS THAN 3 ARE VERIFIED.</p>
CIGSN	<p>AVERAGE NUMBER OF CIGARETTES/PACKS PER DAY SECOND THREE MONTHS OF PREGNANCY</p> <p>THIS ITEM IS REQUIRED. ENTER THE AVERAGE NUMBER OF CIGARETTES THAT THE MOTHER SMOKED PER DAY DURING THE SECOND THREE MONTHS OF THE PREGNANCY. IF MOTHER DID NOT SMOKE DURING THIS TIME PERIOD, ENTER '0'. IF THIS INFORMATION IS NOT KNOWN, ENTER 'UNKNOWN'. USE A NUMBER FOLLOWED BY 'P' TO REPORT PACKS OF CIGARETTES. (E.G. 1.5P IS ONE AND A HALF PACKS = 30 CIGARETTES, 2 P IS 2 PACKS, ETC.) OTHERWISE ENTER A NUMBER BETWEEN 1 AND 98. NOTE: THE ONLY DECIMAL VALUES OF PACKS ALLOWED ARE .25, .5 OR .75 ALL OTHER DECIMAL VALUES ARE ERRORS. (E.G. 1.4 IS AN INVALID VALUE). NUMBER OF CIGARETTES 60 (3 PACKS) OR MORE ARE VERIFIED. NUMBER OF CIGARETTES LESS THAN 3 ARE VERIFIED.</p>	<p>AVERAGE NUMBER OF CIGARETTES/PACKS PER DAY SECOND THREE MONTHS OF PREGNANCY</p> <p>THIS ITEM IS REQUIRED. ENTER THE AVERAGE NUMBER OF CIGARETTES THAT THE BIRTH PARENT SMOKED PER DAY DURING THE SECOND THREE MONTHS OF THE PREGNANCY. IF BIRTH PARENT DID NOT SMOKE DURING THIS TIME PERIOD, ENTER '0'. IF THIS INFORMATION IS NOT KNOWN, ENTER 'UNKNOWN'. USE A NUMBER FOLLOWED BY 'P' TO REPORT PACKS OF CIGARETTES. (E.G. 1.5P IS ONE AND A HALF PACKS = 30 CIGARETTES, 2 P IS 2 PACKS, ETC.) OTHERWISE ENTER A NUMBER BETWEEN 1 AND 98. NOTE: THE ONLY DECIMAL VALUES OF PACKS ALLOWED ARE .25, .5 OR .75 ALL OTHER DECIMAL VALUES ARE ERRORS. (E.G. 1.4 IS AN INVALID VALUE). NUMBER OF CIGARETTES 60 (3 PACKS) OR MORE ARE VERIFIED. NUMBER OF CIGARETTES LESS THAN 3 ARE VERIFIED.</p>
CIGTN	<p>AVERAGE NUMBER OF CIGARETTES/PACKS PER DAY THIRD TRIMESTER</p> <p>THIS ITEM IS REQUIRED. ENTER THE AVERAGE NUMBER OF CIGARETTES THAT THE MOTHER SMOKED PER DAY DURING THE THIRD TRIMESTER OF THE PREGNANCY. IF MOTHER DID NOT SMOKE DURING THIS TIME PERIOD, ENTER '0'. IF THIS INFORMATION IS NOT KNOWN, ENTER 'UNKNOWN'. USE A NUMBER FOLLOWED BY 'P' TO REPORT PACKS OF CIGARETTES. (E.G. 1.5P IS ONE AND A HALF PACKS = 30 CIGARETTES, 2 P IS 2 PACKS, ETC.) OTHERWISE ENTER A NUMBER BETWEEN 1 AND 98. NOTE: THE ONLY DECIMAL VALUES OF PACKS ALLOWED ARE .25, .5 OR .75 ALL OTHER DECIMAL VALUES ARE ERRORS. (E.G. 1.4 IS AN INVALID VALUE). NUMBER OF CIGARETTES 60 (3 PACKS) OR MORE ARE VERIFIED. NUMBER OF CIGARETTES LESS THAN 3 ARE VERIFIED.