

# VITAL STATISTICS SECTION (VSS)

# BIRTH REGISTRATION HANDBOOK



**TEXAS**  
Health and Human  
Services

Texas Department of State  
Health Services

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## Chapter 1 – Introduction

This handbook describes birth reporting and registration in Texas. The system of record is the Texas Electronic Vital Events Registrar (TxEVER).

A birth certificate is a permanent legal record documenting an individual's birth and is a primary document of identification for an individual. The birth certificate is an individual's basic claim to identification and relationship to his or her parent(s). The birth certificate is used to enroll in schools and obtain other legal identification documents, such as driver's licenses, social security cards, and passports.

In addition to being a primary document of identification, a birth certificate provides information used in a variety of medical and public health-related research efforts. Birth statistics are used to assess the general health of Texas citizens. Birth statistics also help identify adequacy of prenatal care, pregnancy outcomes based on birth weight and length of gestation, health conditions of mothers and babies, and specific geographic concerns.

Because birth statistics are no more accurate than the information submitted on birth certificates, it is very important that all birth certificates be completed and filed with accuracy and promptness.

The Vital Statistics Section (VSS) Field Services team is a primary point of contact for training and support. Field Services should be outreached with vital statistics questions and requests for training.

See <https://www.dshs.texas.gov/vital-statistics/vital-statistics-partners/field-services> for more information.

All DSHS application forms are located for the general public at <https://www.dshs.texas.gov/vital-applications-forms> and for partners at <https://www.dshs.texas.gov/vital-statistics/vital-statistics-partners/partner-forms>.

## Registration Requirements

The birth of each child born in this state shall be registered. [HSC §192.001]

A Certificate of Birth (VS-111) must be filed within five days of the date of birth for every live birth in Texas. [HSC §192.003 (d)] The Certificate of Birth must be filed electronically in TxEVER for registration.

The Texas Administrative Code defines a "live birth" as the "complete expulsion or extraction from its mother of a product of conception,

irrespective of the duration of pregnancy, which, after such separation, breathes or shows any other evidence of life such as beating of the heart, pulsation of the umbilical cord, or definite movement of voluntary muscles, whether or not the umbilical cord has been cut or the placenta is attached; each product of such a birth is considered live born.” [25 TAC §181.1(17)]

A Certificate of Birth must be filed for all live births regardless of length of gestation or chance of survival. Should the infant die after being determined a live birth, a Certificate of Death (VS-112) must also be filed. See the Handbook on Death Registration for instructions on completing a Certificate of Death.

When a fetal death occurs, a Certificate of Fetal Death (VS-113) would be filed. The Texas Administrative Code defines a “fetal death” as “death prior to the complete expulsion or extraction from its mother of a product of conception, irrespective of the duration of pregnancy; the death is indicated by the fact that after such separation, the fetus does not breathe or show any other evidence of life such as beating of the heart, pulsation of the umbilical cord, or definite movement of voluntary muscles.” [25 TAC §181.1 (10)] See the Handbook on Fetal Death Registration for instructions on completing a Certificate of Fetal Death.

The physician, midwife or other person acting as midwife in attendance at a birth shall file the birth certificate no later than the fifth day after the date of birth. [HSC §192.003 (a, d)]

If a birth occurs in a hospital or birthing center, the hospital administrator, the birthing center administrator, or a designee of the appropriate administrator may file the birth certificate in lieu of the physician, midwife, or person acting as a midwife. [HSC §192.003 (b)]

Birth registrars and midwives must be compliant with the fingerprint-based criminal background check requirements to access the Texas Electronic Vital Events Registrar (TxEVER) system, which is the Texas system of record for vital statistics, and the birth registrar certification requirements to report and register births. [HSC §191.071, TAC Chapter 181 Subchapter D]

- Birth Registrar Certification Requirements (BRC):
  - Acknowledgement of Paternity Certification
  - TxEVER user account
  - Oath of Confidentiality on file at facility
  - BRC training course completion

## **Acknowledgement of Paternity (AOP)**

When the biological father and mother are not married (or the marriage ended within 300 days of the child's birth), the AOP form (VS 159.1M) is voluntarily signed by both parents to establish a legal finding of paternity. The father signing the AOP becomes the legal father and has all rights and duties of a parent. His name may go on the birth certificate. An entity certified by the Office of Attorney General (OAG) will assist in the AOP process.

Please contact the OAG for more information regarding Acknowledgement of Paternity.

## **Responsibilities of the Licensed Institution or Midwife**

The responsibilities for reporting the birth are as follows:

- Obtain information needed for completion of the birth certificate from appropriate sources. Sources include the mother of the child, mother's physician, infant's physician, or medical records. Information may be obtained from the immediate family or other sources, as needed.
- Complete a Certificate of Birth for each live birth that occurs in the hospital or en-route to the hospital or was attended by a midwife.
- If the parents are not married to each other, provide opportunity for the father to acknowledge paternity, including the Acknowledgment of Paternity (AOP) form and the required oral and written notification of rights and responsibilities.
- Review the certificate, and AOP if applicable, for completeness and accuracy and submit through TxEVER.
- Obtain the parents' signatures on the Verification of Birth Facts document.
- File the certificate in TxEVER within five days after the date of birth.
- Cooperate with the Vital Statistics Section (VSS) and local registrars concerning inquiries about birth certificate entries.
- Contact VSS or the local registrar for guidance and assistance as needed.

## **Non-Institutional and Home Births**

Births occurring outside licensed institutions shall be filed as described in this section.

If there is no registered, certified, or documented health provider (physician, midwife, or person acting as midwife) in attendance at a non-institutional birth, documentation is required from the parent(s) before a birth certificate may be filed. The local registrar is responsible for filing the birth.

