The background of the page features a pattern of parallel, diagonal gray lines. These lines are evenly spaced and run from the top-left towards the bottom-right, creating a textured, grid-like appearance.

Technical Notes

TECHNICAL NOTES

SOURCES OF DATA

BIRTHS, DEATHS AND FETAL DEATHS: Birth, death and fetal death certificates were the source documents for data on vital events to Delaware residents. A copy of each certificate is included as Appendices F, G and H.

The cut-off date for data in this report was October 31 after the close of the calendar year. Any data pertaining to an event for which a certificate was filed after this date, are not included in this report. It is possible that data obtained directly from the Delaware Health Statistics Center (DHSC) may differ slightly from that which appear in this report. If this should occur, it is the result of an update that was made after the cut-off date for this report.

Births and deaths to Delaware residents which took place in other states are included in this report. The inclusion of these data is made possible by an agreement among all registration areas in the United States for the exchange of copies of resident certificates.

MARRIAGES AND DIVORCES: Each of Delaware's three counties has a state office for the collection of marriage certificates. All of these certificates are processed and maintained by the Office of Vital Statistics in the Division of Public Health's central office in Dover. Copies of divorce certificates are forwarded to the Office of Vital Statistics from the Delaware Family Court system so that certain selected data items can be processed for statistical purposes. A copy of each of these certificates is included as Appendices I and J.

INDUCED TERMINATIONS OF PREGNANCY: Beginning on January 1, 1997, all induced terminations of pregnancy (ITOP) were required to be reported to the Department. Reports of induced termination of pregnancy are filed directly with the DHSC. The reports are filed for statistical purposes only and are shredded and discarded when all reports for the data year have been coded. ITOP records are currently not being exchanged among the states, so events to Delaware residents occurring out-of-state are not included in this report. A copy of the reporting form is included as Appendix K.

REPORTED PREGNANCIES: Reported pregnancies refer to live births, fetal deaths, and ITOP. When used in combination, these three events can yield a great deal of information regarding pregnancy and pregnancy outcomes that is not possible by looking at each individual event separately. For example, live birth rates can be calculated using live births in conjunction with population data. However, differences observed between live birth rates in two or more geographic areas or within the same area at different points in time may be due to differences in the rate of pregnancy, differences in pregnancy outcomes (i.e., live birth, fetal death, or ITOP), or a combination of these factors. Only pregnancy rates allow such questions to be thoroughly examined. It should be kept in mind that both births and fetal deaths of Delaware residents are reported regardless of state of occurrence, while induced terminations are reported for only those that occur in Delaware.

POPULATION PROJECTIONS: The state, county and city population figures used in this report are estimates and projections produced by the Delaware Population Consortium (DPC). The DHSC is a member of the DPC and supplies birth and death data used in making the projections. Copies of the most recent projections for Delaware's population by age, race, sex, and geographic location are available at <http://www.cadsr.udel.edu/demography/consortium.htm>.

DATA QUALITY

QUERY AND FIELD PROGRAMS: The quality of vital statistics data presented in this report is directly related to the completeness and accuracy of the information contained on the certificates and forms. The DHSC works with the Office of Vital Statistics to ensure that the information received is as complete and accurate as possible. The Office of Vital Statistics operates two programs related to improving the quality of information received on vital records--the query and field programs.

The query program is a system used to follow-back to hospital and clinic personnel, funeral directors and/or physicians concerning data quality problems. The follow-back contact is usually via mail and/or telephone. The field program attempts to improve vital statistics data quality by educating the participants in the vital registration system (i.e., hospital personnel, funeral directors, physicians, etc.) of the uses and importance of vital

statistics data. The field program completes this mission by conducting seminars with various associations representing the individuals listed above.

The National Center for Health Statistics (NCHS) monitors Delaware's coding of statistical data on death certificates. A 20 percent sample of death records coded and submitted monthly by the state are used as a quality control mechanism by NCHS. NCHS codes these sample records independently and then conducts an item-by-item computer match of codes entered by the state and NCHS. NCHS has established an upper limit of two percent for coding differences involving any one data item of these sample records, with the exception of cause of death. NCHS independently codes cause of death information.

COMPUTER EDITS AND DATA PROCESSING: Another dimension of data quality is related to the procedures and methodologies used in preparing the data for presentation. Beginning with the 1991 Annual Vital Statistics Report, methodologies for editing and processing vital data were standardized to match the procedures used by NCHS in tabulating national vital statistics data. These procedures include checking for valid codes, computation of data items (e.g., age, live-birth order, weeks of gestation, duration of marriage, interval between divorce and remarriage), consistency checks between data items (e.g., age and education), and imputation of missing values.

FETAL DEATHS: In terms of the completeness of the data, the reporting of deaths and live births is considered to be virtually complete. However, in Delaware, a spontaneous termination of pregnancy is not required to be reported when the fetus weighs less than 350 grams or, when weight is unattainable, if the duration of pregnancy is less than 20 weeks. National estimates (Ventura, Taffel and Mosher, 1985) indicate that over 90 percent of all spontaneous terminations of pregnancy may occur before this 20 week period and thus go unreported. In addition, the exchange agreement among states for resident fetal death records is problematic due to different reporting requirements; it is unknown whether complete exchange is taking place. The result is that a large number of spontaneous terminations may not be reported.

GEOGRAPHY ALLOCATION

In Delaware's registration program, as in other states, vital events are classified geographically in two ways. The first way is by place of occurrence (i.e., the actual state and county in which the birth or death took place). The second and more customary way is by place of residence (i.e., the state, county, and census tract) stated to be the usual residence of the decedent in the case of death, or of the mother in the case of a newborn.

While occurrence statistics are accurate and have both administrative value and some statistical importance, residence statistics are by far the more useful tool in developing health indices for planning and evaluation purposes. The natality and mortality statistics provided in this report are based upon Delaware residence data. However, the marriage and divorce statistics are occurrence data. This is primarily due to the fact that two separate residences are usually involved in a marriage or a divorce, and there are no accepted standard procedures for classification of residence in these events.

Allocation of vital events by place of residence is sometimes difficult because classification depends entirely on a statement of the usual place of residence furnished by the informant at the time the original certificate is completed. For various reasons, this statement may be incorrect or incomplete. However, in recent years, the DHSC has invested a great deal of effort into editing of address information leading to a significant improvement in data quality.

In any case, geographical allocation is generally a problem only at the level of census tract. Resident counts at the State level are, for all practical purposes, complete. County resident figures are substantially correct and can be used with a high degree of confidence.

Most of the data provided in this report are available at the census tract level. This information can be obtained by contacting the DHSC.

BIRTH WEIGHT

This report presents birth weight in grams in order to provide data comparable to that published for the United States and other countries. For those live birth certificates where birth weight is reported in pounds and ounces, DHSC converts the birth weight into grams.

The equivalents of the gram intervals in pounds and ounces are as follows:

499 grams or less = 1 lb. 1 oz. or less
500 - 999 grams = 1 lb. 2 ozs. - 2 lbs. 3ozs.
1,000 - 1,499 grams = 2 lbs. 4 ozs. - 3 lbs. 4ozs.
1,500 - 1,999 grams = 3 lbs. 5 ozs. - 4 lbs. 6ozs.
2,000 - 2,499 grams = 4 lbs. 7 ozs. - 5 lbs. 8ozs.
2,500 - 2,999 grams = 5 lbs. 9 ozs. - 6 lbs. 9ozs.
3,000 - 3,499 grams = 6 lbs. 10 ozs. - 7 lbs. 11ozs.
3,500 - 3,999 grams = 7 lbs. 12 ozs. - 8 lbs. 12ozs.
4,000 - 4,499 grams = 8 lbs. 13 ozs. - 9 lbs. 14ozs.
4,500 - 4,999 grams = 9 lbs. 15 ozs. - 11 lbs. 0ozs.
5,000 grams or more = 11 lbs. 1 oz. or more

RATES

Absolute counts of births and deaths do not readily lend themselves to analysis and comparison between years and various geographic areas because of differences in population characteristics (e.g., age, sex, and race). In order to account for such differences, the absolute number of events is converted to a relative number such as a percentage, rate, ratio, or index. These conversions are made by relating the number of events to the population at risk in a particular area at a specified time.

