
BIRTHS TO TEENS IN WISCONSIN, 1999

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

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Overview

This report presents data on live births to Wisconsin teens for 1999 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 county-level data on teen births are available through AIM (the Assessment Information Manager) on the Wisconsin Department of Health and Family Services Web site located at <http://www.dhfs.state.wi.us/localdata/>.

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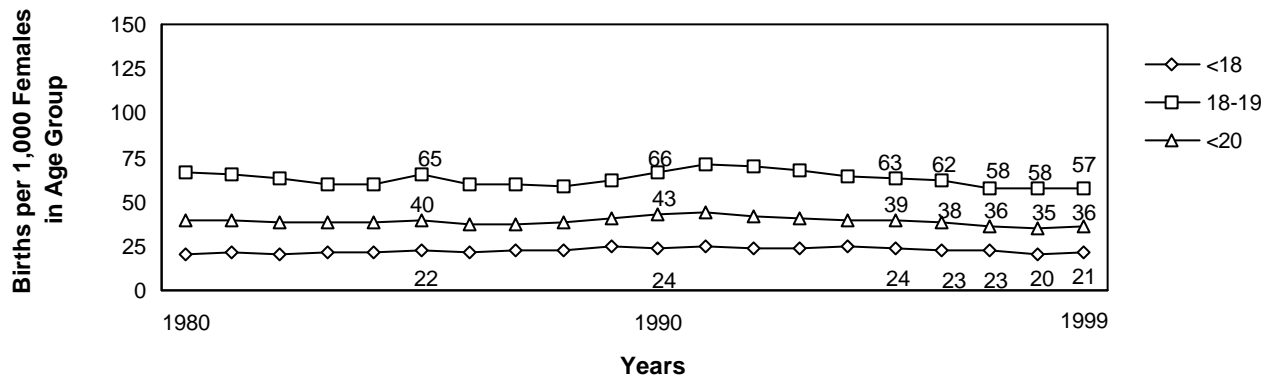
Table 1. Births to Teens by Age Group, Wisconsin 1970-1999

Year	Number of Teen Births		Total Births <18	Number of Teen Births		Percent of Teen Births		Percent of All Births <18	Percent of Teen Births 18-19	Percent of All Births <20
	<15	15-17		18-19	Total Births <20	<15	15-17			
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

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, 1998 and 1999.

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, 1980-1999



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, 1996, 1997, 1998 and 1999.

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, 1999

Age	Wisconsin Rate	U.S. Rate
15-19	36.0	49.6
15-17	21.2	28.7
18-19	57.4	80.2

Sources: Wisconsin Bureau of Health Information, *Wisconsin Births and Infant Deaths, 1999*. United States rates are from the *National Vital Statistics Report*, Vol. 48, No. 14, 2000.

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 116 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, 1980-1999

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

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 Death*, for the years 1995, 1996, 1997, 1998 and 1999. United States rates are from the *National Vital Statistics Report*, Vol. 48, No. 14, 2000, 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

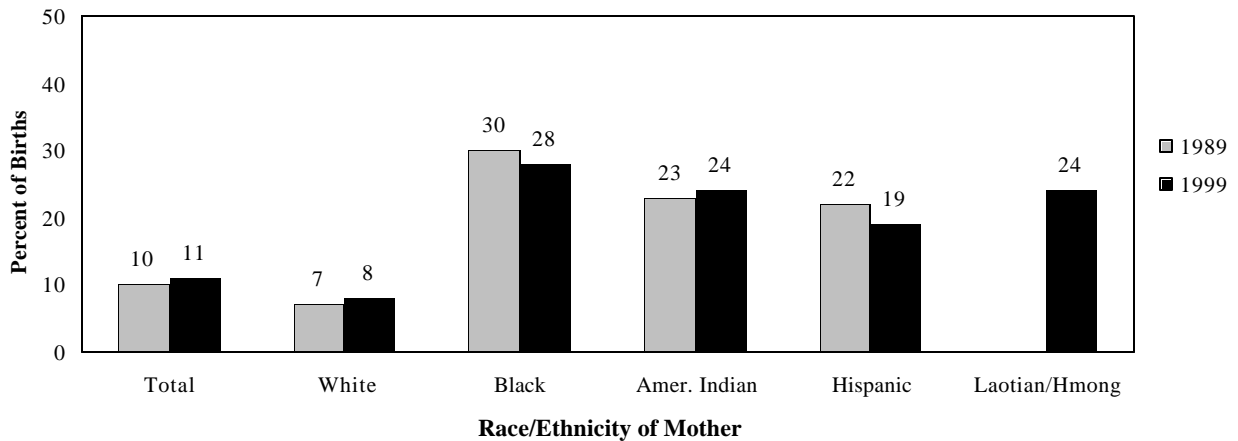
Year	Number of Births			Birth Rate
	<18	18-19	<20	<20
1989				
White	1,294	3,186	4,480	29.6
Black	966	1,094	2,060	171.1
Amer. Indian	66	117	183	93.7
Hispanic, Any Race	145	207	352	87.1
Total Births	2,557	4,707	7,264	42.6
1998				
White	1,201	2,835	4,036	23.3
Black	792	1,040	1,832	133.0
Amer. Indian	74	103	177	81.2
Hispanic, Any Race	283	425	708	105.8
Total Births	2,477	4,570	7,047	35.1
1999				
White	1,213	3,010	4,223	24.3
Black	790	1,007	1,797	129.3
Amer. Indian	90	128	218	95.9
Hispanic, Any Race	315	463	778	114.1
Total Births	2,548	4,760	7,308	36.0

Sources: Wisconsin Bureau of Health Information, *Maternal and Child Health Statistics, 1989*; *Wisconsin Births and Infant Deaths* for the years 1998 and 1999.