To file a birth certificate with the appropriate local registrar, the following proof must be presented to the local registrar by the person in attendance at the birth in the following order of preference:

- The father or mother of the child; or
- The owner or householder of the premises where the birth occurs.  
[HSC §192.003(c)]

The person(s) in attendance must provide the four essential elements required for filing: proof of pregnancy, proof the infant was born alive, proof the infant was born in the registration district, and proof the infant was born on the date stated. [25 TAC §181.26 (c)] If the child was delivered by emergency personnel (paramedics, fire fighters or police officers), the local registrar must receive a copy of the incident report from the agency whose personnel was in attendance. The person delivering the child will sign as the attendant on the birth certificate.

The local registrar may provide the Birth Worksheet for Child's Birth Certificate (VS-109) to the person reporting the birth, to help gather all the information to be placed on the birth record, though the worksheet is intended for medical personnel to complete. It is also helpful to give the person reporting the birth a summary of the four items required for filing a non-institutional birth (see next section).

Blank birth certificate forms shall be issued only to licensed institutions, certified nurse midwives, documented midwives, and individuals by the local registrar or the state registrar in reasonable amounts. No blank birth certificate forms shall be distributed by mail to anyone other than a registered, certified, or documented health care provider. [25 TAC §181.26 (k)]

The local registrar should make every effort to file the birth certificate for the parents. Documentation should be kept if it is requested from VSS.

If it has been more than one year since the date of birth, the birth certificate cannot be filed by the local registrar or in TxEVER. The delayed birth registration process would need to be initiated with VSS.

## Required Documentation for Non-Institutional and Home Births

The essential elements to register a non-institutional birth are:

- 1) Evidence of pregnancy;
- 2) Evidence that there was an infant born alive;
- 3) Evidence that the birth occurred in the registration district; and
- 4) Evidence that the infant's birth occurred on the date stated. [25 TAC §181.26(c)]

The local registrar reviews and determines the acceptability of the evidence. Examples of evidence that may be submitted for each element are as follows.

### ***Evidence of pregnancy:***

A notarized affidavit presented from a licensed, registered, or certified health care provider who is qualified to determine pregnancy as part of the scope of his or her license, registration, or certification. [25 TAC §181.26(d)]

### ***Evidence that there was an infant born alive:***

A medical record or notarized affidavit from a physician or other health care provider who saw or examined the infant. [25 TAC §181.26(e)]

### ***Evidence that the birth occurred in the registration district:***

If the birth occurred outside of the mother's primary place of residence, proof shall consist of a notarized affidavit along with a photocopy of ID from a person having knowledge of the mother's presence in the registration district on the date of the birth. [25 TAC §181.26(f)]

### ***Evidence that the infant's birth occurred on the date stated:***

A prenatal record or a notarized affidavit from a physician or other health care provider qualified to determine the date of birth. [25 TAC §181.26 (g)]

A birth certificate for a non-institutional birth may be filed only upon personal presentation of the evidence. An identifying document, with photograph, shall be presented in the following order of preference:

- A passport or certification of naturalization
- A military service or military dependent identification card
- A United States government identification card, or national identification card issued by another country
- A current driver's license or other state identification card

- An alien registration receipt card
- An employee or student identification card, with photograph [25 TAC §181.26 (h)]

At the discretion of the local registrar, the requirements contained in this section may be accompanied with any additional requirements needed to verify the circumstances of the birth. Such additional requirements may include, but are not limited to, one or more of the following:

- A visit to the mother’s residence or the place of birth by a public health nurse, other health professional, local registrar staff, or other person including city, county, state, or federal law enforcement officers, prior to registering the reported birth. (This paragraph does not permit nor give authority to enter these premises unless permission is obtained from the occupant at the time of the visit.)
- Multiple forms of identifying documents, with or without photographs, when the documents described in this section are unavailable.
- Personal appearance of both parents, either together or separately.
- Personal appearance of the infant whose birth certificate the parents are attempting to file.

## **Paternity Registry**

Per Texas Family Code, VSS established a Paternity Registry for men to voluntarily assert their parental rights. [FC §160, Subchapter E] A man would not need to register with the Paternity Registry if he is listed on the birth certificate, presumed to be the biological father on the child’s birth certificate, or has been adjudicated to be the biological father of the child by a court of competent jurisdiction.

A man who wishes to claim paternity for a child he may have fathered can register with the Paternity Registry by completing the Notice of Intent to Claim Paternity (VS-130). [FC §160, Subchapter E] The Notice of Intent to Claim Paternity (VS-130) is available on the DSHS website and must be filed with VSS no later than the 31st day after the child’s date of birth. [FC §160.402(a)(2)]

The Notice of Intent to Claim Paternity (VS-130) will not establish a presumption of paternity, legally establish paternity, nor can it be used to add a man’s name to the child’s birth certificate. It is simply an assertion of

belief that the man is the biological father of the child and desires to be notified of a proceeding for the adoption or the termination of parental rights regarding a child that he may have had.

## Gestational Agreements (Surrogacy)

In accordance with Texas Family Code, Chapter 160, Subchapter I, a gestational agreement is an agreement between a woman, known as the “gestational mother,” and the intended parents of a child in which the woman relinquishes all rights as a parent of a child conceived by means of assisted reproduction and that provides that the intended parents become the parents of the child. [TFC §160.752(a)]

In other words, if a woman, who has signed a gestational agreement, is implanted with a fertilized egg and delivers an infant, her name should not appear on the birth certificate as the mother of the child. Instead, the names of the intended parents should appear on the birth certificate. In TxEVER, the record type would be “Surrogacy-1 Parent” or “Surrogacy-2 Parent.” The intended parents must be married to each other, and they must each be a party to the gestational agreement. [TFC §160.760; TFC§160.754(b)]

**Note:** *The gestational agreement applies to the birth of a child conceived by means of assisted reproduction. It does not apply to the birth of a child conceived by means of sexual intercourse.*

## Foundlings

The Texas Family Code allows for a designated emergency infant care provider, such as a hospital, to take possession of a child who appears to be 60 days old or younger, if the child is voluntarily delivered to the provider by the child's parent and the parent did not express an intent to return for the child. [TFC §262.302].