Precautions should always be taken when comparing any rates based on vital events. Both the number of events and the characteristics of the population are important to take into account when interpreting a rate.

All statistics are subject to random variation.¹ Rates based on a relatively small number of events tend to be subject to more random variation than rates based on a large number of events.

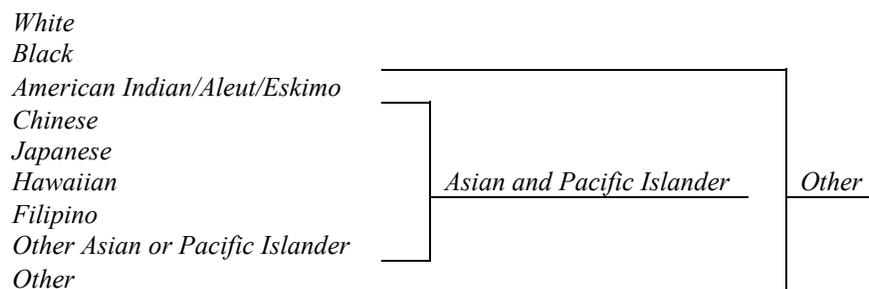
In addition to the problem of small numbers, demographic characteristics of populations (i.e., age, race and sex) can affect the comparability of rates. Since mortality rates vary substantially by age, race and sex, comparisons between rates from populations that differ in these characteristics could be misleading. However, there are two methods that can be used separately or in combination to improve the comparability of mortality rates. The first method involves comparing rates for specific age, race, and/or sex groups in the populations of interest. With this method, the rates are easily calculated and very specific groups may be compared. However, when very specific groups are compared the numbers are often small, and relationships between the overall populations are difficult to determine.

¹See Appendix A for more details.

The second method is a more sophisticated technique that statistically "adjusts" for demographic differences between populations and allows direct comparisons between overall population rates. The major disadvantages of adjusted rates are that they can be cumbersome to calculate without the aid of a computer and they only have meaning when compared to other rates adjusted in the same manner.

RACE

All Delaware vital records contain an item(s) regarding race. Race is self-reported in all records except on death certificates where it is provided by an informant. Although the question allows for a free form response, all race data are grouped for purposes of data analysis into the following categories established by NCHS:



The categories *Chinese*, *Japanese*, *Hawaiian*, *Filipino*, and *Other Asian or Pacific Islander* can be combined to form the category *Asian or Pacific Islander*. For purposes of this report, *American Indian/Aleut/Eskimo*, *Chinese*, *Japanese*, *Hawaiian*, *Filipino*, *Other Asian or Pacific Islander*, and *Other* have been combined to form the category *Other*.

In the case of death, race of decedent from the death certificate is reported in all tables except in the birth cohort (see next paragraph). However, in the case of birth and fetal death, race is indicated on the birth and fetal death certificates for the mother and father only (i.e., race of the newborn is not given). Consequently, birth and fetal death data are reported by race of the mother in most tables throughout this report. However, some tables containing historical birth data prior to 1989 are reported by race of child. For these tables, race of child was imputed using criteria established by NCHS.

In the birth cohort section of this report, birth certificate data for infants dying in the first year of life are combined with information from their death certificates. Therefore, data are available for race of the mother and

race of the deceased infant for each case. In the vast majority of these cases, the race listed for the mother and infant are the same. However, in a small number of cases the race of the mother and infant differ. In order to maintain consistency with data in the natality section, race of the mother is used for all tables in the birth cohort section.

HISPANIC ORIGIN

Beginning in 1989, a specific question regarding Hispanic origin was added to the birth and death certificates. This question is considered to be separate from the Race question. Therefore, a person may report Hispanic origin in combination with any race category. The Hispanic question has two parts. The first simply asks whether the person is of Hispanic origin (Yes or No). The second part is a free-form item that asks for the specific origin (e.g., *Cuban, Mexican, Puerto Rican, etc.*).

MISSING INFORMATION REGARDING FATHERS

The Delaware vital statistics law specifies that information regarding the father should not be entered on the birth certificate if the mother is single. As such, there is no information regarding the father for the vast majority of births to single mothers. However, in a few cases, information about the father was entered on the certificate when the mother was single. Some tables in the natality section (e.g., births to parents of Hispanic origin) may contain information regarding the father that includes such cases.

Beginning on January 1, 1995, a new program was instituted to allow fathers to acknowledge paternity through completion of a simple form in cases where the mother and father are not married. This form can be completed at any time up to the child's eighteenth birthday. When such acknowledgments are completed at the hospital at the time of birth, the DHSC is able to add father information to its electronic data base.

SOURCE OF PAYMENT FOR DELIVERY

Beginning with the 1991 data year, the Center began obtaining information regarding the source of payment for delivery on birth certificates (private insurance, Medicaid, and self pay). However, this information was not available for Delaware resident mothers giving birth in other states (approximately 5 percent of all resident

births). For purposes of this report, all such mothers were assigned to the private insurance category. This assignment was based on detailed analyses of the characteristics of these mothers. These analyses indicated that the demographic characteristics of these mothers very closely matched the characteristics of Delaware resident mothers who gave birth within the State and had private insurance listed as their source of payment. Furthermore, an examination of Medicaid data indicated that it is extremely rare for Medicaid mothers to give birth out-of-state.

