

BASIC BIRTH REGISTRATION

REV 02/06/2024



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Basic Birth Registration Checklist

Local Registrar / Birthing Facility – Starts Birth Record

- □ Log into TxEVER and Select the BIRTH Tab
- □ Start a new Record
- □ Complete All yellow fields on all tabs
 - ◊ Some Tabs will appear based on selections
- □ Print Verification of Birth Facts and have Parents Sign

Birth Certifier – Certifies and Releases Record

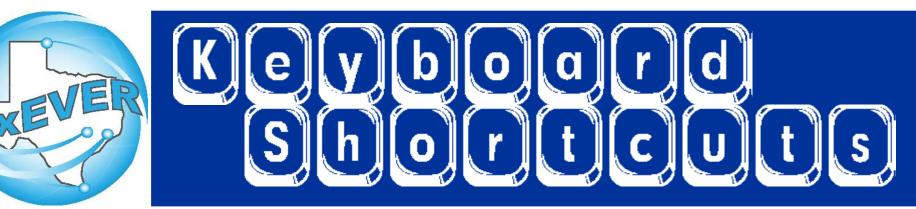
- □ Log into TxEVER and Select Birth Tab
- □ Reviews Birth Data for Accuracy
- □ Certifies Birth Record
- □ Releases Birth Record to the State

\sim State Office Reviews and Accepts the Record \sim

Local Registrar – Accepts and Prints the Record

- $\hfill\square$ Log into TxEVER and Select the BIRTH Tab
- $\hfill\square$ Accept the record
- □ Print the Local Copy the Local file number and Local File Date will be automatically assigned.
- $\hfill\square$ Index the new record within the Local's Files





T or 🔳	Enters current date in any date field.
T and 🛅 or 🖵	Enters the current date and you can populate a day before or after.
Tab or tab	Moves forward from one box/field to another box/field.
Shift Tab or shift + tab	Moves backward from one box/field to another box/field.
Enter or enter	Activates the next button on the page.
1st Letter of a Word	Enters selection from pick list of a dropdown list. Scroll through that letter.
Space Bar or space	Selects a radio button or check box.
Arrow Keys or 듡 or ᅴ	Moves from one radio button to the next. Right to Left or Left to Right.
Down Arrow or 耳	Opens a dropdown list.
Escape or esc	Closes a dropdown list.
Ctrl + S or Ctrl + S	Saves the current record.
State Abbreviations	Selects the associated State by typing the first letter.

Diacritical Marks

TxEVER will allow the use of Diacritical Marks. To insert a diacritical mark within a name, Press and Hold the "ALT" key and type the 3 or 4 digit code. Release the "ALT" key and the respective diacritical mark will appear. Example: **ALT+128 = Ç**

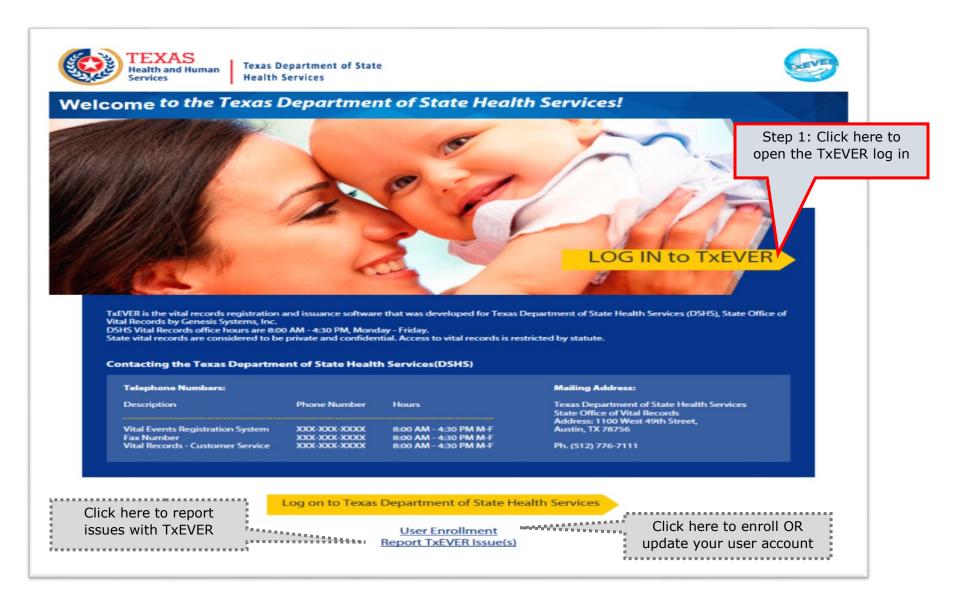
ALT Code	Name	ALT Code	Name
128	Ç Diacritical Mark	0200	È Diacritical Mark
142	Ä Diacritical Mark	0205	Í Diacritical Mark
144	É Diacritical Mark	0207	Ï Diacritical Mark
153	Ö Diacritical Mark	0204	Ì Diacritical Mark
154	Ü Diacritical Mark	0211	Ó Diacritical Mark
165	Ñ Diacritical Mark	0210	Ò Diacritical Mark
0193	Á Diacritical Mark	0213	Õ Diacritical Mark
0194	Diacritical Mark	0218	Ú Diacritical Mark
0192	À Diacritical Mark	0217	Ù Diacritical Mark
0195	à Diacritical Mark	0221	Ý Diacritical Mark
0235	Ë Diacritical Mark		