</p>	<p>AVERAGE NUMBER OF CIGARETTES/PACKS PER DAY THIRD TRIMESTER</p> <p>THIS ITEM IS REQUIRED. ENTER THE AVERAGE NUMBER OF CIGARETTES THAT THE BIRTH PARENT SMOKED PER DAY DURING THE THIRD TRIMESTER OF THE PREGNANCY. IF BIRTH PARENT DID NOT SMOKE DURING THIS TIME PERIOD, ENTER '0'. IF THIS INFORMATION IS NOT KNOWN, ENTER 'UNKNOWN'. USE A NUMBER FOLLOWED BY 'P' TO REPORT PACKS OF CIGARETTES. (E.G. 1.5P IS ONE AND A HALF PACKS = 30 CIGARETTES, 2 P IS 2 PACKS, ETC.) OTHERWISE ENTER A NUMBER BETWEEN 1 AND 98. NOTE: THE ONLY DECIMAL VALUES OF PACKS ALLOWED ARE .25, .5 OR .75 ALL OTHER DECIMAL VALUES ARE ERRORS. (E.G. 1.4 IS AN INVALID VALUE). NUMBER OF CIGARETTES 60 (3 PACKS) OR MORE ARE VERIFIED. NUMBER OF CIGARETTES LESS THAN 3 ARE VERIFIED.</p>
MWT1	<p>MOTHER'S PREPREGNANCY WEIGHT IN POUNDS</p> <p>THIS ITEM IS REQUIRED. ENTER THE MOTHER'S WEIGHT (IN POUNDS) WHEN SHE BECAME PREGNANT WITH THIS CHILD. IF THE WEIGHT IS UNKNOWN, ENTER 'UNKNOWN'. WEIGHTS LESS THAN 75 OR GREATER THAN 300 REQUIRE A VALIDATION. NOTE: 'WEIGHT IN POUNDS' IMPLIES THERE SHOULD BE NO PARTIAL POUNDS - ONLY AN INTEGER MAY BE ENTERED. NO VALUE WITH A DECIMAL POINT IS ACCEPTED.</p>	<p>BIRTH PARTENT'S PRE-PREGNANCY WEIGHT IN POUNDS</p> <p>THIS ITEM IS REQUIRED. ENTER THE BIRTH PARENT'S WEIGHT (IN POUNDS) WHEN THEY BECAME PREGNANT WITH THIS CHILD. IF THE WEIGHT IS UNKNOWN, ENTER 'UNKNOWN'. WEIGHTS LESS THAN 75 OR GREATER THAN 300 REQUIRE A VALIDATION. NOTE: 'WEIGHT IN POUNDS' IMPLIES THERE SHOULD BE NO PARTIAL POUNDS - ONLY AN INTEGER MAY BE ENTERED. NO VALUE WITH A DECIMAL POINT IS ACCEPTED.</p>
MWT2	<p>MOTHER'S DELIVERY WEIGHT IN POUNDS</p> <p>THIS ITEM IS REQUIRED. ENTER THE MOTHER'S WEIGHT (IN POUNDS) AT THE TIME OF HER DELIVERY.</p>	<p>BIRTH PARENT'S WEIGHT AT DELIVERY IN POUNDS</p> <p>THIS ITEM IS REQUIRED. ENTER THE BIRTH PARENT'S WEIGHT (IN POUNDS) AT THE TIME OF DELIVERY.</p>

	<p>IF THE WEIGHT IS UNKNOWN, ENTER 'UNKNOWN'. WEIGHTS LESS THAN 75 OR GREATER THAN 350 REQUIRE A VALIDATION. NOTE: 'WEIGHT IN POUNDS' IMPLIES THERE SHOULD BE NO PARTIAL POUNDS - ONLY AN INTEGER MAY BE ENTERED. NO VALUE WITH A DECIMAL POINT IS ACCEPTED.</p>	<p>IF THE WEIGHT IS UNKNOWN, ENTER 'UNKNOWN'. WEIGHTS LESS THAN 75 OR GREATER THAN 350 REQUIRE A VALIDATION. NOTE: 'WEIGHT IN POUNDS' IMPLIES THERE SHOULD BE NO PARTIAL POUNDS - ONLY AN INTEGER MAY BE ENTERED. NO VALUE WITH A DECIMAL POINT IS ACCEPTED.</p>
