

# **BIRTHS TO TEENS IN WISCONSIN, 2000**

**December 2001**

Department of Health and Family Services  
Division of Health Care Financing  
Bureau of Health Information

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## Overview

This report presents data on live births to Wisconsin teens for 2000 and other relevant years in two main sections: "Statewide Information" and "Local Information."

Data files used in the report are: resident birth certificate file, matched infant birth-death file, fetal death file and the reported induced abortion publication. All data refer to Wisconsin residents unless otherwise noted.

All the information presented here is derived from data that appeared previously in reports from the Bureau of Health Information, with the exception of Table 11 (teen births by race and county of residence), and Table 13 (teen births by selected city of residence).

All the information is presented according to place of residence. This means that events have been assigned to the area where the person lives (usually legal residence) regardless of where the events occurred. For births, the reference is to the residence of the mother. For deaths, the reference is to the residence of the infant.

Additional health-related statistical information for Wisconsin is also available through the Internet on the Department of Health and Family Services web site, at [www.dhfs.state.wi.us/stats](http://www.dhfs.state.wi.us/stats). Trend tables of maternal and child health data for individual counties are available at <http://www.dhfs.state.wi.us/localdata/infantspgwomn/start.htm>.

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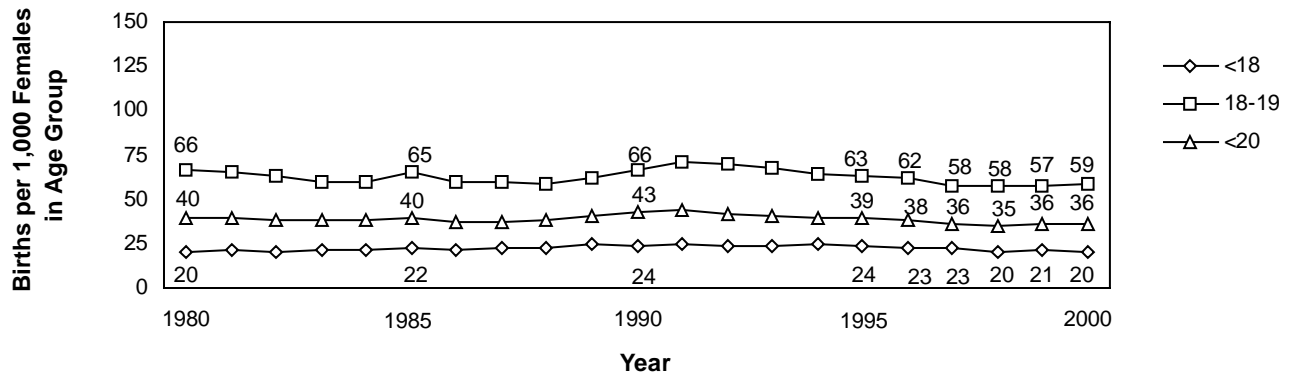
**Table 1. Births to Teens by Age Group, Wisconsin 1970-2000**

Year	Number of Teen Births		Number of Total Births			Percent of Teen Births		Percent of All Births		
	<15	15-17	<18	18-19	<20	<15	15-17	<18	18-19	<20
1970	87	2,522	2,609	7,088	9,697	0.9%	26.0%	3.4%	73.1%	12.5%
1971	98	2,575	2,673	6,774	9,447	1.0	27.3	3.7	71.7	13.1
1972	88	2,846	2,934	6,267	9,201	1.0	30.9	4.5	68.1	14.2
1973	120	3,013	3,133	6,651	9,784	1.2	30.8	5.0	68.0	15.6
1974	119	3,100	3,219	6,435	9,654	1.2	32.1	4.9	66.7	14.8
1975	103	3,256	3,359	6,279	9,638	1.1	33.8	5.2	65.1	14.8
1976	125	2,970	3,095	6,111	9,206	1.4	32.3	4.8	66.4	14.2
1977	103	2,920	3,023	6,094	9,117	1.1	32.0	4.4	66.8	13.3
1978	72	2,865	2,937	5,940	8,877	0.8	32.3	4.3	66.9	12.9
1979	120	2,688	2,808	6,473	9,281	1.3	28.9	3.8	69.7	12.7
1980	93	2,741	2,834	6,379	9,213	1.0	29.8	3.8	69.2	12.3
1981	94	2,655	2,749	6,029	8,778	1.1	30.2	3.7	68.7	11.8
1982	91	2,452	2,543	5,659	8,202	1.1	29.9	3.4	69.0	11.0
1983	98	2,397	2,495	5,258	7,753	1.3	30.9	3.4	67.8	10.7
1984	98	2,305	2,403	4,973	7,376	1.3	31.2	3.3	67.4	10.1
1985	123	2,389	2,512	4,976	7,488	1.6	31.9	3.4	66.4	10.2
1986	121	2,340	2,461	4,679	7,140	1.7	32.8	3.4	65.5	9.9
1987	114	2,369	2,483	4,425	6,908	1.7	34.3	3.5	64.1	9.7
1988	133	2,322	2,455	4,486	6,941	1.9	33.5	3.5	64.6	9.8
1989	141	2,416	2,557	4,707	7,264	1.9	33.3	3.6	64.8	10.1
1990	148	2,337	2,485	4,925	7,410	2.0	31.5	3.4	66.5	10.2
1991	147	2,440	2,587	4,828	7,415	2.0	32.9	3.6	65.1	10.3
1992	159	2,427	2,586	4,622	7,208	2.2	33.7	3.7	64.1	10.2
1993	175	2,481	2,656	4,576	7,232	2.4	34.3	3.8	63.3	10.4
1994	161	2,497	2,658	4,379	7,037	2.3	35.5	3.9	62.2	10.3
1995	182	2,549	2,731	4,379	7,110	2.6	35.9	4.0	61.6	10.5
1996	143	2,507	2,650	4,453	7,103	2.0	35.3	4.0	62.7	10.6
1997	163	2,541	2,704	4,384	7,088	2.3	35.8	4.1	61.9	10.7
1998	111	2,366	2,477	4,570	7,047	1.6	33.6	3.7	64.9	10.5
1999	116	2,432	2,548	4,760	7,308	1.6	33.3	3.7	65.1	10.7
2000	99	2,225	2,324	4,753	7,077	1.4	31.4	3.4	67.2	10.2

Sources: Wisconsin Bureau of Health Information, *Trends in Maternal and Child Health Statistics, 1968-1988*; *Maternal and Child Health Statistics* for the years 1989-1994; *Wisconsin Births and Infant Deaths* for the years 1995-2000.

Note: The numbers of 1996 teen births reported here are different from those published earlier because other states filed three duplicate records for Wisconsin resident teen births.

**Figure 1. Age-Specific Teen Birth Rates, Wisconsin, 1980-2000**



Sources: Wisconsin Bureau of Health Information, *Trends in Maternal and Child Health Statistics, 1968-1988*; *Public Health Profiles* for the years 1989-1994; *Wisconsin Births and Infant Deaths* for the years 1995-2000.

Note: The <18 (less than 18) and <20 (less than 20) birth rates are per 1,000 females aged 15-17 and 15-19, respectively, but include births to mothers less than 15.

**Table 2a. Age-Specific Teen Birth Rates, Wisconsin and United States, 2000**

Age	Wisconsin Rate	U.S. Rate
15-19	35.7	48.7
15-17	19.6	27.5
18-19	59.4	79.5

Sources: Wisconsin Bureau of Health Information, *Wisconsin Births and Infant Deaths, 2000*. United States rates are from the *National Vital Statistics Report, Vol. 49, No. 5, 2001*.

Notes: Rates are the number of births per 1,000 females in the age group. Wisconsin rates shown for births to mothers aged 15-19 and 15-17 includes 99 births to mothers less than 15 years old. U.S. rates for ages 15-19 and 15-17 do not include births to mothers less than 15 years old.

**Table 2b. Teen Birth Rates, Wisconsin and United States, 1980-2000**

	1980	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000
Wisconsin	40	42	44	42	41	39	38	37	35	35	35	35
United States	53	60	62	61	60	59	57	55	53	51	50	49

Sources: Wisconsin Bureau of Health Information, *Trends in Maternal and Child Health Statistics, 1968-1988*; *Public Health Profiles* for the years 1989-1994; *Wisconsin Births and Infant Deaths* for the years 1995-2000. United States rates are from the 2001 National Center for Health Statistics, *National Vital Statistics Report, Vol. 49, No. 5, Hyattsville, Maryland, 2001*.

Notes: Rates are the number of births per 1,000 females aged 15-19. Wisconsin rates for this table exclude births to mothers below age 15.



**Table 3. Births to Teens by Age Group and Race/Ethnicity, Wisconsin, Selected Years**

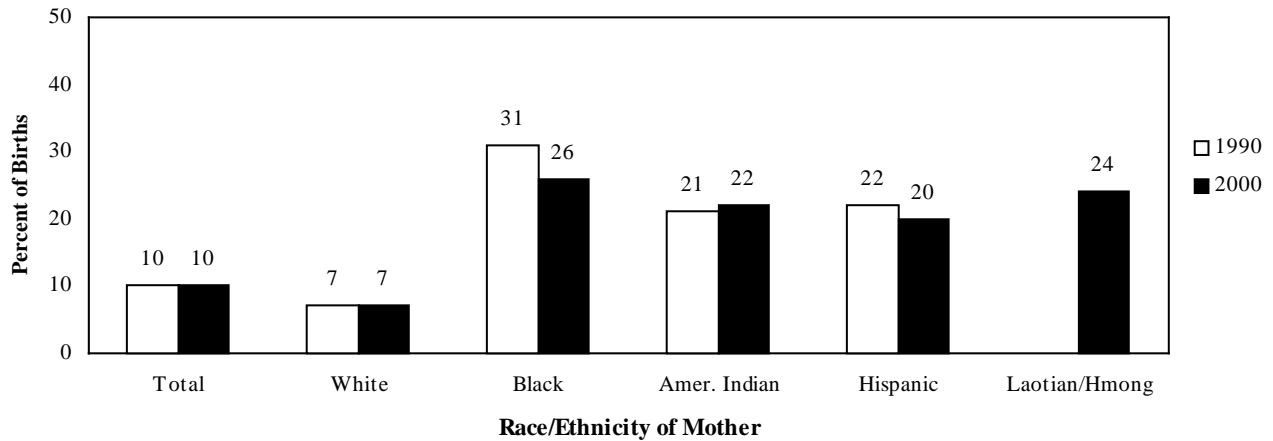
Year	Number of Births			Birth Rate
	<18	18-19	<20	<20
<b>1990</b>				
White	1,208	3,252	4,460	29.6
Black/African American	961	1,219	2,180	183.9
American Indian	63	106	169	91.8
Hispanic/Latino, Any Race	151	254	405	91.5
Total Births	2,485	4,925	7,410	43.5
<b>1999</b>				
White	1,213	3,010	4,223	24.3
Black/African American	790	1,007	1,797	129.3
American Indian	90	128	218	95.9
Hispanic/Latino, Any Race	315	463	778	114.1
Total Births	2,548	4,760	7,308	36.0
<b>2000</b>				
White	1,088	2,899	3,987	24.0
Black/African American	720	966	1,686	122.8
American Indian	73	122	195	93.9
Hispanic/Latino, Any Race	317	564	881	99.9
Total Births	2,324	4,753	7,077	35.7

Sources: Wisconsin Bureau of Health Information, *Maternal and Child Health Statistics 1990; Wisconsin Births and Infant Deaths* for the years 1999 and 2000.