BASIC BIRTH REGISTRATION Creating the Birth Record

LOG INTO TXEVER

Log into TxEVER via the web https://txever.dshs.texas.gov/TxEverUI/Welcome.htm

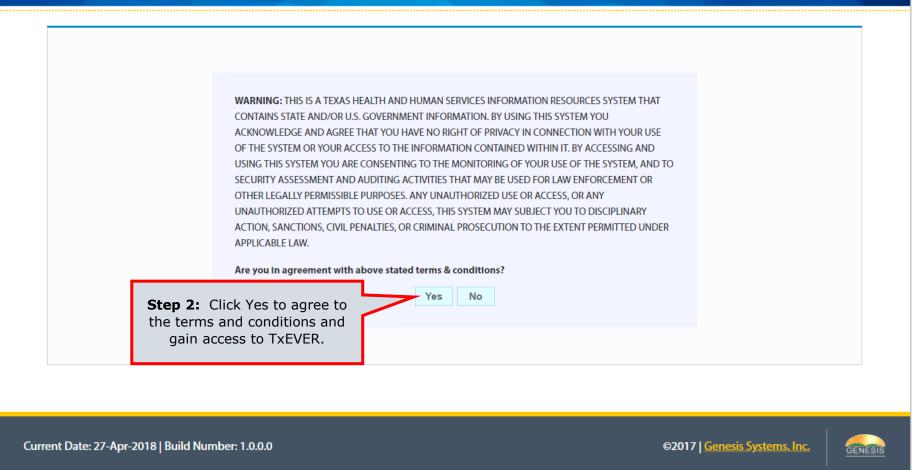


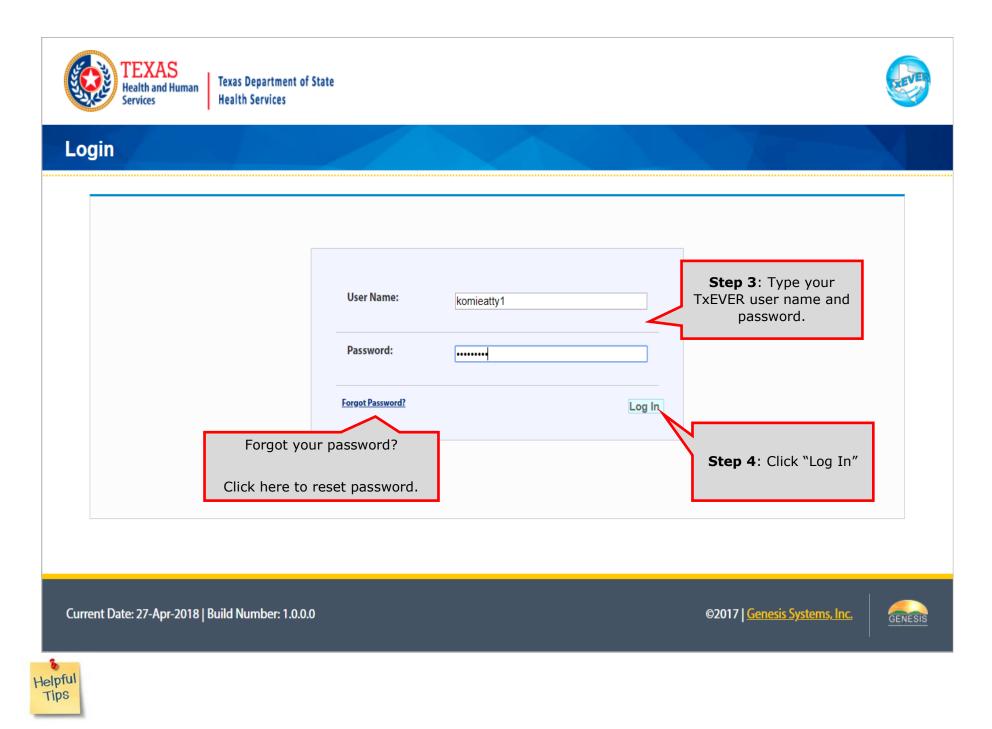
Skip to main content



Texas Department of State Health Services

TxEVER Terms of Use



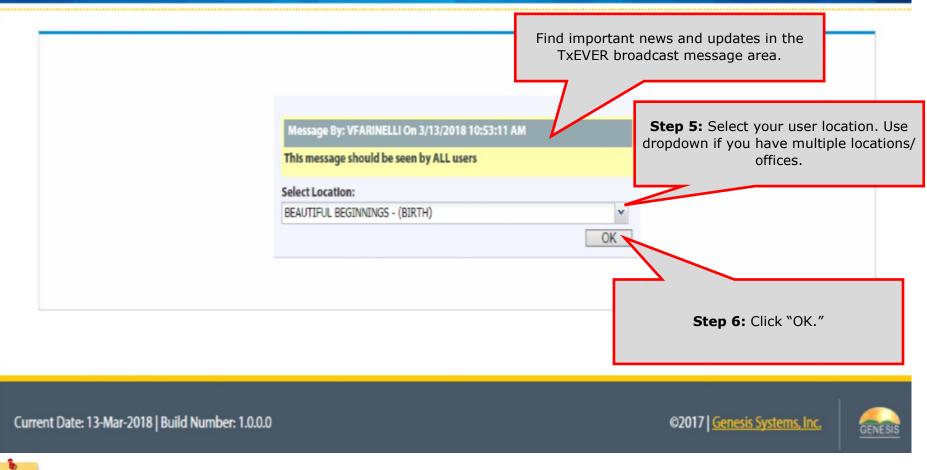




Texas Department of State Health Services

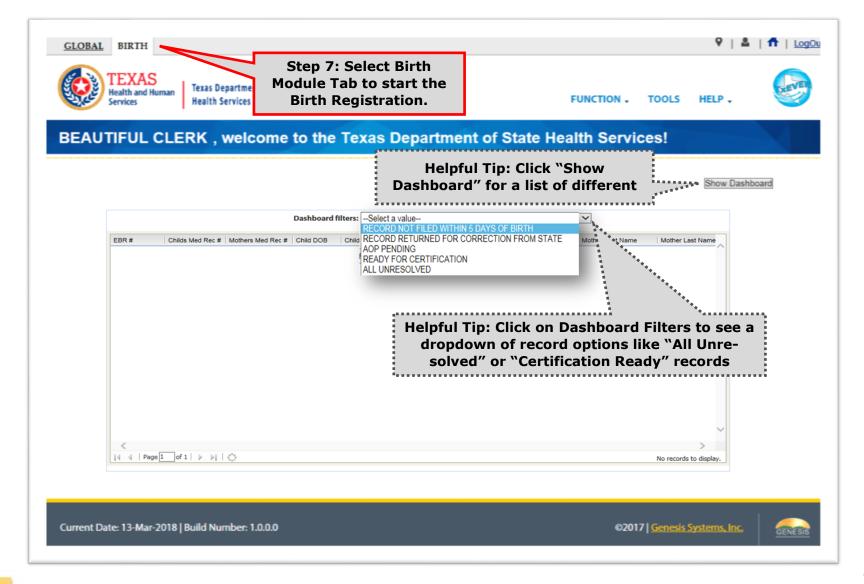


Location





Review of the Birth Home Page



The

TxEVER Dashboard is a tool that helps track, analyze, and displays information regarding registration. The Dashboard is the most efficient way to track multiple record statuses.

Helpful

Tips

--Select a value--RECORD NOT FILED WITHIN 5 DAYS OF BIRTH RECORD RETURNED FOR CORRECTION FROM STATE AOP PENDING READY FOR CERTIFICATION ALL UNRESOLVED

DASHBOARD DISCRIPTIONS:

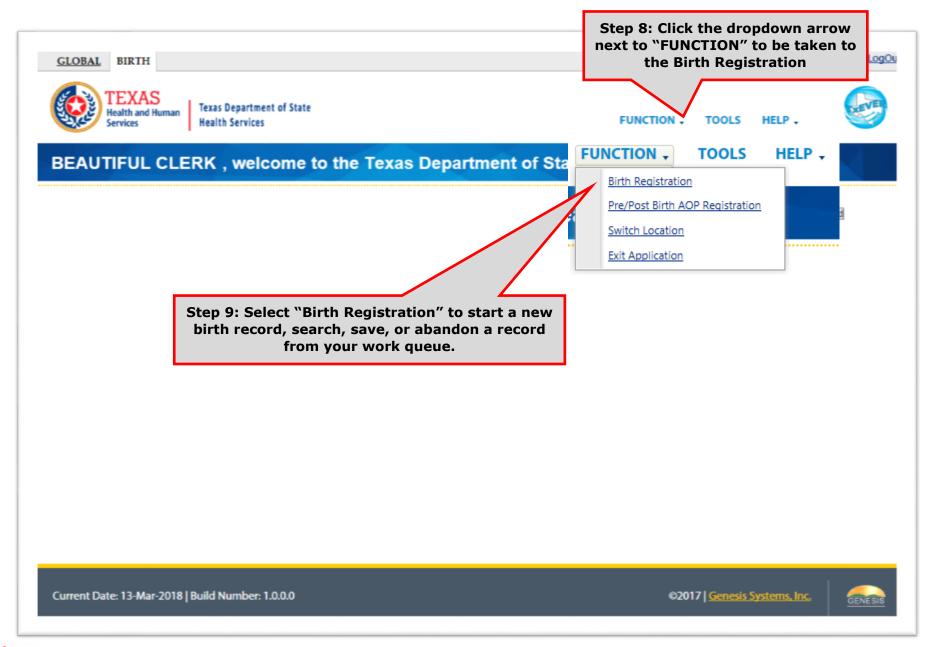
RECORD NOT FILED WITHIN 5 DAYS OF BIRTH: This will display a list of records that are older than 5 days from the date of birth. These records should be filed as soon as possible.

RECORD RETURNED FOR CORRECTION FROM STATE: Any record flagged for correction will appear in this dashboard for your office to review and make corrections.

AOP PENDING: Based on the registration of a birth record, if the field stated that an AOP is required, the record will be queued here waiting for AOP matching. IF your office has indicated an AOP is required, submit it as soon as possible to avoid delays.

READY FOR CERTIFICATION: Birth records that have be fully completed and are waiting for the certifier to certify and release the record.

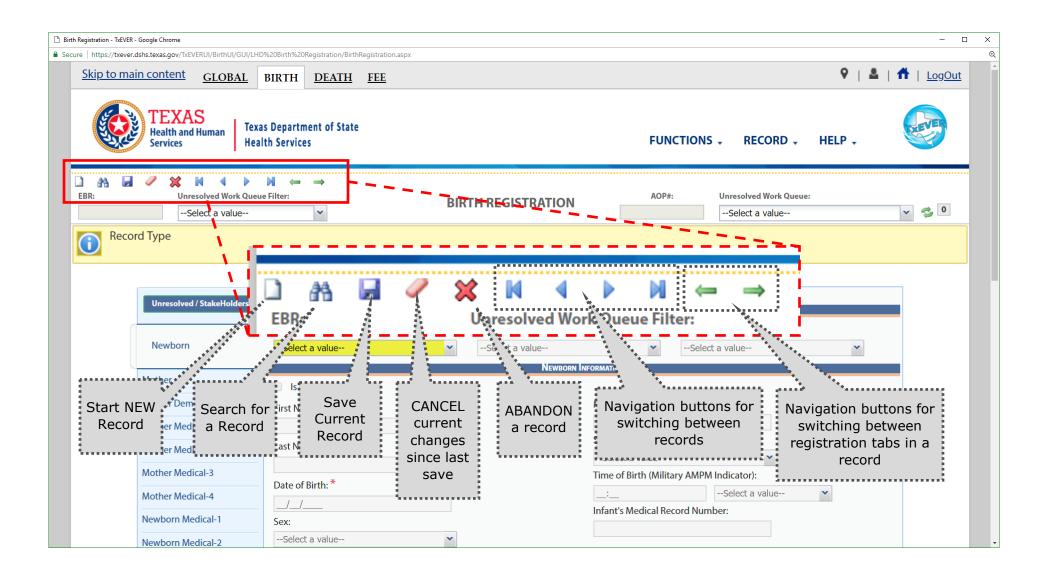
ALL UNRESOLVED: This dashboard will show the entire list of records waiting for resolution. It will include all the listed dashboards and any records that are still within the 5 days.



Helpful Tips

Abandon Records are removed from the system. This option should only be used if there are major errors and it would be quicker to start a new record, or if the family never completed the parent survey.