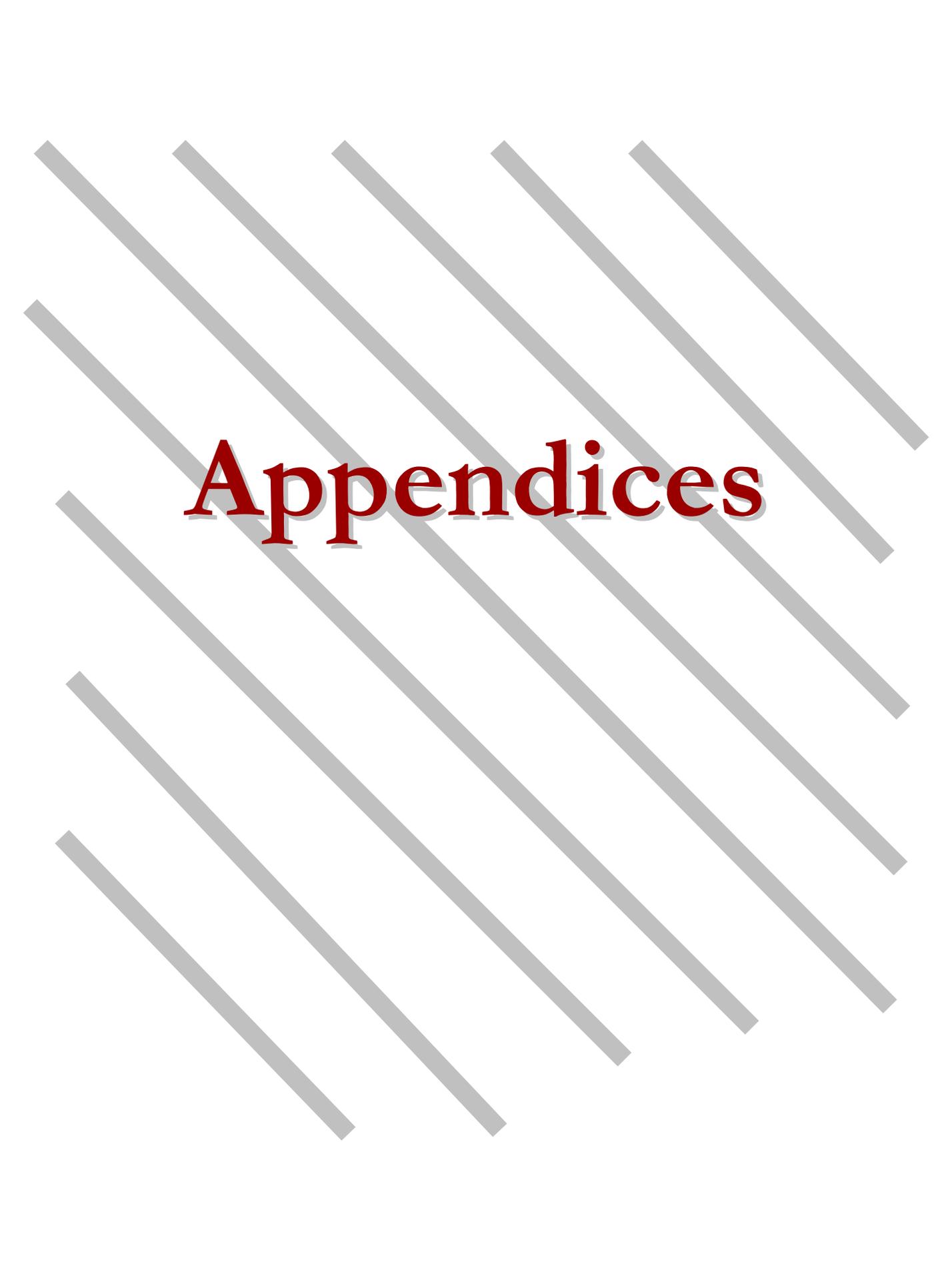
METHOD OF DELIVERY

The number of cases reported for the category “Vaginal birth after previous C-section” (VBAC) of the METHOD OF DELIVERY question on the birth certificate may represent an undercount. Due to way that the question was worded (see Appendix F), persons completing the form may have sometimes reported VBACs in the “Vaginal” category. The DHSC staff has been working to improve the data quality of this question in two ways. The question has been reworded so that it is much clearer on the Electronic Birth Certificate (EBC). Over 95 percent of all birth certificates were filed through the EBC. For those records that were not filed using the EBC, efforts were made to train the staff about the proper way to complete the question.

2000 POPULATION STANDARD

Beginning with the 1999 report, all mortality rates were age-adjusted using the projected 2000 U.S. population standard. All previous versions of the vital statistics report used the 1940 U.S. population standard from the census of the same year. All historical mortality data have been adjusted to the new standard to allow comparisons over time. Comparisons between rates using the old standard and the new standard are not valid and should not be made.

A more detailed explanation of the rationale for updating the population standard can be found in a special report from NCHS (Anderson and Rosenberg, 1998).

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Appendices

APPENDIX A

RANDOM VARIATION

In this report, the number of vital events represent complete counts for the U.S., Delaware and county populations. Therefore, they are not subject to sampling error, although they are subject to certain errors in the registration process such as age misreporting. However, the number of events and the corresponding rates are subject to random variation. That is, the rates that actually occurred may be considered as one of a large number of possible outcomes that could have arisen under the same circumstances (National Office of Vital Statistics, 1961). As a result, rates in a given population may tend to fluctuate from year to year even when the health of the population is unchanged. Random variation in rates based on a relatively small number of events, tends to be larger than for rates based upon events that occur more frequently. Delaware rates for some events (e.g., infant deaths) are particularly subject to such variations due to the small number of events that occur by definition in a relatively small population. Therefore, caution should be exercised when drawing conclusions about rates based on small numbers.

The issue of random variation was handled in two ways in this report. First, multi-year average rates were reported instead of annual rates. This tended to reduce the effects of random variation since the number of events in a three or five-year period was much larger. Second, tests of statistical significance were used to make comparisons between rates when appropriate. These statistical tests were used to determine the chance that the observed differences would occur in populations with equal rates by random variation alone. The methods used to calculate infant mortality rates are described in Appendix B.

APPENDIX B

METHODS FOR CALCULATION AND STATISTICAL ANALYSIS OF FIVE-YEAR AVERAGE INFANT MORTALITY RATES

Due to the small number of infant deaths in Delaware, slight year-to-year changes in the number of deaths can lead to substantial fluctuations in annual rates. In many cases, this problem makes interpretation of annual rates extremely difficult, if not impossible. Since there is far less random fluctuation in five-year average (FYA) rates, they are much better for assessing the health status of infants in Delaware.² When rolling FYA rates (e.g., rates for 1980-1984, 1981-1985, and 1982-1986) are used, the patterns of changes in infant mortality over a number of years can be determined.

A description of the methods used to calculate the running FYA rates and the statistical methodology used to compare infant mortality rates are described below.

FIVE-YEAR AVERAGE INFANT MORTALITY RATES: Running FYA infant, neonatal, and postneonatal mortality rates (see Definitions) were calculated by race for the U.S., Delaware, and Delaware's three counties. The rates (i.e., infant, neonatal, or postneonatal) were computed by dividing the total number of deaths over each five-year period by the total number of live births over the same five-year period and multiplying the result by 1,000.

STATISTICAL TESTS:

Confidence intervals for rates based on fewer than 100 deaths:

$$LCL = R_1 * L(.95, D_{adj})$$

$$UCL = R_1 * U(.95, D_{adj})$$

$$\text{where } D_{adj} = \frac{D * B}{D + B}$$

L and U are upper and lower confidence factors based on a gamma distribution with parameter D_{adj} .

²See Appendix A for a description of random variation and rationale for use of five-year average rates.

Confidence intervals for rates based 100 or more deaths:

$$R_1 \pm 1.96 * SE$$

$$\text{where } SE(R_1) = R_1 * \frac{RSE(R_1)}{100}$$

$$\text{and } RSE(R_1) = 100 * \sqrt{\left(\frac{1}{D} + \frac{1}{B}\right)}$$

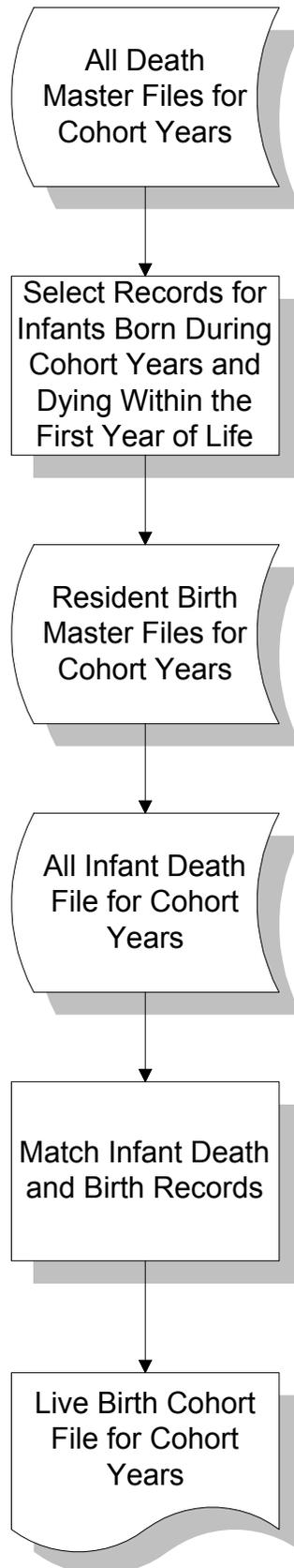
Comparison of two infant mortality rates - When the number of events for one or both of the rates was less than 100, comparisons between rates were based on the confidence intervals for each. If they overlapped, the difference was not significant. When the number of events for both rates was 100 or more, the following z-test was used to define a significant test statistic:

$$z = \frac{R_1 - R_2}{\sqrt{R_1^2 \left(\frac{RSE(R_1)}{100}\right)^2 + R_2^2 \left(\frac{RSE(R_2)}{100}\right)^2}}$$

If $|z| \geq 1.96$ then the difference between the rates was statistically significant at the 0.05-level.

APPENDIX C

CREATION OF A LIVE BIRTH COHORT FILE



APPENDIX D

Comparable category codes for selected causes of infant death.