MHT	<p>MOTHER'S HEIGHT IN FEET/INCHES</p> <p>THIS ITEM IS REQUIRED. IF NO INFORMATION IS AVAILABLE, ENTER 'UNKNOWN'. OTHERWISE ENTER THE NUMBER OF FEET A SEPARATOR AND THE NUMBER OF INCHES (E.G. 5 7, 5'7'' AND 5/7 WOULD ALL BE RECOGNIZED AND CONVERTED TO 5'7'' FOR 5 FEET 7 INCHES).</p>	<p>BIRTH PARENT'S HEIGHT IN FEET/INCHES</p> <p>THIS ITEM IS REQUIRED. IF NO INFORMATION IS AVAILABLE, ENTER 'UNKNOWN'. OTHERWISE ENTER THE NUMBER OF FEET A SEPARATOR AND THE NUMBER OF INCHES (E.G. 5 7, 5'7'' AND 5/7 WOULD ALL BE RECOGNIZED AND CONVERTED TO 5'7'' FOR 5 FEET 7 INCHES).</p>
25A	<p>DATE LAST NORMAL MENSES BEGAN</p> <p>THIS FIELD IS REQUIRED. ENTER THE DATE LAST NORMAL MENSES (MENSTRUAL PERIOD) BEGAN.</p> <p>Note: The Mother's Medical Record is the best source for this info.</p> <p>IF EXACT DATE IS UNKNOWN, ASK THE MOTHER FOR HER ORIGINAL DUE DATE AND USE THE PREGNANCY WHEEL TO FIND THE DATE OF LAST MENSES.</p> <p>IF MOTHER HAS NO MENSES PRIOR TO PREGNANCY, USE THE DATE OF CONCEPTION (ESTIMATE) AND USE THE PREGNANCY WHEEL OR USE THE DOCTOR'S ESTIMATE BASED ON AN ULTRASOUND (PREFERABLY PERFORMED DURING WEEKS 16-20).</p> <p>IF THE MOTHER HAD BLEEDING OR A MENSES DURING PREGNANCY, IGNORE THIS AND USE THE DATE OF CONCEPTION (ESTIMATE) AND USE THE PREGNANCY WHEEL TO ESTIMATE THE LAST NORMAL MENSES.</p>	<p>DATE LAST NORMAL MENSES BEGAN</p> <p>THIS FIELD IS REQUIRED. ENTER THE DATE LAST NORMAL MENSES (MENSTRUAL PERIOD) BEGAN.</p> <p>Note: The Birth Parent's Medical or Birth Parent's Pre-natal Record is the best source for this info.</p> <p>IF EXACT DATE IS UNKNOWN, ASK THE BIRTH PARENT FOR THE ORIGINAL DUE DATE AND USE THE PREGNANCY WHEEL TO FIND THE DATE OF LAST MENSES.</p> <p>IF BIRTH PARENT HAS NO MENSES PRIOR TO PREGNANCY, USE THE DATE OF CONCEPTION (ESTIMATE) AND USE THE PREGNANCY WHEEL OR USE THE DOCTOR'S ESTIMATE BASED ON AN ULTRASOUND (PREFERABLY PERFORMED DURING WEEKS 16-20).</p> <p>IF THE BIRTH PARENT HAD BLEEDING OR A MENSES DURING PREGNANCY, IGNORE THIS AND USE THE DATE OF CONCEPTION (ESTIMATE) AND USE THE PREGNANCY WHEEL TO ESTIMATE THE LAST NORMAL MENSES.</p>