Birth Registration Icons



Skip to main content GLOBAL	BIRTH <u>DEATH</u> <u>FEE</u>		9	🛓 🏦 LogOut 📩
TEXAS Health and Human Servicer	o 10: Click NEW Icon to start new record.	a	FUNCTIONS - RECORD - HELP	
EBR: Unresolved Work Queu	nie Filter: BIR	TH REGISTRATION	AOP#: Unresolved Work Queue: Red Asterisks (*) are MANDATORY Fields and cannot be left blank	v 💈 🛛
Unresolved / StakeHolders		Newborn General	INFORMATION	
	Record Type:*	Plurality: *	Birth Order: *	
Newborn	HOME BIRTH-INTENDED	Select a value	✓Select a value	~
	FOUNDLING/ SAFE HAVEN	NEWBORN INFO	RMATION	
Mother	HOME BIRTH-INTENDED			
Mother Dem	HOME BIRTH-INTENT UNKNOWN HOME BIRTH-UNINTENDED	1	Middle Name:	Yellow Fields
Mother Medical-1				without red
Mother Medical-2	Last Name: *	5	Suffix:	asterisks (*)
			Select a value	need to be
Mother Medical-3	Date of Birth: *		Time of Birth (Military AMPM Indicator):	addressed but
Mother Medical-4			Select a value ¥	are not
Newborn Medical-1	 Sex:	I	Infant's Medical Record Number:	mandatory and
Newborn Medical-2	Select a value			can be left blank
		SSN INFORM	IATION	or with Unknown
Certification	Parents Authorize Release of Information to So		Select a value	or a ? mark
Comments	to Issue this Child a SSN SSN:			
Аститу:				
Record Type: Select a value		Mother's Info		
Field Status:	Title Preference	1	Legal First Name:	
Action:	MOTHER			
New Record	Legal Middle Name:	1	Helpful Tip: Tab through	all of the fields to
	Legal Suffix:		make sure that none of the	
	Select a value	1	Medical Recon	
		FACILITY INFORMATION 8	k Place of Birth	
	Name:	1	Туре:	-
	and the second se			· · · · · · · · · · · · · · · · · · ·

to main content <u>GLOBAL</u>	BIRTH DEATH FEE			♀ ≗ ╋ ⊻
	xas Department of State ealth Services		FUNCTIONS - RECORD -	HELP .
A 🖬 🖉 🗶 M A 🕨	$\leftarrow \rightarrow \mathbb{N}$			
Unresolved Work Q Select a value (Child) First Name		elds by tabbing be change	tween each field. The active f green.	ield will 🔤 🕏
Unresolved / StakeHolders	Some fields will requi	re Double Data Ent minimize r	try. This helps ensure accurac nistakes.	y and to
	Record Type:*	Plurality: *	Birth Order: *	
Newborn	HOME BIRTH-INTENT UNKNOWN	SINGLE	▼ SINGLE	~
Mother	Is Child Unnamed?	Double Data Entry	UFOOMATION STATUT	=
Mother Dem	First Name:	This field is required	double data entry. Please re-enter the value.	
Mother Medical-1	BABY FIRST NAME	Re-enter Value:	BABY FIRST NAME	8
Mother Medical-2	Last Name: *			2
Mother Medical-3		e de la companya de l		ок
	Date of Birth: *	2.	Select a value	*
Mother Medical-4			:Select a value Infant's Medical Record Number:	
Newborn Medical-1	Sex:			
Newborn Medical-2	Select a value			
Certification		SSN INFO	DRMATION	
Comments	Parents Authorize Release of Information to S to Issue this Child a SSN	Social Security Administration	Select a value	
comments	SSN:			
ACTIVITY: (Child) First Name:		Mother's I	NFORMATION	
Field Status:	Title Preference		Legal First Name:	
Unresolved Action:	MOTHER			
New Record	Legal Middle Name:		Legal Last Name: *	
	Legal Suffix:		Medical Record Number: *	
	Select a value			
8		FACILITY INFORMATIO	N & PLACE OF BIRTH	
Helpful	Name:		Туре:	
Tips		1		

16

Unresolved / StakeHolders		Ne	WBORN GENERAL INFORMATION	
	*Record Type:	*Plurality:	*Birth Order:	
🛹 Newborn	BORN AT THIS FACILITY	✓ SINGLE	✓ SINGLE	*
			NEWBORN INFORMATION	
Mother	Is Child Unnamed?			
Mother Dem	First Name:		Middle Name:	
Mother Medical-1	INFANT		BABY	
Mather Madies 1.2	*Last Name:		Suffix:	
Mother Medical-2	BOY			•
Mother Medical-3	*Date of Birth:		Time of Birth (Military AMPM Indicator):	_
Mother Medical-4	03/28/2018		02:10 MILITARY Infant's Medical Record Number:	*
Newborn Medical-1	Sex:			
	MALE	*	123456	
Newborn Medical-2			SSN INFORMATION	
Certification	Parents Authorize Release of Ir to Issue this Child a SSN	nformation to Social Security Adr	ninistration NO 👻	
Comments	SSN:			
				•••••
ACTIVITY:	Title Preference	Helpful Tip	p: The Search Icon (💋) can be used	d to search for a
Record Type: BORN AT THIS FACILITY	MOTHER		ed name or facility. Using it, related	
BORN AT THIS FACILITY Field Status: Resolved	MOTHER Legal Middle Name:		ly populated. Home Births will need	
Field Status:			ly populated. Home Births will need fields filled out.	
Field Status: Resolved Action:	Legal Middle Name:		ly populated. Home Births will need	
Field Status: Resolved Action:	Legal Middle Name: OF		ly populated. Home Births will need fields filled out.	
Field Status: Resolved Action:	Legal Middle Name: OF Legal Suffix:	automatical	ly populated. Home Births will need fields filled out.	
Field Status: Resolved Action:	Legal Middle Name: OF Legal Suffix:	automatical	ly populated. Home Births will need fields filled out.	
Field Status: Resolved Action:	Legal Middle Name: OF Legal Suffix: Select a value	automatical	ly populated. Home Births will need fields filled out. 12345MOM Illight Record Number: 12345MOM FIRFORMATION & PLACE OF BIRTH Type:	
Field Status: Resolved Action:	Legal Middle Name: OF Legal Suffix: Select a value Name:	automatical	ly populated. Home Births will need fields filled out. 12345MOM THFORMATION & PLACE OF BIRTH Type:	all the applicat
Field Status: Resolved Action:	Legal Middle Name: OF Legal Suffix: Select a value Name: SETON MEDICAL CENTER	automatical	ly populated. Home Births will need fields filled out. 12345MOM 12345MOM I 22345MOM I 23	all the applicat
Field Status: Resolved Action:	Legal Middle Name: OF Legal Suffix: Select a value Name: SETON MEDICAL CENTER	automatical	ly populated. Home Births will need fields filled out. 12345MOM 12345MOM 12345MOM Type: HOSPITAL Address: 1201 W. 38TH STREET State:	all the applicat
Field Status: Resolved Action:	Legal Middle Name: OF Legal Suffix: Select a value Name: SETON MEDICAL CENTER Other (Specify): Apt:	automatical	ly populated. Home Births will need fields filled out. 12345MOM	all the applicat
Field Status: Resolved Action:	Legal Middle Name: OF Legal Suffix: Select a value Name: SETON MEDICAL CENTER Other (Specify): Apt: County:	automatical	ly populated. Home Births will need fields filled out. 12345MOM 12345MOM 112345MOM 112345MOM 12345MOM	all the applicat
Field Status: Resolved Action:	Legal Middle Name: OF Legal Suffix: Select a value Name: SETON MEDICAL CENTER Other (Specify): Apt: County: TRAVIS	automatical	ly populated. Home Births will need fields filled out. 12345MOM 1201 W. 38TH STREET 5tate: TEXAS Local: REGISTRAR - CITY OF AUSTIN - TRAVIS C	all the applicat
Field Status: Resolved Action:	Legal Middle Name: OF Legal Suffix: Select a value Name: SETON MEDICAL CENTER Other (Specify): Apt: County: TRAVIS City/Town:	automatical	ly populated. Home Births will need fields filled out. 12345MOM	all the applicat
Field Status: Resolved Action:	Legal Middle Name: OF Legal Suffix: Select a value Name: SETON MEDICAL CENTER Other (Specify): Apt: County: TRAVIS City/Town: AUSTIN	automatical	ly populated. Home Births will need fields filled out. 12345MOM	all the applicab
Field Status: Resolved Action:	Legal Middle Name: OF Legal Suffix: Select a value Name: SETON MEDICAL CENTER Other (Specify): Apt: County: TRAVIS City/Town:	automatical	ly populated. Home Births will need fields filled out. 12345MOM	all the applicat

TEXAS Health and Human Services	Texas Department of State Health Services	-
EBR: Filing Deadli		0
Unresolved / StakeHo	Holders Newborn General Information	
	Record Type:* Plurality: * Birth Order: *	
Newborn	Select a valueSelect a valueSelect a valueSelect a value	
	BORN EN-ROUTE TO FACILITY NEWBORN INFORMATION	
Mother	FOUNDLING/ SAFE HAVEN HOME BIRTH-INTENDED	
Mother Dem	HOME BIRTH-INTENT UNKNOWN Middle Name:	
Father	HOME BIRTH-UNINTENDED	
Father Dem	SURROGACY - 1 PARENT Suffix:	
Intended Mother	Select a value	
Intended Father	Date of Birth: *	
و می این این این این این این این این این ای		
Presumed Father	Sex: Tabs along the Left will appear or	
Mother Medical-1	Select a value disappear based on the Record type,	
Mother Medical-2	Parents Authorize Rele	
Mother Medical-3	to Issue this Child a SS	
Mother Medical-4	SSN:	
	MOTHER'S INFORMATION	
Newborn Medical-1	Title Preference Legal First Name:	
Newborn Medical-2		
Certification	Legal Middle Name: Legal Last Name: *	
Comments	Legal Suffix:	
Аститу:		
Field Name:		
Field Status:	FACILITY INFORMATION & PLACE OF BIRTH	
Action:	Name: Type:	