Cause of death	Category codes according to	
	ICD-10 ¹	ICD-9 ²
Certain intestinal infectious diseases	A00-A08	001-008
Septicemia	A40-A41	038
All other infectious and parasitic diseases	A09-A39,A42-B99	009-033,034.1-037,039-134,136-139,771.3
Endocrine, nutritional and metabolic diseases	E00-E88	240-278
Diseases of the nervous system	G00-G98	320-359
Diseases of the circulatory system	I00-I99	390-434,436-459
Influenza and pneumonia	J10-J18	480-487
All other diseases of the respiratory system	J00-J09,J19-J98	034.0,460-479,488-519
Diseases of the digestive system	K00-K92	520-579
Renal failure and other disorders of kidney	N17-N19,N25,N27	584-589
Other and unspecified diseases of genitourinary system	N00-N15,N20-N23,N26,N28-N98	580-583,590-629
Newborn affected by maternal complication of pregnancy	P01	761
Newborn affected by complications of placenta, cord, and membranes	P02	762
Disorders related to short gestation and low birth weight, not elsewhere classified	P07	765
Slow fetal growth and fetal malnutrition	P05	764
Birth trauma	P10-P15	767
Intrauterine hypoxia and birth asphyxia	P20-P21	768
Respiratory distress of newborn	P22	769
Other respiratory conditions originating in perinatal period	P23-P28	770
Infections specific to the perinatal period	P35-P39	771.0-771.2,771.4-771.8
All other conditions originating in the perinatal period	P00,P03-P04,P08-P09,P16-P19,P29-P34,P40-P96	760-763,772-779
Congenital malformations, deformations, and chromosomal abnormalities	Q00-Q99	740-759
Sudden infant death syndrome	R95	798.0
Other symptoms, signs, and abnormal clinical and lab findings not elsewhere classified	R00-R53,R55-R94,R96-R99	780-796,798.1-799
Accidents	V01-X59	800-869,880-929
Homicide	X85-Y09	960-968

1. International Classification of Diseases, Tenth Revision.

2. International Classification of Diseases, Ninth Revision.

APPENDIX E

Comparable category codes for selected causes of death.

Cause of death	Category codes according to	
	ICD-10 ¹	ICD-9 ²
Diseases of the heart	I00-I09, I11, I13, I20-I51	390-398, 402, 404, 410-429
Malignant neoplasms	C00-C97	140-208
Cerebrovascular diseases	I60-I69	430-434, 436-438
Chronic lower respiratory diseases	J40-J47	490-494, 496
Diabetes mellitus	E10-E14	250
Influenza and pneumonia	J10-J18	480-487
Alzheimer's disease	G30	331.0
Nephritis, nephrotic syndrome, and nephrosis	N00-N07, N17-N19, N25-N27	580-589
Septicemia	A40-A41	038
Intentional self-harm (suicide)	U03, X60-X84, Y87.0	E950-E959
Chronic liver disease and cirrhosis	K70, K73-K74	571
Assault (Homicide)	U01-U02, X85-Y09, Y87.1	E960-E969
Certain conditions originating in the perinatal period	P00-P96	760-771.2, 771.4-779
Congenital malformations	Q00-Q99	740-759
Human immunodeficiency virus (HIV)	B20-B24	042-044
Accidents (unintentional injuries)	V01-X59, Y85-Y86	E800-E869, E880-E929
Essential (primary) hypertension and hypertensive renal disease	I10, I12	401, 403
Aortic aneurysm and dissection	I71	441
Atherosclerosis	I70	440
Other diseases of respiratory system	J00-J06, J30-J39, J67, J70-J98	034.0, 460-465, 470-478, 495, 508-519
Other diseases of circulatory system	I71-I78	441-448
Pneumonitis	J69	507
Parkinson's disease	G20-G21	332
Alcohol-induced deaths	F10, G31.2, G62.1, I42.6, K29.2, K70, R78.0, X45, X65, Y15	291, 303, 305.0, 357.5, 425.5, 535.3, 571.0-571.3, 790.3, E860
Drug-induced deaths	F11.0-F11.5, F11.7-F11.9, F12.0-F12.5, F12.7-F12.9, F13.0-F13.5, F13.7-F13.9, F14.0-F14.5, F14.7-F14.9, F15.0-F15.5, F15.7-F15.9, F16.0-F16.5, F16.7-F16.9, F17.0, F17.3-F17.5, F17.7-F17.9, F18.0-F18.5, F18.7-F18.9, F19.0-F19.5, F19.7-F19.9, X40-X44, X60-X64, X85, Y10-Y14	292, 304, 305.2-305.9, E850-E858, E950.0-E950.5, E962.0, E980.0-E980.5

1. International Classification of Diseases, Tenth Revision.

2. International Classification of Diseases, Ninth Revision.

APPENDIX F

STATE OF DELAWARE CERTIFICATE OF LIVE BIRTH

DOC. NO.
35-05-02-90-07-03

OFFICE OF
VITAL
STATISTICS

CERTIFICATE OF LIVE BIRTH

State of Delaware

(107)

DEPARTMENT OF HEALTH AND SOCIAL SERVICES

STATE FILE NUMBER

	1. CHILD'S NAME (FIRST, MIDDLE, LAST)		2. DATE OF BIRTH (MO., DAY, YR.)		3. TIME OF BIRTH M	
CHILD	4. SEX	5. CITY, TOWN, OR LOCATION OF BIRTH			6. COUNTY OF BIRTH	
	7. PLACE OF BIRTH: <input type="checkbox"/> HOSPITAL <input type="checkbox"/> RESIDENCE <input type="checkbox"/> CLINIC (DOCTOR'S OFFICE) <input type="checkbox"/> FREESTANDING BIRTH CENTER <input type="checkbox"/> OTHER (SPECIFY)			8. FACILITY NAME (IF NOT INSTITUTION, GIVE STREET AND NUMBER)		
CERTIFIER ATTENDANT	9. I CERTIFY THAT THIS CHILD WAS BORN ALIVE AT THE PLACE AND TIME ON THE DATE STATED		10. DATE SIGNED (MO., DAY, YR.)	11. ATTENDANT'S NAME AND TITLE (IF OTHER THAN CERTIFIER) (TYPE/PRINT) NAME <input type="checkbox"/> M.D. <input type="checkbox"/> D.O. <input type="checkbox"/> C.N.M. <input type="checkbox"/> OTHER MIDWIFE <input type="checkbox"/> OTHER (SPECIFY)		
	SIGNATURE ▶					
	12. CERTIFIER'S NAME AND TITLE (TYPE/PRINT) NAME <input type="checkbox"/> M.D. <input type="checkbox"/> D.O. <input type="checkbox"/> HOSPITAL ADM. <input type="checkbox"/> C.N.M. <input type="checkbox"/> OTHER MIDWIFE <input type="checkbox"/> OTHER (SPECIFY)		13. ATTENDANT'S MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP CODE)			
	14. REGISTRAR'S SIGNATURE ▶		15. DATE FILED BY REGISTRAR (MO., DAY, YR.)			
MOTHER	16A. MOTHER'S FULL MAIDEN NAME (FIRST, MIDDLE, LAST)		16B. MARRIED SURNAME		17. DATE OF BIRTH (MO., DAY, YR.)	
	18. BIRTHPLACE (STATE OR FOREIGN COUNTRY)		19A. RESIDENCE - STATE	19B. COUNTY	19C. CITY, TOWN OR LOCATION	
	19D. STREET AND NUMBER		19E. INSIDE CITY LIMITS <input type="checkbox"/> YES <input type="checkbox"/> NO	20. MOTHER'S MAILING ADDRESS (IF SAME AS RESIDENCE, ENTER ZIP CODE ONLY)		
	21. FATHER'S NAME (FIRST, MIDDLE, LAST)		22A. DATE OF BIRTH (MO., DAY, YR.)	22B. BIRTHPLACE (STATE OR FOREIGN COUNTRY)		
FATHER	23. I CERTIFY THAT THE PERSONAL INFORMATION PROVIDED ON THIS CERTIFICATE IS CORRECT TO THE BEST OF MY KNOWLEDGE					
INFORMANT	SIGNATURE OF PARENT OR OTHER INFORMANT ▶					
THE FOLLOWING CONFIDENTIAL STATISTICAL INFORMATION WILL NOT APPEAR ON A CERTIFIED COPY OF THIS BIRTH RECORD.						
PERMISSION GRANTED TO SOCIAL SECURITY ADMINISTRATION WITH DATA FROM THIS FORM FOR THE PURPOSE OF ISSUING A SOCIAL SECURITY NUMBER <input type="checkbox"/> YES <input type="checkbox"/> NO						
PERMISSION GRANTED TO SOCIAL SECURITY ADMINISTRATION TO RELEASE ISSUED NUMBER TO THE DELAWARE OFFICE OF VITAL STATISTICS <input type="checkbox"/> YES <input type="checkbox"/> NO						
MOTHER'S SOCIAL SECURITY NUMBER			FATHER'S SOCIAL SECURITY NUMBER			
DID MOTHER PARTICIPATE IN ANY OF THE FOLLOWING PROGRAMS DURING PREGNANCY? (CHECK ALL THAT APPLY) <input type="checkbox"/> WIC <input type="checkbox"/> AFDC <input type="checkbox"/> MEDICAID <input type="checkbox"/> FOOD STAMP <input type="checkbox"/> OTHER (SPECIFY) <input type="checkbox"/> NONE						
PRINCIPAL SOURCE OF PAYMENT FOR DELIVERY <input type="checkbox"/> MEDICAID <input type="checkbox"/> PRIVATE INSURANCE <input type="checkbox"/> SELF PAY <input type="checkbox"/> OTHER (SPECIFY)						

DEATH UNDER ONE YEAR
OF AGE ENTER STATE FILE
NUMBER OF DEATH
CERTIFICATE FOR THIS
CHILD.