25B	<p>MONTH OF PREGNANCY PRENATAL CARE BEGAN</p> <p>THIS FIELD IS REQUIRED. ENTER THE NUMBER OF THE MONTH OF PREGNANCY THAT PRENATAL CARE BEGAN, THAT IS, WHEN THE MOTHER FIRST VISITED A DOCTOR OR HEALTH PROVIDER FOR MEDICAL SUPERVISION OF THIS PREGNANCY. FOR EXAMPLE, '1ST', '2ND', '3RD', ... UP TO '9TH'. ALTERNATIVELY, ENTER '0' IF THERE WAS NO PRENATAL CARE, OR 'UNK' IF THERE IS ABSOLUTELY NO INFORMATION ON PRENATAL CARE, OR ^L FOR A LIST OF VALID RESPONSES.</p>	<p>MONTH OF PREGNANCY PRENATAL CARE BEGAN</p> <p>THIS FIELD IS REQUIRED. ENTER THE NUMBER OF THE MONTH OF PREGNANCY THAT PRENATAL CARE BEGAN, THAT IS, WHEN THE BIRTH PARENT FIRST VISITED A DOCTOR OR HEALTH PROVIDER FOR MEDICAL SUPERVISION OF THIS PREGNANCY. FOR EXAMPLE, '1ST', '2ND', '3RD', ... UP TO '9TH' . ALTERNATIVELY, ENTER '0' IF THERE WAS NO PRENATAL CARE, OR 'UNK' IF THERE IS ABSOLUTELY NO INFORMATION ON PRENATAL CARE, OR ^L (F3 KEY) FOR A LIST OF VALID RESPONSES.</p>
25C	<p>NUMBER OF PRENATAL VISITS</p> <p>THIS FIELD IS REQUIRED. ENTER THE ESTIMATED NUMBER OF PRENATAL CARE VISITS THE MOTHER MADE. A PRENATAL VISIT IS DEFINED AS MEDICAL CARE DURING PREGNANCY WHICH IS PROVIDED TO THE WOMAN BY A PHYSICIAN, CERTIFIED NURSE MIDWIFE, NURSE PRACTITIONER, OR PHYSICIAN'S ASSISTANT. DO NOT COUNT THE INITIAL VISIT FOR CONFIRMATION OF PREGNANCY AS A VISIT. DO NOT INCLUDE EMERGENCY ROOM VISITS OR OTHER MEDICAL VISITS WHICH ARE SOLELY OR PRIMARILY FOR NON-PREGNANCY RELATED PROBLEMS, SUCH AS ACCIDENTS, ETC. DO NOT COUNT VISITS TO A NUTRITIONIST, HEALTH EDUCATOR, OR OTHER HEALTH PROFESSIONALS. ENTER 'UNKNOWN' IF THIS INFORMATION IS NOT AVAILABLE. NUMBERS GREATER THAN 49 ARE VALIDATED. THE MAXIMUM NUMBER IS 98.</p>	<p>NUMBER OF PRENATAL VISITS</p> <p>THIS FIELD IS REQUIRED. ENTER THE ESTIMATED NUMBER OF PRENATAL CARE VISITS THE BIRTH PARENT MADE. A PRENATAL VISIT IS DEFINED AS MEDICAL CARE DURING PREGNANCY WHICH IS PROVIDED BY A PHYSICIAN, CERTIFIED NURSE MIDWIFE, NURSE PRACTITIONER, OR PHYSICIAN'S ASSISTANT. DO NOT COUNT THE INITIAL VISIT FOR CONFIRMATION OF PREGNANCY AS A VISIT. DO NOT INCLUDE EMERGENCY ROOM VISITS OR OTHER MEDICAL VISITS WHICH ARE SOLELY OR PRIMARILY FOR NON-PREGNANCY RELATED PROBLEMS, SUCH AS ACCIDENTS, ETC. DO NOT COUNT VISITS TO A NUTRITIONIST, HEALTH EDUCATOR, OR OTHER HEALTH PROFESSIONALS. DO NOT INCLUDE STRESS TESTS OR ULTRASOUND. ENTER 'UNKNOWN' IF THIS INFORMATION IS NOT AVAILABLE. NUMBERS GREATER THAN 49 ARE VALIDATED. THE MAXIMUM NUMBER IS 98.</p>