Unresolved / StakeHolders	A REAL PROPERTY OF THE REAL PR	Ne	WBORN GENERAL INFORMATION		
	Record Type:	*Plurality:		*Birth Order:	
/ Newborn	BORN AT THIS FACILITY	▼ SINGLE	~	SINGLE	۷
Mother			NEWBORN INFORMATION		
Mother Dem	Is Child Unnamed?				
	First Name		Middle Name:		
her 🗧					
Father Dem	· · ·		n there is a field in tha ification can take place	-	
Mother Medical-1	B			•	
Mother Medical-2	*Date of Birth:		Time of Birth (N	Nilitary AMPM Indicator):	
	03/28/2018		02:10	MILITARY	~
Mother Medical-3	Sex:		Infant's Medica	Record Number:	
other Medical-4	MALE	~	123456		
a barren de la d			SSN INFORMATION		
wborn Medical-1					
	Parents Authorize Release of Inform	mation to Social Security Adr	ninistration NO		
ewborn Medical-2	Parents Authorize Release of Inform to Issue this Child a SSN	mation to Social Security Adn	ninistration NO	*	
wborn Medical-2		mation to Social Security Adr	ninistration NO	×	
wborn Medical-2	to Issue this Child a SSN	mation to Social Security Adn	NO NO MOTHER'S INFORMATION	×	
wborn Medical-2 rtification mments	to Issue this Child a SSN	mation to Social Security Adr	Mother's Information		
wborn Medical-2 rtification mments	to Issue this Child a SSN SSN: Title Preference	mation to Social Security Adr	Mother's Information		
ewborn Medical-1 ewborn Medical-2 ertification omments ord Type: RN AT THIS FACILITY d Status: olved	to Issue this Child a SSN SSN:	mation to Social Security Adr	Mother's Information	le:	

the "Save" button at the bottom of the page so you don't lose information.

kip to main content GLOBAL	BIRTH			٩	🚨 🏦 LogOut 🄶
	xas Department of State alth Services		FUNCTIONS	5 - RECORD - HELP	
	M ← → Jnresolved Work Queue Filter: Select a value	RTH REGISTRATION	AOP#:	Unresolved Work Queue: Select a value	v 🤹 0
Unresolved / StakeHolders		Newborn General	INFORMATION		
	Record Type: [*]	Plurality: *	Birth O)rder: *	
🖋 Newborn	BORN AT THIS FACILITY	SINGLE	✓ SINGL	E	~
Mother Mother Dem	Is Child Unnamed?		Middle Name: 1201 W. 38TH STREET		
	Apt: County:		State: TEXAS Local:	*	
	TRAVIS City/Town: AUSTIN		REGISTRAR - CITY OF AUS Zip: 78705	through the Tab	"Next" to advance os. The Green Arrows
-	lick Save to Create ne record.				he icon bar can also igate between tabs.
	Gen Print Plugin: 2.0.5	Previous Save	Next		
Current Date: 01-May-2018 Buil	d Number: 1.0.0.0			©2017 <u>Genesis Systems</u>	

Day(s)	Select a value			Select a value	~
Current) Middle Name-Ma		News Plurality: *	ORN GENERAL INFORMATION	Birth Order: *	~
			EWBORN INFORMATION		_
Mother	Is Child Unnamed?				
Mother Dem	First Name:		Middle Nam	e:	
Mother Medical-1	NEWBORN		CHILD		
Mother Medical-2	Last Name: *	D	Suffix:	×	
	SMITH	Registration	×		
Mother Medical-3	Date of Birth: *	Dianco Fill The Followir	na Fiolda :	Military AMPM Indicator):	
Mother Medical-4		Please Fill The Followir (Current) Last Name Mother's Medical Re	e-Mother	Allitary AMPM Indicator): MILITARY Al Record Number:	Y
Mother Medical-4 note: Before saving t l information on the l	nsin iznıs the first Newborn	(Current) Last Name	e-Mother	MILITARY	~
Mother Medical-4 note: Before saving to I information on the f Tab must be filled out	the first Newborn t. thorize Release of s Child a SSN	(Current) Last Name Mother's Medical Re	e-Mother	al Record Number:	×
Mother Medical-4 note: Before saving to l information on the f Tab must be filled out	the first Newborn t. thorize Release of s Child a SSN	(Current) Last Name Mother's Medical Re	e-Mother ecord # Nother's Information	al Record Number:	~
Mother Medical-4 note: Before saving to l information on the f Tab must be filled out	the first Newborn t. thorize Release of s Child a SSN	(Current) Last Name Mother's Medical Re	e-Mother	al Record Number:	×
Mother Medical-4 note: Before saving f l information on the f Tab must be filled out	the first Newborn t. thorize Release of s Child a SSN	(Current) Last Name Mother's Medical Re ок	e-Mother ecord # Nother's Information	al Record Number:	
Mother Medical-4 note: Before saving to ll information on the f Tab must be filled out	the first Newborn t. Title Preference MOTHER Legal Middle Name:	(Current) Last Name Mother's Medical Re ок	e-Mother ecord # <u>AOTHER'S INFORMATION</u> Legal First N	al Record Number:	×
Mother Medical-4 note: Before saving to ll information on the f Tab must be filled out	er: Title Preference MOTHER Legal Middle Name: Legal Suffix:	(Current) Last Name Mother's Medical Re OK	e-Mother ecord # Aomer's Information Legal First N Legal Last N	al Record Number:	
Mother Medical-4 note: Before saving to ll information on the f Tab must be filled out	the first Newborn t. Title Preference MOTHER Legal Middle Name:	(Current) Last Name Mother's Medical Re ок	e-Mother ecord # Aomer's Information Legal First N Legal Last N	al Record Number:	
Mother Medical-4 note: Before saving to ll information on the f Tab must be filled out	the first Newborn t. Title Preference MOTHER Legal Middle Name: Legal Suffix: Select a value	(Current) Last Name Mother's Medical Re ок м	e-Mother ecord # Aother's Information Legal First N Legal Last N Medical Reco NEORMATION & PLACE OF BIR	al Record Number:	
Mother Medical-4 note: Before saving to ll information on the f Tab must be filled out	the first Newborn t. Title Preference MOTHER Legal Middle Name: Legal Suffix: Select a value	(Current) Last Name Mother's Medical Re ок N	e-Mother ecord # AotHER'S INFORMATION Legal Last N Legal Last N Medical Reco NEORMATION & PLACE OF BIR Type:	al Record Number:	
Mother Medical-4 note: Before saving to ll information on the f Tab must be filled out	the first Newborn t. Title Preference MOTHER Legal Middle Name: Legal Suffix: Select a value	(Current) Last Name Mother's Medical Re ок м	e-Mother ecord # Nother's Information Legal First N Legal Last N Medical Reco NFORMATION & PLACE OF BIR Type: HOSPITAL	al Record Number:	
Mother Medical-4 note: Before saving to ll information on the f Tab must be filled out	the first Newborn t. Title Preference MOTHER Legal Middle Name: Legal Suffix: Select a value	(Current) Last Name Mother's Medical Re ок N	e-Mother ecord # AotHER'S INFORMATION Legal Last N Legal Last N Medical Reco NEORMATION & PLACE OF BIR Type:	al Record Number:	

Mother		INFORMATION
mother	Is Child Unnamed?	
Mother Dem	First Name:	Middle Name:
Mother Medical-1	NEWBORN	BABY
Mother Medical-2	Last Name: *	Suffix:
	SMITH	×
Mother Medical-3	Date of Birth: *	Time of Birth (Military AMPM Indicator):
Mother Medical-4	05/01/2018	07:00 MILITARY
Newborn Medical-1	Sex:	Infant's Medical Record Number:
Newborn Medical-2	MALE	123ABC
Cartification	SSN IM	FORMATION
Certification	Parents Authorize Release of Information to Social Security Administration to Issue this Child a SSN	YES 👻
Comments	SSN:	SSN PENDING
Аститу:	Мотнея'з	Information
(Place of Birth) Name: SETON MEDICAL CENTER	Title Preference	Legal First Name:
Field Status: Resolved	MOTHER	MOMMY
Action: Updating Record	Legal Middle Name:	Legal Last Name: *
	Yes No	
	Name: SETON MEDICAL CENTER Other (Specify): Apt: County: TRAVIS City/Town: AUSTIN Step 14: Click "Yes" to proce	HOSPITAL Address: 1201 W. 38TH STREET State: TEXAS Local: REGISTRAR - CITY OF AUSTIN - TRAVIS (~ ceed.

