
BIRTHS TO TEENS IN WISCONSIN, 1998

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

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March 2000

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Overview

This report presents data on births to Wisconsin teens for 1998 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. In this report, births are defined as live births. 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, Vital Records Section, with the exception of Table 11 (teen births by race and county of residence), and Table 13 (teen births by 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, reference is to the residence of the mother. For deaths, the reference is to the residence of the infant.

Additional county-level data on teen births are available through AIM (the Assessment Information Manager) on the Department of Health and Family Services Web site located at **<http://www.dhfs.state.wi.us/index.htm>**

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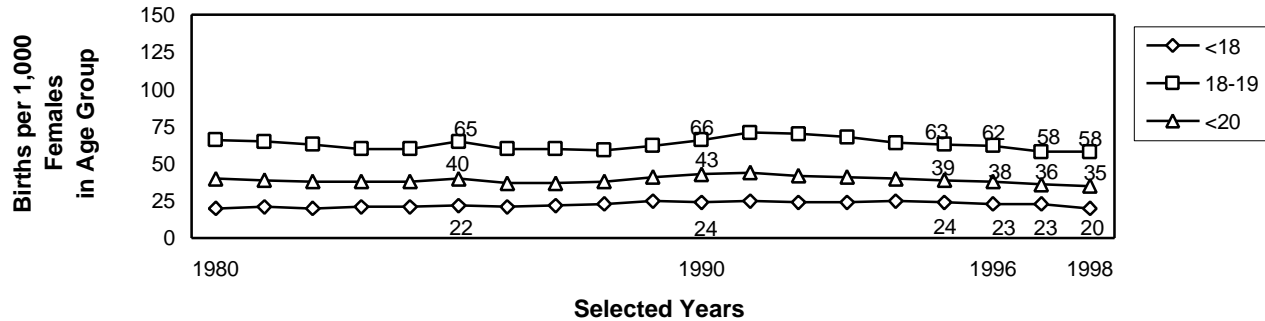
Table 1. Births to Teens by Age Group, Wisconsin 1970-1998

Year	Number of Teen Births		Number of Teen Births			Percent of Teen Births		Percent of All Births	Percent of Teen Births	Percent of All Births
	<15	15-17	<18	18-19	Total Births <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

Sources: Wisconsin Bureau of Health Information, *Trends in Maternal and Child Health Statistics*, 1968-1988; *Maternal and Child Health Statistics*, 1989-1994; *Wisconsin Births and Infant Deaths*, 1995, 1996, 1997 and 1998.

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, Selected Years, 1980-1998



Sources: Wisconsin Bureau of Health Information, *Wisconsin Births and Infant Deaths*, for the years 1995, 1996, 1997 and 1998

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, 1998

Age	Wisconsin Rate	U.S. Rate
15-19	35.1	51.1
15-17	20.4	30.4
18-19	57.7	82.0

Sources: Wisconsin Bureau of Health Information, *Wisconsin Births and Infant Deaths, 1998*. United States rates are from the *National Vital Statistics Report*, Vol. 47, No. 25, 1999.

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 include 111 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, 1980-1998

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

Sources: Wisconsin Bureau of Health Information, *Maternal and Child Health Statistics* for the years 1968-1988; *Public Health Profiles* for the years 1989-1994; *Births to Teens in Wisconsin, 1994*; *Wisconsin Births and Infant Death*, for the years 1995, 1996, 1997 and 1998. United States rates are from the *National Vital Statistics Report*, Vol. 47, No. 25, 1999, Hyattsville, Maryland, National Center for Health Statistics.

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.

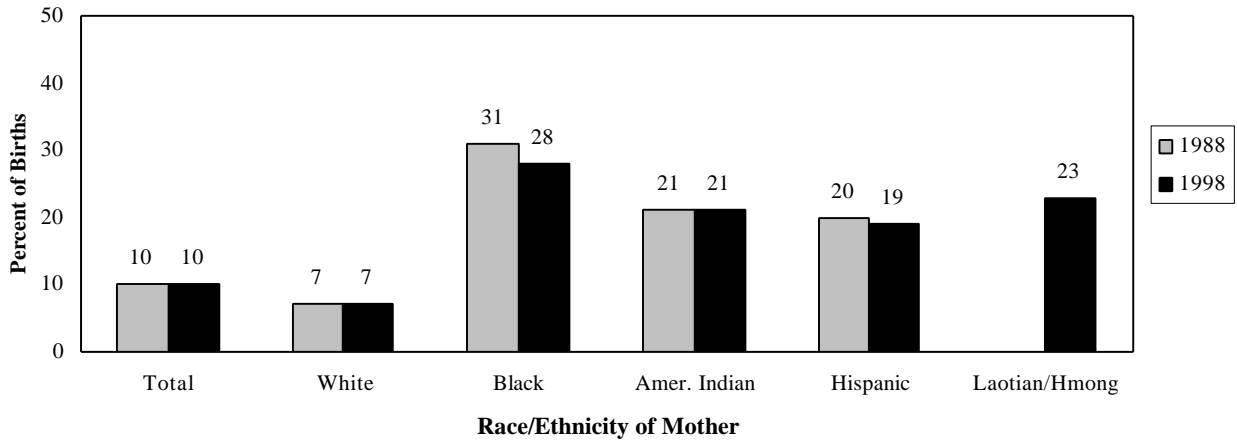
Table 3. Births to Teens by Age Group and Race/Ethnicity, Wisconsin, Selected Years

Year	Number of Births			Birth Rate
	<18	18-19	<20	<20
1988				
White	1,286	3,116	4,402	27.7
Black	942	1,014	1,956	174.0
Amer. Indian	50	119	169	94.4
Hispanic, Any Race	115	136	251	60.8
1990				
White	1,208	3,252	4,460	29.6
Black	961	1,219	2,180	183.9
Amer. Indian	63	106	169	92.2
Hispanic, Any Race	151	254	405	91.5
1998				
White	1,201	2,835	4,036	23.3
Black	792	1,040	1,832	133.0
Amer. Indian	74	103	177	81.2
Hispanic, Any Race	283	425	708	105.8

Sources: Wisconsin Bureau of Health Information, *Maternal and Child Health Statistics* (selected years); *Wisconsin Births and Infant Deaths, 1998*.

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.