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.

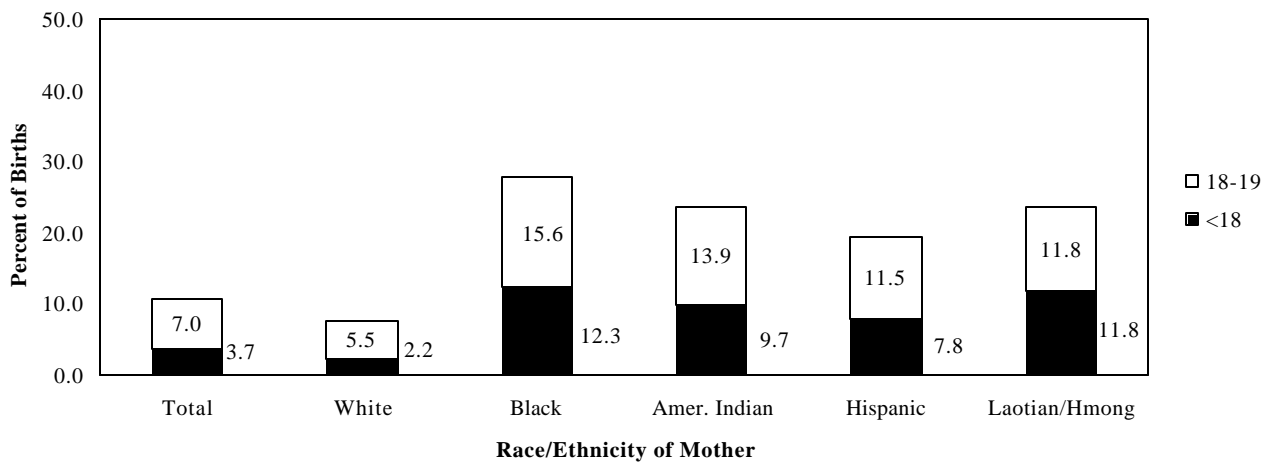
Figure 2. Births to Teens as a Percent of All Births by Race/Ethnicity, Wisconsin, 1989 and 1999



Source: Wisconsin Bureau of Health Information, *Wisconsin Births and Infant Deaths, 1999*.

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 1999, 5% of births to mothers whose race/ethnicity was considered to be in the “other” category were to teens (not shown). There are no comparable 1989 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 1999



Source: Wisconsin Bureau of Health Information, *Wisconsin Births and Infant Deaths, 1999*.

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	1989	1990	1992	1994	1995	1996	1997	1998	1999
Married									
Number	1,544	1,475	1,357	1,139	1,171	1,146	1,095	1,077	1,149
Percent	21.3%	19.9%	18.8%	16.2%	16.5%	16.1%	15.4%	15.3%	15.7%
Unmarried									
Number	5,720	5,934	5,851	5,897	5,937	5,957	5,993	5,970	6,159
Percent	78.7%	80.1%	81.2%	83.8%	83.5%	83.9%	84.6%	84.7%	84.3%
Teen Births	7,264	7,410	7,208	7,037	7,110	7,103	7,088	7,047	7,308

Sources: Wisconsin Bureau of Health Information, *Maternal and Child Health Statistics* (selected years); *Wisconsin Births and Infant Deaths* (1995, 1996, 1997, 1998 and 1999).

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, 1989-1999

Year	Less than 18		18-19		Less than 20		All Births/All Ages	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
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
1999	1,520	60	3,401	71	4,921	67	57,203	84

Sources: Wisconsin Bureau of Health Information, *Maternal and Child Health Statistics* (selected years); *Wisconsin Births and Infant Deaths* (1995, 1996, 1997, 1998 and 1999).