	NEWBORN INFORMATION
Mother	Is Child Unnamed?
Mother Dem	First Name: Middle Name:
Mother Medical-1	NEWBORN
Mother Medical-2	Last Name: * Suffix:
	SMITH
Mother Medical-3	Date of Birth: *
Mother Medical-4	08:00 MILITARY Y 05/01/2018 Infant's Medical Record Number:
Newborn Medical-1	Sex: 123ABC
Newborn Medical-2	MALE
Certification	SSN Information
	Parents Authorize Release of Information to Social Security Administration to Issue this Child a SSN
Comments	SSN:
Αςτινιτγ:	Mother's Information
(Place of Birth) Name: SETON MEDICAL CENTER	Title Preference Legal First Name:
Field Status: Resolved	MOTHER MOMMY
Action: Updating Record	Legal Middle Name: Kname: *
	Legal Suffix: Record Successfully Created lecord Number:*
	Select a value
	Битн
	Name:
	SETON MEDICAL CENTER Y HOSPITAL Y
	Other (Specify): Address:
	H STREET
	Apt: Confirmation boxes will appear
	confirming saves and other
	County: important information.
	City/Town: Step 15: Click "Ok" to continue.
	Zip Ext:
	Previous Save Next
	GEN PRINT PLUGIN: 2.0.5 CONNECTION: ACTIVE

Астилу:	Mother's Information							
Record Type: BORN AT THIS FACILITY	Title Preference		Legal First Name:					
Field Status: Resolved	MOTHER		момму					
Action: Updating Record	Legal Middle Name:		Legal Last Name: *					
opulating Record			SMITH					
	Legal Suffix:	-	Medical Record Number: *					
	Select a value		ABC123					
•	The "Mother's Name" of The "Mother's Name" of or her "Maiden Name". The <i>Father</i> tab has the	on the <i>Mother Tal</i>	b is her name prior to f	rst marriage,				
Unresolved / StakeHolders		MOTHER'S NAME PRIOR	TO FIRST MARRIAGE					
Allenham	First Name:		Middle Name:					
Vewborn	MOMMY							
Mother	Last Name:		Suffix:					
	MAIDEN NAME		I 🗠					
Mother Dem	Mother's Information							
Mother Medical-1	Date of Birth:		Age at Child's Birth:					
Mother Medical-2	Birth Place: (Click Checkbox to Filter Foreign		SSN:					
Mother Medical-3	Select a value	*						

<u>Skip to ma</u>	in content <u>GLOBAL</u>	BIRTH					<u>ې</u>	4 1	l <u>LogOut</u>
	p 16: Click the	as Department of State Ith Services Green Magnifier	BIRTH REGISTRAT	ION	FUNCTION AOP#:	Unres	RECORD - HELP - olved Work Queue: H, NEWBORN (C), 2018/05/01		C) 2 14
	last na	the Attendant by ame.							
	Unresolved / StakeHolders		IT INFORMATION	v	Certifier same as Atter		Information		
	✓ Mother	First Name:	Select a value	Ť	Certifier:	2 -	-Select a value	~	
	✓ Mother Dem	Middle Name:			First Name:				
	✓ Father	Last Name:			Middle Name:				
	✓ Father Dem	Title:	Select a value	~	Last Name:				
		Other (Specify):			Title:		Select a value	*	
	Mother Medical-1	Address:			Other (Specify): Address:				
	Mother Medical-2	Apt:			Apt:				
	Mother Medical-3	State:	Select a value	~	State:		Select a value	~	
	Mother Medical-4	County:	Select a value	~	County:		Select a value	~	
	Vewborn Medical-1	City/Town: Search Attendant	Select a value	~			× ct a value	~	
	Vewborn Medical-2	Ple	ase enter the attendant last name (Ple	ase enter	at least three characters).		ECT A VALUE	~	
	Certification								
		_					<u>/</u>		
	Comments		ОК ССС	SE					
	Аститу:								
	Attendant Name: Select a value Field Status: Unresolved		Previous	Sa	ve Next				
	Action: Updating Record								
	op and ing necord								

EBR: D0000002000 Attendant Name	Texas Department of State Health Services	BIRTH REGISTR/	ATION	FUNCTI AOP#:	Unresolved Work Queue: SMITH, NEWBORN (C), 2018/05/0	
Unresolved / StakeHolde Newborn Pep 17: After Searching ect them from the Dro	Attendant:	ATTENDANT INFORMATION Select a value WILLIAMS-JONES ALICIA Add New	▼ Fit	Certifier same as A rtifier: st Name: ddle Name:	CERTIFIER INFORMATION ttendant? PSelect a value	
 ✓ Father Dem ✓ Mother Medical-1 ✓ Mother Medical-2 ✓ Mother Medical-3 ✓ Mother Medical-4 ✓ Newborn Medical-1 Helpful Tip: The Attenwill populate from the			Tri Or Ac Ac St Cc Ci Zi Zi	ate: punty: ty/Town:	Select a value Select a value Select a value Select a value Select a value SELECT A VALUE	
Activity: Attendant Name: Select a value Field Status: Unresolved Action: Updating Record		•	dant ca		cated, then selecting attendant to be ma	-

Skip to main content GLOBAL	BIRTH			♀	💄 者 LogOut
	as Department of State llth Services		FUNCTION	IS + RECORD + HELP +	
0000002000 5 Day(s) [M ← → nresolved Work Queue Filter: ALL UNRESOLVED ✓	BIRTH REGISTRATION	AOP#:	Unresolved Work Queue: SMITH, NEWBORN (C), 2018/05/01	v 🤣 14
Unresolved / StakeHolders					
 Newborn Mother Mother Dem Father Father Dem Kother Medical-1 Mother Medical-2 Mother Medical-3 Mother Medical-4 Newborn Medical-1 Certification 	Attendant: First Name: Middle Name: Last Name: Title: Other (Specify): Address: Apt: State: County: City/Town: Zip: Zip Ext: NPI:	ALICIA WILLIAMS-JONES MD Steps 18 & 19: Rep 17 for Ce AUSTIN 78750	Certifier same as Atten Certifier: First Name: Middle Name: Last Name: Title: Other Deat Steps 16 8	Select a value SETON-CERTIFIER SETON OTHER Select a value	
Comments Activity: Attendant Name: WILLIAMS-JONES ALICIA Field Status: Resolved Action: Updating Record	License Number:	Previous S If the Certifier canno fields for the certifier	-	-	open the

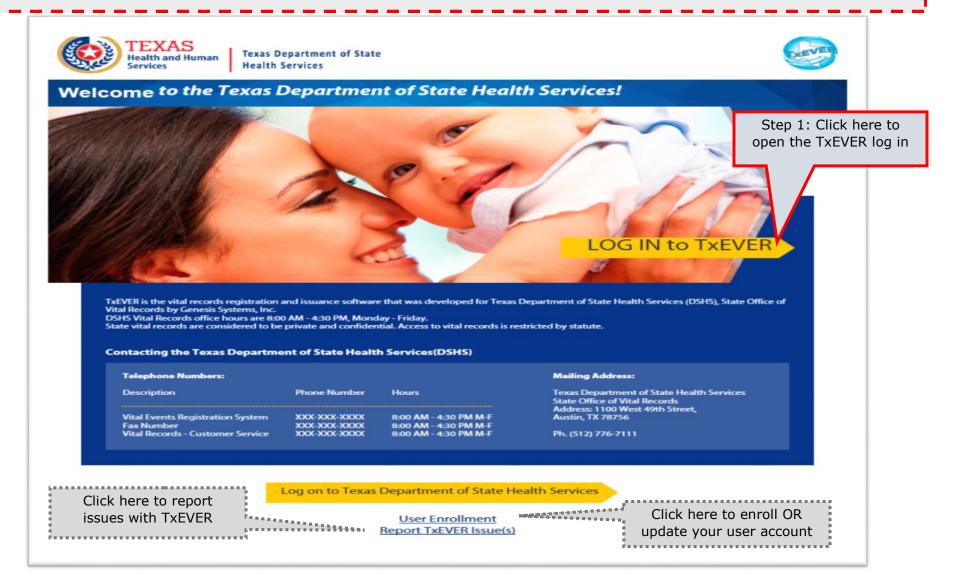
	Department of State th Services		FUNCTION	S . RE	CORD - HE	ELP +	
02000 5 Day(s) AL	esolved Work Queue Filter:	BIRTH REGISTRATIO	DN AOP#:	Unresc SMIT	<u>New</u> Search Save Cancel Abandon		ţ
Attendant Name					View Signatures Acknowledgment o Denial of Paternity		
Unresolved / StakeHolders		TENDANT INFORMATION	Acknowledgment of Pate		Verification of Birth Print Course AOD Baserd	•	
✓ Mother	Attendant: First Name:	ALICIA	<u>Verification of Birth Facts</u> <u>Birth Worksheet</u>	SET	Search AOP Record AOP Signature Histo		
 ✓ Mother Dem ✓ Father 	Middle Name: Last Name:	WILLIAMS-JONES	Blank Birth Worksheet	CAR	E		
✓ Father Dem	Title: Other (Specify):	MD	✓ Last Name: ✓ Title:	OTH	ON-CERTIFIER	•	
 ✓ Mother Medical-1 ✓ Mother Medical-2 		int the Verification of	other (Specify):		TIFIER 3 RED RIVER ST, SI	SUITE 100	
Mother Medical-3	Birth Facts	s for the Mother and		TEX	AS	•	
 ✓ Mother Medical-4 ✓ Newborn Medical-1 		o review and Sign. Print -> Verification	iounty:	TRA		~	
Vewborn Medical-2		Birth Facts	Of ity/Town: ip:	AUS		•	
✓ Certification	NPI: License Number:	R3939	Ip Ext: Date Certified:				
Comments Activity:							
Attendant Name: WILLIAMS-JONES ALICIA Field Status: Resolved		Previous	Save Next				
Action: Updating Record							

Skip to main content GLOBAL BIRTH			♥ ▲ ♣ <u>LogOut</u>
Step 21: Capture the Mother's and Father's s Helpful Tip: The Signatures can be captured el or uploaded from a scanned paper cop	ectronically	FUNCTIONS RECORD	HELP .
Record Type Upge and /StakeW alor Birth Facts - Mother algnature Mouse Pad USB Pad Upload Preview		View Signal Acknowled Denial of Pr	gment of Paternity (AOP) aternity of Birth Facts Precord
Sign Below	Time of 07:00	a value Birth (Military AMPM Indicator): MILITARY Medical Record Number:	*
Save Signature Clear	MOMMY Legal La SMITH	rst Name: r st Name: * Record Number: *	
	& PLACE O Type: HOSPIT	f Birth	



BASIC BIRTH REGISTRATION Certify & Release Birth Record

Once the Record is completed, the Birth Certifier will need to log in to Certify and Release the birth record.