REV. 9/90

(1) ORIGINAL COPY - STATE

APPENDIX F (cont.)
STATE OF DELAWARE CERTIFICATE OF LIVE BIRTH
STATISTICAL SECTION

INFORMATION FOR MEDICAL AND HEALTH USE ONLY					
24. OF HISPANIC ORIGIN? SPECIFY NO OR YES - IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, ETC.		25. RACE - AMERICAN INDIAN, BLACK, WHITE, ETC. (SPECIFY BELOW)		26. EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)	
24A. <input type="checkbox"/> NO <input type="checkbox"/> YES		25A.		26A. ELEMENTARY/SECONDARY (0-12) COLLEGE (1-4 OR 5+)	
SPECIFY:				27. OCCUPATION AND BUSINESS/INDUSTRY (WORKED DURING LAST YEAR)	
24B. <input type="checkbox"/> NO <input type="checkbox"/> YES		25B.		27A. OCCUPATION BUSINESS/INDUSTRY	
SPECIFY:				27B.	
28. PREGNANCY HISTORY (COMPLETE EACH SECTION)		29. MOTHER MARRIED? (AT BIRTH, CONCEPTION, OR ANY TIME BETWEEN) (YES OR NO)		30. DATE LAST NORMAL MENSES BEGAN (MONTH, DAY, YEAR)	
LIVE BIRTHS (DO NOT INCLUDE THIS CHILD)		OTHER TERMINATION (SPONTANEOUS AND INDUCED AT ANY TIME AFTER CONCEPTION)			
28A. NOW LIVING		28B. NOW DEAD		31. MONTH OF PREGNANCY PRENATAL CARE BEGAN FIRST, SECOND, THIRD, ETC. (SPECIFY)	
NUMBER		NUMBER		32. PRENATAL VISITS - TOTAL NUMBER (IF NONE, SO STATE)	
<input type="checkbox"/> NONE		<input type="checkbox"/> NONE		33. BIRTH WEIGHT (SPECIFY UNIT)	
28C. DATE OF LAST LIVE BIRTH (MONTH, YEAR)		28E. DATE OF LAST OTHER TERMINATION (MONTH, YEAR)		34. CLINICAL ESTIMATE OF GESTATION (WEEKS)	
				35A. PLURALITY - SINGLE, TWIN, TRIPLET, ETC. (SPECIFY)	
				35B. IF NOT SINGLE BIRTH - BORN, FIRST, SECOND, THIRD, ETC. (SPECIFY)	
36. APGAR SCORE A - 1MIN. B :		37A. MOTHER TRANSFERRED PRIOR TO DELIVERY? <input type="checkbox"/> NO <input type="checkbox"/> YES IF YES, ENTER NAME OF FACILITY TRANSFERRED FROM:			
36C. WAS BLOOD DRAWN FOR NEWBORN SCREENING? <input type="checkbox"/> YES <input type="checkbox"/> NO		37B. INFANT TRANSFERRED? <input type="checkbox"/> NO <input type="checkbox"/> YES IF YES, ENTER NAME OF FACILITY TRANSFERRED TO:			
38A. MEDICAL RISK FACTORS FOR THE PREGNANCY (Circle all that apply)		40. COMPLICATIONS OF LABOR AND/OR DELIVERY (Circle all that apply)		43. CONGENITAL ANOMALIES OF CHILD: (Circle all the apply)	
Anemia (Hct. <30/Hgb. <10) 01		Febrile (>100° F. or 38° C.) 01		Anencephalus 01	
Cardiac disease 02		Meconium, moderate/heavy 02		Spina bifida/Meningocele 02	
Acute or chronic lung disease 03		Premature rupture of membrane (>12 hours) 03		Hydrocephalus 03	
Diabetes 04		Abruptio placenta 04		Microcephalus 04	
Genital Herpes 05		Placenta previa 05		Other central nervous system anomalies 04	
Hydramnios/Oligohydramnios 06		Other excessive bleeding 06		(Specify) 05	
Hemoglobinopathy 07		Seizures during labor 07		Heart malformations 06	
Hypertension, chronic 08		Precipitous labor (<3 hours) 08		Other circulatory/respiratory anomalies 06	
Hypertension, pregnancy-associated 09		Prolonged labor (>20 hours) 09		(Specify) 07	
Eclampsia 10		Dysfunctional labor 10		Rectal atresia/stenosis 08	
Incompetent cervix 11		Breech/Malpresentation 11		Tracheo-esophageal fistula/Esoophageal atresia 09	
Previous infant 4000+ grams 12		Cephalopelvic disproportion 12		Omphalocele/Gastroschisis 10	
Previous preterm or small-for-gestational-age infant 13		Cord prolapse 13		Other gastrointestinal anomalies 10	
Renal disease 14		Anesthetic complications 14		(Specify) 11	
Rh sensitization 15		Fetal distress 15		Malformed genitalia 12	
Uterine bleeding 16		None 00		Renal agenesis 13	
None 00		Other (Specify) 16		Other urogenital anomalies 13	
Other (Specify) 17		41. METHOD OF DELIVERY (Circle all that apply)		Cleft lip/palate 15	
38B. OTHER RISK FACTORS FOR THIS PREGNANCY (Complete all items)		Vaginal 01		Polydactyly/Syndactyly/Adactyly 16	
Tobacco use during pregnancy Yes No		Vaginal birth after previous C-section 02		Club foot 17	
Average number of cigarettes per day		Primary C-section 03		Diaphragmatic hernia 18	
Alcohol use during pregnancy Yes No		Repeat C-section 04		Other musculoskeletal/integumental anomalies 18	
Average number of drinks per week		Forceps 05		(Specify) 19	
Weight gained during pregnancy lbs.		Vacuum 06		Down's syndrome 20	
39. OBSTETRIC PROCEDURES (Circle all that apply)		42. ABNORMAL CONDITIONS OF THE NEWBORN (Circle all that apply)		Other chromosomal anomalies 20	
Amniocentesis 01		Anemia (Hct. <39/Hgb. <13) 01		(Specify) 21	
Electronic fetal monitoring 02		Birth injury 02		None 00	
Induction of labor 03		Fetal alcohol syndrome 03		Other (Specify) 09	
Stimulation of labor 04		Hyaline membrane disease/RDS 04			
Tocolysis 05		Meconium aspiration syndrome 05			
Ultrasound 06		Assisted ventilation <30 min. 06			
None 00		Assisted ventilation ≥30 min. 07			
Other (Specify) 07		Seizures 08			
		None 00			
		Other (Specify) 09			

APPENDIX G

STATE OF DELAWARE CERTIFICATE OF DEATH

DOC. NO.
35-05-20-96/07/03

OFFICE OF
VITAL
STATISTICS

CERTIFICATE OF DEATH
State of Delaware (107)

LOCAL REG NO. DEPARTMENT OF HEALTH AND SOCIAL SERVICES STATE FILE NUMBER

DECEDENT

TO FUNERAL DIRECTOR: After certificate has been signed by attending physician and completely filled in by funeral director, remove carbons, file parts 1 and 2 with Registrar within 72 hrs. after death and then use Burial-Transit Permit for disposition of body.

