

# Hot Topics In Birth Registration

By Mike McNutt  
Vital Statistics Unit

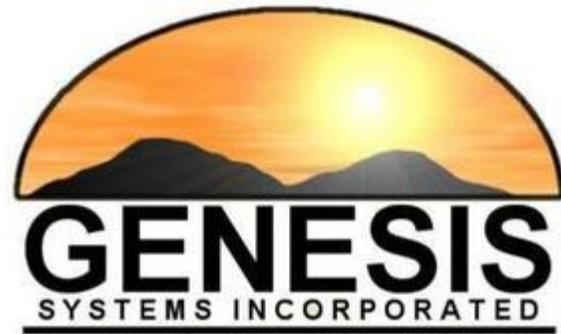
# Discussion Points

- ▶ TER Updates
- ▶ Befuddle the Birth Clerk
- ▶ Acknowledgment of Paternity
- ▶ Contradictory Birth Reporting
- ▶ BRC





# 2015 TER Updates



SFN: LFN:

MOM MED REC: [ ] [ ] [ ] ALL UNRESOLVED [ ]

General Mother 1 Mother 2 Father 1 Father 2 Medical 1 Medical 2 Certifier

Person 1 Title Preference (Registration)

Record Type? [ ] Mother's Medical Record Number: [ ]

Child's Place of Birth: Name: [ ] Type: [ ] County: [ ] State File Number: [ ] State File Date: [ ] Date AOP Sent: [ ]

Child's Information: Time of Birth: [ ] Am/Pm: [ ] Date of Birth: [ ] Plurality: [ ] Birth Order: [ ] # Of Infants Alive: [ ] Sex: MALE

Mother's Current Legal Name: Title Preference: [ ] First Name: [ ] Middle Name: [ ] Last Name: [ ] Suffix: [ ]

Mother's Address: Residence Address: [ ] Apt #: [ ] State/Foreign country/Terr: [ ] County: [ ] Zip: [ ] Ext: [ ]



10. Mother's Name Prior to First Marriage			11. Date of Birth (mm/dd/yyyy)	12. B
First	Middle	Last		
RACHAEL	CELESTE	GREEN	12/10/1980	TE)
13a. Residence - State	13b. County	13c. City, Town or Location	13d. Street Address or I	
TEXAS	WILLIAMSON	ROUND ROCK	3924 HALEYS W.	

10. Father's Name Prior to First Marriage			11. Date of Birth (mm/dd/	Signature of State R
First	Middle	Last		
VIVIANNA		GONZALEZ	09/21/1986	
13a. Residence - State	13b. County	13c. City, Town or Location	13d. Street	
TEXAS	STARR	RIO GRANDE CITY	408 ANA	
13a. Zip Code	13f. Inside City Limits	14. Mailing Address	15. Same As Residence or	

10. Parent's Name Prior to First Marriage			11. Date of Birth (mm/di
First	Middle	Last	
TEST		TEST	07/13/1970
13a. Residence - State	13b. County	13c. City, Town or Location	13d. Stree
TEXAS	TRAVIS	AUSTIN	800 WE

Marital Status: CURRENTLY MARRIED

Married within 300 days? YES

AOP: NO

**Mother's Name Prior to Her First Marriage**

First Name:

Middle Name:

Last Name:

Suffix:

SFN: LFN:

MOM MED REC: [ ] [ ] [ ] ALL UNRESOLVED [ ]

General Mother 1 Mother 2 Father 1 Father 2 Medical 1 Medical 2 Certifier

Person 2 Title Preference (Registration)

Father's Current Legal Name

Title Preference:

- FATHER
- MOTHER
- FATHER
- PARENT

Father's Information

Education:

[ ]

Occupation:

[ ]

Type of Business(Industry):

[ ]

Father of Hispanic Origin? (Check only one)

- 00. No, not Spanish/Hispanic/Latina
- 01. Yes, Mexican, Mexican American, Chicana
- 02. Yes, Puerto Rican
- 03. Yes, Cuban
- 04. Yes, other Spanish/Hispanic/Latina

(Specify)

[ ]

- 99. Unknown if Spanish/Hispanic/Latina

Middle Name:

[ ]

Last Name:

[ ]

Suffix:

[ ]

Father's Information

Date of Birth:

[ ]

Age:

[ ]

State, Territory, or Foreign Country of Birth:

[ ]

Father's SSN:

[ ]

Father Of Hispanic Origin?