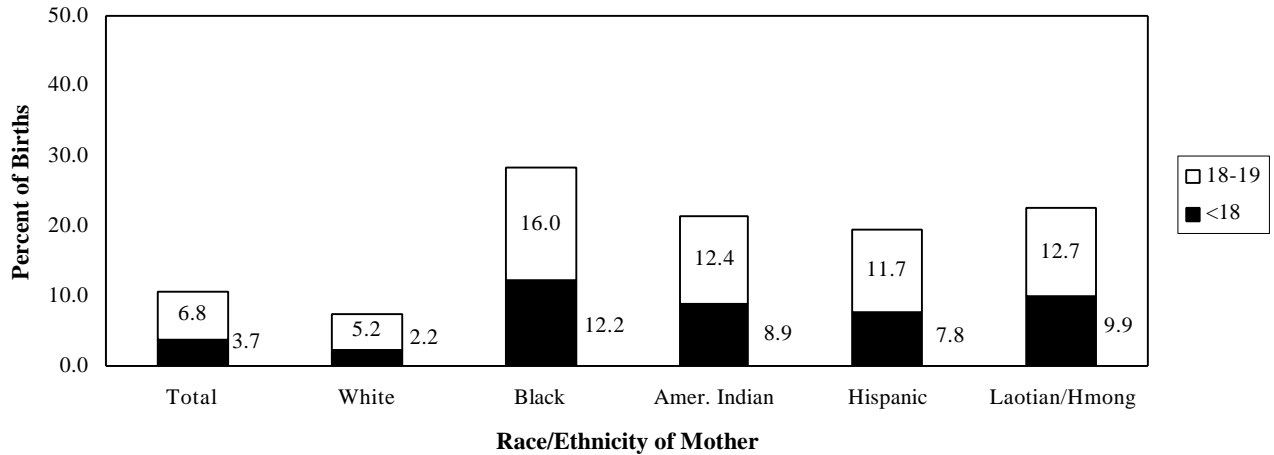
Figure 2. Births to Teens as a Percent of All Births by Race/Ethnicity, Wisconsin, 1988 and 1998



Source: Wisconsin Bureau of Health Information, *Wisconsin Births and Infant Deaths, 1998*.

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 1998, 7% of births to mothers whose race/ethnicity was considered to be in the “other” category were to teens (not shown). There are no comparable 1988 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 1998



Source: Wisconsin Bureau of Health Information, *Wisconsin Births and Infant Deaths, 1998*.

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	1988	1990	1992	1994	1995	1996	1997	1998
Married								
Number	1,631	1,475	1,357	1,139	1,171	1,146	1,095	1,077
Percent	23.5%	19.9%	18.8%	16.2%	16.5%	16.1%	15.4%	15.3%
Unmarried								
Number	5,310	5,934	5,851	5,897	5,937	5,957	5,993	5,970
Percent	76.5%	80.1%	81.2%	83.8%	83.5%	83.9%	84.6%	84.7%
Teen Births	6,941	7,410	7,208	7,037	7,110	7,103	7,088	7,047

Sources: Wisconsin Bureau of Health Information, *Maternal and Child Health Statistics* (selected years); *Wisconsin Births and Infant Deaths* (1995, 1996, 1997 and 1998).

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

Table 5. Births to Teens Who Received First-Trimester Prenatal Care, by Age Group, Wisconsin, 1988-1998

Year	Less than 18		18-19		Less than 20		All Births/All Ages	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
1988	1,313	53	2,834	63	4,147	60	58,551	83
1989	1,399	55	2,855	61	4,254	59	58,564	81
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

Sources: Wisconsin Bureau of Health Information, *Maternal and Child Health Statistics* (selected years); *Wisconsin Births and Infant Deaths* (1995, 1996, 1997 and 1998).

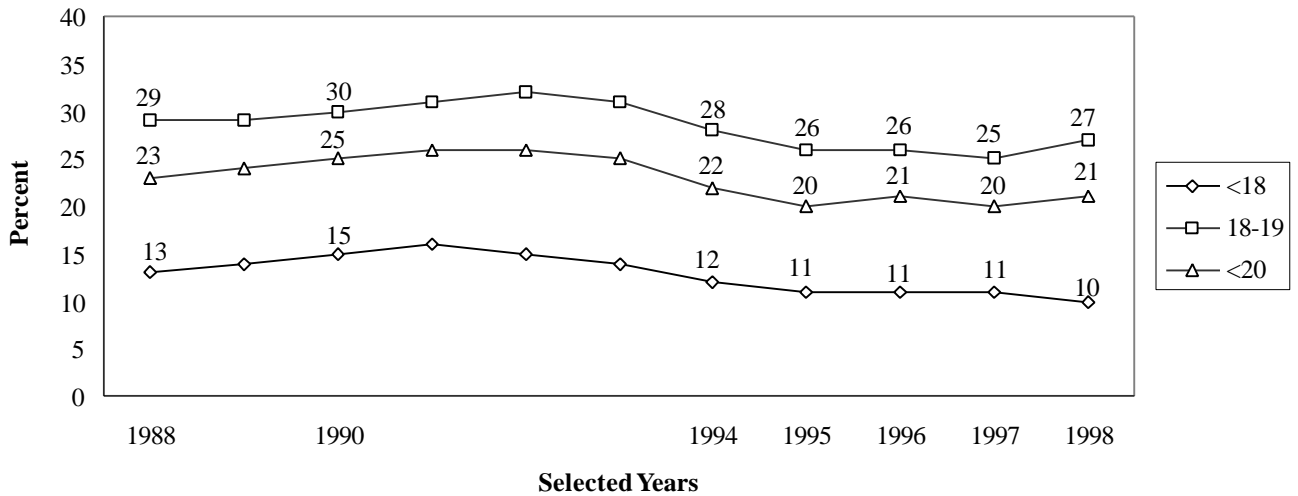
Table 6. Second Order or Higher Births to Teens by Age Group, Wisconsin, Selected Years

Age Group	1988	1990	1992	1994	1995	1996	1997	1998
Less than 18	319	372	387	322	307	289	295	251
18-19	1,298	1,492	1,469	1,212	1,130	1,179	1,097	1,233
Total <20	1,617	1,864	1,841	1,534	1,437	1,468	1,392	1,484

Sources: Wisconsin Bureau of Health Information, *Maternal and Child Statistics* (selected years); *Wisconsin Births and Infant Deaths* (1995, 1996, 1997 and 1998).

Notes: Birth order means order of present birth in relation to previous births. Birth order was not reported for 3 births to mothers 18-19 in 1987; 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, 1988-1998



Sources: Wisconsin Bureau of Health Information, *Maternal and Child Health Statistics* (selected years); *Wisconsin Births and Infant Deaths* (1995, 1996, 1997 and 1998).