Notes: Births to mothers of Hispanic origin are excluded from race categories (see Technical Notes). (In contrast, Table 11 includes mothers of Hispanic origin within race categories.) The <20 birth rates are per 1,000 females aged 15-19, but include births to mothers less than 15.

Totals include all births to mothers in these age groups, regardless of race/ethnicity.

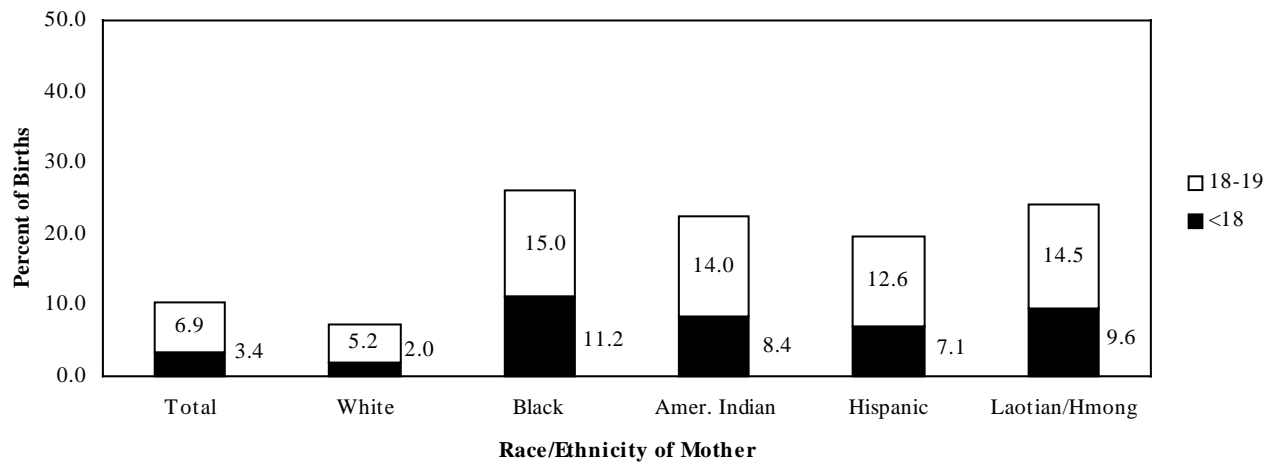
**Figure 2. Births to Teens as a Percent of All Births by Race/Ethnicity, Wisconsin, 1990 and 2000**



Source: Wisconsin Bureau of Health Information, *Wisconsin Births and Infant Deaths, 2000*.

Notes: Births to mothers of Hispanic origin are excluded from race categories in this figure because a Hispanic ethnicity category is shown (see Technical Notes). (In contrast, Table 11 includes mothers of Hispanic origin within self-identified race categories.) In 2000, 6% of births to mothers whose race/ethnicity was considered to be in the “other” category were to teens (not shown). There are no comparable 1990 data for the Laotian/Hmong or “other” group.

**Figure 3. Births to Teens as a Percent of All Births by Race/Ethnicity and Age Group, Wisconsin 2000**



Source: Wisconsin Bureau of Health Information, *Wisconsin Births and Infant Deaths, 2000*.

Notes: Births to mothers of Hispanic origin are excluded from race categories (see Technical Notes). (In contrast, Table 11 includes mothers of Hispanic origin within race categories.)

## Statewide Information

**Table 4. Births to Teens by Marital Status, Wisconsin, Selected Years**

Marital Status	1990	1992	1994	1995	1996	1997	1998	1999	2000
<b>Married</b>									
Number	1,475	1,357	1,139	1,171	1,146	1,095	1,077	1,149	1,096
Percent	19.9%	18.8%	16.2%	16.5%	16.1%	15.4%	15.3%	15.7%	15.5%
<b>Unmarried</b>									
Number	5,934	5,851	5,897	5,937	5,957	5,993	5,970	6,159	5,981
Percent	80.1%	81.2%	83.8%	83.5%	83.9%	84.6%	84.7%	84.3%	84.5%
Teen Births	7,410	7,208	7,037	7,110	7,103	7,088	7,047	7,308	7,077

Sources: Wisconsin Bureau of Health Information, *Maternal and Child Health Statistics* for the years 1990, 1992, 1994; *Wisconsin Births and Infant Deaths* for the years 1995-2000.

Note: Marital status was not reported for 1 birth in 1990 and 1994 and 2 births in 1995.

**Table 5. Births to Teens Who Received First-Trimester Prenatal Care, by Age Group, Wisconsin, 1990-2000**

Year	Less than 18		18-19		Less than 20		All Births/All Ages	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
1990	1,330	54	3,026	61	4,356	59	59,275	82
1991	1,402	54	3,018	63	4,420	60	58,705	81
1992	1,446	56	2,987	65	4,433	62	57,804	82
1993	1,527	57	2,973	65	4,500	62	57,251	82
1994	1,574	59	2,978	68	4,552	65	56,716	83
1995	1,628	60	3,074	70	4,702	66	56,155	83
1996	1,608	61	3,149	71	4,757	67	56,273	84
1997	1,640	61	3,167	72	4,807	68	56,112	84
1998	1,518	61	3,171	69	4,689	67	56,645	84
1999	1,520	60	3,401	71	4,921	67	57,203	84
2000	1,373	59	3,354	71	4,727	67	58,129	84

Sources: Wisconsin Bureau of Health Information, *Maternal and Child Health Statistics* for the years 1989-1994; *Wisconsin Births and Infant Deaths* for the years 1995-2000.

**Statewide Information**

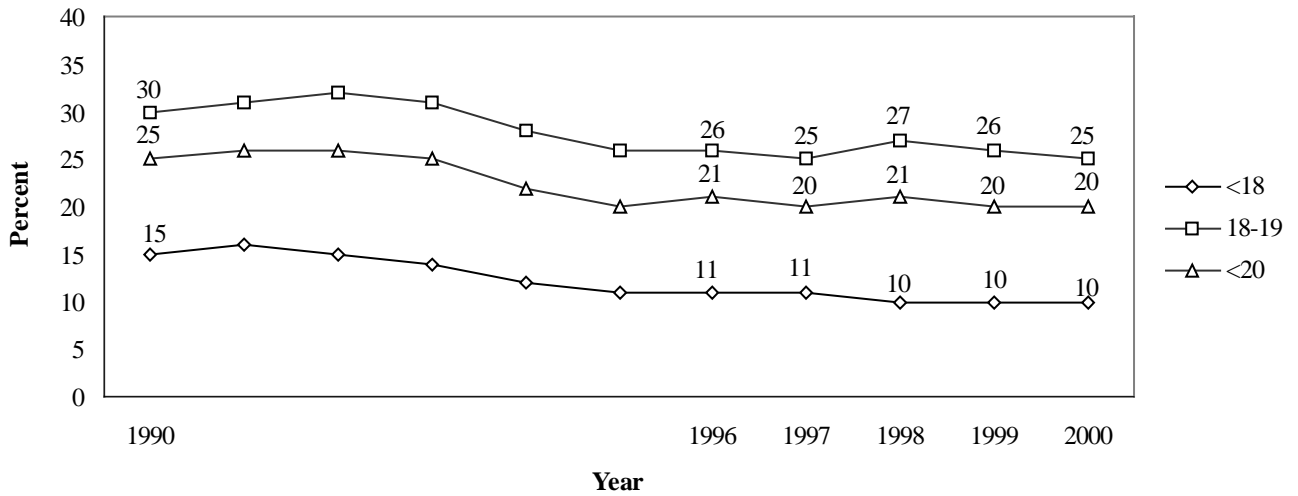
**Table 6. Second Order or Higher Births to Teens by Age Group, Wisconsin, Selected Years**

Age Group	1990	1992	1994	1995	1996	1997	1998	1999	2000
Less than 18	372	387	322	307	289	295	251	263	244
18-19	1,492	1,469	1,212	1,130	1,179	1,097	1,233	1,229	1,197
Total <20	1,864	1,841	1,534	1,437	1,468	1,392	1,484	1,492	1,441

Sources: Wisconsin Bureau of Health Information, *Maternal and Child Statistics* for the years 1990, 1992, 1994; *Wisconsin Births and Infant Deaths* for the years 1995-2000.

Notes: Birth order means order of present birth in relation to previous births. Birth order was not reported for 1 birth to mothers <18 in 1990; for 1 birth to mothers <18 in 1992; for 7 births to mothers 18-19 in 1994; for 3 births to mothers 18-19 in 1995; and for 1 birth to mothers <18 and 1 birth to mothers 18-19 in 1996.

**Figure 4. Percent of Second Order or Higher Births to Teens by Age Group, Wisconsin, 1990-2000**



Sources: Wisconsin Bureau of Health Information, *Maternal and Child Health Statistics* for the years 1990-1994; *Wisconsin Births and Infant Deaths* for the years 1995-2000.