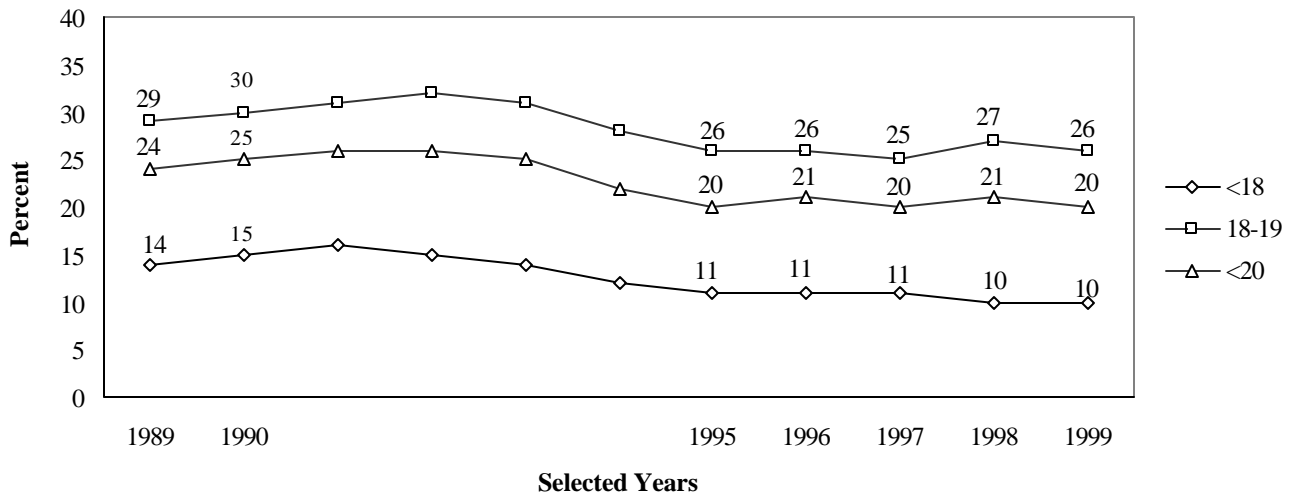
Table 6. Second Order or Higher Births to Teens by Age Group, Wisconsin, Selected Years

Age Group	1989	1990	1992	1994	1995	1996	1997	1998	1999
Less than 18	363	372	387	322	307	289	295	251	263
18-19	1,368	1,492	1,469	1,212	1,130	1,179	1,097	1,233	1,229
Total <20	1,731	1,864	1,841	1,534	1,437	1,468	1,392	1,484	1,492

Sources: Wisconsin Bureau of Health Information, *Maternal and Child Statistics* (selected years); *Wisconsin Births and Infant Deaths* (1995, 1996, 1997, 1998 and 1999).

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, 1989-1999



Sources: Wisconsin Bureau of Health Information, *Maternal and Child Health Statistics* (selected years); *Wisconsin Births and Infant Deaths* (1995, 1996, 1997, 1998 and 1999).

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Table 7. Births to Teens by Age Group and Selected Characteristics, Wisconsin, 1999

	<15	15-17	<18	18-19	<20	All Births All Ages
Total	116	2,432	2,548	4,760	7,308	68,181
Race/Ethnicity of Mother						
White	20	1,193	1,213	3,010	4,223	54,813
Black	64	726	790	1,007	1,797	6,444
Amer. Indian	7	83	90	128	218	924
Hispanic	23	292	315	463	778	4,036
Laotian/Hmong	2	119	121	121	242	1,025
Other	-	19	19	30	49	929
Unknown	-	-	-	1	1	10
Education of Mother						
Elem. or Less	93	219	312	129	441	2,084
Some H.S.	23	2,042	2,065	1,922	3,987	8,828
H.S. Graduate	-	164	164	2,357	2,521	21,761
Some College	-	-	-	342	342	16,470
College Graduate	-	-	-	-	-	11,250
Post-Graduate	-	-	-	-	-	7,659
Unknown	-	7	7	10	17	129
Marital Status						
Married	1	217	218	931	1,149	48,050
Unmarried	115	2,215	2,330	3,829	6,159	20,131
Unknown	-	-	-	-	-	-
Trimester Prenatal Care Began						
First	52	1,468	1,520	3,401	4,921	57,203
Second	42	736	778	1,085	1,863	8,630
Third	15	174	189	215	404	1,686
No Prenatal Care	6	49	55	53	108	536
Unknown	1	5	6	6	12	126
Number of Prenatal Care Visits						
No Visits	6	49	55	53	108	536
1-4	15	157	172	237	409	1,907
5-9	37	767	804	1,238	2,042	12,266
10-12	44	917	961	1,929	2,890	29,005
13+	14	534	548	1,297	1,845	24,280
Unknown	-	8	8	6	14	187
Birthweight						
<1,500 grams	2	58	60	82	142	870
1500-2,499 grams	10	197	207	327	534	3,682
2,500+ grams	104	2,177	2,281	4,351	6,632	63,623
Unknown	-	-	-	-	-	6
<2,500 grams	12	255	267	409	676	4,552

(Continued)

Local Information

Table 7. Births to Teens by Age Group and Selected Characteristics, Wisconsin, 1999

	<15	15-17	<18	18-19	<20	All Births All Ages
Smoked During Pregnancy						
No	102	1,881	1,983	3,337	5,320	56,472
Yes	14	547	561	1,420	1,981	11,635
Unknown		4	4	3	7	74
Live Birth Order						
First	112	2,173	2,285	3,531	5,816	27,056
Second	4	237	241	999	1,240	22,373
Third	-	20	20	197	217	11,252
Fourth	-	2	2	31	33	4,341
Fifth or Higher	-	-	-	2	2	3,153
Unknown	-	-	-	-	-	6
Plurality						
Single Birth	116	2,398	2,514	4,685	7,199	66,161
Multiple Birth	-	34	34	75	109	2,020

Source: Wisconsin Bureau of Health Information, *Wisconsin Births and Infant Deaths, 1999*.