Father's Race



SFN: LFN:

MOM MED REC: [ ] [ ] [ ] ALL UNRESOLVED [ ]

General Birth\_Mother 1 Birth\_Mother 2 **Father 1** Father 2 Medical\_1 Medical\_2 Certifier

Fathers Current First Name (Registration)

Father's Current Legal Name

Title Preference: [ ]  
First Name: [ ]  
Middle Name: [ ]  
Last Name: [ ]  
Suffix: [ ]

Father's Information

Date of Birth: [ ] Age: [ ] Education: [ ]  
State, Territory, or Foreign Country of Birth: [ ] Type of Business(Industry): [ ]  
Father's SSN: [ ] Occupation: [ ]

Father's Name Prior to First Marriage

First Name: [ ]  
Middle Name: [ ]  
Last Name: [ ]

Father of Hispanic Origin? (Check only one)

- 00. No, not Spanish/Hispanic/Latina
- 01. Yes, Mexican, Mexican American, Chicana
- 02. Yes, Puerto Rican
- 03. Yes, Cuban
- 04. Yes, other Spanish/Hispanic/Latina

(Specify)

[ ]

General Birth\_Mother 1 Birth\_Mother 2 Father 1 Father 2 Medical\_1 Medical\_2 Certifier

Surrogate Birth (Registration)

Record Type?  Mother's Medical Record Number:

Surrogate  State File Number:

**Child's Information**

Time of Birth:  Am/Pm:

**Child's Place of Birth**

Name:  State:  Date of Birth:

Type:  County:  Plurality:

State:  City:  Date of Birth:

**Birth Mother's Current Legal Name**

Title Preference:  First Name:  Middle Name:  Last Name:

**Child's Current Legal Name**

First Name:  Middle Name:  Last Name:  Suffix:

**Birth Mother's Address**

Residence Address:  Apt #:  State/Foreign country/Terr.:  County:  Zip:  Ext:

Mailing Address Same as Residence Address?  City, Town or Location:  Inside City Limits?

Mailing Address:  Apt #:  State/Foreign country/Terr.:  City, Town or Location:  Zip:  Ext:

Are You Sure?

Changing the Surrogacy of this record will reset many data items

Are you sure you want to change this?

Yes No Cancel



MOM MED REC: [ ] ALL UNRESOLVED [ ]

General Birth Mother 1 Birth Mother 2 Father 1 Father 2 Medical 1 Medical 2 Certifier Intended Mother Intended Father

Surrogacy Type (Registration)

Record Type? BORN AT FACILITY Mother's Medical Record Number: [ ] Child's Information Time of Birth: [ ] Am/Pm: [ ] Date of Birth: [ ] Plurality: [ ] Birth Order: [ ] # Of Infants Alive: [ ] Sex: [ ]

Child's Place of Birth Name: HOUSTON METHODIST HOSPITAL Type: Hospital County: HARRIS State: TEXAS City: HOUSTON Date AOP Sent: [ ]

Birth Mother's Current Legal Name Title Preference: MOTHER First Name: [ ] Middle Name: [ ] Last Name: [ ] Suffix: [ ]

Child's Current Legal Name First Name: [ ] Middle Name: [ ] Last Name: [ ] Suffix: [ ]

Birth Mother's Address Residence Address: [ ] Apt #: [ ] State/Foreign country/Terr.: [ ] County: [ ] Zip: [ ] Ext: [ ] Mailing Address Same as Residence Address? [ ] City, Town or Location: [ ] Inside City Limits? [ ] Mailing Address: [ ] Apt #: [ ] State/Foreign country/Terr.: [ ] City, Town or Location: [ ] Zip: [ ] Ext: [ ]



SFN:

LFN:

MOM MED REC:

ALL UNRESOLVED

General

Birth Mother 1

Birth Mother 2

Father 1

Father 2

Medical 1

Medical 2

Certifier

Intended Mother

Intended Father

[Home Birth](#)

Record Type?