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Table 7. Births to Teens by Age Group and Selected Characteristics, Wisconsin, 1998

	<15	15-17	<18	18-19	<20	All Births All Ages
Total	111	2,366	2,477	4,570	7,047	67,379
Race/Ethnicity of Mother						
White	30	1,171	1,201	2,835	4,036	54,598
Black	60	732	792	1,040	1,832	6,480
Amer. Indian	2	72	74	103	177	829
Hispanic	11	272	283	425	708	3,633
Lao/Hmong	8	95	103	132	235	1,037
Other	-	24	24	33	57	795
Unknown	-	-	-	2	2	7
Education of Mother						
Elem. or Less	92	197	289	93	382	1,961
Some H.S.	18	1,996	2,014	1,865	3,879	8,641
H.S. Graduate	-	163	163	2,333	2,496	21,988
Some College	-	1	1	272	273	16,461
College Graduate	-	-	-	-	-	11,196
Post-Graduate	-	-	-	-	-	7,043
Unknown	1	9	10	7	17	89
Marital Status						
Married	3	202	205	872	1,077	47,779
Unmarried	108	2,164	2,272	3,698	5,970	19,599
Unknown	-	-	-	-	-	1
Trimester Prenatal Care Began						
First	48	1,470	1,518	3,171	4,689	56,645
Second	41	674	715	1,103	1,818	8,324
Third	13	164	177	198	375	1,689
No Prenatal Care	9	54	63	83	146	608
Unknown	-	4	4	15	19	113
Number of Prenatal Care Visits						
No Visits	9	54	63	83	146	608
1-4	12	165	177	219	396	1,932
5-9	41	661	702	1,214	1,916	11,825
10-12	24	960	984	1,857	2,841	29,652
13+	25	520	545	1,177	1,722	23,171
Unknown	-	6	6	20	26	191
Birthweight						
<1,500 grams	4	65	69	84	153	828
1500-2,499 grams	15	205	220	301	521	3,584
2,500+ grams	92	2,096	2,188	4,183	6,371	62,960
Unknown	-	-	-	2	2	7
<2,500 grams	19	270	289	385	674	4,412

(Continued)

Local Information

Table 7. Births to Teens by Age Group and Selected Characteristics, Wisconsin, 1998

	<15	15-17	<18	18-19	<20	All Births All Ages
Smoked During Pregnancy						
No	101	1,781	1,882	3,181	5,063	55,308
Yes	9	584	593	1,384	1,977	12,000
Unknown	1	1	2	5	7	71
Live Birth Order						
First	111	2,115	2,226	3,337	5,563	26,518
Second	-	233	233	998	1,231	22,254
Third	-	18	18	195	213	10,957
Fourth	-	-	-	34	34	4,310
Fifth or Higher	-	-	-	6	6	3,334
Unknown	-	-	-	-	-	6
Plurality						
Single Birth	111	2,319	2,430	4,484	6,914	65,484
Multiple Birth	-	47	47	86	133	1,895

Source: Wisconsin Bureau of Health Information, *Wisconsin Births and Infant Deaths, 1998*.

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, 1998

	<15	15-17	<18	18-19	<20	All Deaths All Ages
Fetal deaths						
Number	1	19	20	34	54	401
Rate	-	-	8.0	7.4	7.6	5.9
Neonatal deaths						
Number	2	23	25	37	62	343
Rate	-	9.7	10.1	8.1	8.8	5.1
Infant deaths						
Number	4	39	43	55	98	488
Rate	-	16.5	17.4	12.0	13.9	7.2

Source: Wisconsin Bureau of Health Information, *Wisconsin Births and Infant Deaths, 1998*.

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.

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Table 9. Births to Teens by Age Group and County of Residence, Wisconsin, 1998

County	<15	15-17	<18	18-19	<20	All Births All Ages
Total	111	2,366	2,477	4,570	7,047	67,379
Adams	-	10	10	18	28	167
Ashland	-	4	4	13	17	208
Barron	-	17	17	42	59	475
Bayfield	-	1	1	10	11	139
Brown	3	91	94	184	278	3,130
Buffalo	-	2	2	5	7	143
Burnett	1	3	4	10	14	149
Calumet	-	8	8	28	36	480
Chippewa	1	23	24	49	73	633
Clark	-	18	18	25	43	537
Columbia	-	19	19	41	60	620
Crawford	-	7	7	14	21	206
Dane	4	110	114	216	330	5,125
Dodge	-	20	20	48	68	944
Door	-	2	2	17	19	239
Douglas	-	20	20	37	57	509
Dunn	-	13	13	34	47	471
Eau Claire	1	26	27	51	78	1,058
Florence	-	-	-	-	-	33
Fond du Lac	-	23	23	73	96	1,141
Forest	-	6	6	13	19	93
Grant	-	17	17	35	52	505
Green	-	8	8	15	23	379
Green Lake	-	5	5	17	22	228
Iowa	-	3	3	6	9	290
Iron	-	-	-	1	1	38
Jackson	1	6	7	19	26	198
Jefferson	-	27	27	59	86	892
Juneau	1	11	12	29	41	277
Kenosha	5	90	95	161	256	2,077
Kewaunee	-	5	5	7	12	220
La Crosse	2	33	35	80	115	1,267
Lafayette	-	2	2	8	10	175
Langlade	-	10	10	17	27	199
Lincoln	1	7	8	27	35	304
Manitowoc	1	26	27	67	94	922
Marathon	-	31	31	89	120	1,476
Marinette	-	14	14	27	41	445
Marquette	-	-	-	9	9	126
Menominee	-	8	8	12	20	89
Milwaukee	60	903	963	1,482	2,445	14,733
Monroe	-	24	24	39	63	549

(Continued)

Local Information

Table 9. Births to Teens by Age Group and County of Residence, Wisconsin, 1998

County	<15	15-17	<18	18-19	<20	All Births All Ages
Oconto	-	10	10	25	35	367
Oneida	-	7	7	24	31	332
Outagamie	3	50	53	91	144	2,172
Ozaukee	-	8	8	24	32	967
Pepin	-	2	2	3	5	81
Pierce	-	7	7	20	27	434
Polk	-	12	12	26	38	425
Portage	-	32	32	43	75	741
Price	-	-	-	13	13	157
Racine	11	136	147	218	365	2,633
Richland	-	3	3	15	18	199
Rock	6	94	100	152	252	2,040
Rusk	1	3	4	9	13	158
St. Croix	-	12	12	30	42	777
Sauk	1	19	20	46	66	711
Sawyer	-	9	9	14	23	154
Shawano	-	12	12	31	43	467
Sheboygan	-	49	49	89	138	1,323
Taylor	-	7	7	12	19	225
Trempealeau	-	5	5	23	28	337
Vernon	1	10	11	14	25	344
Vilas	-	3	3	10	13	175
Walworth	-	44	44	65	109	1,067
Washburn	1	3	4	9	13	148
Washington	3	27	30	58	88	1,469
Waukesha	1	53	54	152	206	4,124
Waupaca	-	20	20	48	68	596
Waushara	-	10	10	19	29	240
Winnebago	2	43	45	97	142	1,725
Wood	-	23	23	56	79	902

Source: Wisconsin Bureau of Health Information, *Wisconsin Births and Infant Deaths, 1998*.