Notes: Included in the total of all births are 9 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, 1999

	<15	15-17	<18	18-19	<20	All Deaths All Ages
Fetal deaths						
Number	1	15	16	33	49	353
Rate	-	-	-	6.9	6.7	5.2
Neonatal deaths						
Number	1	20	21	37	58	294
Rate	-	8.2	8.2	7.8	7.9	4.3
Infant deaths						
Number	4	29	33	57	90	456
Rate	-	11.9	13.0	12.0	12.3	6.7

Source: Wisconsin Bureau of Health Information, *Wisconsin Births and Infant Deaths, 1999*.

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, 1999

County	<15	15-17	<18	18-19	<20	All Births All Ages
Total	116	2,432	2,548	4,760	7,308	68,181
Adams	-	6	6	17	23	179
Ashland	-	5	5	21	26	195
Barron	-	15	15	45	60	506
Bayfield	-	5	5	16	21	150
Brown	8	89	97	193	290	3,098
Buffalo	-	4	4	5	9	159
Burnett	-	7	7	17	24	146
Calumet	-	7	7	23	30	504
Chippewa	1	19	20	67	87	684
Clark	-	15	15	20	35	493
Columbia	1	11	12	26	38	623
Crawford	-	6	6	17	23	202
Dane	3	107	110	229	339	5,189
Dodge	-	27	27	71	98	986
Door	-	4	4	16	20	265
Douglas	-	18	18	48	66	468
Dunn	-	14	14	24	38	441
Eau Claire	-	18	18	71	89	1,084
Florence	-	-	-	2	2	49
Fond du Lac	1	36	37	83	120	1,202
Forest	-	4	4	15	19	114
Grant	-	9	9	31	40	476
Green	-	16	16	22	38	392
Green Lake	-	4	4	10	14	214
Iowa	-	5	5	13	18	297
Iron	-	-	-	1	1	20
Jackson	2	10	12	20	32	198
Jefferson	-	26	26	62	88	939
Juneau	-	7	7	34	41	282
Kenosha	8	89	97	165	262	2,162
Kewaunee	-	7	7	11	18	240
La Crosse	-	42	42	72	114	1,238
Lafayette	-	7	7	7	14	169
Langlade	-	16	16	22	38	236
Lincoln	-	9	9	24	33	342
Manitowoc	1	36	37	53	90	918
Marathon	1	37	38	105	143	1,484
Marinette	-	12	12	30	42	398
Marquette	-	4	4	17	21	176
Menominee	-	7	7	16	23	97
Milwaukee	68	942	1,010	1,470	2,480	14,832
Monroe	-	18	18	35	53	510

(Continued)

Local Information

Table 9. Births to Teens by Age Group and County of Residence, Wisconsin, 1999

County	<15	15-17	<18	18-19	<20	All Births All Ages
Oconto	-	13	13	29	42	379
Oneida	-	7	7	19	26	313
Outagamie	1	62	63	108	171	2,191
Ozaukee	1	12	13	19	32	871
Pepin	-	1	1	8	9	98
Pierce	1	2	3	24	27	379
Polk	-	13	13	34	47	471
Portage	2	20	22	55	77	789
Price	-	6	6	7	13	141
Racine	5	127	132	216	348	2,534
Richland	-	3	3	15	18	193
Rock	5	81	86	180	266	2,013
Rusk	-	9	9	18	27	176
St. Croix	-	13	13	37	50	886
Sauk	-	21	21	42	63	671
Sawyer	-	10	10	18	28	161
Shawano	-	10	10	35	45	480
Sheboygan	1	51	52	98	150	1,380
Taylor	-	5	5	16	21	229
Trempealeau	-	7	7	17	24	296
Vernon	-	7	7	22	29	374
Vilas	-	7	7	7	14	170
Walworth	2	40	42	70	112	1,107
Washburn	-	9	9	10	19	155
Washington	1	29	30	59	89	1,566
Waukesha	-	47	47	127	174	4,284
Waupaca	-	13	13	39	52	599
Waushara	-	11	11	24	35	217
Winnebago	2	51	53	105	158	1,798
Wood	1	25	26	56	82	903

Source: Wisconsin Bureau of Health Information, *Wisconsin Births and Infant Deaths, 1999*.

Notes: Included in the "all births" column are 9 births for which age of mother was not reported. A dash (-) indicates that 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, 1999