1. DECEDENT'S NAME (FIRST, MIDDLE, LAST)			2. SEX		3. DATE OF DEATH (MO., DAY, YR)	
4. SOCIAL SECURITY NO.		5A. AGE (YRS)	5B. UNDER 1 YEAR MONTHS	5C. UNDER 1 DAY HOURS	5C. UNDER 1 DAY MINUTES	6. DATE OF BIRTH (MO., DAY, YR.)
7. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)		8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input type="checkbox"/> NO		9. ANATOMICAL GIFT <input type="checkbox"/> CONSENT GRANTED <input type="checkbox"/> NOT GRANTED		10A. PLACE OF DEATH (CHECK ONLY ONE. SEE INSTRUCTIONS ON OTHER SIDE) HOSPITAL <input type="checkbox"/> INPATIENT <input type="checkbox"/> ER/OUTPATIENT <input type="checkbox"/> DOA <input type="checkbox"/> NURSING HOME <input type="checkbox"/> RESIDENCE <input type="checkbox"/> OTHER (SPECIFY)
10B. FACILITY NAME (IF NOT INSTITUTION GIVE STREET AND NUMBER)			10C. CITY, TOWN, OR LOCATION OF DEATH			10D. COUNTY OF DEATH
11. MARITAL STATUS — MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPEC.)		12. MOST RECENT SPOUSE <input type="checkbox"/> LIVING <input type="checkbox"/> DECEASED (MAIDEN NAME IF WIFE)		13A. DECEDENT'S USUAL OCCUPATION (KIND OF WORK DURING MOST OF WORKING LIFE. DO NOT USE RETIRED)		13B. KIND OF BUSINESS/INDUSTRY
14A. RESIDENCE — STATE		14B. COUNTY	14C. CITY, TOWN, OR LOCATION		14D. STREET AND NUMBER	
14E. INSIDE CITY LIMITS? (YES OR NO)	14F. ZIP CODE	15. WAS DECEDENT OF HISPANIC ORIGIN? (SPECIFY NO OR YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, ETC. <input type="checkbox"/> NO <input type="checkbox"/> YES (Specify))		16. RACE — AMERICAN INDIAN, BLACK, WHITE, ETC. (SPECIFY)		17. DECEDENT'S EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) ELEMENTARY/SECONDARY (0-12) COLLEGE (1-4 OR 5+)
18. FATHER'S NAME (FIRST, MIDDLE, LAST)			19. MOTHER'S NAME (FIRST, MIDDLE, MAIDEN SURNAME)			

PARENTS

20A. INFORMANT'S NAME (FIRST, MIDDLE, LAST)		20B. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP CODE)			
---	--	---	--	--	--

INFORMANT

21A. METHOD OF DISPOSITION <input type="checkbox"/> BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/> ANATOMICAL GIFT <input type="checkbox"/> DONATION <input type="checkbox"/> OTHER (SPECIFY)		21B. PLACE OF DISPOSITION (NAME OF CEMETERY, CREMATORY, OR OTHER PLACE)		21C. LOCATION (CITY, TOWN, STATE)	
---	--	---	--	-----------------------------------	--

DISPOSITION

22A. SIGNATURE OF FUNERAL HOME		22B. LICENSE NUMBER (OF LICENSEE)		23. NAME AND ADDRESS OF FACILITY	
24. REGISTRAR'S SIGNATURE				25. DATE FILED (MO., DAY, YR.)	

PRONOUNCING OFFICIAL

ITEMS 27-29 MUST BE COMPLETED BY PHYSICIAN OR HOSPICE NURSE WHO PRONOUNCES DEATH

26A. TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE TIME, DATE, AND PLACE STATED SIGNATURE AND TITLE		26B. LICENSE NUMBER	26C. DATE SIGNED (MO., DAY, YR.)
27. TIME OF DEATH <input type="checkbox"/> AM <input type="checkbox"/> PM		28. DATE PRONOUNCED DEAD (MO., DAY, YR.)	
29. WAS CASE REFERRED TO MEDICAL EXAMINER? (YES OR NO)			

SEE DEFINITION ON OTHER SIDE

CERTIFIER

30A. CERTIFIER (CHECK ONLY ONE) <input type="checkbox"/> CERTIFYING PHYSICIAN (Physician certifying cause of death when another physician has pronounced death and completed item 26) To the best of my knowledge, death occurred due to the cause(s) and manner as stated. <input type="checkbox"/> PRONOUNCING AND CERTIFYING PHYSICIAN (Physician both pronouncing death and certifying the cause of death) To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated. <input type="checkbox"/> MEDICAL EXAMINER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.			
30B. SIGNATURE AND TITLE OF CERTIFIER		30C. LICENSE NUMBER	30D. DATE SIGNED (MO., DAY, YR.)
31. NAME AND ADDRESS OF CERTIFIER WHO COMPLETED CAUSE OF DEATH (ITEM 40) (TYPE/PRINT)			

TO HOSPITAL OR PHYSICIAN — DELAWARE LAW REQUIRES THAT THE DEATH CERTIFICATE BE EXECUTED WITHIN 72 HOURS AFTER DEATH

32A. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> YES <input type="checkbox"/> NO	33. MANNER OF DEATH <input type="checkbox"/> NATURAL <input type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> UNDETERMINED		34. INJURY AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO	35. DATE OF INJURY (MO., DAY, YR.)	37. DESCRIBE HOW INJURY OCCURRED	
32B. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? <input type="checkbox"/> YES <input type="checkbox"/> NO	36. TIME OF INJURY <input type="checkbox"/> AM <input type="checkbox"/> PM	38. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC. (SPECIFY))				
39. LOCATION (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE)						
40. PART I DO NOT ENTER THE MODE OF DYING SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE PER EACH LINE. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH						
IMMEDIATE CAUSE (FINAL DISEASE, INJURY OR CONDITION THAT IN YOUR OPINION CAUSED THE DEATH)				IMMEDIATE CAUSE (A)		
SEQUENTIALLY LIST CONDITIONS, IF ANY, LEADING TO IMMEDIATE CAUSE. ENTER UNDERLYING CAUSE (DISEASE OR INJURY WHICH INITIATED EVENTS RESULTING IN DEATH) LAST				DUE TO (B)		
				DUE TO (C)		
				DUE TO (D)		
PART II OTHER SIGNIFICANT CONDITIONS— CONTRIBUTING TO CAUSE OF DEATH						

REV. 8/96

(1) ORIGINAL COPY—STATE

APPENDIX H

STATE OF DELAWARE CERTIFICATE OF FETAL DEATH

DOC. NO.
35-05-02-88-09-10

OFFICE OF
VITAL
STATISTICS

CERTIFICATE OF FETAL DEATH (STILLBIRTH)

State of Delaware (107)

DEPARTMENT OF HEALTH AND SOCIAL SERVICES

STATE FILE NUMBER

FETUS	1. NAME OF FETUS (FIRST, MIDDLE, LAST)		2. SEX OF FETUS		3. DATE OF DELIVERY		4. TIME OF DELIVERY			
	5A. NAME OF FACILITY (IF NOT AN INSTITUTION GIVE STREET AND NUMBER)					5B. CITY, TOWN, OR LOCATION		5C. COUNTY OF DELIVERY		
PARENTS	6A. MOTHER'S NAME (FIRST, MIDDLE, LAST)			6B. MAIDEN SURNAME			7. DATE OF BIRTH (MO., DAY, YR.)			
	8A. RESIDENCE STATE		8B. COUNTY		8C. CITY, TOWN, OR LOCATION		8D. STREET AND NUMBER			
	8E. INSIDE CITY LIMITS WILM., NEWARK, DOVER ONLY <input type="checkbox"/> YES <input type="checkbox"/> NO		8F. ZIP CODE		9. FATHER'S NAME (FIRST, MIDDLE, LAST)			10. DATE OF BIRTH (MO., DAY, YR.)		
	11. PART I. FETAL DEATH WAS CAUSED BY: FETAL OR MATERNAL CONDITION DIRECTLY CAUSING FETAL DEATH									
CAUSE	ENTER ONLY ONE CAUSE PER LINE (A), (B), (C)						SPECIFY FETAL OR MATERNAL			
	FETAL AND/OR MATERNAL CONDITIONS, IF ANY, GIVING RISK TO THE IMMEDIATE CAUSE (A), STATE OF DELAWARE (B) DUE TO, OR AS A RESULT OF (C) DUE TO, OR AS A RESULT OF (D) DUE TO, OR AS A RESULT OF (E) DUE TO, OR AS A RESULT OF									
12A. PART II. OTHER SIGNIFICANT CONDITIONS NOT RESULTING FROM THE FETUS OR OTHER WHICH MAY HAVE CONTRIBUTED TO CAUSE GIVEN IN PART I			12B. FETUS DIED BEFORE LABOR DURING LABOR OR DELIVERY, UNKNOWN (SPEC.)			13. AUTOPSY (SPECIFY YES OR NO)				
14. I CERTIFY THAT THIS DELIVERY OCCURRED ON THE DATE SHOWN AND THAT THE FETUS WAS BORN DEAD										
CERTIFIER	SIGNATURE						15A. ATTENDANT <input type="checkbox"/> M.D. <input type="checkbox"/> D.O.		15B. DATE SIGNED	
	15C. MAILING ADDRESS						16. IF NOT ATTENDED BY A PHYSICIAN (TYPE/PRINT NAME)			
17A. BURIAL, CREMATION, OTHER			17B. NAME OF CEMETERY, OR CREMATORY			17C. LOCATION (CITY, TOWN, COUNTY) (STATE)				
18A. DATE RECEIVED BY REGISTRAR		18B. REGISTRAR'S SIGNATURE		19. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS				