Statewide Information

Table 7. Births to Teens by Age Group and Selected Characteristics, Wisconsin, 2000

	<15	15-17	<18	18-19	<20	All Births All Ages
<b>Total</b>	<b>99</b>	<b>2,225</b>	<b>2,324</b>	<b>4,753</b>	<b>7,077</b>	<b>69,289</b>
<b>Race/Ethnicity of Mother</b>						
White	26	1,062	1,088	2,899	3,987	55,381
Black/African American	52	668	720	966	1,686	6,437
American Indian	1	72	73	122	195	870
Hispanic/Latino	15	302	317	564	881	4,484
Laotian/Hmong	4	98	102	154	256	1,062
Other	1	23	24	40	64	1,028
Unknown	-	-	-	8	8	27
<b>Education of Mother</b>						
Elem. or Less	93	209	302	149	451	2,238
Some H.S.	6	1,871	1,877	1,947	3,824	8,799
H.S. Graduate	-	137	137	2,356	2,493	21,641
Some College	-	-	-	294	294	16,740
College Graduate	-	-	-	-	-	11,741
Post-Graduate	-	-	-	-	-	7,989
Unknown	-	8	8	7	15	141
<b>Marital Status</b>						
Married	2	221	223	873	1,096	48,745
Unmarried	97	2,004	2,101	3,880	5,981	20,543
Unknown	-	-	-	-	-	1
<b>Trimester Prenatal Care Began</b>						
First	48	1,325	1,373	3,354	4,727	58,129
Second	39	672	711	1,083	1,794	8,644
Third	9	169	178	237	415	1,776
No Prenatal Care	3	51	54	62	116	530
Unknown	-	8	8	17	25	210
<b>Number of Prenatal Care Visits</b>						
No Visits	3	51	54	62	116	531
1-4	11	175	186	252	438	2,047
5-9	36	691	727	1,247	1,974	12,716
10-12	29	845	874	1,929	2,803	29,381
13+	20	455	475	1,244	1,719	24,355
Unknown	-	8	8	19	27	259
<b>Birthweight</b>						
<1,500 grams	1	58	59	85	144	855
1500-2,499 grams	15	168	183	319	502	3,671
2,500+ grams	83	1,999	2,082	4,348	6,430	64,756
Unknown	-	-	-	1	1	7
<2,500 grams	16	226	242	404	646	4,526

(Continued)

## Statewide Information

**Table 7. Births to Teens by Age Group and Selected Characteristics, Wisconsin, 2000**

	<15	15-17	<18	18-19	<20	All Births All Ages
<b>Smoked During Pregnancy</b>						
No	82	1,722	1,804	3,287	5,091	57,787
Yes	16	500	516	1,463	1,979	11,428
Unknown	1	3	4	3	7	74
<b>Live Birth Order</b>						
First	98	1,982	2,080	3,556	5,636	27,248
Second	1	227	228	980	1,208	22,825
Third	-	15	15	186	201	11,408
Fourth	-	1	1	27	28	4,452
Fifth or Higher	-	-	-	4	4	3,348
Unknown	-	-	-	-	-	8
<b>Plurality</b>						
Single Birth	97	2,192	2,289	4,667	6,956	67,116
Multiple Birth	2	33	35	86	121	2,173

Source: Wisconsin Bureau of Health Information, *Wisconsin Births and Infant Deaths, 2000*.

Notes: Included in the total of all births are 5 births for which age of mother was not reported. Births to mothers of Hispanic origin are excluded from race categories (see Technical Notes). (In contrast, Table 11 includes mothers of Hispanic origin within race categories.) A dash (-) indicates there were no births in that category.

**Table 8. Fetal, Neonatal, and Infant Deaths by Teen Age Group, Wisconsin, 2000**

	<15	15-17	<18	18-19	<20	All Deaths All Ages
<b>Fetal deaths</b>						
Number	3	13	16	37	53	414
Rate	-	-	-	7.7	7.4	5.9
<b>Neonatal deaths</b>						
Number	-	19	19	19	38	302
Rate	-	-	-	-	5.4	4.4
<b>Infant deaths</b>						
Number	1	32	33	41	74	457
Rate	-	14.4	14.2	8.6	10.5	6.6

Source: Wisconsin Bureau of Health Information, *Wisconsin Births and Infant Deaths, 2000*.

Notes: The fetal death rate is the number of reported fetal deaths per 1,000 live births and fetal deaths (see Technical Notes). (Fetal deaths are reportable only when fetal gestation is 20 weeks or more.) The neonatal death rate is the number of deaths occurring before 28 days of age, per 1,000 live births. The infant death rate is the number of deaths occurring before one year of age, per 1,000 live births. Rates based on fewer than 20 deaths are omitted because they are subject to large random fluctuations.

**Local Information**

**Table 9. Births to Teens by Age Group and County of Residence, Wisconsin, 2000**

<b>County</b>	<b>&lt;15</b>	<b>15-17</b>	<b>&lt;18</b>	<b>18-19</b>	<b>&lt;20</b>	<b>All Births All Ages</b>
<b>Total</b>	<b>99</b>	<b>2,225</b>	<b>2,324</b>	<b>4,753</b>	<b>7,077</b>	<b>69,289</b>
Adams	-	4	4	16	20	158
Ashland	-	10	10	23	33	224
Barron	-	9	9	36	45	466
Bayfield	-	3	3	5	8	141
Brown	6	120	126	206	332	3,212
Buffalo	-	2	2	13	15	163
Burnett	-	3	3	15	18	136
Calumet	-	3	3	17	20	513
Chippewa	-	24	24	49	73	673
Clark	-	7	7	30	37	496
Columbia	-	11	11	31	42	616
Crawford	-	7	7	18	25	183
Dane	3	147	150	232	382	5,555
Dodge	1	23	24	76	100	994
Door	-	4	4	21	25	232
Douglas	-	14	14	51	65	513
Dunn	-	10	10	24	34	483
Eau Claire	2	15	17	68	85	1,116
Florence	-	2	2	3	5	36
Fond du Lac	1	29	30	71	101	1,151
Forest	-	5	5	6	11	114
Grant	-	16	16	31	47	540
Green	-	10	10	16	26	402
Green Lake	-	9	9	17	26	219
Iowa	1	5	6	13	19	263
Iron	-	3	3	5	8	40
Jackson	-	8	8	23	31	233
Jefferson	1	23	24	55	79	931
Juneau	-	16	16	23	39	275
Kenosha	2	83	85	160	245	2,151
Kewaunee	-	7	7	12	19	224
La Crosse	-	25	25	56	81	1,234
Lafayette	-	4	4	12	16	174
Langlade	-	13	13	21	34	209
Lincoln	-	2	2	23	25	281
Manitowoc	-	27	27	58	85	894
Marathon	1	26	27	114	141	1,520
Marinette	-	10	10	43	53	457
Marquette	-	3	3	18	21	146
Menominee	-	7	7	11	18	93
Milwaukee	57	848	905	1,426	2,331	14,846
Monroe	-	18	18	53	71	602

(Continued)

## Local Information

**Table 9. Births to Teens by Age Group and County of Residence, Wisconsin, 2000**

County	<15	15-17	<18	18-19	<20	All Births All Ages
Oconto	-	6	6	24	30	383
Oneida	-	5	5	22	27	316
Outagamie	1	47	48	114	162	2,289
Ozaukee	-	4	4	25	29	869
Pepin	1	3	4	3	7	79
Pierce	-	5	5	26	31	412
Polk	-	9	9	31	40	454
Portage	-	24	24	60	84	805
Price	-	3	3	4	7	125
Racine	8	102	110	242	352	2,650
Richland	-	4	4	11	15	201
Rock	2	85	87	170	257	2,075
Rusk	1	1	2	10	12	148
St. Croix	-	17	17	38	55	908
Sauk	-	17	17	46	63	755
Sawyer	-	7	7	25	32	182
Shawano	-	9	9	29	38	470
Sheboygan	2	35	37	95	132	1,437
Taylor	-	8	8	9	17	247
Trempealeau	-	5	5	19	24	322
Vernon	-	10	10	26	36	390
Vilas	-	7	7	11	18	155
Walworth	1	29	30	70	100	1,102
Washburn	-	10	10	10	20	163
Washington	-	20	20	57	77	1,490
Waukesha	2	59	61	130	191	4,357
Waupaca	3	9	12	44	56	567
Waushara	1	6	7	17	24	225
Winnebago	1	39	40	117	157	1,926
Wood	1	25	26	67	93	878

Source: Wisconsin Bureau of Health Information, *Wisconsin Births and Infant Deaths, 2000*.

Notes: Included in the "all births" column are 5 births for which age of mother was not reported. A dash (-) indicates there were no births in that category.