County	Birth Rate			Estimated Pregnancy Rate		
	<18	18-19	<20	<18	18-19	<20
Total	21.2	57.4	36.0	27.6	73.9	46.5
Adams	-	-	46.7	-	-	46.7
Ashland	-	75.0	38.3	-	75.0	38.3
Barron	-	65.7	35.4	-	65.7	35.4
Bayfield	-	-	38.5	-	-	38.5
Brown	20.1	57.8	35.5	28.8	75.5	47.9
Buffalo	-	-	-	-	-	-
Burnett	-	-	49.7	-	-	49.7
Calumet	-	34.2	17.7	-	34.2	17.7
Chippewa	15.8	75.2	40.4	15.8	76.3	40.9
Clark	-	36.1	26.0	-	36.1	26.0
Columbia	-	35.1	20.8	-	49.9	29.5
Crawford	-	-	33.5	-	-	34.9
Dane	11.0	34.2	20.3	20.4	59.5	36.1
Dodge	14.6	54.4	31.0	21.0	71.3	41.8
Door	-	-	21.8	-	-	21.8
Douglas	-	71.5	41.5	-	71.5	41.5
Dunn	-	27.4	18.0	-	27.4	18.0
Eau Claire	-	36.7	18.4	-	37.2	18.4
Florence	-	-	-	-	-	-
Fond du Lac	16.2	53.0	31.1	19.7	60.7	36.3
Forest	-	-	-	-	-	-
Grant	-	36.8	19.2	-	46.3	25.5
Green	-	43.9	31.2	-	43.9	31.2
Green Lake	-	-	-	-	-	18.9
Iowa	-	-	-	-	-	-
Iron	-	-	-	-	-	-
Jackson	-	69.7	46.4	-	69.7	46.4
Jefferson	14.3	49.9	28.7	20.9	58.8	36.2
Juneau	-	90.2	47.7	-	90.2	47.7
Kenosha	31.0	76.2	49.5	38.7	97.0	62.5
Kewaunee	-	-	-	-	-	-
La Crosse	13.4	34.3	21.8	15.9	35.3	27.3
Lafayette	-	-	-	-	-	-
Langlade	-	74.8	50.5	-	74.8	50.5
Lincoln	-	51.5	30.1	-	51.5	30.1
Manitowoc	19.1	39.5	27.5	25.3	49.9	35.4
Marathon	13.0	50.1	28.5	16.4	63.0	35.9
Marinette	-	46.7	26.8	-	46.7	26.8
Marquette	-	-	43.6	-	-	43.6
Menominee	-	-	95.8	-	-	95.8
Milwaukee	48.8	105.9	71.7	61.3	140.9	93.2
Monroe	-	55.1	33.5	-	55.1	34.2

(Continued)

Local Information

Table 10. Teen Birth Rates and Estimated Pregnancy Rates by Teen Age Group and County of Residence, Wisconsin, 1999

County	Birth Rate			Estimated Pregnancy Rate		
	<18	18-19	<20	<18	18-19	<20
Oconto	-	54.4	34.7	-	54.4	34.7
Oneida	-	39.7	22.3	-	39.7	22.3
Outagamie	17.1	43.6	27.8	23.7	57.4	37.7
Ozaukee	-	15.8	11.1	-	15.8	19.8
Pepin	-	-	-	-	-	-
Pierce	-	32.3	14.7	-	32.3	14.7
Polk	-	58.5	33.0	-	58.5	33.0
Portage	11.3	40.5	23.3	11.3	40.5	33.0
Price	-	-	-	-	-	-
Racine	31.2	73.3	48.5	39.7	96.0	62.8
Richland	-	-	-	-	-	-
Rock	26.0	77.5	47.2	31.4	94.3	57.3
Rusk	-	-	45.2	-	-	45.2
St. Croix	-	38.0	21.5	-	39.1	22.0
Sauk	17.6	53.2	31.7	24.3	72.2	43.3
Sawyer	-	-	50.2	-	-	50.2
Shawano	-	60.7	32.0	-	60.7	32.0
Sheboygan	21.4	56.6	36.1	30.1	72.8	47.9
Taylor	-	-	25.4	-	-	25.4
Trempealeau	-	-	25.9	-	43.8	25.9
Vernon	-	50.1	27.5	-	50.1	27.5
Vilas	-	-	-	-	-	-
Walworth	21.9	50.4	33.9	26.7	72.0	45.7
Washburn	-	-	-	-	-	39.7
Washington	12.6	33.6	21.5	18.4	42.7	28.7
Waukesha	6.2	24.1	13.5	10.9	37.4	21.7
Waupaca	-	48.0	28.2	21.3	59.0	38.0
Waushara	-	95.6	54.9	-	95.6	54.9
Winnebago	15.5	46.4	27.8	23.4	65.3	40.1
Wood	14.5	44.5	26.9	17.3	50.8	31.2

Sources: Wisconsin Bureau of Health Information population estimates; *Wisconsin Births and Infant Deaths, 1999*; and *Reported Induced Abortions in Wisconsin, 1999*.

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, 1999

County	Total	<18			18-19			Total <20		
		White	Black	Other	White	Black	Other	White	Black	Other
Total	7,308	1,504	803	241	3,451	1,017	291	4,955	1,820	532
Adams	23	5	-	1	17	-	-	22	-	1
Ashland	26	1	-	4	14	-	7	15	-	11
Barron	60	15	-	-	44	-	1	59	-	1
Bayfield	21	3	-	2	13	-	3	16	-	5
Brown	290	66	3	28	150	8	35	216	11	63
Buffalo	9	4	-	-	5	-	-	9	-	-
Burnett	24	5	-	2	15	-	2	20	-	4
Calumet	30	7	-	-	23	-	-	30	-	-
Chippewa	87	20	-	-	63	1	3	83	1	3
Clark	35	15	-	-	20	-	-	35	-	-
Columbia	38	11	-	1	26	-	-	37	-	1
Crawford	23	6	-	-	17	-	-	23	-	-
Dane	339	69	31	10	162	47	19	231	78	29
Dodge	98	25	1	1	71	-	-	96	1	1
Door	20	4	-	-	14	2	-	18	2	-
Douglas	66	15	1	2	44	-	4	59	1	6
Dunn	38	11	-	3	22	-	2	33	-	5
Eau Claire	89	14	1	3	63	1	7	77	2	10
Florence	2	-	-	-	2	-	-	2	-	-
Fond du Lac	120	36	-	1	71	7	5	107	7	6
Forest	19	4	-	-	13	-	2	17	-	2
Grant	40	9	-	-	31	-	-	40	-	-
Green	38	16	-	-	22	-	-	38	-	-
Green Lake	14	4	-	-	10	-	-	14	-	-
Iowa	18	5	-	-	12	1	-	17	1	-
Iron	1	-	-	-	1	-	-	1	-	-
Jackson	32	9	-	3	13	1	6	22	1	9
Jefferson	88	24	-	2	60	-	2	84	-	4
Juneau	41	5	1	1	32	-	2	37	1	3
Kenosha	262	71	26	-	137	26	2	208	52	2
Kewaunee	18	7	-	-	10	-	1	17	-	1
La Crosse	114	33	1	8	60	-	12	93	1	20
Lafayette	14	7	-	-	7	-	-	14	-	-
Langlade	38	16	-	-	22	-	-	38	-	-
Lincoln	33	9	-	-	23	1	-	32	1	-
Manitowoc	90	28	1	8	50	-	3	78	1	11