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

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Table 10. Teen Birth Rates and Estimated Pregnancy Rates by Teen Age Group and County of Residence, Wisconsin, 1998

County	Birth Rate			Estimated Pregnancy Rate		
	<18	18-19	<20	<18	18-19	<20
Total	20.4	57.7	35.1	27.6	75.8	46.6
Adams	-	-	56.8	-	-	56.8
Ashland	-	-	-	-	-	-
Barron	-	62.6	35.4	-	62.6	36.0
Bayfield	-	-	-	-	-	-
Brown	19.4	57.0	34.5	26.3	75.2	45.9
Buffalo	-	-	-	-	-	-
Burnett	-	-	-	-	-	-
Calumet	-	43.3	21.8	-	43.3	21.8
Chippewa	19.0	56.1	34.1	19.0	57.3	34.6
Clark	-	49.6	32.1	-	49.6	32.1
Columbia	-	56.5	33.1	28.6	70.2	45.3
Crawford	-	-	30.5	-	-	30.5
Dane	11.4	34.6	20.4	21.9	65.3	38.6
Dodge	10.7	38.7	21.9	17.6	53.2	31.8
Door	-	-	-	-	-	-
Douglas	20.6	60.3	35.9	20.6	60.3	35.9
Dunn	-	40.9	22.5	-	40.9	22.5
Eau Claire	9.4	27.8	16.5	9.4	27.8	16.5
Florence	-	-	-	-	-	-
Fond du Lac	10.0	47.5	25.0	15.2	54.6	31.0
Forest	-	-	-	-	-	-
Grant	-	42.5	25.0	22.3	54.6	35.1
Green	-	-	18.9	-	-	18.9
Green Lake	-	-	28.2	-	-	28.2
Iowa	-	-	-	-	-	-
Iron	-	-	-	-	-	-
Jackson	-	-	37.5	-	-	37.5
Jefferson	14.9	48.5	28.4	20.9	71.5	41.2
Juneau	-	81.2	47.3	-	81.2	47.3
Kenosha	30.4	76.0	48.8	39.1	99.6	63.5
Kewaunee	-	-	-	-	-	-
La Crosse	11.1	40.6	22.4	13.6	47.7	26.7
Lafayette	-	-	-	-	-	-
Langlade	-	-	35.2	-	-	35.2
Lincoln	-	58.4	31.8	-	60.6	31.8
Manitowoc	13.5	53.6	28.9	17.0	66.3	35.9
Marathon	10.4	44.3	24.0	13.7	52.3	29.2
Marinette	-	41.8	26.1	-	41.8	26.1
Marquette	-	-	-	-	-	-
Menominee	-	-	93.5	-	-	93.5
Milwaukee	46.0	110.9	71.3	60.7	150.1	95.5
Monroe	25.1	65.4	40.6	25.1	65.4	40.6

(Continued)

Local Information

Table 10. Teen Birth Rates and Estimated Pregnancy Rates by Teen Age Group and County of Residence, Wisconsin, 1998

County	Birth Rate			Estimated Pregnancy Rate		
	<18	18-19	<20	<18	18-19	<20
Oconto	-	50.0	29.0	-	50.0	28.9
Oneida	-	54.7	27.2	-	54.7	27.2
Outagamie	14.4	38.6	23.8	20.3	53.4	33.2
Ozaukee	-	21.2	11.2	-	34.5	20.0
Pepin	-	-	-	-	-	-
Pierce	-	28.1	15.0	-	28.1	15.0
Polk	-	46.1	27.1	-	46.1	27.1
Portage	16.3	33.0	23.0	21.9	49.1	32.7
Price	-	-	-	-	-	-
Racine	34.2	78.0	51.4	44.2	100.2	66.2
Richland	-	-	-	-	-	-
Rock	30.2	70.6	46.1	37.7	89.1	58.0
Rusk	-	-	-	-	-	-
St. Croix	-	33.4	18.7	-	34.6	19.1
Sauk	16.6	61.1	33.8	25.0	61.1	33.8
Sawyer	-	-	41.8	-	-	41.8
Shawano	-	57.1	30.9	-	57.1	30.9
Sheboygan	19.3	55.2	33.3	26.1	76.4	45.6
Taylor	-	-	-	-	-	-
Trempealeau	-	63.7	30.3	-	63.7	30.3
Vernon	-	-	24.2	-	-	25.2
Vilas	-	-	-	-	-	-
Walworth	22.2	52.0	33.7	26.7	69.5	43.3
Washburn	-	-	-	-	-	-
Washington	12.2	34.4	21.3	17.1	44.5	28.3
Waukesha	7.1	29.8	16.2	12.6	42.6	24.6
Waupaca	18.5	61.2	36.4	27.7	77.8	48.7
Waushara	-	-	39.7	-	-	39.7
Winnebago	13.2	44.3	25.4	19.1	57.1	34.0
Wood	12.5	46.9	26.0	18.4	62.0	35.6

Sources: Wisconsin Bureau of Health Information population estimates; *Wisconsin Births and Infant Deaths, 1998*; and *Reported Induced Abortions in Wisconsin, 1998*.