**Local Information**

**Table 10. Teen Birth Rates and Estimated Pregnancy Rates by Teen Age Group and County of Residence, Wisconsin, 2000**

County	Birth Rate			Estimated Pregnancy Rate		
	<18	18-19	<20	<18	18-19	<20
<b>Total</b>	<b>19.6</b>	<b>59.4</b>	<b>35.7</b>	<b>26.4</b>	<b>76.6</b>	<b>46.7</b>
Adams	-	-	41.8	-	-	41.8
Ashland	-	63.4	43.6	-	63.4	43.6
Barron	-	65.2	26.2	-	65.2	26.8
Bayfield	-	-	-	-	-	-
Brown	25.8	58.7	39.6	32.6	74.1	49.9
Buffalo	-	-	-	-	-	-
Burnett	-	-	-	-	-	-
Calumet	-	-	13.0	-	-	13.0
Chippewa	17.5	70.4	35.3	17.5	70.4	35.3
Clark	-	65.1	26.8	-	65.1	26.8
Columbia	-	54.4	23.9	-	84.2	37.5
Crawford	-	-	37.9	-	-	37.9
Dane	19.4	27.1	23.5	30.8	46.1	38.9
Dodge	12.0	77.8	33.5	16.0	94.2	41.6
Door	-	81.4	29.5	-	81.4	29.5
Douglas	-	66.6	38.8	-	66.6	38.8
Dunn	-	19.9	16.4	-	19.9	16.4
Eau Claire	-	25.3	18.4	-	25.3	18.4
Florence	-	-	-	-	-	-
Fond du Lac	13.2	47.7	26.9	15.4	57.1	32.0
Forest	-	-	-	-	-	-
Grant	-	30.4	21.4	-	30.4	21.4
Green	-	-	22.3	-	-	23.2
Green Lake	-	-	38.7	-	-	38.7
Iowa	-	-	-	-	-	-
Iron	-	-	-	-	-	-
Jackson	-	105.5	52.5	-	105.5	52.5
Jefferson	14.2	57.2	29.8	21.3	73.8	40.3
Juneau	-	90.9	48.6	-	90.9	48.6
Kenosha	25.8	76.8	45.6	32.8	97.9	58.0
Kewaunee	-	-	-	-	-	-
La Crosse	11.3	19.9	16.1	11.3	20.6	16.5
Lafayette	-	-	-	-	-	-
Langlade	-	101.4	49.4	-	101.4	49.4
Lincoln	-	71.9	25.5	-	71.9	25.5
Manitowoc	13.5	55.6	27.9	19.0	69.0	35.5
Marathon	8.9	67.4	29.9	12.2	81.6	37.5
Marinette	-	66.8	32.6	-	66.8	32.6
Marquette	-	-	44.4	-	-	44.4
Menominee	-	-	-	-	-	-
Milwaukee	45.7	100.5	68.6	63.1	137.2	94.0
Monroe	-	104.7	45.5	-	104.7	45.5

(Continued)

**Local Information**

**Table 10. Teen Birth Rates and Estimated Pregnancy Rates by Teen Age Group and County of Residence, Wisconsin, 2000**

County	Birth Rate			Estimated Pregnancy Rate		
	<18	18-19	<20	<18	18-19	<20
Oconto	-	59.1	24.1	-	59.1	24.1
Oneida	-	58.7	24.0	-	58.7	24.0
Outagamie	12.7	52.7	27.2	18.0	71.2	37.3
Ozaukee	-	25.6	10.1	-	40.9	17.8
Pepin	-	-	-	-	-	-
Pierce	-	21.3	15.2	-	21.3	15.2
Polk	-	71.1	27.0	-	71.1	27.0
Portage	16.1	33.9	25.8	23.5	44.0	34.7
Price	-	-	-	-	-	-
Racine	25.0	107.2	52.9	34.4	132.0	67.5
Richland	-	-	-	-	-	-
Rock	26.0	84.7	48.0	30.2	98.6	55.9
Rusk	-	-	-	-	-	-
St. Croix	-	52.6	24.4	-	52.6	24.4
Sauk	-	74.0	34.1	20.4	94.9	45.5
Sawyer	-	150.6	60.7	-	150.6	60.7
Shawano	-	67.0	26.9	-	67.0	26.9
Sheboygan	14.6	67.9	33.6	19.4	94.3	46.0
Taylor	-	-	-	-	-	-
Trempealeau	-	-	26.5	-	-	26.5
Vernon	-	80.5	34.6	-	80.5	34.6
Vilas	-	-	-	-	-	-
Walworth	15.7	33.2	24.9	18.3	44.5	32.1
Washburn	-	-	38.2	-	-	38.2
Washington	7.6	44.4	19.6	14.8	64.6	31.1
Waukesha	7.6	32.8	15.9	11.9	50.9	24.8
Waupaca	-	73.5	31.3	-	73.5	31.3
Waushara	-	-	32.6	-	-	32.6
Winnebago	12.3	40.2	25.5	18.5	48.8	32.8
Wood	14.3	70.6	33.5	14.3	70.6	33.5

Sources: Wisconsin Bureau of Health Information, *Wisconsin Births and Infant Deaths, 2000*; and *Reported Induced Abortions in Wisconsin, 2000*. Population counts used to calculate rates are from United States Census 2000, U.S. Census Bureau.

Notes: A birth rate is not calculated when there are fewer than 20 births for an age group in a county; this is indicated with a dash (-). Rates are per 1,000 females in the age group. The birth rates for mothers <20 and for mothers <18 include births to mothers below age 15.

$$\text{<20 Birth Rate} = 1,000 \times \left( \frac{\text{No. of resident live births to mothers <20}}{\text{No. of females 15-19}} \right)$$

$$\text{<18 Birth Rate} = 1,000 \times \left( \frac{\text{No. of resident live births to mothers <18}}{\text{No. of females 15-17}} \right)$$

The pregnancy rate is an estimate based on the number of live births, reported fetal deaths, and reported induced abortions. This underestimates the actual number of pregnancies because it does not include miscarriages not reported as fetal deaths. Fetal deaths are reportable when fetal gestation is 20 weeks or more. Pregnancies from border counties may also be underestimated because of limited reporting by out-of-state facilities.

**Local Information**

**Table 11. Births to Teens by Age Group, Race of Mother and County of Residence, Wisconsin, 2000**

County	Total	<18			18-19			Total <20		
		White	Black	Other	White	Black	Other	White	Black	Other
<b>Total</b>	<b>7,077</b>	<b>1,387</b>	<b>730</b>	<b>207</b>	<b>3,440</b>	<b>976</b>	<b>329</b>	<b>4,827</b>	<b>1,706</b>	<b>536</b>
Adams	20	4	-	-	16	-	-	20	-	-
Ashland	33	6	-	4	19	-	4	25	-	8
Barron	45	8	-	1	33	-	3	41	-	4
Bayfield	8	3	-	-	3	-	2	6	-	2
Brown	332	88	5	33	160	6	40	248	11	73
Buffalo	15	2	-	-	13	-	-	15	-	-
Burnett	18	3	-	-	13	-	2	16	-	2
Calumet	20	3	-	-	14	-	3	17	-	3
Chippewa	73	23	-	1	46	-	3	69	-	4
Clark	37	6	-	1	29	-	1	35	-	2
Columbia	42	11	-	-	31	-	-	42	-	-
Crawford	25	7	-	-	18	-	-	25	-	-
Dane	382	89	46	15	160	49	23	249	95	38
Dodge	100	24	-	-	76	-	-	100	-	-
Door	25	4	-	-	20	-	1	24	-	1
Douglas	65	14	-	-	46	1	3	60	1	3
Dunn	34	7	-	3	21	-	3	28	-	6
Eau Claire	85	10	-	7	59	1	8	69	1	15
Florence	5	2	-	-	3	-	-	5	-	-
Fond du Lac	101	27	2	1	65	2	4	92	4	5
Forest	11	4	-	1	6	-	-	10	-	1
Grant	47	16	-	-	31	-	-	47	-	-
Green	26	10	-	-	16	-	-	26	-	-
Green Lake	26	7	-	2	17	-	-	24	-	2
Iowa	19	6	-	-	13	-	-	19	-	-
Iron	8	3	-	-	5	-	-	8	-	-
Jackson	31	7	-	1	21	-	2	28	-	3
Jefferson	79	22	-	2	51	-	4	73	-	6
Juneau	39	15	-	1	22	-	1	37	-	2
Kenosha	245	59	24	2	122	37	1	181	61	3
Kewaunee	19	7	-	-	11	-	1	18	-	1
La Crosse	81	13	2	10	43	1	12	56	3	22
Lafayette	16	4	-	-	12	-	-	16	-	-
Langlade	34	12	-	1	20	-	1	32	-	2
Lincoln	25	2	-	-	21	2	-	23	2	-
Manitowoc	85	20	2	5	51	-	7	71	2	12

(Continued)

**Local Information**

**Table 11. Births to Teens by Age Group, Race of Mother and County of Residence, Wisconsin, 2000**

County	Total	<18			18-19			Total <20		
		White	Black	Other	White	Black	Other	White	Black	Other
Marathon	141	20	-	7	91	-	23	111	-	30
Marinette	53	10	-	-	43	-	-	53	-	-
Marquette	21	3	-	-	18	-	-	21	-	-
Menominee	18	-	-	7	-	-	11	-	-	18
Milwaukee	2,331	284	580	41	577	776	72	861	1,356	113
Monroe	71	17	-	1	51	-	2	68	-	3
Oconto	30	5	1	-	24	-	-	29	1	-
Oneida	27	5	-	-	22	-	-	27	-	-
Outagamie	162	32	-	16	89	1	24	121	1	40
Ozaukee	29	4	-	-	24	-	1	28	-	1
Pepin	7	4	-	-	3	-	-	7	-	-
Pierce	31	5	-	-	26	-	-	31	-	-
Polk	40	9	-	-	30	-	1	39	-	1
Portage	84	16	2	6	54	1	5	70	3	11
Price	7	3	-	-	4	-	-	7	-	-
Racine	352	63	40	7	163	76	3	226	116	10
Richland	15	4	-	-	11	-	-	15	-	-
Rock	257	68	17	2	149	17	3	217	34	5
Rusk	12	2	-	-	10	-	-	12	-	-
St. Croix	55	16	-	1	37	-	1	53	-	2
Sauk	63	17	-	-	44	1	1	61	1	1
Sawyer	32	2	-	5	6	-	15	8	-	20
Shawano	38	9	-	-	23	-	6	32	-	6
Sheboygan	132	24	4	9	83	-	12	107	4	21
Taylor	17	8	-	-	9	-	-	17	-	-
Trempealeau	24	5	-	-	19	-	-	24	-	-
Vernon	36	10	-	-	26	-	-	36	-	-
Vilas	14	5	-	2	9	-	2	14	-	4
Walworth	100	30	-	-	70	-	-	100	-	-
Washburn	20	10	-	-	10	-	-	20	-	-
Washington	77	20	-	-	56	-	1	76	-	1
Waukesha	191	57	3	1	123	2	4	180	5	5
Waupaca	56	12	-	-	43	-	1	55	-	1
Waushara	24	6	1	-	16	-	1	22	1	1
Winnebago	157	30	1	9	106	3	8	136	4	17
Wood	93	24	-	2	64	-	3	88	-	5

Source: Wisconsin Bureau of Health Information, resident birth certificates.