Mother's Medical Record Number:

**Child's Information**

Time of Birth:

Surrogate

State File Number:

Am/Pm:

# Why is birth data important?

- ▶ Birth records are an important source of statistical information which is used for public health purposes.
- ▶ HSC 192.002 (b) - the statistical portion is strictly confidential and is not a part of the legal birth certificate
- ▶ The statistical information may not be released or made public on subpoena or otherwise.

**If the parents refuse to answer the information, indicate that on the Mother's Worksheet.**

**Enter "Unknown" for text items and "?" for numerical items.**

# Befuddle the Birth Clerk



# Question #1

- ▶ A birth registrar has a court order which specifically states to not put the birth mother on the birth certificate. Are you in any way contradicting/violating the court order by putting the birth mother in TER?

## Answer #1

- ▶ The birth record that is being filed is not the same as the data collected when registering the birth. The birth mother, although entered in TER associated with this record, is NOT going to be put on the birth record. List the birth mother on the birth mother tabs and put the intended parents in the intended parents tab.



MOM MED REC:  ALL UNRESOLVED

General Birth Mother 1 Birth Mother 2 Father 1 Father 2 Medical 1 Medical 2 Certifier Intended Mother Intended Father

Mother's Date of Birth (Registration)

**Birth Mother's Information**

Date of Birth:  Age:

State, Territory, or Foreign Country of Birth:

**Birth Mother's Information**

Education:

Occupation:  Type of Business(Industry):

**Birth Mother's Information**

Mother's SSN:

SSN for Baby?

Did Mother relinquish rights to child?

Mother's Relinquish Date:

**Birth Mother of Hispanic Origin? (Check only one)**

00. No, not Spanish/Hispanic/Latina

01. Yes, Mexican, Mexican American, Chicana

02. Yes, Puerto Rican

03. Yes, Cuban

04. Yes, other Spanish/Hispanic/Latina

(Specify)

99. Unknown if Spanish/Hispanic/Latina

Birth Mother Of Hispanic Origin? Birth Mother's Race





MOM MED REC:

ALL UNRESOLVED

- General
- Birth Mother 1
- Birth Mother 2
- Father 1**
- Father 2
- Medical 1
- Medical 2
- Certifier
- Intended Mother
- Intended Father

Fathers Current First Name (Registration)

**Father's Current Legal Name**

Title Preference:

First Name:

Middle Name:

Last Name:

Suffix:

**Father's Information**

Date of Birth:  Age:  Education:

State, Territory, or Foreign Country of Birth:

Type of Business(Industry):

Father's SSN:  Occupation:

**Father's Name Prior to First Marriage**

First Name:

Middle Name:

Last Name:

Suffix:

**Father of Hispanic Origin? (Check only one)**

00. No, not Spanish/Hispanic/Latina

01. Yes, Mexican, Mexican American, Chicana

02. Yes, Puerto Rican

03. Yes, Cuban

04. Yes, other Spanish/Hispanic/Latina

(Specify)

99. Unknown if Spanish/Hispanic/Latina

Father Of Hispanic Origin?