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.

$$\begin{aligned} <20 \text{ Birth Rate} &= 1,000 \times \left(\frac{\text{No. of resident live births to mothers } <20}{\text{No. of females 15-19}} \right) \\ <18 \text{ Birth Rate} &= 1,000 \times \left(\frac{\text{No. of resident live births to mothers } <18}{\text{No. of females 15-17}} \right) \end{aligned}$$

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, 1998

County	Total	<18			18-19			Total <20		
		White	Black	Other	White	Black	Other	White	Black	Other
Total	7,047	1,471	801	205	3,245	1,050	273	4,716	1,851	478
Adams	28	9	1	-	16	2	-	25	3	-
Ashland	17	2	-	2	8	-	5	10	-	7
Barron	59	17	-	-	41	-	1	58	-	1
Bayfield	11	1	-	-	8	-	2	9	-	2
Brown	278	67	1	26	141	6	37	208	7	63
Buffalo	7	2	-	-	5	-	-	7	-	-
Burnett	14	2	-	2	8	-	2	10	-	4
Calumet	36	8	-	-	26	-	2	34	-	2
Chippewa	73	23	-	1	48	-	1	71	-	2
Clark	43	18	-	-	24	-	1	42	-	1
Columbia	60	19	-	-	40	-	1	59	-	1
Crawford	21	7	-	-	14	-	-	21	-	-
Dane	330	64	40	10	151	52	13	215	92	23
Dodge	68	20	-	-	48	-	-	68	-	-
Door	19	1	-	1	16	-	1	17	-	2
Douglas	57	19	-	1	35	-	2	54	-	3
Dunn	47	9	-	4	32	-	2	41	-	6
Eau Claire	78	24	-	3	46	-	5	70	-	8
Florence	-	-	-	-	-	-	-	-	-	-
Fond du Lac	96	18	3	2	67	2	4	85	5	6
Forest	19	4	-	2	8	1	4	12	1	6
Grant	52	17	-	-	35	-	-	52	-	-
Green	23	8	-	-	15	-	-	23	-	-
Green Lake	22	5	-	-	17	-	-	22	-	-
Iowa	9	3	-	-	6	-	-	9	-	-
Iron	1	-	-	-	1	-	-	1	-	-
Jackson	26	4	-	3	14	-	5	18	-	8
Jefferson	86	27	-	-	57	1	1	84	1	1
Juneau	41	11	1	-	28	-	1	39	1	1
Kenosha	256	62	32	1	139	20	2	201	52	3
Kewaunee	12	4	-	1	7	-	-	11	-	1
La Crosse	115	19	5	11	66	5	9	85	10	20
Lafayette	10	2	-	-	8	-	-	10	-	-
Langlade	27	10	-	-	16	-	1	26	-	1
Lincoln	35	8	-	-	26	-	1	34	-	1
Manitowoc	94	24	-	3	61	-	6	85	-	9

(Continued)

Local Information

Table 11. Births to Teens by Age Group, Race of Mother and County of Residence, Wisconsin, 1998

County	Total	<18			18-19			Total <20		
		White	Black	Other	White	Black	Other	White	Black	Other
Marathon	120	24	-	7	74	2	13	98	2	20
Marinette	41	14	-	-	27	-	-	41	-	-
Marquette	9	-	-	-	9	-	-	9	-	-
Menominee	20	-	-	8	-	-	12	-	-	20
Milwaukee	2,445	274	635	54	563	853	64	837	1,488	118
Monroe	63	22	-	2	38	-	1	60	-	3
Oconto	35	10	-	-	23	-	2	33	-	2
Oneida	31	7	-	-	23	1	-	30	1	-
Outagamie	144	36	1	16	76	-	15	112	1	31
Ozaukee	32	7	-	1	23	1	-	30	1	1
Pepin	5	2	-	-	3	-	-	5	-	-
Pierce	27	7	-	-	20	-	-	27	-	-
Polk	38	12	-	-	26	-	-	38	-	-
Portage	75	30	-	2	33	-	10	63	-	12
Price	13	-	-	-	13	-	-	13	-	-
Racine	365	88	57	2	140	77	1	228	134	3
Richland	18	3	-	-	15	-	-	18	-	-
Rock	252	74	22	4	125	25	2	199	47	6
Rusk	13	4	-	-	9	-	-	13	-	-
St. Croix	42	12	-	-	30	-	-	42	-	-
Sauk	66	20	-	-	46	-	-	66	-	-
Sawyer	23	3	-	6	11	-	3	14	-	9
Shawano	43	8	-	4	29	-	2	37	-	6
Sheboygan	138	37	1	11	76	-	13	113	1	24
Taylor	19	7	-	-	12	-	-	19	-	-
Trempealeau	28	5	-	-	23	-	-	28	-	-
Vernon	25	10	-	1	14	-	-	24	-	1
Vilas	13	1	-	2	8	-	2	9	-	4
Walworth	109	40	1	3	64	-	1	104	1	4
Washburn	13	4	-	-	9	-	-	13	-	-
Washington	88	29	-	1	58	-	-	87	-	1
Waukesha	206	54	-	-	146	1	5	200	1	5
Waupaca	68	20	-	-	47	-	1	67	-	1
Waushara	29	10	-	-	18	-	1	28	-	1
Winnebago	142	37	1	7	84	1	12	121	2	19
Wood	79	22	-	1	52	-	4	74	-	5

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

Note: Included in totals are 2 births 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 that there were no births in that category.

Local Information

Table 12. Births to Unmarried Teens by Age Group and County of Residence, Wisconsin, 1998

County	<15	15-17	<18	18-19	<20	All Nonmarital Births
Total	108	2,164	2,272	3,698	5,970	19,599
Adams	-	9	9	12	21	53
Ashland	n/s	n/s	n/s	10	14	46
Barron	-	16	16	30	46	134
Bayfield	n/s	n/s	n/s	6	7	34
Brown	n/s	80	82	133	215	830
Buffalo	n/s	n/s	n/s	4	6	31
Burnett	n/s	n/s	n/s	7	11	49
Calumet	-	8	8	26	34	74
Chippewa	n/s	21	22	39	61	175
Clark	-	16	16	20	36	91
Columbia	-	17	17	29	46	140
Crawford	-	7	7	12	19	55
Dane	n/s	102	106	177	283	1,103
Dodge	-	20	20	40	60	214
Door	n/s	n/s	n/s	13	15	53
Douglas	-	19	19	32	51	173
Dunn	-	10	10	29	39	117
Eau Claire	n/s	24	25	35	60	258
Florence	-	-	-	-	-	2
Fond du Lac	-	21	21	59	80	292
Forest	-	6	6	12	18	41
Grant	-	17	17	31	48	122
Green	-	7	7	13	20	87
Green Lake	-	4	4	11	15	55
Iowa	n/s	n/s	n/s	5	7	59
Iron	-	-	-	-	-	3
Jackson	n/s	6	7	13	20	67
Jefferson	-	23	23	42	65	197
Juneau	n/s	8	9	19	28	87
Kenosha	5	83	88	134	222	670
Kewaunee	-	5	5	5	10	28
La Crosse	n/s	26	28	67	95	312
Lafayette	n/s	n/s	n/s	6	8	33
Langlade	-	9	9	14	23	56
Lincoln	n/s	6	7	24	31	73
Manitowoc	-	25	25	53	78	242
Marathon	-	25	25	69	94	296
Marinette	-	9	9	18	27	94
Marquette	-	-	-	6	6	33
Menominee	-	7	7	10	17	65
Milwaukee	60	860	920	1,325	2,245	7,163
Monroe	-	19	19	25	44	140