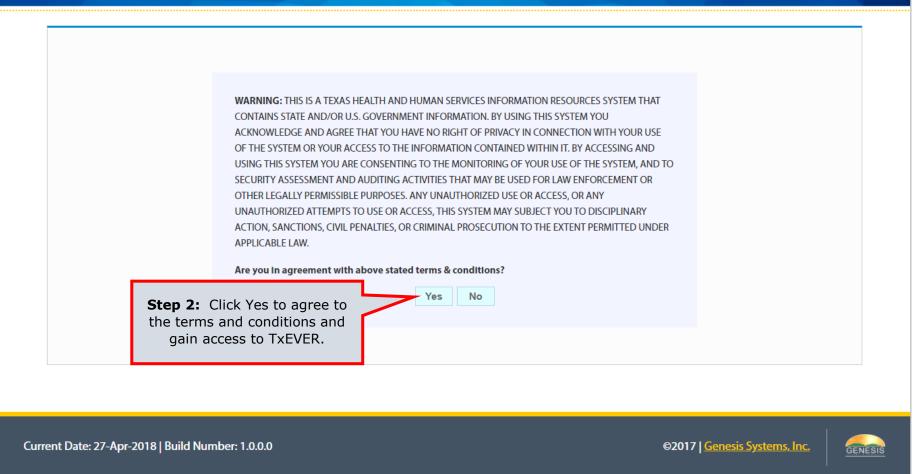


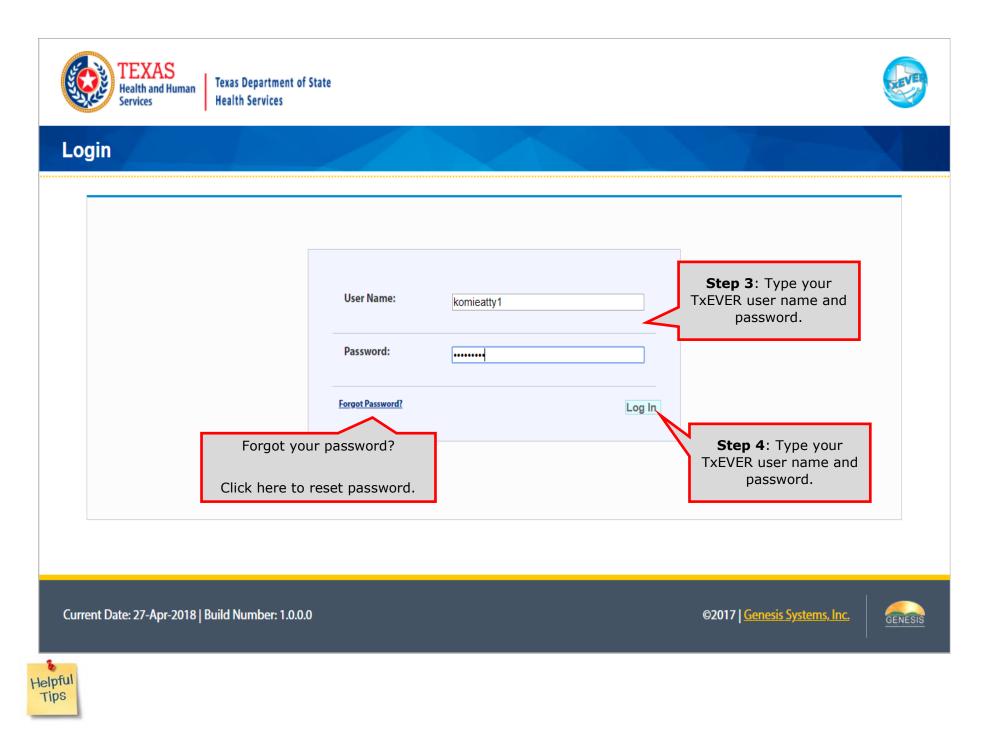
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Texas Department of State Health Services

TxEVER Terms of Use

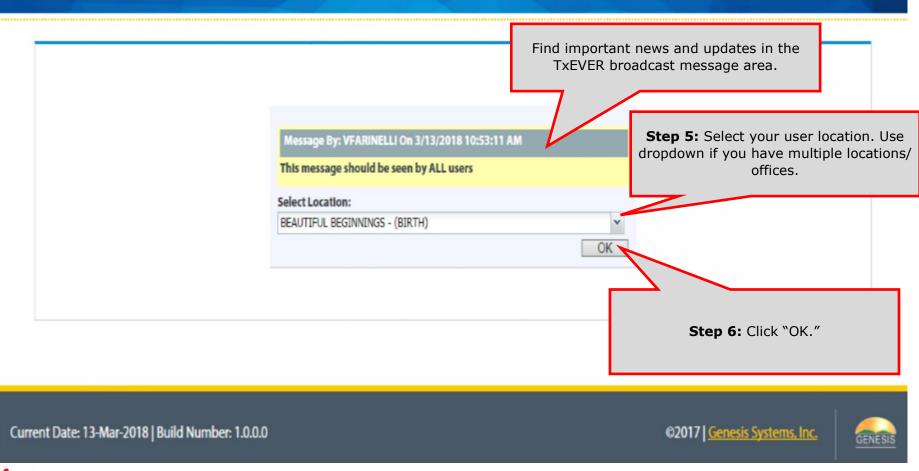






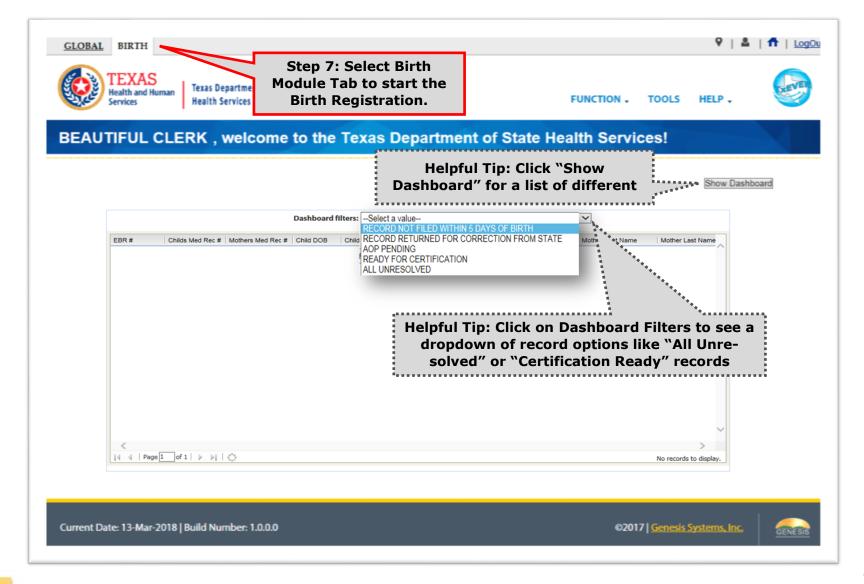
Texas Department of State Health Services







Review of the Birth Home Page

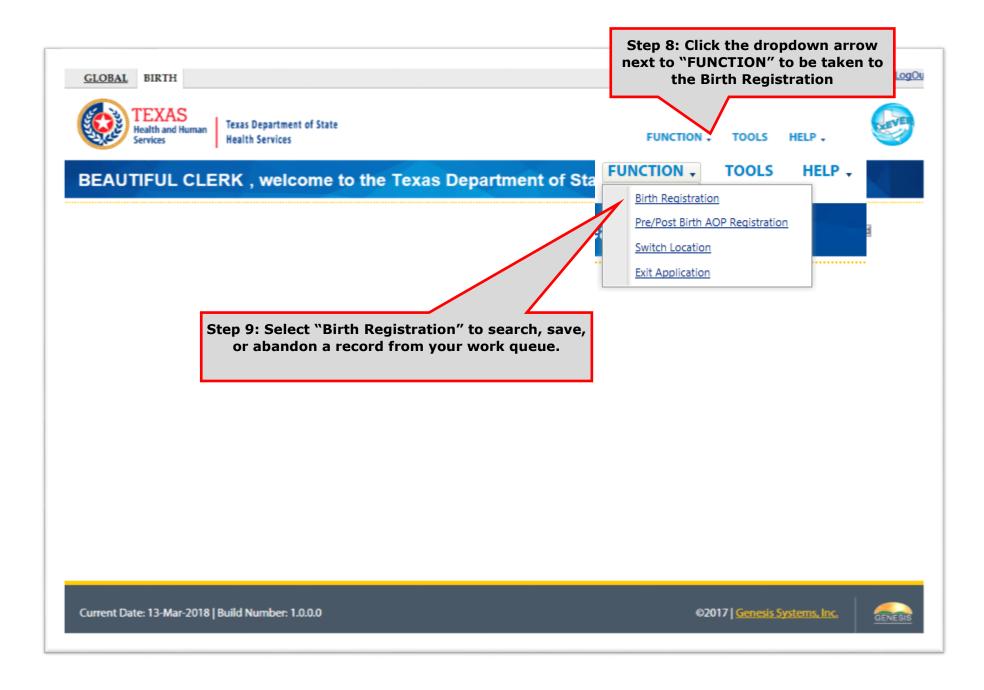


The

TxEVER Dashboard is a tool that helps track, analyze, and displays information regarding registration. The Dashboard is the most efficient way to track multiple record statuses.