Hospitals and birthing facilities should report these births for registration to ensure a birth certificate is filed for the child. In TxEVER, the record type would be “Foundling/Save Haven” and “unknown” can be entered for any information that is not known. Select “UNKNOWN” for “Did Mother relinquish rights to child?” The attendant can be the emergency room physician, the chief medical officer, or hospital administrator.

## Confidentiality of Information

The fact of birth (name, sex, date of birth, and county of birth) of an individual is public knowledge; however, the birth certificate is not. A birth certificate is a confidential record for the first 75 years after the date of birth and may be released only to a properly qualified applicant. [HSC §191.051;

GC §552.115]

A certified copy of a birth certificate includes only the upper “legal” portion of the certificate down to and including the registrar’s signature.

Information in the lower portion of the certificate, entitled “Confidential Information for Medical and Public Health Use,” is confidential and is not considered open records for the purpose of the open records law. That information, including parents’ signatures and social security numbers, is not included in a certified copy and may not be released or made public on subpoena or otherwise, except under restricted conditions. [HSC §192.002 (b)]

## **Penalties**

It is a Class A misdemeanor for a person to knowingly reveal or induce another to reveal confidential information from a birth certificate. It is a Class C misdemeanor for a person to refuse or fail to furnish any information in the person’s possession affecting a birth certificate. It is also a Class C misdemeanor for a person to fail, neglect, or refuse to fill out and file a birth certificate, with the local registrar or deliver the certificate upon request to the person with the duty to file it. It is a third-degree felony to falsely obtain, use, or alter a certificate of birth with a fine of up to \$10,000 and 2-10 years in prison. [HSC §195.003, §195.004, §195.005]

## Chapter 2 – Birth Certificate Item-by-Item Definitions

The purpose of this chapter is to provide guidelines for entering the items that are listed on a birth certificate. TxEVER is the system of record used to report births in Texas. There are edit checks in TxEVER, including null and consistency checks, to ensure quality birth reporting. Each item is to be completed following the specific instructions for that item.

To promote complete and quality reporting, TxEVER contains system edit checks that are resolved by completing information and tabbing from item to item in the system. If an item remains highlighted in yellow after tabbing off the item, completion is required. TxEVER also contains security controls as mandated by the state of Texas for government systems containing confidential records, including disabling user accounts after 90 days.

For instructions on how to report a birth in TxEVER, go to:

<https://www.dshs.texas.gov/vs/field/TxEVER/guides.aspx>

All birth certificate information reported for the mother should be for the woman who gave birth to, or delivered, the infant.

In cases of surrogacy or gestational carrier, the information reported should be for the surrogate or the gestational carrier, that is, the woman who delivered the infant.

DSHS provides a Birth Worksheet for Child's Birth Certificate (VS-109) on its website as a voluntary tool to help a facility collect the necessary information for reporting births in TxEVER. Medical personnel should complete this worksheet.

### General Information

#### Record Type in TxEVER

Registration will vary according to the selected record type.

- Born at this facility
- Born en-route to facility
- Foundling/Safe Haven
- Home Birth-Intended
- Home Birth-Intent Unknown
- Home Birth-Unintended
- Surrogacy-1 Parent
- Surrogacy-2 Parent

Note: Hospitals should not file Home Births.

Note: If the hospital or birthing facility has received a gestational agreement from the parents, then Surrogacy-1 Parent or Surrogacy-2 Parent is selected as the record type in TxEVER. Additional tabs in TxEVER will display for providing information for the Intended Parents (who will take the infant home). This information will print on the legal birth certificate. Information on the woman who delivered the infant will still need to be provided. The medical and health information reported should be for the surrogate or the gestational carrier, that is, the woman who delivered the infant.

## **Plurality**

The number of fetuses delivered live or dead at any time in the pregnancy regardless of gestational age, or if the fetuses were delivered at different dates in the pregnancy. "Reabsorbed" fetuses/"vanishing twin" (those that were not delivered: expelled or extracted from the mother) **should not** be counted.

Specify the birth as single, twins, triplets, quadruplets, etc. If "single," the Birth Order field will be disabled.

When a plural delivery occurs, report a separate record for each fetus as applicable (birth or fetal death).

## **Birth Order**

If not a single birth, the order in the delivery, live born or fetal death. Include all live births and fetal deaths from this pregnancy. Specify the order in which the infant being reported was born: first, second, third etc.

## **Newborn Information**

### **Child's Current Legal Name**

This is the legal name of the child. No numerical characters as names, obscenities, or non-alphabetic characters are permitted other than embedded apostrophes, hyphens, or diacritical marks (marks used in Latin script, including accents, tildes, graves, umlauts, and cedillas). Parents may otherwise name the infant any name they wish as long as it will fit in the space provided on the certificate.

### **First Name**

If the parents have not selected a given name for the infant, enter "Infant" or check the box "Is Child Unnamed?". Do not enter the last name of the mother as the child's first name.

## **Middle Name**

If there is no middle name, leave this item blank. Do not enter NMI, NMN, etc.

## **Last Name**

The child's last name does not have to be the same as either parent. A child may have multiple last names.

## **Suffix**

The suffix field in TXEVER should only be used for generational suffixes. Generational suffixes are used to distinguish persons who would otherwise share the same name within a family. The most common suffixes are SR for 'senior', and JR for 'junior.' Suffixes do not include professional or educational credentials such as 'MD' or 'PhD'.