(Continued)

Local Information

Table 12. Births to Unmarried Teens by Age Group and County of Residence, Wisconsin, 1998

County	<15	15-17	<18	18-19	<20	All Nonmarital Births
Oconto	-	10	10	19	29	96
Oneida	-	7	7	18	25	89
Outagamie	n/s	38	40	66	106	409
Ozaukee	-	6	6	22	28	111
Pepin	n/s	n/s	n/s	n/s	n/s	13
Pierce	-	7	7	16	23	98
Polk	-	11	11	21	32	118
Portage	-	31	31	26	57	161
Price	-	-	-	9	9	35
Racine	11	125	136	186	322	972
Richland	n/s	n/s	n/s	11	14	57
Rock	6	90	96	126	222	691
Rusk	n/s	n/s	n/s	6	10	37
St. Croix	-	9	9	21	30	107
Sauk	n/s	16	17	29	46	157
Sawyer	-	9	9	11	20	69
Shawano	-	10	10	24	34	126
Sheboygan	-	41	41	57	98	289
Taylor	-	6	6	8	14	43
Trempealeau	-	5	5	18	23	91
Vernon	n/s	9	10	11	21	77
Vilas	n/s	n/s	n/s	9	12	67
Walworth	-	37	37	44	81	255
Washburn	n/s	n/s	n/s	8	11	40
Washington	n/s	25	28	48	76	229
Waukesha	n/s	50	51	119	170	535
Waupaca	-	16	16	34	50	145
Waushara	-	7	7	13	20	52
Winnebago	n/s	35	37	68	105	386
Wood	-	20	20	34	54	197

Source: Wisconsin Bureau of Health Information, *Wisconsin Births and Infant Deaths, 1998*.

Notes: Included in the totals are 2 births for which age of mother was not reported. A dash (-) indicates that 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, 1998**

City	<15	15-17	<18	18-19	<20	All Births
Appleton	1	32	33	72	105	1,134
Beloit	5	45	50	70	120	626
Eau Claire	2	12	14	37	51	701
Fond du Lac	-	12	12	47	59	585
Green Bay	3	70	73	141	214	1,799
Janesville	-	37	37	43	80	867
Kenosha	5	83	88	141	229	1,699
La Crosse	2	24	26	50	76	604
Madison	4	80	84	140	224	2,678
Manitowoc	1	18	19	35	54	434
Mequon/Thiensville	-	1	1	3	4	245
Milwaukee	58	829	887	1,330	2,217	11,000
Neenah/Menasha	1	15	16	33	49	582
Oshkosh	1	14	15	46	61	714
Racine	11	109	120	170	290	1,642
Sheboygan	-	35	35	61	96	658
Stevens Point	-	21	21	25	46	313
Superior	-	8	8	28	36	357
Watertown	-	13	13	19	32	305
Waukesha	1	22	23	56	79	1,031
Wausau	-	14	14	42	56	505
West Bend	1	12	13	22	35	444

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

Note: A dash (-) indicates that 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 ethnicity from any of the race categories and shows data for Hispanics separately. Most of the tables and graphs in this report present the race/ethnicity data in this format. Table 11 includes Hispanics within the racial categories. (Most Hispanics in Wisconsin report their race as white.)

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 1998, rather than the mortality experience of the 1998 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 1998 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 has 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 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		
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	Enter:	Student
Not:	Mechanic	Own	Not:	None
Enter:	Sales Clerk	Hardware Store	Enter:	Homemaker
Not:	Clerk	Smith's Store	Not:	None

Mother	36. RACE White, Black Amer. Ind., etc.	37. HISPANIC ORIGIN Specify Mexican, Puerto Rican, Cuban, etc.	38. EDUCATION Highest Grade Completed Elem./Second College (0-12) (1-4 of 5+)	39. EMPLOYMENT ONE YEAR AGO Occupation Type of Firm or Agency		40. PREGNANCY HISTORY (Obtain from informant if necessary)	
	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	DATE OF LAST LIVE BIRTH Month/Year	DATE OF LAST OTHER TERMINATION Month/Year
Husband	46. MOTHER TRANSFERRED PRIOR TO DELIVERY?		47. INFANT TRANSFERRED TO INTENSIVE CARE OR MOTHER HOSPITAL		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?		48b. Alcohol Use During Pregnancy?		48c. Weight Gain/Loss During Pregnancy.			
Yes <input type="checkbox"/> If yes, avg. number No <input type="checkbox"/> cigarettes per day		Yes <input type="checkbox"/> If yes, avg. number No <input type="checkbox"/> drinks per week		Net pounds gained _____ OR Net pounds lost _____			

CHECK ALL THAT APPLY

<p>49. MEDICAL HISTORY FOR THIS PREGNANCY</p> <p>01A <input type="checkbox"/> Anemia (Hct. < 30/Hgb. < 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>51. EVENTS OF LABOR AND/OR DELIVERY</p> <p>01A <input type="checkbox"/> Febrile (> 100 F or 38C)</p> <p>02B <input type="checkbox"/> Meconium, moderate/heavy</p> <p>03C <input type="checkbox"/> Prem. rupture of membranes (> 12 hrs)</p> <p>04D <input type="checkbox"/> Abruptio placenta</p> <p>05E <input type="checkbox"/> Placenta previa</p> <p>06F <input type="checkbox"/> Other excessive bleeding</p> <p>07G <input type="checkbox"/> Seizures during labor</p> <p>08H <input type="checkbox"/> Precipitous labor (< 3 hrs)</p> <p>09I <input type="checkbox"/> Prolonged labor (> 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>52. 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"/> Vacuum</p> <p>53. ABNORMAL CONDITIONS OF THE NEWBORN</p> <p>01A <input type="checkbox"/> Anemia (Hct. < 39/Hgb. < 13)</p> <p>02B <input type="checkbox"/> Birth injury</p> <p>03C <input type="checkbox"/> Hyaline membrane disease/RDS</p> <p>04D <input type="checkbox"/> Meconium aspiration syndrome</p> <p>05E <input type="checkbox"/> Assisted ventilation < 30 min</p> <p>06F <input type="checkbox"/> Assisted ventilation ≥ 30 min</p> <p>07G <input type="checkbox"/> Seizures</p> <p>08H <input type="checkbox"/> None</p> <p>09I <input type="checkbox"/> Other Specify:</p>	<p>54. CONGENITAL ANOMALIES OF CHILD</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/Esoophageal atresia</p> <p>10J <input type="checkbox"/> Omphalocele/Gastroschisis</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"/> Other Specify:</p>
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STATE OF WISCONSIN
DEPARTMENT OF HEALTH AND FAMILY SERVICES
ORIGINAL CERTIFICATE OF DEATH