(Continued)

Local Information

Table 11. Births to Teens by Age Group, Race of Mother and County of Residence, Wisconsin, 1999

County	Total	<18			18-19			Total <20		
		White	Black	Other	White	Black	Other	White	Black	Other
Marathon	143	22	-	16	87	-	18	109	-	34
Marinette	42	12	-	-	30	-	-	42	-	-
Marquette	21	4	-	-	17	-	-	21	-	-
Menominee	23	-	-	7	-	-	16	-	-	23
Milwaukee	2,480	278	668	64	578	833	59	856	1,501	123
Monroe	53	18	-	-	34	-	1	52	-	1
Oconto	42	12	-	1	29	-	-	41	-	1
Oneida	26	6	-	1	17	-	2	23	-	3
Outagamie	171	39	-	24	92	1	15	131	1	39
Ozaukee	32	13	-	-	19	-	-	32	-	-
Pepin	9	1	-	-	8	-	-	9	-	-
Pierce	27	2	-	1	24	-	-	26	-	1
Polk	47	10	1	2	30	-	4	40	1	6
Portage	77	18	1	3	51	-	4	69	1	7
Price	13	4	-	2	7	-	-	11	-	2
Racine	348	85	47	-	148	67	1	233	114	1
Richland	18	2	-	1	15	-	-	17	-	1
Rock	266	71	15	-	163	16	1	234	31	1
Rusk	27	8	-	1	17	-	1	25	-	2
St. Croix	50	12	-	1	37	-	-	49	-	1
Sauk	63	21	-	-	41	-	1	62	-	1
Sawyer	28	5	-	5	7	-	11	12	-	16
Shawano	45	9	-	1	27	1	7	36	1	8
Sheboygan	150	37	1	14	83	2	13	120	3	27
Taylor	21	5	-	-	16	-	-	21	-	-
Trempealeau	24	7	-	-	17	-	-	24	-	-
Vernon	29	6	1	-	22	-	-	28	1	-
Vilas	14	4	-	3	5	-	2	9	-	5
Walworth	112	42	-	-	68	1	1	110	1	1
Washburn	19	9	-	-	10	-	-	19	-	-
Washington	89	29	-	1	57	1	1	86	1	2
Waukesha	174	44	1	2	122	-	5	166	1	7
Waupaca	52	13	-	-	39	-	-	52	-	-
Waushara	35	10	1	-	24	-	-	34	1	-
Winnebago	158	46	1	6	96	-	9	142	1	15
Wood	82	21	-	5	55	-	1	76	-	6

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

Note: Included in totals is 1 birth 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, 1999

County	<15	15-17	<18	18-19	<20	All Nonmarital Births
Total	115	2,215	2,330	3,829	6,159	20,131
Adams	-	6	6	13	19	61
Ashland	-	5	5	16	21	64
Barron	-	13	13	33	46	143
Bayfield	-	5	5	11	16	44
Brown	8	80	88	152	240	815
Buffalo	-	n/s	n/s	3	7	37
Burnett	-	7	7	11	18	48
Calumet	-	7	7	18	25	78
Chippewa	n/s	18	19	48	67	187
Clark	-	14	14	15	29	91
Columbia	n/s	11	12	19	31	134
Crawford	-	5	5	14	19	53
Dane	n/s	100	103	186	289	1,182
Dodge	-	25	25	61	86	224
Door	-	n/s	n/s	13	16	55
Douglas	-	15	15	35	50	157
Dunn	-	9	9	18	27	95
Eau Claire	-	15	15	54	69	259
Florence	-	-	-	-	-	1
Fond du Lac	n/s	35	36	69	105	313
Forest	-	n/s	n/s	12	16	39
Grant	-	9	9	24	33	118
Green	-	16	16	17	33	88
Green Lake	-	n/s	n/s	6	10	33
Iowa	-	4	4	13	17	48
Iron	-	-	-	n/s	n/s	4
Jackson	n/s	9	11	16	27	70
Jefferson	-	23	23	43	66	217
Juneau	-	6	6	24	30	103
Kenosha	8	84	92	135	227	740
Kewaunee	-	6	6	6	12	33
La Crosse	-	37	37	51	88	306
Lafayette	-	7	7	5	12	43
Langlade	-	16	16	16	32	86
Lincoln	-	9	9	20	29	83
Manitowoc	n/s	30	31	40	71	235
Marathon	n/s	20	21	71	92	317
Marinette	-	11	11	17	28	96
Marquette	-	n/s	n/s	13	17	39
Menominee	-	7	7	15	22	80
Milwaukee	68	890	958	1,316	2,274	7,328
Monroe	-	16	16	32	48	144