## **Date of Birth**

This is the month, day, and year when the infant was born. Enter the exact month, day, and year that birth occurred. Enter an 8-digit numeric value (in MM/DD/YYYY format; example: 01/15/2021). Consider a birth at midnight to have occurred at the start of a new day. The date for a birth that occurs at midnight between December 31 and January 1 should be recorded as January 1.

If the infant's date of birth is unknown because the infant is a foundling, enter the date the infant was found. The birth record type would be "Foundling/Safe Haven."

## **Time of Birth**

Enter the exact time of birth in hours and minutes when the birth occurred. Use prevailing local time. If daylight-saving time is the official prevailing time when birth occurs, it should be used to record the time of birth. Be sure to indicate whether the time of birth is A.M. or P.M. Enter 12 Noon as "12:00 P.M." One minute after 12 Noon is entered as "12:01 P.M." Enter 12 Midnight as "12:00 A.M." A death that occurs at 12 Midnight belongs to the start of a new day. One minute after 12 Midnight is entered as "12:01 A.M." of the new day.

In cases of plural births, the exact time that each infant was delivered should be reported as the hour and minute of birth for that infant.

If the infant's time of birth is unknown because the infant is a foundling, enter the time the infant was found. The birth record type would be "Foundling/Safe Haven."

## **Sex**

Select whether the infant is male or female. If the biological sex (male or female) is cannot be determined or requires additional testing, select "unknown/not yet determined."

## **Medical Record Numbers for Mother and Infant**

Enter the medical record numbers assigned to mother and the infant by the facility.

## **SSN Information**

If the parents want a Social Security Number (SSN) for the infant, select "Yes" to indicate the parents authorize release of information to the Social Security Administration (SSA). This selection makes the record eligible for sending to SSA for assignment of SSN to the infant.

If "Yes" is not selected, the infant does not have a name, or the infant is not alive at time of report, SSA will not assign an SSN to the infant through the birth registration process.

It will take approximately two weeks from the time of electronic transmission for the parent to receive the social security card from SSA.

## **Facility Information & Place of Birth**

Enter the name of the facility where the birth occurred. It is very important to have consistency in the facility's name; there should be no variations. Unless the birth record type is a Home Birth, the facility name and address, and type of facility, will pre-populate in TxEVER based on the location affiliated with the data provider's user account.

A birthing center located in and operated by a hospital is considered part of the hospital and births in such a center should be reported as occurring in the hospital. Licensed birthing centers include those facilities that operate independently from hospitals. The clinic/doctor's office category includes other non-hospital outpatient facilities where births occasionally occur.

If the mother is en-route to the hospital when the infant is born and the hospital or birthing center is the first place where the infant is removed from

the conveyance, "Born En-Route to Facility" is the birth record type. In this case, the facility should complete the birth record.

If the birth occurred in international waters or air space on a flight or voyage that ends in Texas, complete a Texas birth certificate, but enter the actual place of birth in, as far as it can be determined. For a birth occurring at sea or in flight, it should be marked "Other" and show "At Sea" or "In Flight" and should show the name of the boat or plane, e.g., SS Everett Hill (at sea) or Global Airlines Flight 263" (in flight), along with the latitude and longitude where the birth occurred. Enter the city and county where the infant was first removed from the boat or plane.

If it has been determined that the infant was not first removed from the conveyance at the facility, the birth record should be filed by the parent(s) with the local registrar of the city, town, village, or location where the child was first removed from the conveyance.

If the birth occurred at home or outside a facility, the local registrar will file the birth record and enter the street address of the place where the birth occurred.

If a baby is found in this state and the place of birth is unknown, a Texas birth certificate should be completed with record type "Foundling/Safe Haven." The place where the baby was found should be considered the place of birth.

## **Mother's and Father's Information**

### **Name Prior to First Marriage and Current Legal Name**

The name prior to first marriage is not necessarily the same as the current legal name. It is the name given at birth or adoption, not a name acquired by marriage nor a name change after the infant's birth. It is the name that remains constant and does not change because of marriage or divorce.

Both the name prior to first marriage and current legal name are recorded, and the name prior to first marriage prints on the infant's birth certificate.

If there is no middle name, leave this field blank. Do not enter NMI, NMN, etc.

If the name prior to first marriage is same as the legal name, select the "Same as Legal Name" checkbox.

## **Date of Birth**

This is the month, day, and year when the parent was born. Enter an 8-digit numeric value (in MM/DD/YYYY format; example: 01/15/2021). This item is used to calculate the age of the parent.

## **Birthplace**

Enter the place of birth for each parent. If the parent was born in the United States, select the name of the state from the dropdown. If the mother was born in the United States, and state is unknown, select United States.

If the parent was born in a foreign country, click on the checkbox in TxEVER to search for the country. Scroll down until the country is found. Select it.

If no information is available regarding place of birth, click on the checkbox in TxEVER as if searching for a country. Scroll to the bottom. Select Unknown.

## **Social Security Number**

Enter the parent's social security number. If it is unknown, enter a question mark.

## **Marital Status**

The following choices are available for the mother's marital status:

- Never Married – if this selection is made, focus will automatically advance to the "AOP" field.
- Married – This selection includes Separated But Not Divorced, and Common Law Marriage. – If this selection is made, focus will automatically advance to the "AOP" field.
- Married, Husband Information Refused– If this selection is made, TXEVER will assume that there will not be a Paternity Acknowledgement attached to the record and will disable both the father's and presumed father's information.
- Divorced – If this selection is made, focus will automatically advance to the "Married within 300 days" field.
- Widowed – If this selection is made, focus will automatically advance to the "Married within 300 days" field.
- Not Stated/Unknown – If this selection is made, focus will automatically advance to the "Did Mother Relinquish Rights to Child?" field.