STATE FILING DATE _____
STATE DEATH NO. _____

DOH 5040 (Rev. 8/95)
Chap. 59, Wis. Stats.

Type or Print Use Permanent Black Ink No Whiteout or Erasures Reserved for Corrections & Amendments

LOCAL FILE NUMBER _____

1. DECEDENT'S NAME: First _____ Full Middle _____ Last _____

2. SEX: M F

3. SOC. SEC. NUMBER OF DECEDENT: _____

4a. PROXIMATES DEAD DATE: Mo. _____ Day _____ Year _____

4b. HOUR: _____

5. BODY FOUND: No Yes (date and place) _____

6a. AGE (years & fractions): _____

6b. Under 1 yr: _____

6c. Under 1 day: _____

7. DATE OF BIRTH: Mo. _____ Day _____ Yr. _____

8a. COUNTY OF DEATH: _____

8b. DEATH OCCURRED INSIDE: Hospital Other _____

8c. CHECK ONE: Yes No

9. DEATH AT HOSPITAL: Yes No

10. OTHER PLACE: N.H. Other _____

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: Married Never Married Divorced Widowed

13a. RESIDENCE - STATE: _____

13b. RESIDENCE - COUNTY: _____

13c. RESIDENCE - INSIDE CITY, VILLAGE, TOWNSHIP: _____

13d. CHECK ONE: Yes No

13e. MEMBER OF F.I.T.: _____

13f. 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. US BORN OCCUPATION (Specify if other than "None"): _____

21. OCCUPATION OF BUSINESS/INDUSTRY: _____

22. EDUCATION (Highest grade completed): _____

23. DECEDENT OVER 18 U.S. ARMED FORCES: Yes No

24. SURVIVANT SPOUSE OR dependent survivors (Specify if names of survivors): _____

25a. INFORMANT'S NAME: _____

25b. HAVING ADDRESS: Yes No

25c. City/Village: _____ State: _____ ZIP: _____

26. METHOD OF DISPOSITION: Burial Cremation Other _____

26a. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): _____

26b. LOCATION (City/Village/Township, State): _____

26c. DATE SIGNED BY FUNERAL SERVICE LICENSEE (Mo. Day Yr.): _____

26d. DATE RECEIVED FROM MED. CERT. (Mo. Day Yr.): _____

27a. FUNERAL SERVICE LICENSEE No. (when listing as such): _____

27b. LICENSED: Yes No

27c. NAME AND MAILING ADDRESS OF FACILITY (Street and number, City, State, Zip): _____

28. SIGNATURE: _____

29. DATE OF DEATH (Mo. Day Yr.): _____

30. MANNER OF DEATH: 1. Natural 4. Homicide 2. Accident 5. Suicide 3. Sudden 6. Pending

31. DATE OF INJURY (Mo. Day Yr.): _____

32. HOUR OF INJURY: _____

33. MEDICAL CERTIFIER: CERTIFYING PHYSICIAN - To the best of my knowledge and belief, I 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 as I have stated. (Check One) CORONER - On basis of examination and/or investigation, in my opinion, death was pronounced and occurred at the time(s) and due to the causes as I have stated.

34. AUTOPSY PERFORMED? YES NO

35a. MEDICAL CERTIFIER SIGNATURE & TITLE (Check one): _____

35b. MEDICAL CERTIFIER'S NAME: _____

35c. DATE SIGNED (Mo. Day Yr.): _____

35d. LOCATION (State or Wis. City or Vill. and time in which hour occurred): _____

35e. COUNTY: _____

36. PHYSICIAN LICENSE NO. (DME Code): _____

36a. REGISTRAR SIGNATURE: _____

36b. DATE RECEIVED BY REGISTRAR (Mo. Day Yr.): _____

37. CERTIFIER'S MAILING ADDRESS (Street & Number, City, State, ZIP): _____

38. 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.

IMMEDIATE CAUSE (Final disease or condition leading to death): _____

(a) (DUE TO OR AS A CONSEQUENCE OF): _____

(b) (DUE TO OR AS A CONSEQUENCE OF): _____

(c) (DUE TO OR AS A CONSEQUENCE OF): _____

(d) _____

39. SEPARATELY list conditions if any, leading to immediate cause. ENTER UNDERLYING CAUSE LAST. (Disease or injury that related events leading to death)

40. INTERVAL BETWEEN ONSET AND DEATH: _____

PART II. Other significant conditions contributing to death but not resulting in underlying cause. (List in Part I)