Note: Included in total column are 8 births to mothers aged 18-19 for which race of mother was not reported. Births to mothers of Hispanic origin are included within the race categories (see Technical Notes). This differs from the other tables related to race/ethnicity in this report. A dash (-) indicates there were no births in that category.

**Local Information**

**Table 12. Births to Unmarried Teens by Age Group and County of Residence, Wisconsin, 2000**

County	<15	15-17	<18	18-19	<20	All Nonmarital Births
<b>Total</b>	<b>97</b>	<b>2,004</b>	<b>2,101</b>	<b>3,880</b>	<b>5,981</b>	<b>20,543</b>
Adams	-	n/s	n/s	13	16	57
Ashland	-	9	9	19	28	74
Barron	-	8	8	27	35	124
Bayfield	-	n/s	n/s	5	7	43
Brown	6	109	115	168	283	901
Buffalo	-	n/s	n/s	12	14	32
Burnett	-	n/s	n/s	14	17	53
Calumet	-	n/s	n/s	11	14	72
Chippewa	-	19	19	36	55	176
Clark	-	7	7	19	26	72
Columbia	-	11	11	24	35	115
Crawford	-	6	6	16	22	53
Dane	n/s	127	129	186	315	1,290
Dodge	n/s	19	20	61	81	237
Door	-	n/s	n/s	13	17	50
Douglas	-	12	12	45	57	175
Dunn	-	7	7	21	28	111
Eau Claire	n/s	9	11	50	61	278
Florence	-	-	-	-	-	1
Fond du Lac	n/s	26	27	52	79	267
Forest	-	n/s	n/s	6	10	28
Grant	-	16	16	26	42	136
Green	-	8	8	13	21	92
Green Lake	-	7	7	13	20	45
Iowa	n/s	5	6	9	15	48
Iron	-	n/s	n/s	n/s	7	15
Jackson	-	7	7	18	25	68
Jefferson	n/s	20	21	38	59	224
Juneau	-	13	13	17	30	89
Kenosha	n/s	76	78	140	218	720
Kewaunee	-	7	7	7	14	49
La Crosse	-	16	16	40	56	288
Lafayette	-	n/s	n/s	10	13	39
Langlade	-	11	11	19	30	66
Lincoln	-	n/s	n/s	19	21	69
Manitowoc	-	22	22	40	62	199
Marathon	n/s	17	18	71	89	316
Marinette	-	9	9	35	44	129
Marquette	-	n/s	n/s	10	13	36
Menominee	-	7	7	10	17	67
Milwaukee	57	815	872	1,281	2,153	7,352
Monroe	-	16	16	45	61	173

(Continued)

**Local Information**

**Table 12. Births to Unmarried Teens by Age Group and County of Residence, Wisconsin, 2000**

County	<15	15-17	<18	18-19	<20	All Nonmarital Births
Oconto	-	5	5	20	25	105
Oneida	-	5	5	17	22	82
Outagamie	n/s	37	38	81	119	452
Ozaukee	n/s	n/s	n/s	21	25	92
Pepin	n/s	n/s	n/s	n/s	5	12
Pierce	n/s	5	5	21	26	103
Polk	-	8	8	23	31	121
Portage	n/s	19	19	49	68	185
Price	-	n/s	n/s	n/s	n/s	28
Racine	7	95	102	206	308	976
Richland	-	n/s	n/s	8	12	56
Rock	n/s	79	81	150	231	769
Rusk	n/s	n/s	n/s	9	11	39
St. Croix	-	17	17	33	50	161
Sauk	-	14	14	30	44	175
Sawyer	-	7	7	21	28	86
Shawano	-	9	9	24	33	128
Sheboygan	n/s	23	25	60	85	337
Taylor	-	6	6	5	11	50
Trempealeau	-	n/s	n/s	16	20	93
Vernon	-	9	9	19	28	77
Vilas	-	6	6	7	13	46
Walworth	n/s	23	24	49	73	257
Washburn	-	8	8	5	13	39
Washington	-	20	20	46	66	222
Waukesha	n/s	51	53	102	155	534
Waupaca	n/s	8	11	34	45	143
Waushara	n/s	5	5	10	15	55
Winnebago	n/s	30	31	96	127	444
Wood	n/s	23	24	53	77	247

Source: Wisconsin Bureau of Health Information, *Wisconsin Births and Infant Deaths, 2000*.

Notes: Included in the totals is 1 birth for which age of mother was not reported. A dash (-) indicates there were no births to unmarried women in this age group. An n/s indicates that births to unmarried women are not shown, and at least one but fewer than five total births (to married and unmarried mothers) occurred in the age group (see Table 9).

## Local Information

**Table 13. Births by Teen Age Group and Selected City of Residence, Wisconsin, 2000**

City	<15	15-17	<18	18-19	<20	All Births
Appleton	1	32	33	68	101	1,236
Beloit	1	39	40	62	102	609
Eau Claire	1	10	11	49	60	779
Fond du Lac	1	23	24	52	76	632
Green Bay	6	91	97	156	253	1,788
Greenfield	-	4	4	13	17	327
Janesville	-	30	30	69	99	930
Kenosha	2	76	78	140	218	1,736
La Crosse	-	21	21	37	58	613
Madison	3	105	108	163	271	2,927
Manitowoc	-	20	20	45	65	422
Marshfield	-	9	9	20	29	240
Mequon/Thiensville	-	-	-	2	2	198
Milwaukee	55	795	850	1,288	2,138	11,153
Neenah/Menasha	-	10	10	40	50	632
Oshkosh	1	23	24	55	79	848
Racine	8	86	94	206	300	1,727
Sheboygan	2	26	28	58	86	741
Stevens Point	-	16	16	34	50	364
Superior	-	12	12	37	49	364
Watertown	1	8	9	26	35	331
Waukesha	2	29	31	54	85	1,102
Wausau	-	14	14	50	64	509
Wauwatosa	-	-	-	8	8	604
West Allis	-	15	15	46	61	653
West Bend	-	7	7	26	33	450

Source: Wisconsin Bureau of Health Information, resident birth certificates.

Note: A dash (-) indicates there were no births in that category.

## Definitions, Explanations of Terms, and Limitations of the Data

**Teens.** “Teens” in this report are females under 20 years of age. “Younger teens” are less than 18 years of age. “Older teens” are 18 to 19 years of age.

**Race/Ethnicity Classifications.** The Bureau of Health Information has reported maternal and child health data by race and ethnicity two different ways. The first presentation of data excludes persons of Hispanic/Latino ethnicity from any of the race categories and shows data for Hispanics/Latinos separately. Most of the tables and graphs in this report present the race/ethnicity data in this format. Table 11 includes Hispanics/Latinos within the racial categories.

Prior to 1994, Wisconsin birth reports included a racial category labeled “Indochinese.” Beginning in 1994, this category was redefined as “Laotian/Hmong” (who constituted approximately 95 percent of the Indochinese category). The remaining 5 percent of births in the Indochinese category were reallocated to the “Other” grouping; this includes Vietnamese, Cambodian, Thai, Chinese, Japanese, and East Indian.

### Mortality.

**Infant Deaths.** The birth-death cohort is not completed until one full year after the end of the birth cohort calendar year. This publication reports mortality data on infants who died during 2000, rather than the mortality experience of the 2000 birth cohort, to allow more timely reporting on infant mortality.

**Fetal Deaths.** A fetal death or stillbirth is “a fetus which, after complete expulsion or extraction from the woman, does not breathe or show other evidence of life such as beating of the heart, pulsation of the umbilical cord, or definite movement of voluntary muscles.” By Wisconsin statute, a stillbirth of at least 20 weeks’ gestation or 350 grams must be reported. Some 2000 stillbirths (fetal deaths) to Wisconsin residents are not included in this publication because some were less than 20 weeks’ gestation, some occurred outside Wisconsin, and an unknown number that occurred within the state were not reported. (Note: A fetal death report is not used for induced abortions.)

**Limitations of the Data.** Vital records information may potentially have some limitations related to completeness, accuracy, and timeliness of registration, quality control procedures and classification problems. The reporting of live births and infant deaths is considered to be essentially complete for births occurring in Wisconsin. A cooperative exchange program between the states has been in operation for several decades to allocate birth and death certificates to the state of residence. Although this exchange program is not totally complete, the incompleteness is not of sufficient magnitude to seriously affect natality and infant mortality results.

Edit checks are incorporated in the software used for electronic transmission of birth certificate data, and the Vital Records Registration and Statistics Unit reviews birth certificates and death certificates for logical inconsistencies. Some errors remain after this review, but they are thought to have little, if any, effect on statistical results.



DEPARTMENT OF HEALTH & FAMILY SERVICES  
 Division of Health  
 DOH-5103B (Rev. 10/96)

STATE OF WISCONSIN  
 Chapter 69, Wis. Stat.

BIRTH CERTIFICATE WORKSHEET

The information on this worksheet (except signatures and informant entries) must be typed, if possible. If a typewriter is not available, the information must be printed neatly **IN BLACK INK** including informant information. Worksheets that are illegible will be returned for replacement. Item numbers reflect data entry order and are not always in consecutive order on this form.

INFORMANT: READ THE PAGE TO THE LEFT AND COMPLETE THE SHADED AREAS ON BOTH SIDES OF THE FORM.