## **AOP Involved**

The Acknowledgement of Paternity (AOP) process provides a way to establish the biological father as the legal father of the child, when the parents are not married, and add the father to the birth certificate.

If the mother is married or was married within 300 days of the birth, her husband or former husband is presumed to be the father of the child and his information can be added to the birth certificate without further signatures or AOP. However, if the mother is married or was married within 300 days of the birth, and an AOP is involved, then TxEVER tabs will enable for information to be provided on the father of the child, and the presumed father of the child (i.e., the husband or former husband of the mother). In this case, the AOP will need to be signed by all 3 parties, with the presumed father signing a denial of paternity.

### **Date Acknowledgment of Paternity Signed**

This field will only enable if the answer to the "AOP Involved" question is "Yes." Enter the date in MM/DD/YYYY format.

### **Did Mother Relinquish Rights to Child?**

#### **Mother Relinquish Date**

If the mother did relinquish rights to the child, then the date field will enable for completion. Enter the relinquish date in MM/DD/YYYY format.

### **Paternity – Genetic Testing**

This item will need to be completed when the answer to the "AOP Involved" question is "Yes."

### **Education**

Select the appropriate level of education from the list for the total number of years of education completed. A person who enrolls in college, but does not have any college credit, should not be identified with any college education in this item. If education is unknown, select "Unknown/Not Stated."

### **Occupation and Kind of Business/Industry**

Enter the parent's occupation, and the kind of business or industry related to the occupation. Do not report "self-employed." Kinds of business or industry include ranching, retail, consulting, education, farming, government, manufacturing, health care, etc. If either is unknown, enter "Unknown." If there is none, enter "None." If the mother stopped working after pregnancy, enter the occupation and industry from within the last two years.

### **Mother's Residence address**

The mother's residence is the place where her household is located and where she lives. This is not necessarily the same as her home state, voting residence, mailing address, or legal residence. Do not enter a temporary

residence, such as one used during a visit, business trip, or vacation. The place of residence during a tour of military duty or during attendance at college is not considered temporary and should be entered as the residence address.

### **Mailing Address**

It is important to distinguish between mailing address and residence address because each serves a different purpose. While they may be the same, they are not substitutes for one another. The mailing address is needed for administrative purposes and for mailing the infant's social security card. If the mother's mailing address is the same as residence, check the box "Same as Residence?" in TxEVER. If the father's mailing address is the same as the mother's, check the box "Same as Mother's Mailing?" for the father in TxEVER.

### **Ethnicity (Hispanic origin)**

If applicable, select one or more Spanish/Hispanic/Latino ethnicities indicated by the parent. Otherwise, select "No." If an ethnicity indicated by the parent is not included in the list, select the "Other (Specify)" box and enter the ethnicity indicated.

This item is not a part of the Race item; a person of Hispanic origin may be of any race.

### **Race**

Select one or more races indicated by the parent. If a race indicated by the parent is not included in the list, select the "Other (Specify)" box and enter the race indicated.

Each question, Ethnicity (Hispanic origin) and Race, should be asked and treated as an independent item.

## **Mother's Medical Information**

### **Mother Transferred for Delivery**

Transfers include hospital to hospital, birth facility to hospital, etc. Transfers do not include home to hospital.

If the mother was transferred from another facility to this facility *before the infant was delivered*, select "Yes." If yes, enter the name of the facility the mother was transferred from. If the name of the facility is not known, select

“Unknown” from the Location item. Select “No” if this is the first facility the mother was admitted to for delivery.

If the mother was transferred during labor from the care of a midwife, select “Yes” and select “Midwife” from the Location item.

If the mother was transferred more than once, enter the name of the last facility from which she was transferred.

### **Principal Source of Payment**

Select the option from the list that best describes the primary source of payment for this delivery at the time of delivery or select “Other” and enter the source in the “Other (Specify)” field. If more than one source of payment for the delivery is recorded, choose the source that appears to pay for most of the delivery. Check the source of payment for the delivery, not the payer for the newborn care or prenatal care, if different. If unsure what source of payment a given insurance falls under, check with the billing office.

### **Did Mother Get WIC Food for Herself During This Pregnancy?**

Select “Yes” or “No.”

### **Mother’s Medicaid Chip Name and Number**

These fields will be available for data entry if the principal source of payment is Medicaid/Chip.

### **Cigarette Smoking Before and During Pregnancy**

Select “Yes” or “No” if the mother smoked cigarettes before or during the pregnancy. If “Yes,” then report either the number of cigarettes per day, or the number of cigarette packs per day, for the three months before pregnancy and each trimester of pregnancy. If the amount is unknown, enter a question mark for the number.

### **Mother’s Weight at Delivery and Pre-Pregnancy Weight (lbs)**

Enter the mother’s weight at the time of delivery and pre-pregnancy weight in pounds. Use pounds in whole numbers only. For example, enter 140½ pounds as 140 pounds. If the mother’s weight is unknown, enter a question mark and complete the follow-up item on the missing value reason (MVR).

## **Mother's Height (Feet/Inches)**

Enter the mother's height in feet and inches. If unknown, enter a question mark and complete the follow-up item on the missing value reason (MVR).

## **Date Last Normal Menses' Began**

This is the date the mother's last normal menstrual period began. This item is used to compute the gestational age of the infant. If date information is incomplete, enter all parts of the date that are known. Year must be known. If month and/or day of the date is unknown, enter "00" for unknown month and/or day. **Do not estimate the date.** If the entire date is unknown, enter a question mark and complete the follow-up item on the missing value reason (MVR).

## **HIV Testing**

Select whether HIV testing was performed prenatally. If applicable, select which trimester(s) in which testing was performed. Notate whether HIV testing was done at delivery and whether the infant was tested for HIV at birth. If "Unknown" is selected, complete the follow-up item on the missing value reason (MVR).