(Continued)

Local Information

Table 12. Births to Unmarried Teens by Age Group and County of Residence, Wisconsin, 1999

County	<15	15-17	<18	18-19	<20	All Nonmarital Births
Oconto	-	13	13	24	37	113
Oneida	-	7	7	9	16	82
Outagamie	n/s	45	46	80	126	434
Ozaukee	n/s	11	12	15	27	103
Pepin	-	n/s	n/s	4	5	16
Pierce	n/s	n/s	n/s	19	22	76
Polk	-	9	9	25	34	118
Portage	n/s	17	19	45	64	168
Price	-	6	6	5	11	26
Racine	5	117	122	178	300	910
Richland	-	n/s	n/s	11	14	44
Rock	5	77	82	145	227	712
Rusk	-	7	7	14	21	49
St. Croix	-	13	13	27	40	155
Sauk	-	18	18	30	48	166
Sawyer	-	9	9	15	24	64
Shawano	-	10	10	25	35	124
Sheboygan	-	37	37	64	101	319
Taylor	-	3	3	8	11	50
Trempealeau	-	7	7	15	22	85
Vernon	-	7	7	16	23	68
Vilas	-	7	7	4	11	48
Walworth	n/s	36	38	51	89	262
Washburn	-	7	7	5	12	41
Washington	n/s	25	26	49	75	268
Waukesha	-	43	43	98	141	515
Waupaca	-	13	13	27	40	142
Waushara	-	9	9	16	25	64
Winnebago	n/s	45	47	80	127	392
Wood	n/s	22	23	43	66	226

Source: Wisconsin Bureau of Health Information, *Wisconsin Births and Infant Deaths, 1999*.

Notes: Included in the totals is 1 birth 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).

Table 13. Births by Teen Age Group and Selected City of Residence, Wisconsin, 1999

City	<15	15-17	<18	18-19	<20	All Births
Appleton	1	40	41	64	105	1,180
Beloit	2	44	46	76	122	612
Eau Claire	-	11	11	51	62	764
Fond du Lac	-	19	19	62	81	613
Green Bay	7	68	75	141	216	1,712
Janesville	3	29	32	64	96	865
Kenosha	7	78	85	144	229	1,773
La Crosse	-	31	31	44	75	584
Madison	2	68	70	165	235	2,696
Manitowoc	1	19	20	32	52	408
Mequon/Thiensville	-	1	1	1	2	187
Milwaukee	68	897	965	1,327	2,292	11,263
Neenah/Menasha	1	15	16	45	61	605
Oshkosh	-	24	24	45	69	760
Racine	5	109	114	173	287	1,642
Sheboygan	1	39	40	76	116	735
Stevens Point	1	10	11	35	46	336
Superior	-	13	13	39	52	317
Watertown	-	6	6	29	35	312
Waukesha	-	21	21	50	71	1,073
Wausau	1	20	21	52	73	546
West Bend	-	11	11	23	34	449

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 1999, rather than the mortality experience of the 1999 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 1999 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.

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 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?".				
Husband	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"/> and 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 Not: Office Worker	City Health Department City of Madison	Enter: Disabled Not: None	None None
Enter: Math Teacher Not: Teacher	High School Public School	Enter: Unemployed Not: Never Worked	None None
Enter: Auto Mechanic Not: Mechanic	Self-Employed Own	Enter: Student Not: None	High School None
Enter: Sales Clerk Not: Clerk	Hardware Store Smith's Store	Enter: Homemaker Not: None	Own Home 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 (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)	
	a	a	a	a	b	c	d
Husband	b	b	b	c	d	e	f
	41. CLINICAL ESTIMATE OF GESTATION (Weeks) Month Day Year		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 Number		45. APGAR SCORE 1 minute / 5 minute
46. MOTHER TRANSFERRED PRIOR TO DELIVERY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		47. INFANT TRANSFERRED TO INTENSIVE CARE OR ANOTHER HOSPITAL YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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 <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, avg. number cigarettes per day _____		48b. Alcohol Use During Pregnancy? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, avg. number drinks per week _____		48c. Weight Gain/Loss During Pregnancy. Net pounds gained _____ OR Net pounds lost _____			

CHECK ALL THAT APPLY

- 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/Gastrochisis
 - 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: _____