Father's Race





MOM MED REC:  ALL UNRESOLVED

- General
- Birth Mother 1
- Birth Mother 2
- Father 1
- Father 2
- Medical 1
- Medical 2
- Certifier
- Intended Mother**
- Intended Father

Intended Parent 1 Title Preference (Registration)

**Intended Mother's Name Prior to Marriage**

Title Preference:  First Name:  Middle Name:  Last Name:  Suffix:

**Intended Mother**

First Name:  Middle Name:  Last Name:  Suffix:

Date of Birth:  Age:  State, Territory, or Foreign Country of Birth:  SSN:

Marital Status:  Medicaid Name:  Medicaid #:

**Intended Mother's Address**

Residence Address:  Apt #:  State/Foreign country/Terr:  County:  Zip:  Ext:

MOM MED REC:  ALL UNRESOLVED

General Birth Mother 1 Birth Mother 2 Father 1 Father 2 Medical 1 Medical 2 Certifier Intended Mother **Intended Father**

**Intended Father's Name Prior to Marriage**

Title Preference:  First Name:  Middle Name:  Last Name:  Suffix:

**Intended Father**

First Name:  Middle Name:  Last Name:  Suffix:

Date of Birth:  Age:  State, Territory, or Foreign Country of Birth:  SSN:



MOM MED REC:  ALL UNRESOLVED

- General
- Birth Mother 1
- Birth Mother 2
- Father 1
- Father 2
- Medical 1
- Medical 2
- Certifier
- Intended Mother
- Intended Father

[Intended Parent 2 Title Preference \(Registration\)](#)

**Intended Father's Name Prior to Marriage**

Title Preference:  First Name:  Middle Name:  Last Name:  Suffix:

**Intended Father**

First Name:  Middle Name:  Last Name:  Suffix:

Date of Birth:  Age:  State, Territory, or Foreign Country of Birth:  SSN:



# Acknowledgement of Paternity





# Fax Machines





SFN: LFN:

MOM MED REC: [ ] [ ] [ ] ALL UNRESOLVED [ ] [ ]

General Birth Mother 1 Birth Mother 2 Father 1 Father 2 Medical 1 Medical 2 Certifier

Paternity Affidavit (Registration)

**Birth Mother's Health Information**

Did Birth Mother Receive WIC Food For Herself Because she was pregnant with this child? [ ]

**Birth Mother's Weight (Pounds)**

Birth Mother's Height (Feet : Inches): [ ]

Prepregnancy: [ ]

At Delivery: [ ]

**Cigarette Smoking Before and During Pregnancy**

Three Months Before -	Cigs / Day: [ ]	Packs / Day: [ ]
First Three Months -	Cigs / Day: [ ]	Packs / Day: [ ]
Second Three Months -	Cigs / Day: [ ]	Packs / Day: [ ]
Third Trimester -	Cigs / Day: [ ]	Packs / Day: [ ]

**Birth Mother's Information**

Marital Status: NEVER MARRIED [ ]

Married within 300 days? NO [ ]

Paternity Affidavit Number: [ ]

AOP: YES [ ] NO [ ]

**Birth Mother's Name Prior to Her First Marriage**

First Name: [ ] Middle Name: [ ] Last Name: [ ] Suffix: [ ]



# AOP Matching

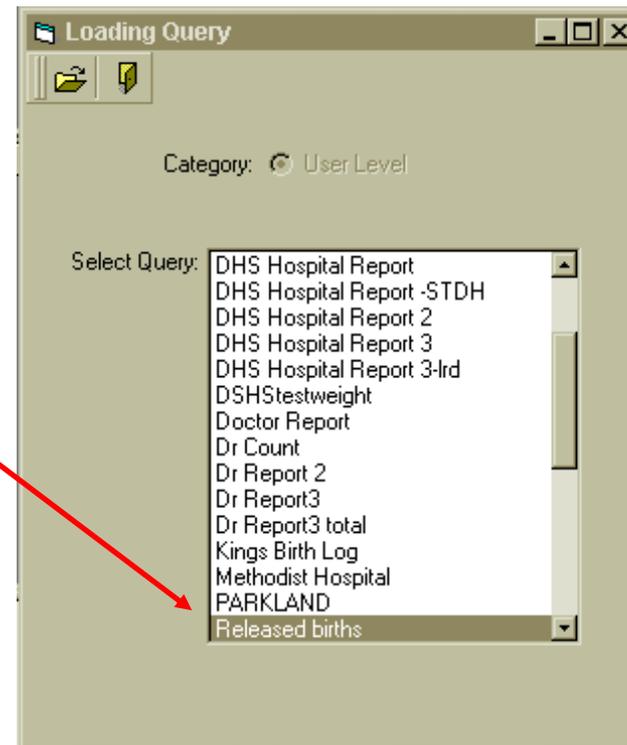


# Ad Hoc Report for AOP Timeliness

- ▶ Open Saved Query



- ▶ Select Query Report
  - ▶ Released births
  - ▶ Medicaid report
  - ▶ Birth count