## **Mother's Pregnancy History**

This section only pertains to births that the mother had prior to this birth event, including births that were delivered as part of this pregnancy but prior to this birth. Do not include adoptions. The prenatal care record or admission history and physical are the preferred sources of information.

Do not include this infant.

*For multiple deliveries: If this infant is the first born, do not include this infant when reporting mother's pregnancy history. If this infant is the second or subsequent born, then include all infants delivered in this pregnancy prior to this infant. For example, if this birth certificate is for the second delivery of a twin set, enter the date of last live birth for the first infant delivered in the twin set if the infant was born alive.*

## **Number of Previous Live Births Now Living**

Enter the number of all previous live-born infants who are still living. Do not include this birth. For multiple deliveries, include all live-born infants before this infant in the pregnancy (e.g., if this is the second born, include the first born from this set). If this infant is the mother's first, or if all previous live-born children have died, enter a zero. If unknown, enter a question mark, and complete the follow-up item on the missing value reason (MVR).

## **Number of Previous Live Births Now Dead**

Enter the number of all previous live-born infants who are no longer living. Do not include this birth. For multiple deliveries, include all live-born infants before this infant in the pregnancy who are now dead. If this infant is the mother's first, or if all previous live-born children are living, enter a zero. If unknown, enter a question mark, and complete the follow-up item on the missing value reason (MVR).

## **Date of Last Live Birth**

Enter the date of last live birth, regardless of whether the live-born infant is now living or now dead. If this certificate is for the second birth of a twin set, enter the date of birth for the first baby of the set, if born alive.

If date information is incomplete, enter all parts of the date that are known. Year must be known. If month and/or day of the date is unknown, enter "00" for unknown month and/or day. Do not estimate the date. If the entire date is unknown, enter a question mark.

## **Number of Other Pregnancy Outcomes**

Enter the number of previous pregnancy losses of any gestational age that did not result in a live birth, including spontaneous or induced losses or ectopic pregnancy. For multiple deliveries, include any losses occurring in this pregnancy or in a previous pregnancy. If unknown, enter a question mark, and complete the follow-up item on the missing value reason (MVR).

## **Date of Last Other Pregnancy Outcome**

Enter the date the last pregnancy that did not result in a live birth ended.

If date information is incomplete, enter all parts of the date that are known. Year must be known. If month and/or day of the date is unknown, enter "00" for unknown month and/or day. Do not estimate the date. If the entire date is unknown, enter a question mark.

## **Prenatal Care**

Prenatal care begins when a physician or other health professional examines or counsels the pregnant woman for her pregnancy. The prenatal care record is the preferred source for information. If the prenatal care record is not in the mother's file, please contact the prenatal care provider and obtain a copy of the record.

Information on prenatal care received in countries outside the United States, and/or in languages other than English, is permitted and should be used.

Do not include visits for laboratory and other testing in which a physician or health care professional did not examine or counsel the pregnant woman.

Do not include classes, such as childbirth classes, where the physician or health care professional did not provide individual care to the pregnant woman.

Do not estimate additional prenatal visits when the prenatal record is not up to date.

*Note:* If the mother is hospitalized for pregnancy-related reasons, check the hospital medical records for information on the mother's stay and count 1 prenatal care visit for each week the mother stayed in the hospital. If the hospital stay was less than 1 week, 1 visit should be added.

### **Did Mother Receive Prenatal Care?**

Select Yes, No, or Unknown. If "no prenatal care," select "No." If "No" or "Unknown" is selected, then items will be disabled for dates of prenatal care visits, total number of prenatal care visits, and source of prenatal care

### **Dates of First and Last Prenatal Care Visits**

Enter the month, day, and year of the first/last prenatal care visit, which is the first/last date a physician or other health care provider examined or counseled the pregnant woman for the pregnancy.

If date information is incomplete, enter all parts of the date that are known. Year and month must be known. If day of the date is unknown, enter "00" for unknown day.

If the entire date is unknown, enter a question mark. If the entire date of first prenatal care visit is unknown, also complete the follow-up item on the missing value reason (MVR).

### **Total Number of Prenatal Care Visits**

Enter the total number of visits recorded in the record for visits made to a health care provider for supervision of the pregnancy. If unknown, enter a question mark, and complete the follow-up item on the missing value reason (MVR).

### **Source of Prenatal Care Visits**

Check the appropriate box for source of prenatal care. If “Other” specify in text box. If “Unknown” is checked, complete the follow-up item on the missing value reason (MVR).

### **Method of Delivery**

The method of delivery is the physical process by which the complete delivery of the fetus was affected.

The delivery record is the preferred source of information on all labor and delivery data items.

### **Was Delivery with Forceps Attempted but Unsuccessful? Was Delivery with Vacuum Extraction Attempted but Unsuccessful?**

Select “Yes” or “No” to respond to these questions.

### **Fetal Presentation at Birth**

Select only the final presentation at birth.

- Cephalic (Vertex)-presenting part of the fetus listed as vertex, occiput anterior (OA), or occiput posterior (OP).
- Breech-presenting part of the fetus listed as breech, complete breech, frank breech, or footling breech.
- Other-any other presentation not listed above.

### **Final Route and Method of Delivery**

Select the final route and method of delivery.

### **If Cesarean, Was a Trial of Labor Attempted?**

If the final route and method of delivery is cesarean, then this field will be enabled. Select “Yes” if Labor was allowed, augmented, or induced with plans for a vaginal delivery.

### **Exposure/Infections Present/Treated During Pregnancy**

Select each of the infections present at the time of the pregnancy diagnosis or a confirmed diagnosis during the pregnancy with or without documentation of treatment. Documentation of treatment during this pregnancy is adequate if a definitive diagnosis is not present in the available record. The mother may have more than one infection. If the mother has

none of the infections, select "None of the Above." If "Unknown" is selected, complete the follow-up item on the missing value reason (MVR).