PART I INFORMANT LEGAL INFORMATION				
Mother	16. Mother's Current Name	First	Middle	Last
	17. Mother's Birth Name (Maiden Name)	First	Middle	Last
	18. Mother's Date of Birth (Mo./Day/Yr.) (spell out month)	19. Mother's State of Birth (if not in the U.S.A., name the country)		
	* For items 20-23, enter the mother's legal residence (the physical location where the mother lives). Name the city, village or township (Minor Civil Division) where the home is located. This is not always the same as the mailing address. Do not name an unincorporated place.			
20. Residence State (if not in the U.S.A., name the country)		21. Residence County		
22. Residence Inside City, Village, Township of:		23. Check One: <input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Township		
Husband	Husband Information: Read the information on the page to the left labeled "E. Husband/Father Information on the Birth Certificate" before entering any of the items pertaining to the husband on the worksheet and before completing item 35, "Is Mother Married?"			
	24. Husband's Name	First	Middle	Last
	25. Husband's Date of Birth (Mo./Day/Yr.) (spell out month)	26. Husband's State of Birth (if not in U.S.A., name the country)		
	32. Informant Name	33. Relation to Child (do not enter "father" if informant is not listed as husband in item 24)		
CHILD'S NAME (Read the information to the left labeled "D. Naming Your Child" before completing this section.) Print the name as you want it to appear on the legal birth record.				
First		Middle	Last	Title (e.g. Jr., II, III, etc.)
PART II INFORMANT CONFIDENTIAL LEGAL INFORMATION (This information Does Not Appear on Certified Copies of the Birth Certificate)				
34a. Mother's Mailing Address (Street or RFD, City / Village / Post Office, State, ZIP) The Birth Notification form will be sent to this address. If the infant is being placed for adoption or this possibility is under consideration, check the box <input type="checkbox"/> . Do not provide an address.				
<input type="checkbox"/> Child may/will be placed for adoption				
34b. Social Security Number Requested by Parents? Read the information on the page to the left labeled, "G. Social Security Number Requested" before answering this question. The infant must be named and the mother's mailing address must be complete if the box is checked "Yes".		34c. Mother's Social Security Number		
		34d. Husband's Social Security Number		
		<input type="checkbox"/> YES <input type="checkbox"/> NO		
35. Is Mother Married (at any time between conception and birth)? Read the information labeled "E. Husband/Father Information" on the page to the left before answering this question.				
		<input type="checkbox"/> YES <input type="checkbox"/> NO		
*Parent/Informant Signature and Date. I certify that the information I have provided in the shaded areas of both sides of this form is correct to the best of my knowledge and belief.				
Signature		Date Signed		
*Only the mother and/or the husband named in item 24 may name the child and/or authorize a request for a social security number for the child. If the informant is someone other than the mother or husband, the mother or husband must co-sign this document.				
PART I RECORD FILER LEGAL INFORMATION (RECORD FILER: TYPE OR PRINT CHILD'S NAME AND RE-VERIFY WITH NAME GIVEN ABOVE BY INFORMANT)				
1. Child's Name: First		Middle	Last	Title (e.g. Jr., II, III, etc.)
2. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	3. Date of Birth (Month/Day/Year) (spell out month)		4. Hour (specify hour and minute and check appropriate box) <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Noon <input type="checkbox"/> Midnight	
5a. Birth Facility <input type="checkbox"/> Clinic/Dr. Office <input type="checkbox"/> Residence <input type="checkbox"/> Hospital <input type="checkbox"/> Birth Center <input type="checkbox"/> Other		5b. If at or en route to a hospital, give name		
5c. If not at or en route to a hospital, give street address where birth occurred (where placenta was delivered)				
6. County of Birth:		7. Birth Occurred Inside City, Village, Township of:		8. Check One: <input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Township
9a. Attendant Name		9b. Wis. License #		10. Title 1. <input type="checkbox"/> M.D. 2. <input type="checkbox"/> D.O. 3. <input type="checkbox"/> C.N.M. 4. <input type="checkbox"/> Other MDWF 5. <input type="checkbox"/> Other
11. Name of Filing Party [s. 69.14(1)(c)] and Title			12. Date Completed (Month/Day/Year) (spell out month)	
13. Mailing Address of Filing Party <input type="checkbox"/> Same as Hospital. If not at a hospital, give complete mailing address				
27. Birthweight (original unconverted) grams OR lbs. oz.		28. Crown-Heel Length (original unconverted) centimeters OR in.		
29. If infant Died (Mo./Day/Yr.) (spell out month) <input type="checkbox"/> Died		30. Plurality (single, twin, triplet, etc.)		31. If Not Single Birth: (born first, second, third, etc.)

PART III CONFIDENTIAL MEDICAL/STATISTICAL INFORMATION

The information from this page is only available to the mother and to the staff of some public health and research programs. They must treat this information as confidential material. The information is collected throughout the nation for health and population research and it is used to promote healthy births and to identify present and future health needs and populations of certain groups or areas. This information does not appear on the birth certificate.

**RACE** - Enter the race of the mother and husband (if listed in item 24) on the appropriate line. Enter both races if of "mixed" race. Do not enter "Hispanic" here. If "Native American", enter "American Indian". If Asian or Southeast Asian, specify the national origin such as "Hmong", "Cambodian", "Chinese", "Japanese", etc.

**HISPANIC ORIGIN** - "Hispanic" refers to people whose origins are from Spain, Mexico, or the Spanish-speaking countries of Central or South America. If you are of Hispanic origin, specify the national origin. If not of Hispanic origin, check the "No" box.

**EDUCATION** - Enter the number of years of schooling completed. Do not count partial years (e.g. if the freshman year of college is not completed, enter "12" under "Elementary/Secondary" column). Do not include years in technical or specialty schools unless college transferable academic credits were received.

**EMPLOYMENT ONE YEAR AGO** - Enter the occupation and type of firm or agency worked at one year prior to this birth. Be as specific as possible in these items (See examples below). Avoid the use of a firm or agency name. Instead, describe the type of business in which the firm or agency is involved. Do not use abbreviations for job titles.

Examples:

	OCCUPATION	TYPE OF FIRM OR AGENCY	OCCUPATION	TYPE OF FIRM OR AGENCY
Enter:	Clerk Typist	City Health Department	Enter:	Disabled
Not:	Office Worker	City of Madison	Not:	None
Enter:	Math Teacher	High School	Enter:	Unemployed
Not:	Teacher	Public School	Not:	Never Worked
Enter:	Auto Mechanic	Self-Employed Own	Enter:	Student
Not:	Mechanic		Not:	None
Enter:	Sales Clerk	Hardware Store	Enter:	Homemaker
Not:	Clerk	Smith's Store	Not:	None

**36. RACE**  
 White, Black Amer. Ind., etc.  **37. HISPANIC ORIGIN**  
 Specify Mexican, Puerto Rican, Cuban, etc.  No

**38. EDUCATION**  
 Highest Grade Completed  
 Elem. (0-12) \_\_\_\_\_ College (1-4 or 5+) \_\_\_\_\_

**39. EMPLOYMENT ONE YEAR AGO**  
 Occupation \_\_\_\_\_ Type of Firm or Agency \_\_\_\_\_

**40. PREGNANCY HISTORY**  
 (Obtain from informant if necessary)  
 Live Births (exclude this child)  
 Now Living \_\_\_\_\_ Now Dead \_\_\_\_\_  
 a. Number \_\_\_\_\_ b. Number \_\_\_\_\_ c. \_\_\_\_\_  
 OTHER TERMINATIONS (Spontaneous or induced)  
 Less than 20 wks. \_\_\_\_\_ 20 wks. or more \_\_\_\_\_  
 d. Number \_\_\_\_\_ e. Number \_\_\_\_\_ f. \_\_\_\_\_

**41. CLINICAL ESTIMATE OF GESTATION (Weeks)**  
 \_\_\_\_\_

**42. DATE LAST NORMAL MENSTRUATION BEGAN**  
 Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**43. MONTH OF PREGNANCY PRENATAL CARE BEGAN**  
 (Month 1-9; Not Trimester) \_\_\_\_\_

**44. TOTAL NUMBER OF PRENATAL VISITS**  
 \_\_\_\_\_

**45. APGAR SCORE**  
 1 minute \_\_\_\_\_ 5 minute \_\_\_\_\_

**46. MOTHER TRANSFERRED PRIOR TO DELIVERY?**  
 YES  NO

**47. MOTHER TRANSFERRED TO INTENSIVE CARE OR MOTHER HOSPITAL**  
 YES  NO

If yes, Name facility and city: \_\_\_\_\_  
 Date of Transfer (Month Day Year) \_\_\_\_\_

**CIGARETTE USE AND ALCOHOL USE:** If the mother smoked cigarettes or consumed alcohol at any time during the pregnancy, check the "Yes" box for the appropriate item. Enter the average number of cigarettes smoked per day and/or the average number of alcoholic drinks consumed per week. If the average is less than "1", enter "0" (zero).

If the mother did not smoke cigarettes or drink alcohol at any time during the pregnancy, check "NO" for the appropriate item.

**48a. Cigarette use during pregnancy?**  
 Yes  If yes, avg. number cigarettes per day \_\_\_\_\_  
 No

**48b. Alcohol Use During Pregnancy?**  
 Yes  If yes, avg. number drinks per week \_\_\_\_\_  
 No

**48c. Weight Gain/Loss During Pregnancy.**  
 Net pounds gained \_\_\_\_\_ OR Net pounds lost \_\_\_\_\_

- 49. MEDICAL HISTORY FOR THIS PREGNANCY**
- 01A  Anemia (Hct. < 30/Hgb. < 10)
  - 02B  Cardiac disease
  - 03C  Acute or chronic lung disease
  - 04D  Pre-existing diabetes
  - 05E  Gestational diabetes
  - 06F  Genital herpes
  - 07G  Other STD (chlamydia, GC)
  - 08H  Hydramnios/Oligohydramnios
  - 09I  Hemoglobinopathy
  - 10J  Hypertension, chronic
  - 11K  Hypertension, pregnancy assoc
  - 12L  Eclampsia
  - 13M  Incompetent cervix
  - 14N  Previous infant 4000+ grams
  - 15O  Previous preterm or small-for gestational-age infant
  - 16P  Renal disease
  - 17Q  Rh sensitization
  - 18R  Uterine bleeding
  - 19S  None
  - 20T  Other Specify: \_\_\_\_\_

- 50. OBSTETRIC PROCEDURES**
- 01A  Amniocentesis
  - 02B  Electronic fetal monitoring
  - 03C  Induction of labor
  - 04D  Stimulation of labor
  - 05E  Tocolysis
  - 06F  Ultrasound
  - 07G  Postpartum sterilization
  - 08H  None
  - 09I  Other Specify: \_\_\_\_\_