41. PLACE OF INJURY (Home, Street, Farm, etc.): _____

42. INJURY AT WORK? YES NO

43. COUNTY: _____

44. P. INJURY. DESCRIBE HOW INJURY OCCURRED: _____

Type or Print
in Permanent
Black Ink

DOH 5042 Rev. 9-96
Chapter 69, 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 (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 Village Township		
9. ATTENDANT NAME	10. WISCONSIN LICENSE NUMBER	11. TITLE 1. M.D. 2. D.O. 3. CHM 4. CNM 5. Other			
12a. FILING PARTY (s. 69.18(1)(a)) NAME AND TITLE		12b. DATE REPORT COMPLETED (Month, Day, Year)			
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 Village Township		
CONFIDENTIAL INFORMATION FOR MEDICAL AND HEALTH USE ONLY					
21. IS MOTHER MARRIED? (at any time between conception and delivery) YES NO		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 Spanish, Mexican, Puerto Rican, etc.	25. EDUCATION Grade Completed 9-12 (1, 2 or 3)	26. EMPLOYMENT ONE YEAR AGO Occupation	27. PREVIOUS DELIVERIES (Exclude this Delivery) LIVE BIRTHS (Spontaneous or Induced) a. Number b. None OTHER TERMINATIONS (Spontaneous or Induced) c. Number d. None	
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)	DATE OF LAST LIVE BIRTH (Month, Year)	
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 lost	
35. PART I FETAL DEATH WAS CAUSED BY: <input type="checkbox"/> Pending. Complete when assessment results are known				Fetal or Maternal Cause (State Which)	
36. Fetal or maternal condition directly causing fetal death				A. Immediate Cause	
37. Fetal and/or maternal conditions, if any, giving rise to the immediate cause (A) stating the underlying cause last				B. Due to, or as a consequence of:	
38. PART II OTHER SIGNIFICANT CONDITIONS of fetus or mother: conditions contributing to fetal death but not related to cause given in PART I (A)				C. Due to, or as a consequence of:	
39. BIRTHWEIGHT OF FETUS (Original unconverted lbs. or grams)		40. CROWN - HEEL LENGTH (Original unconverted inches or centimeters)			
Grams OR lbs. oz.		centimeters OR in.			
CHECK ALL THAT APPLY					
39. MEDICAL HISTORY FOR THIS PREGNANCY 01A <input type="checkbox"/> Anemia (Hct. < 30/Hgb. < 10) 02B <input type="checkbox"/> Cardiac disease 03C <input type="checkbox"/> Acute or chronic lung disease 04D <input type="checkbox"/> Pre-existing Diabetes 05E <input type="checkbox"/> Gestational Diabetes 06F <input type="checkbox"/> Genital Herpes 07G <input type="checkbox"/> Other STD (chlamydia, GC) 08H <input type="checkbox"/> Hydramnios/Oligohydramnios 09I <input type="checkbox"/> Hemoglobinopathy 10J <input type="checkbox"/> Hypertension, chronic 11K <input type="checkbox"/> Hypertension, pregnancy assoc. 12L <input type="checkbox"/> Eclampsia 13M <input type="checkbox"/> Incompetent cervix 14N <input type="checkbox"/> Previous infant 4000+ grams 15O <input type="checkbox"/> Previous preterm or small-for-gestational-age infant 16P <input type="checkbox"/> Renal Disease 17Q <input type="checkbox"/> Rh sensitization 18R <input type="checkbox"/> Uterine Bleeding 19S <input type="checkbox"/> None 20T <input type="checkbox"/> Other Specify:		41. EVENTS OF LABOR AND/OR DELIVERY 01A <input type="checkbox"/> Febrile (> 100 F or 38 C) 02B <input type="checkbox"/> Meconium, Moderate/heavy 03C <input type="checkbox"/> Prem. rupture of membranes (> 12 hrs) 04D <input type="checkbox"/> Abruptio placenta 05E <input type="checkbox"/> Placenta previa 06F <input type="checkbox"/> Other excessive bleeding 07G <input type="checkbox"/> Seizures during labor 08H <input type="checkbox"/> Precipitous labor (< 3 hrs) 09I <input type="checkbox"/> Prolonged labor (> 20 hrs) 10J <input type="checkbox"/> Dysfunctional labor 11K <input type="checkbox"/> Breech 12L <input type="checkbox"/> Other malpresentation 13M <input type="checkbox"/> Cephalopelvic disproportion 14N <input type="checkbox"/> Cord prolapse 15O <input type="checkbox"/> Anesthetic complications 16P <input type="checkbox"/> Fetal distress 17Q <input type="checkbox"/> None 18R <input type="checkbox"/> Other Specify:			
44. OBSTETRIC PROCEDURES 01A <input type="checkbox"/> Amniocentesis 02B <input type="checkbox"/> Electronic Fetal monitoring 03C <input type="checkbox"/> Induction of labor 04D <input type="checkbox"/> Stimulation of labor 05E <input type="checkbox"/> Tocolysis 06F <input type="checkbox"/> Ultrasound 07G <input type="checkbox"/> Postpartum sterilization 08H <input type="checkbox"/> None 09I <input type="checkbox"/> Other Specify:		42. METHOD OF DELIVERY 01A <input type="checkbox"/> Vaginal 02B <input type="checkbox"/> Vaginal after previous C-section 03C <input type="checkbox"/> Primary C-section 04D <input type="checkbox"/> Repeat C-section 05E <input type="checkbox"/> Forceps 06F <input type="checkbox"/> Hysterotomy/Hysterectomy 07G <input type="checkbox"/> Vacuum			
		43. ASSESSMENT (Check Each Done) 01A <input type="checkbox"/> External Clinical Eval. 02B <input type="checkbox"/> Autopsy 03C <input type="checkbox"/> Photographs 04D <input type="checkbox"/> X-Rays 05E <input type="checkbox"/> Chromosomal Studies 06F <input type="checkbox"/> Placental Exam 07G <input type="checkbox"/> Cultures (infectious)		44. CONGENITAL ANOMALIES OF FETUS 01A <input type="checkbox"/> Anencephalus 02B <input type="checkbox"/> Spina bifida/Meningocele 03C <input type="checkbox"/> Hydrocephalus 04D <input type="checkbox"/> Microcephalus 05E <input type="checkbox"/> Other Cent. Nerv. Sys. anomalies Specify: 06F <input type="checkbox"/> Heart malformations 07G <input type="checkbox"/> Other Circ./respir. anomalies Specify: 08H <input type="checkbox"/> Rectal atresia/stenosis 09I <input type="checkbox"/> Tracheo-esophageal fistula/Esophageal atresia 10J <input type="checkbox"/> Omphalocele/Gastrochisis 11K <input type="checkbox"/> Other gastrointestinal anomalies Specify: 12L <input type="checkbox"/> Malformed genitalia 13M <input type="checkbox"/> Renal agenesis 14N <input type="checkbox"/> Other urogenital anomalies Specify: 15O <input type="checkbox"/> Cleft lip/palate 16P <input type="checkbox"/> Polydactyly/Syndactyly/Adactyly 17Q <input type="checkbox"/> Club foot 18R <input type="checkbox"/> Diaphragmatic hernia 19S <input type="checkbox"/> Other musculoskeletal/integumental anomalies Specify: 20T <input type="checkbox"/> Down syndrome 21U <input type="checkbox"/> Other chromosomal anomalies Specify: 22V <input type="checkbox"/> None 23W <input type="checkbox"/> Pending Assess. 24X <input type="checkbox"/> Other Specify:	

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.