The prenatal care record or labor and delivery admission or admission history and physical are the preferred sources of information on exposures, infections, risk factors, and obstetric procedures.

### **Risk Factors in this Pregnancy**

Select each of the medical risk factors that the mother experienced during this pregnancy. The mother may have more than one risk factor. Medical risk factors should be identified from the mother's medical or pregnancy history in the hospital or physician record. If the mother has none of the risk factors, select "None of the Above." If "Unknown" is selected, complete the follow-up item on the missing value reason (MVR).

### **Obstetric Procedures**

Select each of the obstetric procedures (i.e., medical treatment or invasive or manipulative procedures) that was performed during this pregnancy to treat the pregnancy or to manage labor or delivery. External cephalic version refers to the attempted conversion of a fetus from a nonvertex to a vertex presentation by external manipulation. If the mother has had none of the procedures, select "None of the Above."

### **Onset of Labor**

Select all that apply. Prolonged labor and precipitous labor should not both be checked. If none apply, select "None of the Above." If "Unknown" is selected, complete the follow-up item on the missing value reason (MVR).

### **Characteristics of Labor and Delivery**

This is information about the course of labor and delivery (e.g., induction of labor, augmentation of labor, steroids, antibiotics received by the mother during delivery, clinical chorioamnionitis diagnosed during labor or maternal temperature greater than or equal to 38°C, epidural or spinal anesthesia during labor). Select all that apply. If none apply, select "None of the Above."

### **Maternal Morbidity**

Maternal morbidity refers to serious complications experienced by the mother associated with labor and delivery. Select all that apply. If the mother has none of the complications, select "None of the Above."

## **Newborn Medical Information**

Notate whether the infant was living at the time of the report as well as the Apgar score at five and ten minutes of birth. If the infant's Apgar score is not known or was not taken, select "Unknown" or "Not Taken" for this item. If it is known that the infant has died, make sure that a death certificate is filed.

Notate whether the infant is being breastfed, and whether the infant was vaccinated with Hepatitis B. If applicable, enter the infant's primary care physician; otherwise, enter "Not Applicable."

## **Obstetric Estimate of Gestation**

The best obstetric estimate of the infant's gestational age in complete weeks is based on the clinician's final estimate of gestation. Look for the most recent gestational age estimate in the records, which can often be found in the labor and delivery records under "gestational age." If unknown, enter a question mark and complete the follow-up item on the missing value reason (MVR).

For Non-Clinicians- If the most recent gestational age is dated on or after the infant's date of delivery, enter this estimate.

If the most recent gestational age is dated before the date of delivery, add the number of days between the most recent gestational age and the date of delivery to the gestational age estimate. For example, if the most recent gestational age in the records is 32 weeks, 5 days and is dated 3/24, and the date of delivery is 3/31, add 7 days to the gestational age for the final total of 33 weeks, 5 days.

The gestational age for the obstetric estimate is reported in complete weeks. If the OE includes a fraction of a week (e.g., 33 weeks, 5 days) always round down to the nearest whole week (e.g., 33 weeks).

## **Was Infant Transferred within 24 Hours of Delivery**

This field is the transfer status of the infant from this facility to another within 24 hours after delivery. Select "Yes" if the infant was transferred and enter the name of the facility to which the infant was transferred. If the name of the facility is not known, select "Unknown" from the Location item. If the infant was transferred more than once, enter the name of the first facility to which the infant was transferred.

## **Child's Weight Information**

Enter the weight as shown in either grams OR pounds and ounces. Do not convert from one measure to the other. Do not enter fractions. Use whole numbers only. If unknown, enter a question mark.

## **ImmTrac Consent**

This is the Texas immunization registry developed by the Texas Department of State Health Services (DSHS). ImmTrac is a free, confidential registry designed to consolidate immunization records from multiple providers and store a child's immunization information electronically in one secure central system.

Upon registration with ImmTrac, immunization information is available to schools, licensed childcare facilities, local health departments, and state agencies having legal custody of a child. Parents may request their child's ImmTrac record from their physician or their local health department.

Please indicate the parent's choice regarding consent for ImmTrac participation. The birth registrar will be required to affirm that this information accurately reflects the parent's choice.

## **Abnormal Conditions of Newborn**

Abnormal conditions refer to disorders or significant morbidity experienced by the newborn. Do not include birth injuries. Select all that apply. If none of the conditions apply, select "None of the Above."

Assisted ventilation required immediately following delivery-Infant given manual breaths for any duration with bag and mask or bag and endotracheal tube within the first several minutes from birth. Excludes free-flow (blow-by) oxygen only, laryngoscopy for aspiration of meconium, nasal cannula, and bulb suction.

Assisted ventilation required for more than six hours- Infant given mechanical ventilation (breathing assistance) by any method for more than six hours. Includes conventional, high frequency, or continuous positive pressure (CPAP). Excludes free-flow oxygen only, laryngoscopy for aspiration of meconium, and nasal cannula.

## **Congenital Anomalies of Newborn**

Congenital anomalies refer to malformations of the newborn diagnosed prenatally or after delivery. Do not include birth injuries. Select all that apply. If none of the anomalies apply, select "None of the Above."

## Certification

### **Attendant**

The attendant is the individual who delivered the infant. Attendants should be added to TxEVER, so that they are available from the lookup table for selection to ensure standardized information and reduce data entry. The name, title, and address for the attendant are required. An Emergency Room (ER) physician is the attendant when an infant is delivered en-route to the facility if no other attendant can be identified. In the case of a foundling, the ER physician or facility administrator may be listed as the attendant. If the mother was alone when the infant was delivered, she should be listed as the attendant (and file the birth certificate with the local registrar).