Helpful

Tips



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	as Department of State alth Services		FUNCTIONS - RECORD - HELP	
	← → Inresolved Work Queue Filter: READY FOR CERTIFICATION	BIRTH REGISTRATION	AOP#: Unresolved Work Queue: SMITH, NEWBORN (C), 2018/05	/01 😵 🔁 1
Unresolved / StakeHolders	Step 10: Select "Re Certification" fro Dropdown		Step 11: Select the record that is ready to be certified and released.	
🖋 Mother	Is Child Unnamed?			
🖋 Mother Dem	First Name:	Middle Nat	me:	
✓ Father	NEWBORN	BABY		
✓ Father Dem	Last Name: *	Suffix:		
✓ Mother Medical-1	SMITH	Select a		
	Date of Birth: *	07:00	th (Military AMPM Indicator): MILITARY	
Mother Medical-2	05/01/2018		edical Record Number:	
Mother Medical-3	Sex:	123ABC		
Mother Medical-4	MALE	~		
✓ Newborn Medical-1	Parants Authoriza Palazza of Information	SSN Information		
Vewborn Medical-2	Parents Authorize Release of Information to Issue this Child a SSN	YES	~	
✓ Certification	SN:	Step 12: Verify all the Tab	s	
✓ Certification	Title Preference	have been completed. (That		
- Comments	MOTHER	they have a green check		
ACTIVITY:	Legal Middle Name:	mark next to them.)	e: *	
Record Type: BORN AT THIS FACILITY		ISMIH		
Field Status: Resolved	Legal Suffix:		cord Number: *	
Action: Updating Record	Select a value	ABC123		
		FACILITY INFORMATION & PLACE OF B		
	Name:	Туре:		
	SETON MEDICAL CENTER	➤ HOSPITAL	~	

Skip to ma	in content <u>GLOBAL</u>	BIRTH					♥ ♣ ╋ LogOut
		s Department of State th Services			FUNCTIONS	• RECORD • HE	LP .
	0 5 Day(s) RE	■ ⇒ resolved Work Queue Filter: ADY FOR CERTIFICATIO		RTH REGISTRATION	AOP#:	Search Unre Save SMI Cancel Certify Certify	05/01 🗸 💈 1
() Reco	rd Type Unresolved / StakeHolders		from the REC	elect "Certify" CORD dropdown enu.		De-Certify View Signatures Release	
	✓ Newborn	Record Type:* BORN AT THIS FACILI	TY ¥	NEWBORN GENER Plurality: * SINGLE Newborn In	Birth Ore	ler: *	•
	🖋 Mother	Is Child Unnamed?	,	NEWBORN IN	IFORMATION		
	✔ Mother Dem	First Name:			Middle Name:		
	✓ Father	NEWBORN			BABY		
	✓ Father Dem	Last Name: *			Suffix:		
	✓ Mother Medical-1	SMITH Date of Birth: *			Select a value Time of Birth (Military AMPM		
	✓ Mother Medical-2	05/01/2018				MILITARY	
	✓ Mother Medical-3	Sex:			Infant's Medical Record Numb 123ABC	er:	
	✓ Mother Medical-4	MALE	~		1207.000		
	Vewborn Medical-1	Descents Authorize D. J.		SSN Info	DRMATION		
	Vewborn Medical-2	to Issue this Child a SSN	ase of information to So V	ocial Security Administration	YES ¥ SSN PENDING		
	 Certification 			Mother's In	IFORMATION		
	Comments	Title Preference	~		Legal First Name:		
	ACTIVITY: Record Type: BORN AT THIS FACILITY Field Status:	MOTHER Legal Middle Name:			MOMMY Legal Last Name: * SMITH		
	Resolved Action:	Legal Suffix:			Medical Record Number: *		
	Updating Record	Select a value	~		ABC123		

After you have Certified a record, if you discover a mistake you can select "De-Certify" to go back to fix the error. After the mistake has been corrected, repeat this step to certify the record again.

Helpful Tips

Skip to main content GLOBAL BIRTH	9 🚨 🌴 LogOu	ut
TEXAS Health and Human Services Health Service	tment of State ces FUNCTIONS - RECORD - HELP -	
Image: BR: Image: Amage: Am	Work Queue Filter: R CERTIFICATION	
Record Type Certification		
	Newborn Information	
Unresolt First Name:	NEWBORN	
Middle Name:	BABY SMITH	
✓ New Suffix:		
Date of Birth:	05/01/2018	
V Mothe Sex: Place of Birth:	MALE SETON MEDICAL CENTER	
✓ Mothe	Certifier Information	
First Name:	SETON CARE	
✓ Father Last Name:	SETON-CERTIFIER	
	Preview Close Certification	
✓ Mothe	PLEASE ENTER PIN	
	offirm under the penalty of perjury that I am the authorized (role) whose name will appear on this certificate.	
✓ Mothe Certifies Pin:	urred at the location, date and time indicated on this birth record.	
✓ Mothe		
Vewbo Forgot PIN	Ok Cancel	
Newbo SSN:	STATE AND A STATE	
Certification	Mother's br	
Comments Title Pr	reference nel First Name:	
Аститу:		
Legal N	Middle Name: Step 14: After Reviewing the data,	
What if I forgot my Pin?	Click the Check Box and Enter your fix: PIN. Click OK to Certify.	
	of wither.	
Click Forgot Pin and your Pin		
ill be emailed to the address	FACILITY INFORMATION & PLACE OF BIRTH	
ssociated with your account.	Туре:	
,	EDICAL CENTER Y HOSPITAL Y	

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TEX Health a Services	nd Human	cas Department of State alth Services			FUNCTIONS - RECORD -	HELP .
		← → Jnresolved Work Queue Filter: READY FOR CERTIFICATION ✓	BIRTH REGIST	RATION	AOP#: Unresolved Work Que SMITH, NEWBORN	
Record Type						
	Certification					
Unresolv			NEWBORN INFORM			
	First Name: Middle Name:			WBORN BY		
	Last Name:			ITH		
New	Suffix: Date of Birth:			/01/2019		
✓ Mothe	Sex:			/01/2018 ALE		
	Place of Birth:	Birth Registrat	ion			
✓ Mothe	First Name:	A	Are you sure you are read	y to certify the record?	?	
V Father	Middle Name:		, ,	ŕ		
✓ Father	Last Name:		Yes	No		
✓ Mothe					Preview Close Ce	ertification
✓ Mothe			lse Enter			
		ormation, I affirm under the penalty of per ve birth occurred at the location, date and		whose name will appear on this	s certificate.	
✓ Mothe	Certifier Pin:				•••••	
✓ Mother					Oh	Class
✓ Newbo			Step 15: Click	"Yes"	Ok	Close
✓ Newbo						
		SSN:		SON PENUI		
		Title Desferre es		MOTHER'S INFORMATION	Manag	
Comment		Title Preference		Legal First	Name:	
	Аститу:	MOTHER Legal Middle Name:		MOMMY		
Record Type: BORN AT TH	IS FACILITY	Legal Milutie Name:		Legal Last I	Name: "	
Field Status: Resolved		Legal Suffix:		SMITH	· · · · · *	
Action: Updating Re	cord	Select a value	×		ecord Number: *	
				ABC123		
			Fac	LITY INFORMATION & PLACE OF B	Birth	
		Name:		Туре:		
		SETON MEDICAL CENTER	~		×	

🗋 Birth Registra	tion - TxEVER - Google Chrome						- 0	×
Secure ht	tps://txever.dshs.texas.gov/	TxEVERUI/BirthUI/GUI/Bir	th%20Registration/Birth	Registration.aspx?Fro	mWhere=DashBoard#			0-
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		s Department of State th Services			FUNCTIO	ONS - RECORD - HELP -	G	
EBR:	_	■ ⇒ resolved Work Queue Filter: Select a value	BIRTH	REGISTRATION	AOP#:	Unresolved Work Queue: SMITH, NEWBORN (C), 2018/05/01	× 🔁 1	
	dant Name							
	Unresolved / StakeHolders							
	Unresolved / StakeHolders		ATTENDANT INFORMATION			Certifier Information	_	
	✓ Newborn	Attendant:	WILLIAMS-JONES	ALICIA 🗸	Certifier same as At	_		
	🖋 Mother	First Name:	ALICIA		Certifier:	SETON-CERTIFIER SETON	¥	
	✓ Mother Dem	Middle Name:			First Name: Middle Name:	SETON		
	✓ Father	Last Name:	Birth Registration		Middle Name:	CARE		
	✓ Father Dem	Title:				SETON-CERTIFIER		
		Other (Specify):	Reco	rd Successfully Certi	nea.	OTHER		
	Mother Medical-1	Address:		ОК		CERTIFIER		
	✓ Mother Medical-2	Apt:			Apt:	1313 RED RIVER ST, SUITE 100		
	✓ Mother Medical-3	State:	TEXAS	*	State:	TEXAS	~	
	Vother Medical-4	County:	TRAVIS	~	County:			
	Vewborn Medical-1	City/Town:	AUSTIN	~	City/Town:	TRAVIS	*	
	Vewborn Medical-2	Zip:	78750	*	Zip:	AUSTIN		
		Zip Ext:			Zip. Zip Ext:	78701		
	 Certification 	NPI:			Date Certified:			
	Comments	License Number:	R3939		Date Certified.			
	Астилу:							
	Attendant Name: WILLIAMS-JONES ALICIA							
	Field Status: Resolved			Previous Sav	ve Next			
	Action: Updating Record							