- ▶ Report column headings (this is how your report will print out)

Display Field Name	Column Title
Childs Medical Record Nbr	Childs MRN
Childs Date of Birth	Childs DOB
Childs First Name	Childs First Name
Childs Last Name	Childs Last Name
Legal Release Date	Legal Release Date
Statistical Release Date	Statistical Release Date
State File Date	State File Date

- ▶ Report start/end date range (double click on start & end date for report range)

B	Filter Field Name	Operator	Value	E	Operator
	Childs Date of Birth	>=	04/01/2004		AND
	Birth Facility TX Code	Not Like	9999		AND
	Legal Release Date	>	4/1/2004		

- ▶ Change dates, click OK

Properties for Filter Field

Begin Group

Filter Field Name: Childs Date of Birth

Operation: >=

Value: 04/01/2004

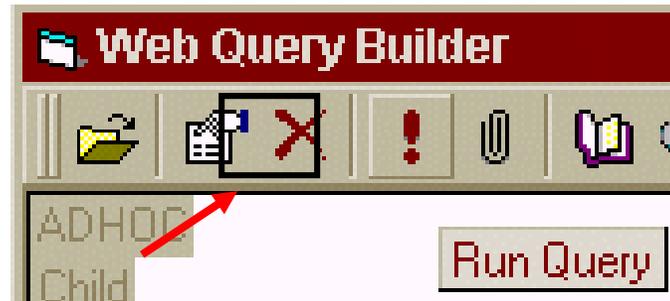
Operator: AND

End Group

Clear

OK Cancel

▶ Run Query



▶ Print “Released Births” Report

Query Results

Childs MRN	Childs DOB	Childs First Name	Childs Last Name	Legal Release Date	Statistical Release Date	State File Date
	5/9/2005	JILLIAN		5/12/2005	5/12/2005	5/13/2005
	5/10/2005	BRADON	A	5/13/2005	5/13/2005	5/13/2005
	5/10/2005	ANNALISA		5/12/2005	5/12/2005	5/13/2005
	5/10/2005	GUADALUPE		5/13/2005	5/13/2005	
	5/10/2005	EVA		5/12/2005	5/17/2005	5/18/2005
	5/10/2005	JET		5/12/2005	5/12/2005	5/18/2005
	5/10/2005	PERSIAH		5/12/2005	5/12/2005	5/13/2005
	5/10/2005	JOE ANTHONY		5/12/2005	5/12/2005	5/13/2005
	5/10/2005	IRISH		5/13/2005	5/13/2005	5/18/2005
	5/11/2005	NICHOLAS		5/17/2005	5/17/2005	
	5/11/2005	FRANCISCO		5/17/2005	5/17/2005	

# Question #2

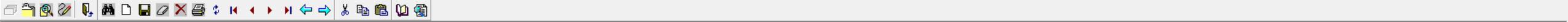
- ▶ How long must Acknowledgments of Paternity & OAG Parent Surveys be retained by Hospitals?

## Answer #2

- ▶ Acknowledgments of Paternity and OAG Parent Surveys will be retained by the facility for a minimum of **5 years**.