### **Certifier**

The certifier is the individual who certifies the fact that the birth occurred. The certifier may be, but need not be, the same as the attendant at birth. It is the person who is authorized under Health and Safety Code 192.003 to file a birth certificate, and includes a physician, midwife, hospital or birthing center administrator, and a designee of a hospital or birthing center administrator. The name, title, and address for the certifier are required.

## **Chapter 3 - Amendments and Statistical Corrections**

### **Introduction**

Once a birth record has been registered, it can only be changed or corrected through the amendment or statistical correction process. An original record or entry cannot otherwise be altered [HSC §191.028]. The amendment is attached to the original record. Statistical corrections are updates to the data items that do not print on the legal certified copy. All amendments and statistical corrections are completed at the state only.

A copy of the completed amendment to the Certificate of Birth will be forwarded to the local registrar of the registration district where the birth occurred.

### **Amendments**

The legal birth certificate information may be amended using the VS-170 Correcting a Birth Certificate application. The application is available on the DSHS website.

Hospitals, birthing facilities, and midwives may also submit amendments electronically in TxEVER for births they have reported.

Note that a hospital, birthing facility, or midwife cannot apply for a paternity/parentage amendment, which would add/remove/replace a parent on the birth certificate.

### **Statistical Corrections**

For corrections to data entry for statistical items (items collected for statistical purposes only and do not display on the legal record), facilities can make corrections by submitting a Statistical Correction in TxEVER for a record they reported.

## **Chapter 4 - Delayed Registration of Birth**

Delayed registration of births (births that have not been registered within one year of birth) is a function restricted to the Texas Department of State Health Services Vital Statistics Section (VSS). [HSC §192.022] Births within one year of birth are to be filed electronically in TxEVER even if more than five days have elapsed since the date of birth.

A person whose birth is recorded in the office of a county clerk or local registrar, but not in VSS, should not submit an application for a Delayed Certificate of Birth until it has been determined that a certificate issued by the local registration official is not acceptable by the state as proof of birth facts.

A person who was born in another state and who needs a Delayed Certificate of Birth should contact the state vital statistics office in the state where they were born for information and instructions on registering a delayed birth.

### **Filing Delayed Certificates of Birth**

An application for a Delayed Certificate of Birth can be made to VSS for children born in this state but who did not have a birth certificate filed within one year of the date of birth. Local registrar offices cannot file Delayed Certificates of Birth. Once a delayed birth record application is approved, the delayed Certificate of Birth will be registered by VSS.

If a local registrar has a customer who believes that he or she needs a Delayed Certificate of Birth, the customer will need to send in an application to VSS for a certified copy of a birth record. This requires the customary fee and copy of required identification. VSS will then conduct a search for the record. If the record is found, VSS will issue the certified copy. However, if the record is not found, and the customer is the registrant, parent/legal guardian, managing conservator, or legal representative, VSS will send the customer an application for requesting a Delayed Certificate of birth.

### **Birth Registration by Judicial Order**

If an application for a delayed birth certificate is not accepted for registration by the state registrar, the person may file a petition in the county probate or district court of the county in which the birth occurred or where the person resides for an order establishing a record of the person's date of birth, place of birth and parentage. [HSC §192.027]

The county probate or district court may not consider any petition for a

delayed registration of birth unless the applicant first applied for a delayed birth certificate with VSS.

The petition must be made on a Court Petition for Delayed Certificate of Birth (VS-123.1) and accompanied by a statement from VSS explaining why VSS could not accept the application and documentation presented.

VSS shall furnish to the court the Court-Ordered Delayed Certificate of Birth (VS-123) form for filing records under this section, which is on archival paper. All items must be completed on the VSS-furnished VS-123 archival form. A delayed birth record is only as valid as the documentation upon which it is based. For the supporting documents submitted as evidence to the court, each fact of birth must be abstracted on the VS-123 form exactly as it shown in the document. If there is no information for a particular item, "Unstated" should be entered.

If the county probate or district court approves the registration of the court ordered delayed birth, the court will prepare the Court-Ordered Delayed Certificate of Birth (VS-123) form in duplicate. The court should forward one original certificate to VSS for registration and the other original to the local registrar. The delayed record is not registered until the state registrar shall register the order (VS-123), which is the record of birth.

If a court-ordered delayed birth certificate is found to be in error, application for correction of the record must be made to the probate or district court approving the original registration. Upon receipt of satisfactory evidence supporting the requested correction, the court will prepare an Amendment to Delayed Certificate of Birth (VS-124) which will be forwarded to VSS, who will attach it to the original record. A copy of the amendment will also be filed behind the record filed by the local registrar.

## Appendix A – VSS Resources

### Field Services

- **Phone:** 512-776-3010
- **Fax:** 512-776-7538
- **E-Mail:** [fieldservices@dshs.texas.gov](mailto:fieldservices@dshs.texas.gov)

### TxEVER Assistance

- **E-Mail:** [TxEVER Helpdesk help-txever@dshs.texas.gov](mailto:help-txever@dshs.texas.gov)
- **Phone:** 1-888-963-7111 (Press 1 for English, then Press 2 for TxEVER)

### TxEVER Partners Page

<https://www.dshs.texas.gov/vital-statistics/vital-statistics-partners>

### TxEVER User Guides/Videos

<https://www.dshs.texas.gov/vital-statistics/vital-statistics-partners/txever-guides-videos>



## **Appendix B – CDC National Center for Health Statistics (NCHS) Resources**

National Vital Statistics System Handbooks and Guides for Birth and Death Registration:

- **Guide to Completing the Facility Worksheets for the Certificate of Live Birth and Report of Fetal Death (cdc.gov)**

Department of State Health Services Vital Statistics

[\*\*\*http://dshs.texas.gov/vs\*\*\*](http://dshs.texas.gov/vs)