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	as Department of State alth Services		FUNCTIONS - RECORD - HELP	
	← → Inresolved Work Queue Filter: READY FOR CERTIFICATION ✓	BIRTH REGISTRATIO		5/01 🗸 😒 1
Record Type	Certified	: After Successfully , Click Release from RD dropdown menu		
Unresolved / StakeHolders		Newborn	I GENERAL INFORMATION	
	Record Type:*	Plurality: *	Birth Order: *	
Vewborn	BORN AT THIS FACILITY	▼ SINGLE	▼ SINGLE	*
		New	BORN INFORMATION	
✓ Mother	Is Child Unnamed?			
🖋 Mother Dem	First Name:		Middle Name:	
✓ Father	NEWBORN		BABY	
✓ Father Dem	Last Name: *		Suffix:	
	SMITH		Select a value	
Mother Medical-1	Date of Birth: *		Time of Birth (Military AMPM Indicator):	
Vother Medical-2	05/01/2018		07:00 MILITARY Y	
✓ Mother Medical-3	Sex:		Infant's Medical Record Number:	
Mother Medical-4	MALE	*	123ABC	
		S	5N Information	
Vewborn Medical-1	Parents Authorize Release of Inform			
Vewborn Medical-2	to Issue this Child a SSN SSN:		SSN PENDING	
 Certification 		то	HER'S INFORMATION	
Comments	Title Preference		Legal First Name:	
	MOTHER	•	MOMMY	
ACTIVITY: Record Type:	Legal Middle Name:		Legal Last Name: *	
Record Type: BORN AT THIS FACILITY Field Status:			SMITH	
Resolved	Legal Suffix:		Medical Record Number: *	
Action: Updating Record	Select a value	•	ABC123	
		EACH TOX INFO	IRMATION & PLACE OF BIRTH	
	Name:	PACIEITY INFO	туре:	
	SETON MEDICAL CENTER		HOSPITAL	

	xas Department of State alth Services	FUNC	TIONS + RECORD + TOOLS + HELP +	
	Inresolved Work Queue Filter: Select a value ✓	BIRTH REGISTRATION	AOP#: Unresolved Work Queue: FOX, JAMIE (C), 2018/05/29	¥ 🐉 1
(1) Attendant Name				
Unresolved / StakeHolders		Newborn General Info	2 MATION	
	Record Type:	Plurality:	Birth Order:	
Newborn	BORN AT THIS FACILITY	SINGLE Newborn Informati	SINGLE	
✓ Mother	Is Child Unnamed?	Registration		
Step 17: The sy check the record ask if you wish t the record. Click release the re	stem will be again and o release < "Yes" to	e system has determined that this record is released. Do you wish to RELEASE this reco		
	ze Relea	Yes No		-
Vewborn Medical-2	to Issue this Child a SSN SSN:	SSN 1	NOT REQUESTED	
Certification		MOTHER'S INFORMAT	ION	
Comments	Title Preference	Lega VICKI	al First Name:	
Аститу:	Legal Middle Name:		al Last Name:	
Attendant Name: MCCANDLESS STEPHEN Field Status:	CAROL Legal Suffix:	FOX Med	lical Record Number:	
Resolved	-	00010		
Action: Updating Record	Name:	FACILITY INFORMATION & PLA		-
	SETON MEDICAL CENTER	Туре НОЯРІ		
	Other (Specify):		ress:	
	Apt:	State	W. 38TH STREET e:	
		TEXAS	S	
	County:	Loca	al:	

Skip to main content GLOBAL	BIRTH	9 🚨 👫 LogO
	is Department of State Ith Services	FUNCTIONS - RECORD - HELP -
		ATION AOP#: Unresolved Work Queue: SMITH, NEWBORN (C), 2018/05/01
Unresolved / StakeHolders		WBORN GENERAL INFORMATION
✓ Newborn	Record Type:* Plurality: * BORN AT THIS FACILITY SINGLE	Birth Order: * SINGLE
 ✓ Mother ✓ Mother Dem ✓ Father ✓ Father Dem ✓ Father Dem ✓ Mother Medical-1 ✓ Mother Medical-2 ✓ Mother Medical-3 ✓ Mother Medical-4 ✓ Newborn Medical-1 ✓ Newborn Medical-1 ✓ Certification Comments 	Sex: MALE	DK DK DK I123ABC I123ABC SSN INFORMATION YES SSN PENDING MOTHER'S INFORMATION Legal First Name: MOMMY Legal Last Name: *
Field Status: Resolved Action: Updating Record	Legal State for review.	SMITH Medical Record Number: * ABC123
	FACILIT Name: SETON MEDICAL CENTER	Y INFORMATION & PLACE OF BIRTH Type: HOSPITAL



Texas Department of State Health Services



FUNCTIONS . TOOLS . HELP

					STATE BATCH				
State File	Date		State F	ile Number	For 2017	Year	State File Number	er For 2018 Year	
05/29/20	18		000004	163			00000115		
) Al	l Previously I Previously SFN Year * SFN From SFN To		ea.			
					Submit		validation is pendir	a are not eligible for	hatch print
Select	Pending AOF Validation'	State File Number	State File date	State Print	* Bi	rth record(s) for which AOF	validation is pendir Childs Name	ng are not eligible for Mothers Name	batch print.
) Select	Pending AOF Validation'	State File Number	State File date	State Print	* Bi	rth record(s) for which AOF		-	-
Select	Pending AOF Validation'	State File Number	State File date	State Print	* Bi	rth record(s) for which AOF		-	Child DOE A
Select	Pending AOF Validation'	State File Number	State File date	State Print	* Bi	rth record(s) for which AOF		-	Child DOE 🔺
Select	Pending AOF Validation'	State File Number	State File date	State Print	* Bi	rth record(s) for which AOF		-	Child DOE A
] Select	Pending AOF Validation'	State File Number	State File date	State Print	* Bi	rth record(s) for which AOF		-	Child DOE A
Select	Pending AOF Validation'	State File Number	State File date	State Print	* Bi	rth record(s) for which AOF		-	Child DOE +
) Select	Pending AOF Validation'	State File Number	State File date	State Print	* Bi	rth record(s) for which AOF		-	Child DOE +
Select	Pending AOF Validation'	State File Number	State File date	State Print	* Bi	rth record(s) for which AOF		-	Child DOE

The state will review the records, assign a state file number, and print the state's copy of the record. Once this is completed the record will be sent on to the Local Registrar.



BASIC BIRTH REGISTRATION Local Registrar Accept & Print Birth Record

TEXAS Health and Human Services Health Servi	tment of State ices	FUNCTIONS +	RECORD .	TOOLS	HELP .	
✓ X ■ N 4 ▶ N		LOCAL ACCEPTANCE QUEUE		ed Work Queue: (C), 2018/0	5/29	S 1
Local File Number:		State File Number:			0001142018	
Local File Date:		Paternity Affidavit Number	er:			
Mother Li	egal Name		Father Le	gal Name		-
Mother's First Name:	VEX	Father's First Name:				
Mother's Middle Name:	CARDE	Father's Middle Name:				
Mother's Last Name:	FOR	Father's Last Name:				
Mother's Suffix:		Father's Suffix:				
CHILD'S	s Name		CHILD'S IN	FORMATION		
Child's First Name:	1000	Child's Date Of Birth:			05/29/2018	
Child's Middle Name:		Child's Plurality:			SINGLE	
Child's Last Name:		Child's Birth Order:			SINGLE	
Child's Suffix:		Place Of Birth:			SETON MEDICAL CENTER	

The Local Registrar will review the records assigned under the "Local Acceptance Queue" and click the Check () to accept. The system will automatically assign the Local File Number.

E		AS and Human		Department o	of State			F		IS, R	ECORD +	TOOLS	HELP .	
												X		
						LC	OCAL PRINT C	QUEUE						
						Document F	ilter NEWLY I	REGISTERED R	ECORDS	•				
						_	iously Printed.							
							From							
						SFN								
							Submit * Bir	rth record(s) fo	r which void	l or do not i	ssue flag is set	are not eligil	ole for batch print.	
	Selec	t	Void?	Do Not Issue?	State File Number	State File Date	e Local File Number	Local File Dat	e State Print	Local Print	Facility Name		Childs Name	•
		View Details	NO NO	NO NO	0004572017	04/06/2018	00000409	04/06/2018	Printed Printed	Unprinted Unprinted	SETON MEDI		SPOCK, MOSTER	
		View Details		NO	0000842018	04/11/2018	00000077	04/16/2018	Printed	Unprinted	BEAUTIFUL B		SAMEN INF	
		View Details		NO NO	0000852018	04/11/2018	00000072	04/16/2018	Printed Printed	Unprinted Unprinted	BEAUTIFUL B		Roompile State	
	2	View Details	NO	NO	0000972018	04/30/2018	000505	04/30/2018	Printed	Unprinted	SETON MEDI		BECOMEN LA COLUMN	
		View Details		NO	0000982018	04/30/2018	000504	04/30/2018	Printed	Unprinted	SETON MEDI		Birth start	
	 ✓ 	View Details	NO	NO	0001142018	05/29/2018	000506	05/29/2018	Printed	Unprinted	SETON MEDI	CAL CENTER) ************************************	*
	14 4	Page 1 of	1 >	ыIO								Displayi	ng Records 1 - 14 of :	14
						F	rint C	lear						
T	ne L	ocal	R	legis	strar	will	then	be a	able	e to	pri	nt tl	heir c	opv
				-							-			
	of	the	re	cord	d wit	h th	e loca	al fil	e n	um	ber	and	d Loca	al
					Re	gistr	ar's s	signa	atu	re.				
<u> </u>								<u> </u>			_			