# Contradictory Reporting





SFN: LFN:

MOM MED REC: [ ] [ ] [ ] ALL UNRESOLVED [ ]

General Mother 1 Mother 2 Father 1 Father 2 Medical 1 Medical 2 Certifier

Mother's Date of Birth (Registration)

**Mother's Information**  
Date of Birth: [ ] Age: [ ]  
State, Territory, or Foreign Country of Birth: [ ]

**Mother's Information**  
Education: [ ]  
Occupation: [ ] Type of Business(Industry): [ ]

**Mother's Information**  
Mother's SSN: [ ]  
SSN for Baby? [ ]  
Did Mother relinquish rights to child? [ ]  
Mother's Relinquish Date: [ ]

**Mother of Hispanic Origin? (Check only one)**

- 00. No, not Spanish/Hispanic/Latina
- 01. Yes, Mexican, Mexican American, Chicana
- 02. Yes, Puerto Rican
- 03. Yes, Cuban
- 04. Yes, other Spanish/Hispanic/Latina

(Specify) [ ]

99. Unknown if Spanish/Hispanic/Latina

Mother Of Hispanic Origin? Mother's Race



MOM MED REC:    ALL UNRESOLVED

General **Mother 1** Mother 2 Father 1 Father 2 Medical 1 Medical 2 Certifier

Help For This Field Is Not Available.

**Mother's Information**

Date of Birth:  Age:

State, Territory, or Foreign Country of Birth:

**Mother's Information**

Education:

Occupation:  Type of Business(Industry):

**Mother's Information**

Mother's SSN:

SSN for Baby?

Did Mother relinquish rights to child?

Mother's Relinquish Date:

**Mother's Race**  
(Check one or more race to indicate what the mother considers herself to be)

01. White

02. Black or African American

03. American Indian or Alaska Native  
(Name of the enrolled or principal tribe)

04. Asian Indian

05. Chinese

06. Filipino

07. Japanese

08. Korean

09. Vietnamese

10. Other Asian (Specify)

11. Native Hawaiian

12. Guamanian or Chamorro

13. Samoan

14. Other Pacific Islander (Specify)

15. Other (Specify)

99. Unknown

Mother Of Hispanic Origin?  Mother's Race

# Data

- ▶ OMB's 1997 Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity:  
[https://www.whitehouse.gov/omb/fedreg\\_1997standards/](https://www.whitehouse.gov/omb/fedreg_1997standards/);
- ▶ U.S. Census brief overview of Race and Hispanic Origin codes in the 2000 census: <http://www.census.gov/prod/2001pubs/c2kbr01-1.pdf>;
- ▶ Panel report on work for the 2003 U.S. Standard certificate, with a chapter on implementation of OMB requirements for Race & Ethnicity:  
[http://www.cdc.gov/nchs/data/dvs/panelreport\\_acc.pdf](http://www.cdc.gov/nchs/data/dvs/panelreport_acc.pdf)

SFN: LFN:

MOM MED REC: [ ] [ ] [ ] ALL UNRESOLVED [ ]

General Birth Mother 1 Birth Mother 2 Father 1 Father 2 Medical 1 Medical 2 Certifier

Mother's Relinquish Right (Registration)

**Birth Mother's Information**

Date of Birth: [ ] Age: [ ]

State, Territory, or Foreign Country of Birth: [ ]

**Birth Mother's Information**

Education: [ ]

Occupation: [ ] Type of Business(Industry): [ ]

**Birth Mother's Information**

Mother's SSN: [ ]

SSN for Baby? YES [ ]

Did Mother relinquish rights to child? NO [ ]

Mother's Relinquish Date: [ ]

**Birth Mother of Hispanic Origin? (Check only one)**

- 00. No, not Spanish/Hispanic/Latina
- 01. Yes, Mexican, Mexican American, Chicana
- 02. Yes, Puerto Rican
- 03. Yes, Cuban
- 04. Yes, other Spanish/Hispanic/Latina

(Specify)

[ ]

- 99. Unknown if Spanish/Hispanic/Latina

Birth Mother Of Hispanic Origin? Birth Mother's Race

# Social Security Offices in Texas



<http://www.socialsecurityoffices.info/state/texas>

# Birth Registrar Certification



## Birth Registrar Certification



[www.texasvsu.org](http://www.texasvsu.org)

# Certification Requirements

- ▶ The person required to register the birth of a child in this state must meet the requirements of the birth registrar certification.