INFORMATION FOR STATISTICAL USE ONLY

MOTHER	20. OF HISPANIC ORIGIN (SPECIFY YES OR NO. IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, ETC. BELOW)		21. RACE - AMERICAN INDIAN, WHITE, BLACK, ETC. (SPECIFY BELOW)		22. EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)		23. OCCUPATION AND BUSINESS/INDUSTRY (WORKED DURING LAST YEAR)	
	20A. <input type="checkbox"/> YES <input type="checkbox"/> NO		21A.		22A.		23A.	
FATHER	20B. <input type="checkbox"/> YES <input type="checkbox"/> NO		21B.		22B.		23B.	
	20C. <input type="checkbox"/> YES <input type="checkbox"/> NO		21C.		22C.		23C.	
PREGNANCY HISTORY (COMPLETE EACH SECTION)				25. MOTHER MARRIED? (AT DELIVERY, CONCEPTION, OR ANY TIME BETWEEN) (YES OR NO)		26. DATE LAST NORMAL MENSES BEGAN (MO., DAY, YR.)		
LIVE BIRTHS			OTHER TERMINATIONS (SPONTANEOUS AND INDUCED AT ANY TIME AFTER CONCEPTION)			27. MONTH OF PREGNANCY PRENATAL CARE BEGAN - FIRST, SECOND, THIRD, ETC. (SPECIFY)		28. PRENATAL VISITS - TOTAL NUMBER (IF NONE, SO STATE)
24A. NOW LIVING		24B. NOW DEAD		24D. (DO NOT INCLUDE THIS FETUS)		29. WEIGHT OF FETUS (SPECIFY UNIT)		30. CLINICAL ESTIMATE OF GESTATION (WEEKS)
NUMBER _____		NUMBER _____		NUMBER _____		31. DID MOTHER HAVE BLOOD TEST FOR SYPHILIS? (SPECIFY YES OR NO)		
<input type="checkbox"/> NONE		<input type="checkbox"/> NONE		<input type="checkbox"/> NONE		32A. PLURALITY - SINGLE, TWIN, TRIPLET, ETC. (SPECIFY)		
24C. DATE OF LAST LIVE BIRTH (MO., DAY, YR.)		24E. DATE OF LAST OTHER TERMINATION (MO., DAY, YR.)		32B. NOT SINGLE BIRTH - BORN FIRST, SECOND, THIRD, ETC. (SPECIFY)				

REV. 1/89

ORIGINAL COPY - STATE

APPENDIX I

STATE OF DELAWARE CERTIFICATE OF MARRIAGE

1

TO OFFICIAN - PLEASE COMPLETE LOWER PART OF FORM AND MAIL WITHIN 4 DAYS, COPIES 1, 3, AND 4 TO: OFFICE OF VITAL STATISTICS, P.O. Box 637, Dover, DE 19903.

OFFICE OF VITAL STATISTICS		CERTIFICATE OF MARRIAGE				STATE FILE NUMBER
<h1 style="margin: 0;">State of Delaware</h1>						
DIVISION OF PUBLIC HEALTH						
LOCAL REGISTRAR'S NO.	LICENSE NO.	58801		NO. LICENSE APPLICATION	PLACE LICENSE ISSUED	
GROOM				BRIDE		
NAME	FIRST	MIDDLE	LAST	FIRST	MIDDLE	LAST
RESIDENCE STREET OR NUMBER, CITY				RESIDENCE STREET OR NUMBER, CITY		
STATE		ZIP	COUNTY	STATE		ZIP COUNTY
DATE OF BIRTH		AGE		DATE OF BIRTH		AGE
BIRTHPLACE (STATE OR FOREIGN COUNTRY)				BIRTHPLACE (STATE OR FOREIGN COUNTRY)		
WE HEREBY CERTIFY THAT THE INFORMATION PROVIDED IS CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF AND THAT WE ARE FREE TO MARRY UNDER THE LAWS OF THIS STATE						
SIGNATURE OF GROOM <input checked="" type="checkbox"/>				SIGNATURE OF BRIDE <input checked="" type="checkbox"/>		
FATHER	NAME	FIRST	MIDDLE	LAST	NAME	FIRST MIDDLE LAST
	BIRTHPLACE (STATE OR FOREIGN COUNTRY)				BIRTHPLACE (STATE OR FOREIGN COUNTRY)	
MOTHER	MAIDEN NAME	FIRST	MIDDLE	LAST	MAIDEN NAME	FIRST MIDDLE LAST
	BIRTHPLACE (STATE OR FOREIGN COUNTRY)				BIRTHPLACE (STATE OR FOREIGN COUNTRY)	
<p>I hereby certify that on the _____ day of _____, 19____, _____ M. _____ HOUR</p> <p>the aforementioned persons were by me united in marriage at _____ (CITY, TOWN, OR LOCATION)</p> <p>County of _____, in accordance with the Laws of the State of Delaware.</p> <p>Signature of Clergy or Other Official ▶ _____ TITLE _____</p> <p>RESIDENCE-STATE _____ COUNTY _____</p> <p>Witnesses (two are required.)</p> <p>1. NAME _____ RESIDENCE _____</p> <p>2. NAME _____ RESIDENCE _____</p> <p>3. NAME _____ RESIDENCE _____</p> <p>REGISTRAR'S SIGNATURE _____ DATE RECEIVED BY LOCAL REGISTRAR _____</p>						

VALID ONLY IN THE STATE OF DELAWARE

STATE FILE COPY

	Number of this Marriage - 1st, 2nd, etc. (Specify below)	If Previously Married			Race/American Indian, Black, White, etc. (Specify below)	Education (Specify highest grade completed)	
		Date of First Marriage (Mth./Day/Year)	Last Marriage Ended by Death Divorce or Annul. (Specify below)	Last Marriage Ended on: Mth./Day/Year		Elementary/Secondary (0-12)	College (1-4 or 5+)
GROOM							
BRIDE							

APPENDIX J
STATE OF DELAWARE CERTIFICATE OF DIVORCE OR ANNULMENT

TYPE/PRINT
 IN
 PERMANENT
 BLACK INK

CERTIFICATE OF DIVORCE OR ANNULMENT

State of Delaware

**OFFICE OF
 VITAL STATISTICS DIVISION OF PUBLIC HEALTH**

State File No.