28AB	<p>METHOD OF DELIVERY: IF MOTHER HAD A PREVIOUS CESAREAN - HOW MANY?</p> <p>THIS FIELD IS REQUIRED. ENTER THE NUMBER OF PREVIOUS CESAREANS. IF THERE HAVE BEEN MORE THAN 9 ENTER 9. IF THIS INFORMATION IS UNKNOWN ENTER 'UNK'.</p>	<p>METHOD OF DELIVERY: PREVIOUS CESAREAN(S) - HOW MANY?</p> <p>(no change)</p>
28B	<p>PRINCIPAL SOURCE OF PAYMENT FOR DELIVERY</p>	<p>PRINCIPAL SOURCE OF PAYMENT FOR DELIVERY</p>

	<p>THIS FIELD IS REQUIRED. ENTER THE CODE FOR THE EXPECTED PRINCIPAL SOURCE OF PAYMENT FOR DELIVERY. ENTER '^L' FOR A LIST OF VALID CODES. IF THIS INFORMATION IS UNAVAILABLE, ENTER 'UNK'.</p>	<p>THIS FIELD IS REQUIRED. ENTER THE CODE FOR THE EXPECTED PRINCIPAL SOURCE OF PAYMENT FOR DELIVERY. IF MORE THAN ONE, CHOOSE SOURCE WHICH IS EXPECTED TO PAY THE GREATEST SHARE. ENTER '^L' FOR A LIST OF VALID CODES. IF THIS INFORMATION IS UNAVAILABLE, ENTER 'UNK'.</p>
32	<p>FATHER/PARENT SOCIAL SECURITY NUMBER</p> <p>THIS FIELD IS REQUIRED. ENTER THE 9 DIGIT SOCIAL SECURITY NUMBER OF THE FATHER, OR 'UNKNOWN' IF THIS INFORMATION CANNOT BE DETERMINED, OR 'WITHHELD' IF THE FATHER DOES NOT WISH TO GIVE IT, OR 'NONE' IF THE FATHER DOES NOT HAVE A SOCIAL SECURITY NUMBER. YOU MAY ALSO USE THE FORMAT: NNN-NN-NNNN. ALL ZEROES ARE NOT PERMITTED WITHIN ANY SEGMENT.</p>	<p>PARENT LISTED IN 6A-6C SOCIAL SECURITY NUMBER</p> <p>THIS FIELD IS REQUIRED. ENTER THE 9 DIGIT SOCIAL SECURITY NUMBER OF THE PARENT FROM 6ABC, OR 'UNKNOWN' IF THIS INFORMATION CANNOT BE DETERMINED, OR 'WITHHELD' IF THE PARENT DOES NOT WISH TO GIVE IT, OR 'NONE' IF THE PARENT DOES NOT HAVE A SOCIAL SECURITY NUMBER. YOU MAY ALSO USE THE FORMAT: NNN-NN-NNNN. ALL ZEROES ARE NOT PERMITTED WITHIN ANY SEGMENT.</p>
33	<p>MOTHER/PARENT SOCIAL SECURITY NUMBER</p> <p>THIS FIELD IS REQUIRED. ENTER THE 9 DIGIT SOCIAL SECURITY NUMBER OF THE MOTHER, OR 'UNKNOWN' IF THIS INFORMATION CANNOT BE DETERMINED, OR 'WITHHELD' IF THE MOTHER DOES NOT WISH TO GIVE IT, OR 'NONE' IF THE MOTHER DOES NOT HAVE A SOCIAL SECURITY NUMBER. YOU MAY ALSO USE THE FORMAT: NNN-NN-NNNN. ALL ZEROES ARE NOT PERMITTED WITHIN ANY SEGMENT.</p>	<p>PARENT LISTED IN 9A-9C SOCIAL SECURITY NUMBER</p> <p>THIS FIELD IS REQUIRED. ENTER THE 9 DIGIT SOCIAL SECURITY NUMBER OF THE PARENT GIVING BIRTH (9ABC), OR 'UNKNOWN' IF THIS INFORMATION CANNOT BE DETERMINED, OR 'WITHHELD' IF THE PARENT DOES NOT WISH TO GIVE IT, OR 'NONE' IF THE PARENT DOES NOT HAVE A SOCIAL SECURITY NUMBER. YOU MAY ALSO USE THE FORMAT: NNN-NN-NNNN. ALL ZEROES ARE NOT PERMITTED WITHIN ANY SEGMENT.</p>