**TAC 181.50**

- ▶ **Certification Required.** A birth registrar may not complete any aspect of the birth registration process without holding a current certification issued by the Vital Statistics Unit.”

**TAC 181.52 (a)**

# Birth Certification Process

**Certification Process.** Certification for Birth Registrars requires the completion of the following:

1. Acknowledgment of Paternity training course;
  2. TER--Birth Registration online training course;
  3. be a TER user with an individual User Identification and password;
  4. oath of confidentiality (on file at facility);
  5. a completed Application for Birth Registrar Certification/Re-certification; and
  6. physicians, midwives or persons acting as midwives must provide current licensing information with their respective licensing bodies.
- TAC 181.52 (b)**

# Re-Certification Process

- ▶ Birth registrars who actively register births in this state are required to obtain **8** hours of continuing education every two-year renewal period.
- ▶ Birth registration process occurring at facilities or by midwives may be inspected upon the submission of an Application for Birth Registrar Certification/Re-certification.

**TAC 181.52 (c)(e)**

# Continuing Education

- ▶ Electronic Registration - 1 credit hours. This course must at least cover principals of electronic birth registration for this state.
- ▶ Other training - 7 credit hours. These approved courses should cover laws, rules, best practices, policies and procedures relevant to the registration of births in this state. **TAC 181.53 (a) (b)**
- ▶ VSU will have online classes as well as in person classes at the Regional and Annual Conferences
- ▶ You will receive 6 hours of CEUs for attending this conference.

# Continuing Education Cont.

- ▶ It is the responsibility of the licensee to track the number of hours accumulated during a certification period.
- ▶ Failure to comply. The Vital Statistics Unit will not renew the certification of an individual who fails to obtain the continuing education requirements of this section.
- ▶ Any birth registrar receiving credit for continuing education obtained fraudulently shall be reported and/or investigated by the State Registrar or the State Registrar's representative and, if necessary, shall report a violation of this section to the appropriate district or county attorney for prosecution.

**TAC 181.53(3) (4) (5)**

# Befuddle the Birth Clerk

## Question #3

- ▶ When is the only time a birth clerk would NOT put the parents' names that appear on *their* birth record?

## Answer #3

- ▶ Birth Clerks should put the name that is on the *parents' birth records* on the child's birth record. The only time we state that they should not is when the parent has had a court ordered legal name change and the parent's birth record has been changed to reflect the new name.

# Befuddle the Birth Clerk

## Question #4

- ▶ How do you complete a birth certificate when neither parent has a last name?

## Answer #4

- ▶ In some cultures, the mother does not have a maiden surname. We instruct the hospitals to use whatever is on passport, U.S. Citizenship papers, or Resident Alien/Permanent Resident Card.
- ▶ Sometimes the ID only has one name and an acronym for the first or last name. For example, as passport may say FNU for “First Name Unknown” or NLN for “No Last Name”. Please instruct hospitals to put exactly what is on the passport or Resident Alien/Permanent Resident Card.

# Question #5

- ▶ Why would a Hospital file a death certificate? Describe a scenario in which this would happen? Has anyone in the room filed a death certificate?

# Answer #5

- ▶ Situation was that baby should have been stillborn (was early, maybe even <20wks?), but had a heart rate for approx 20 minutes after birth.
- ▶ That's classified as a live birth, so a birth certificate must be filed.
- ▶ Parents opted for hospital disposal, rather than funeral, so after baby died we were required to file death certificate as well....rather than the funeral home handling it with burial.

# Question #6

- ▶ Mom and Dad want a copy of the verification of birth facts. Their child was born 6 months ago.

## Answer #6

- ▶ The Verification of Birth Facts form was designed to be retained in-house for proof that the parents have reviewed the information that is going to be put on the record.

# References

<http://www.dshs.state.tx.us/vs/field/Birth-Registrar-Resources/>

Thank you for attending this session.  
Have a great conference!