- 51. EVENTS OF LABOR AND/OR DELIVERY**
- 01A  Febrile (> 100 F or 38C)
  - 02B  Meconium, moderate/heavy
  - 03C  Prem. rupture of membranes (> 12 hrs)
  - 04D  Abruptio placenta
  - 05E  Placenta previa
  - 06F  Other excessive bleeding
  - 07G  Seizures during labor
  - 08H  Precipitous labor (< 3 hrs)
  - 09I  Prolonged labor (> 20 hrs)
  - 10J  Dysfunctional labor
  - 11K  Breech
  - 12L  Other malpresentation
  - 13M  Cephalopelvic disproportion
  - 14N  Cord prolapse
  - 15O  Anesthetic complications
  - 16P  Fetal distress
  - 17Q  None
  - 18R  Other Specify: \_\_\_\_\_

- 52. METHOD OF DELIVERY**
- 01A  Vaginal
  - 02B  Vaginal after previous C-section
  - 03C  Primary C-section
  - 04D  Repeat C-section
  - 05E  Forceps
  - 06F  Vacuum

- 53. ABNORMAL CONDITIONS OF THE NEWBORN**
- 01A  Anemia (Hct. < 39/Hgb. < 13)
  - 02B  Birth injury
  - 03C  Hyaline membrane disease/RDS
  - 04D  Meconium aspiration syndrome
  - 05E  Assisted ventilation < 30 min
  - 06F  Assisted ventilation > 30 min
  - 07G  Seizures
  - 08H  None
  - 09I  Other Specify: \_\_\_\_\_

- 54. CONGENITAL ANOMALIES OF CHILD**
- 01A  Anencephalus
  - 02B  Spina Bifida/Meningocele
  - 03C  Hydrocephalus
  - 04D  Microcephalus
  - 05E  Other cent. nerv. sys. anomalies Specify: \_\_\_\_\_
  - 06F  Heart malformations
  - 07G  Other circ./respir. anomalies Specify: \_\_\_\_\_
  - 08H  Rectal atresia/stenosis
  - 09I  Tracheo-esophageal fistula/Esoophageal atresia
  - 10J  Omphalocele/Gastroschisis
  - 11K  Other gastrointestinal anomalies Specify: \_\_\_\_\_
  - 12L  Malformed genitalia
  - 13M  Renal agenesis
  - 14N  Other urogenital anomalies Specify: \_\_\_\_\_
  - 15O  Cleft lip/palate
  - 16P  Polydactyly/Syndactyly/Adactyly
  - 17Q  Club foot
  - 18R  Diaphragmatic hernia
  - 19S  Other musculoskeletal/integumental anomalies Specify: \_\_\_\_\_
  - 20T  Down syndrome
  - 21U  Other chromosomal anomalies Specify: \_\_\_\_\_
  - 22V  None
  - 23W  Other Specify: \_\_\_\_\_

STATE OF WISCONSIN  
DEPARTMENT OF HEALTH AND FAMILY SERVICES  
ORIGINAL CERTIFICATE OF DEATH

STATE FILING DATE \_\_\_\_\_ STATE DEATH NO. \_\_\_\_\_

LOCAL FILE NUMBER \_\_\_\_\_

Type or Print Use Permanent Black Ink No Whiteout or Erasures

Reserved for Corrections & Amendments

1. DECEDENT'S NAME: First, Full Middle, Last			2. SEX: <input type="checkbox"/> M <input type="checkbox"/> F	3. SOC. SEC. NUMBER OF DECEDENT	4a. PRONOUNCED DEAD DATE: City, WI, State, Mo, Day, Yr	4b. HOUR	5. BODY FOUND: 24-hour site seen <input type="checkbox"/> M <input type="checkbox"/> Y <input type="checkbox"/> N
6a. AGE (Years, Last Birthday): <input type="checkbox"/> Under 1 yr <input type="checkbox"/> 1-14 <input type="checkbox"/> 15-24 <input type="checkbox"/> 25-34 <input type="checkbox"/> 35-44 <input type="checkbox"/> 45-54 <input type="checkbox"/> 55-64 <input type="checkbox"/> 65-74 <input type="checkbox"/> 75-84 <input type="checkbox"/> 85+	6b. Under 1 yr: <input type="checkbox"/> Mo <input type="checkbox"/> Day	6c. Under 1 day: <input type="checkbox"/> Mo <input type="checkbox"/> Day	7. DATE OF BIRTH: Mo, Day, Yr	8a. COUNTY OF DEATH	8b. DEATH OCCURRED INSIDE: <input type="checkbox"/> City, WI, State, <input type="checkbox"/> Township	8c. (CHECK ONE) <input type="checkbox"/> City, WI, State, <input type="checkbox"/> Township	9. DEATH AT HOSPITAL: <input type="checkbox"/> Hospital, <input type="checkbox"/> DCA-From Nur. Hm., <input type="checkbox"/> DCA-From Other, <input type="checkbox"/> Other, <input type="checkbox"/> N.H.
10. OTHER PLACE: <input type="checkbox"/> Other, <input type="checkbox"/> Res. of decedent	11a. HOSPITAL (AND CAMPUS) OR NURSING HOME (If not in Hospital or Nursing Home give street address)	11b. NURSING HOME LICENSE NO.	12. MARITAL STATUS: <input type="checkbox"/> Married, <input type="checkbox"/> Never Married, <input type="checkbox"/> Divorced, <input type="checkbox"/> Widowed	13a. RESIDENCE - STATE	13b. RESIDENCE - COUNTY	13c. RESIDENCE - INSIDE CITY, VILLAGE, TOWNSHIP: City, WI, State, <input type="checkbox"/> City, WI, State, <input type="checkbox"/> Township	13d. NUMBER OF STREET
14a. ZIP CODE	15. STATE OF BIRTH (Country if not in U.S.)	16. FATHER'S NAME: First, Middle, Last	17. MOTHER'S NAME: First, Middle, Birth Surname	18. RACE (e.g. White, Black, Am. Indian, etc.)	19. HISPANIC ORIGIN? Specify Cuban, Mexican, etc.	20. LEGAL OCCUPATION (Specify after retired)	21. BRANCH OF BUSINESS / INDUSTRY
22. EDUCATION: Highest grade completed (Specify in column)	23. DECEASED EVER IN U.S. ARMED FORCES: <input type="checkbox"/> YES <input type="checkbox"/> NO	24. INFORMANT'S NAME	25. MARRIAGE ADDRESS: Street, City/Village, State, ZIP	26. METHOD OF DISPOSITION: <input type="checkbox"/> Burial, <input type="checkbox"/> Cremation, <input type="checkbox"/> Other	27. PLACE OF DISPOSITION: Name of cemetery, crematory, etc. (Specify)	28. LOCATION: City/Village, Township, State	29. DATE SIGNED BY FUNERAL SERVICE LICENSEE (Mo, Day, Yr)
30a. FUNERAL SERVICE LICENSEE (If person acting as such)	30b. LIC. NO.	31. NAME AND MAILING ADDRESS OF FACILITY: (Street and number, City, State, Zip)	32. DATE RECEIVED FROM MED. CERT (Mo, Day, Yr)	33. SIGNATURE	34. MEDICAL CERTIFIER: <input type="checkbox"/> CERTIFYING PHYSICIAN (To the best of my knowledge, death was pronounced and occurred at the time(s) and due to the causes stated in my opinion, death was pronounced and occurred at the time(s) and due to the causes and manner stated. (Check One))	35a. MEDICAL CERTIFIER SIGNATURE & TITLE (Check one)	35b. DATE SIGNED (Mo, Day, Yr)
36. MEDICAL CERTIFIER'S NAME	37. CERTIFIER'S MAILING ADDRESS (Street & Number, City, State, ZIP)	38. MANNER OF DEATH: <input type="checkbox"/> Natural, <input type="checkbox"/> Accident, <input type="checkbox"/> Suicide, <input type="checkbox"/> Homicide, <input type="checkbox"/> Under, <input type="checkbox"/> Pending	39. DATE OF INJURY (Mo, Day, Yr)	40. HOUR OF INJURY	41. PLACE OF INJURY (Home, Street, Farm, etc.) Specify	42. INJURY AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO	43b. COUNTY
44. REGISTRAR SIGNATURE	45. DATE RECEIVED BY REGISTRAR (Mo, Day, Yr)	46. PART I. Enter the diseases, injuries or complications that caused the death. Do not enter the mode of dying such as cardiac or respiratory arrest, shock or heart failure. List only one cause of death on each line. Do not list old age or senility as sole cause.		Interval between onset and death	PART II. Enter significant conditions contributing to death but not resulting in underlying cause given in Part I.		
IMMEDIATE CAUSE (Final disease or condition resulting in death)		(a) (DUE TO OR AS A CONSEQUENCE OF)					
Sequentially list conditions if any, leading to immediate cause. ENTER UNDERLYING CAUSE LAST. (Disease or injury that initiated events resulting in death)		(b) (DUE TO OR AS A CONSEQUENCE OF)					
		(c) (DUE TO OR AS A CONSEQUENCE OF)					
		(d) (DUE TO OR AS A CONSEQUENCE OF)					
47. IF INJURY, DESCRIBE HOW INJURY OCCURRED							

Type or Print  
In Permanent  
Black Ink

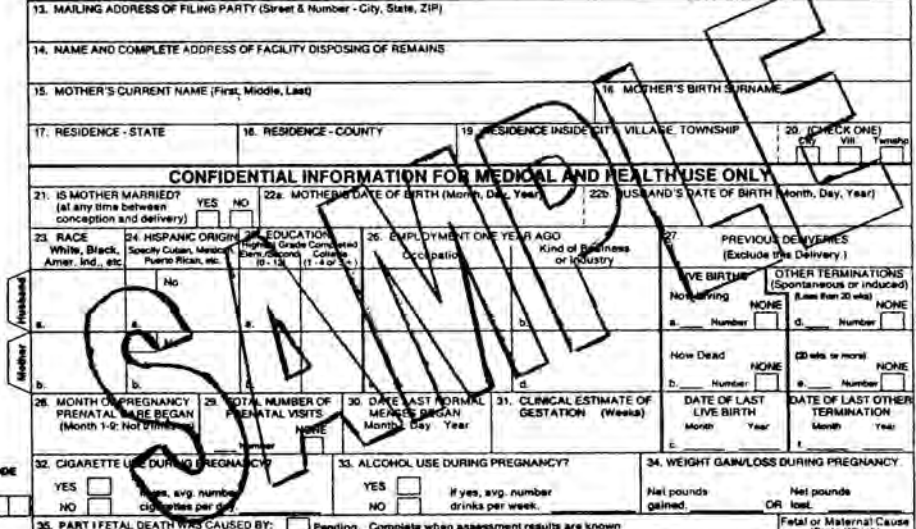
DOH 5042 Rev. 9-98  
Chapter 59, Wis. State

STATE OF WISCONSIN  
DEPARTMENT OF HEALTH AND FAMILY SERVICES

STATE FILING NO.