HUSBAND	1. HUSBAND'S NAME (First, Middle, Last)			
	2a. RESIDENCE - STREET OR NUMBER, CITY			2b. COUNTY
	2c. STATE	ZIP	3. BIRTHPLACE (State or Foreign Country)	4. DATE OF BIRTH (Month, Day, Year)
	5a. WIFE'S NAME (First, Middle, Last)			5b. MAIDEN SURNAME
WIFE	6a. RESIDENCE - STREET OR NUMBER, CITY			6b. COUNTY
	6c. STATE	ZIP	7. BIRTHPLACE (State or Foreign Country)	8. DATE OF BIRTH (Month, Day, Year)
	9a. PLACE OF THIS MARRIAGE - CITY, TOWN, OR LOCATION		9b. COUNTY	9c. STATE OR FOREIGN COUNTRY
MARRIAGE	11. DATE COUPLE LAST RESIDED IN SAME HOUSEHOLD		12. NUMBER OF CHILDREN UNDER 18 IN THIS HOUSEHOLD AS OF THE DATE OF ITEM 11 Number _____ () None	13. PETITIONER () Husband () Wife () Both () Other (Specify)
	14a. NAME OF PETITIONER'S ATTORNEY (Type/Print)		14b. ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)	
ATTORNEY	15. I CERTIFY THAT THE MARRIAGE OF THE NAMED PERSONS WAS DISSOLVED (Month, Day, Year)		16. TYPE OF DECREE - Divorce or Annulment (Specify)	
	17. DATE RECORDED (Month, Day, Year)			
	18. NUMBER OF CHILDREN UNDER 18 WHOSE PHYSICAL CUSTODY WAS AWARDED TO: Husband _____ Wife _____ Joint (Husband/Wife) _____ Other _____ () No Children CONTESTED <input type="checkbox"/> YES <input type="checkbox"/> NO		19. COUNTY OF DECREE	
DECREE	21. SIGNATURE OF CERTIFYING OFFICIAL		22. TITLE OF CERTIFYING OFFICIAL	
23. DATE SIGNED (Month, Day, Year)				

STATE FILE COPY

ATTORNEY - Complete items 1-14b and 24-27 when filing petition and leave with Clerk of the Court.
 CLERK OF THE COURT - After final decree complete item 15-23 and forward to:
 Office of Vital Statistics, P.O. Box 637, DOVER, DELAWARE 19903

	24. Number of this Marriage - 1st, 2nd, etc. (Specify below)	25. If Previously Married			26. Race/American Indian, Black, White, etc. (Specify below)	27. Education (Specify highest grade completed)	
		Date of First Marriage (Mth./Day/Year)	Last Marriage Ended by Death, Divorce or Annulment (Specify below)	Last Marriage Ended on: (Mth./Day/Year)		Elementary/Secondary (0-12)	College (1-4 or 5+)
HUSBAND	24a.	25a.	25b.	25c.	26a.	27a.	
WIFE	24b.	25d.	25e.	25f.	26b.	27b.	

APPENDIX K

STATE OF DELAWARE REPORT OF INDUCED TERMINATION OF PREGNANCY

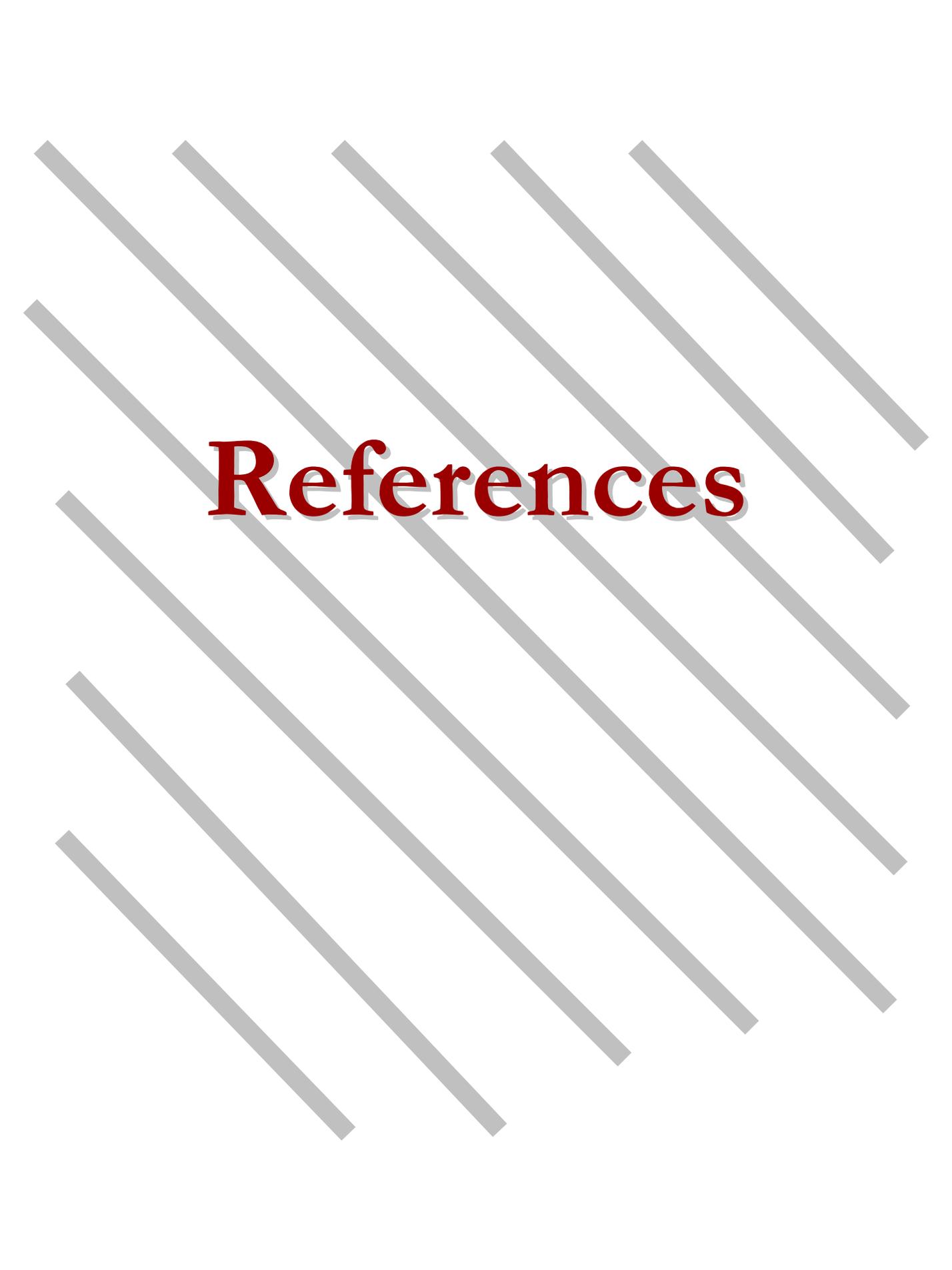


DELAWARE HEALTH
AND SOCIAL SERVICES

REPORT OF INDUCED TERMINATION OF PREGNANCY

1. FACILITY NAME (if not clinic or hospital, give address)		2. CITY, TOWN, OR LOCATION OF PREGNANCY TERMINATION		3. COUNTY OF PREGNANCY TERMINATION	
4. FORM NUMBER		5. AGE LAST BIRTHDAY	6. MARRIED? <input type="checkbox"/> Yes <input type="checkbox"/> No	7. DATE OF PREGNANCY TERMINATION (Month, Day, Year)	
8a. RESIDENCE - STATE		8b. COUNTY	8c. CITY, TOWN, OR LOCATION		8d. ZIP CODE
9. OF HISPANIC ORIGIN? <small>(Specify No or Yes - Yes, specify Cuban, Mexican, Puerto Rican, etc.)</small> <input type="checkbox"/> No <input type="checkbox"/> Yes Specify: _____		10. RACE <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Other (specify) _____		11. EDUCATION <small>(Specify only highest grade completed)</small> Elementary/Secondary (0-12) College (1-4 or 5+)	
12. DATE LAST NORMAL MENSES BEGAN (Month, Day, Year)	13. CLINICAL ESTIMATE OF GESTATION (Weeks)	14. PREVIOUS PREGNANCIES (Complete each section)			
		LIVE BIRTHS		OTHER TERMINATIONS	
		14a. Now Living Number _____ <input type="checkbox"/> None	14b. Not Living Number _____ <input type="checkbox"/> None	14c. Spontaneous Number _____ <input type="checkbox"/> None	14d. Induced (Do not include this termination) Number _____ <input type="checkbox"/> None
15. TYPE OF TERMINATION PROCEDURE <small>(Check only one)</small>					
<input type="checkbox"/> Suction Curettage <input type="checkbox"/> Medical (Nonsurgical), Specify Medication(s) _____ <input type="checkbox"/> Dilation and Evacuation (D&E) <input type="checkbox"/> Intra-Uterine Instillation (Saline or Prostaglandin) <input type="checkbox"/> Sharp Curettage (D&C) <input type="checkbox"/> Hysterotomy/Hysterectomy <input type="checkbox"/> Other (Specify) _____					

Mail completed forms to:
Bureau of Health Planning and Resources Management
P.O. Box 637
Federal and Water Streets
Dover, DE 19903

The background of the slide features a series of parallel, diagonal gray lines that create a textured, grid-like pattern. The lines are evenly spaced and extend across the entire width and height of the slide.

References

REFERENCES

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