REPORT OF FETAL DEATH  
FOR STATISTICAL PURPOSES ONLY

NAME (First, Middle, Last) (Optional - May be left blank)		1. DATE OF DELIVERY (Month, Day, Year)	2. HOUR	3. SEX Male Female
4a. Plurality Single, Twin, Triplet, etc. (Specify)	4b. IF NOT SINGLE Specify: First, Second, etc.	5. HOSPITAL - NAME and CAMPUS (if not in hospital, give street and number or location)		
6. COUNTY OF DELIVERY	7. DELIVERY OCCURRED INSIDE CITY, VILLAGE, TOWNSHIP		8. (CHECK ONE) City Vill Township	
9. ATTENDANT NAME	10. WISCONSIN LICENSE NUMBER	11. TITLE 1. M.D. 2. D.O. 3. CNM 4. CM 5. Other	12b. DATE REPORT COMPLETED (Month, Day, Year)	
12a. FILING PARTY (s. 59.18(1)(e)) NAME AND TITLE				
13. MAILING ADDRESS OF FILING PARTY (Street & Number - City, State, ZIP)				
14. NAME AND COMPLETE ADDRESS OF FACILITY DISPOSING OF REMAINS				
15. MOTHER'S CURRENT NAME (First, Middle, Last)		16. MOTHER'S BIRTH SURNAME		
17. RESIDENCE - STATE	18. RESIDENCE - COUNTY	19. RESIDENCE INSIDE CITY, VILLAGE, TOWNSHIP	20. (CHECK ONE) City Vill Township	
<b>CONFIDENTIAL INFORMATION FOR MEDICAL AND HEALTH USE ONLY</b>				
21. IS MOTHER MARRIED? (at any time between conception and delivery)		22a. MOTHER'S DATE OF BIRTH (Month, Day, Year)	22b. HUSBAND'S DATE OF BIRTH (Month, Day, Year)	
23. RACE White, Black, Amer. Ind., etc.	24. HISPANIC ORIGIN Specially Cuban, Mexican, Puerto Rican, etc.	25. EDUCATION High School, Grade Completed, etc.	26. EMPLOYMENT ONE YEAR AGO Occupation	27. PREVIOUS DELIVERIES (Exclude this Delivery)
28. MONTH OF PREGNANCY PRENATAL CARE BEGAN (Month 1-6; NOT 0)		29. TOTAL NUMBER OF PRENATAL VISITS	30. DATE LAST NORMAL MENSTRUATION BEGAN (Month, Day, Year)	31. CLINICAL ESTIMATE OF GESTATION (Weeks)
32. CIGARETTE USE DURING PREGNANCY? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, avg. number cigarettes per day		33. ALCOHOL USE DURING PREGNANCY? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, avg. number drinks per week		34. WEIGHT GAIN/LOSS DURING PREGNANCY. Net pounds gained. OR Net pounds lost.
35. PART I FETAL DEATH WAS CAUSED BY: <input type="checkbox"/> Pending. Complete when assessment results are known				
Fetal or maternal condition directly causing fetal death				
A. Immediate Cause				
36. FETUS DIED 1. Before Labor 2. During Labor 3. During Deliv. 4. Unknown				
37. BIRTHWEIGHT OF FETUS (Original unconverted lbs. or grams)				
38. CROWN - HEEL LENGTH (Original unconverted (inches or centimeters))				



<b>CHECK ALL THAT APPLY</b>		
<p>39. MEDICAL HISTORY FOR THIS PREGNANCY</p> <p>01A <input type="checkbox"/> Anemia (Hct. &lt; 20/Hgb. &lt; 10)</p> <p>02B <input type="checkbox"/> Cardiac disease</p> <p>03C <input type="checkbox"/> Acute or chronic lung disease</p> <p>04D <input type="checkbox"/> Pre-existing Diabetes</p> <p>05E <input type="checkbox"/> Gestational Diabetes</p> <p>06F <input type="checkbox"/> Genital Herpes</p> <p>07G <input type="checkbox"/> Other STD (chlamydia, GC)</p> <p>08H <input type="checkbox"/> Hydramnios/Oligohydramnios</p> <p>09I <input type="checkbox"/> Hemoglobinopathy</p> <p>10J <input type="checkbox"/> Hypertension, chronic</p> <p>11K <input type="checkbox"/> Hypertension, pregnancy assoc</p> <p>12L <input type="checkbox"/> Eclampsia</p> <p>13M <input type="checkbox"/> Incompetent cervix</p> <p>14N <input type="checkbox"/> Previous infant 4000+ grams</p> <p>15O <input type="checkbox"/> Previous preterm or small-for-gestational-age infant</p> <p>16P <input type="checkbox"/> Renal Disease</p> <p>17Q <input type="checkbox"/> Rh sensitization</p> <p>18R <input type="checkbox"/> Uterine Bleeding</p> <p>19S <input type="checkbox"/> None</p> <p>20T <input type="checkbox"/> Other Specify:</p>	<p>41. EVENTS OF LABOR AND/OR DELIVERY</p> <p>01A <input type="checkbox"/> Febrile (&gt; 100 F or 38 C)</p> <p>02B <input type="checkbox"/> Meconium. Moderate/heavy</p> <p>03C <input type="checkbox"/> Prem. rupture of membranes (&gt; 12 hrs)</p> <p>04D <input type="checkbox"/> Abruptio placenta</p> <p>05E <input type="checkbox"/> Placenta previa</p> <p>07G <input type="checkbox"/> Other excessive bleeding</p> <p>06F <input type="checkbox"/> Seizures during labor</p> <p>08H <input type="checkbox"/> Precipitous labor (&lt; 3 hrs)</p> <p>09I <input type="checkbox"/> Prolonged labor (&gt; 20 hrs)</p> <p>10J <input type="checkbox"/> Dysfunctional labor</p> <p>11K <input type="checkbox"/> Breech</p> <p>12L <input type="checkbox"/> Other malpresentation</p> <p>13M <input type="checkbox"/> Cephalopelvic disproportion</p> <p>14N <input type="checkbox"/> Cord prolapse</p> <p>15O <input type="checkbox"/> Anesthetic complications</p> <p>16P <input type="checkbox"/> Fetal distress</p> <p>17Q <input type="checkbox"/> None</p> <p>18R <input type="checkbox"/> Other Specify:</p> <p>42. METHOD OF DELIVERY</p> <p>01A <input type="checkbox"/> Vaginal</p> <p>02B <input type="checkbox"/> Vaginal after previous C-section</p> <p>03C <input type="checkbox"/> Primary C-section</p> <p>04D <input type="checkbox"/> Repeat C-section</p> <p>05E <input type="checkbox"/> Forceps</p> <p>06F <input type="checkbox"/> Hysterotomy/Hysterectomy</p> <p>07G <input type="checkbox"/> Vacuum</p> <p>43. ASSESSMENT (Check Each Done)</p> <p>01A <input type="checkbox"/> External Clinical Eval.</p> <p>02B <input type="checkbox"/> Autopsy</p> <p>03C <input type="checkbox"/> Photographs</p> <p>04D <input type="checkbox"/> X-Rays</p> <p>05E <input type="checkbox"/> Chromosomal Studies</p> <p>06F <input type="checkbox"/> Placental Exam</p> <p>07G <input type="checkbox"/> Cultures (Infectious)</p>	<p>44. CONGENITAL ANOMALIES OF FETUS</p> <p>01A <input type="checkbox"/> Anencephalus</p> <p>02B <input type="checkbox"/> Spina bifida/Meningocele</p> <p>03C <input type="checkbox"/> Hydrocephalus</p> <p>04D <input type="checkbox"/> Microcephalus</p> <p>05E <input type="checkbox"/> Other Cent. Nerv. Sys. anomalies Specify:</p> <p>06F <input type="checkbox"/> Heart malformations</p> <p>07G <input type="checkbox"/> Other Circ./respir. anomalies Specify:</p> <p>08H <input type="checkbox"/> Rectal atresia/stenosis</p> <p>09I <input type="checkbox"/> Tracheo-esophageal fistula/Esophageal atresia</p> <p>10J <input type="checkbox"/> Omphalocele/Gastrochisis</p> <p>11K <input type="checkbox"/> Other gastrointestinal anomalies Specify:</p> <p>12L <input type="checkbox"/> Malformed genitalia</p> <p>13M <input type="checkbox"/> Renal agenesis</p> <p>14N <input type="checkbox"/> Other urogenital anomalies Specify:</p> <p>15O <input type="checkbox"/> Cleft lip/palate</p> <p>16P <input type="checkbox"/> Polydactyl/Syndactyl/Adactyl</p> <p>17Q <input type="checkbox"/> Club foot</p> <p>18R <input type="checkbox"/> Diaphragmatic hernia</p> <p>19S <input type="checkbox"/> Other musculoskeletal/integumental anomalies Specify:</p> <p>20T <input type="checkbox"/> Down syndrome</p> <p>21U <input type="checkbox"/> Other chromosomal anomalies Specify:</p> <p>22V <input type="checkbox"/> None</p> <p>23W <input type="checkbox"/> Pending Assess.</p> <p>24X <input type="checkbox"/> Other Specify:</p>

NOTE: THIS FORM IS REQUIRED FOR ANY DELIVERY OF 20 WEEKS OR MORE GESTATION OR IF FETUS WEIGHS 350 GRAMS OR MORE WHEN DEATH IS INDICATED BY THE FACT THAT THE FETUS SHOWS NO EVIDENCE OF LIFE. THIS FORM IS NOT TO BE USED FOR INDUCED ABORTIONS.