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

2. SEX: M F

3. SOC. SEC. NUMBER OF DECEDENT: _____

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

4b. HOUR: _____

5. BODY FOUND: No Yes (Mo. _____ Day _____ Year _____)

6a. AGE (Years and Months): _____

6b. UNDER 1 yr: _____

6c. UNDER 1 day: _____

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

8a. COUNTY OF DEATH: _____

8b. DEATH OCCURRED: HOME NURSING HOME OTHER

8c. CITY, VILLAGE, TOWNSHIP: _____

8d. CHECK ONE: YES NO Temporarily

9. DEATH AT HOSPITAL: YES NO

10. OTHER PLACE: _____

11a. HOSPITAL (NAME CAMPUS) OR NURSING HOME: _____

11b. NURSING HOME LICENSE NO.: _____

12. MARITAL STATUS: Married Never Married Divorced Widowed

13. RESIDENCE - STATE: _____

13a. RESIDENCE - COUNTY: _____

13b. RESIDENCE - HOME CITY, VILLAGE, TOWNSHIP: _____

13c. RESIDENCE - ZIP CODE: _____

14. STATE OF BIRTH (Country if not in U.S.): _____

15. FATHER'S NAME: First _____ Middle _____ Last _____

16. MOTHER'S NAME: First _____ Middle _____ Surname _____

17. EDUCATION (Highest grade completed): _____

18. INDIAN ORIGIN: Specify (Race, Ancestry, etc.): _____

19. OCCUPATION (Last one first): _____

20. SURVIVING SPOUSE OR PARTNER: Name: _____ DOB: _____

21. SURVIVING CHILDREN: Name: _____ DOB: _____

22. SURVIVING SIBLINGS: Name: _____ DOB: _____

23. INFORMANT'S NAME: _____

24. METHOD OF DISPOSITION: Burial Cremation Other _____

25. PLACE OF DISPOSITION: _____

26. LOCATION: _____

27. DATE SIGNED BY FUNERAL SERVICE LICENSEE: _____

28. DATE RECEIVED FROM MED. CERT: _____

29. FUNERAL SERVICE LICENSEE: _____

30. NAME AND MAILING ADDRESS OF FACILITY: _____

31. MEDICAL CERTIFIER: YES NO

32. DATE SIGNED (Mo. Day Year): _____

33. PHYSICIAN LICENSE NO. (IME Code): _____

34. REGISTER SIGNATURE: _____

35. DATE RECEIVED BY REGISTRAR (Mo. Day Year): _____

36. MEDICAL CERTIFIER'S NAME: _____

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

38. DATE RECEIVED BY REGISTRAR (Mo. Day Year): _____

39. 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 (a) _____ (b) _____ (c) _____ (d) _____

40. PART II: Circle significant conditions contributing to death that are resulting in underlying causes listed in Part I.

41. INTERVAL BETWEEN ONSET AND DEATH: _____

42. PLACE OF INJURY (Street, Room, etc.): _____

43. INJURY AT WORK? YES NO

44. COUNTY: _____

45. F. INJURY, DESCRIBE HOW INJURY OCCURRED: _____

Type or Print
in Permanent
Black Ink

DOH 5042 Rev. 9-95
Chapter 83, 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. Other	3. Low	8. Other
12a. FILING PARTY (s. 86.18(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)		23a. MOTHER'S DATE OF BIRTH (Month, Day, Year)	23b. HUSBAND'S DATE OF BIRTH (Month, Day, Year)	
22. RACE White, Black, Amer. Ind., etc.	24. HISPANIC ORIGIN Specify Cuban, Mexican, Puerto Rican, etc.	25. EDUCATION High School Graduate, College, (1, 2, 3, 4, C)	26. EMPLOYMENT ONE YEAR AGO (Occupation)	27. PREVIOUS DELIVERIES (Exclude this Delivery) LIVE BIRTH (Specify) OTHER TERMINATIONS (Spontaneous or induced) (Specify)
28. MONTH OF PREGNANCY WHEN LAST PREGNANCY BEGAN (Month 1-4; Not known)		29. TOTAL NUMBER OF PREGNANT 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 lost
35. MEDICAL CODE		36. PART I (FETAL DEATH) CAUSED BY: <input type="checkbox"/> Pending. Complete when assessment results are known		
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) starting the underlying cause last		B. Due to, or as a Consequence of		
38. Fetal and/or maternal conditions, if any, giving rise to the underlying cause last		C. Due to, or as a Consequence of		
39. PART II OTHER SIGNIFICANT CONDITIONS of fetus or mother: conditions contributing to fetal death but not related to cause given in PART I (A)		38. FETUS DIED 1. Before Labor 2. During Labor 3. During Delivery 4. Unknown		
40. BIRTHWEIGHT OF FETUS (Original unconverted lbs. or grams)		39. CROWN - HEEL LENGTH (Original unconverted inches or centimeters)		
CHECK ALL THAT APPLY				
39. MEDICAL HISTORY FOR THIS PREGNANCY		41. EVENTS OF LABOR AND/OR DELIVERY		44. CONGENITAL ANOMALIES OF FETUS
01A <input type="checkbox"/> Anemia (Hb. < 30/Hg. < 10)		01A <input type="checkbox"/> Febrile (> 100 F or 38 C)		01A <input type="checkbox"/> Anencephalus
02B <input type="checkbox"/> Cardiac disease		02B <input type="checkbox"/> Meconium, Moderate/Heavy		02B <input type="checkbox"/> Spina bifida/Meningocele
03C <input type="checkbox"/> Acute or chronic lung disease		03C <input type="checkbox"/> Prem. rupture of membranes (> 12 hrs)		03C <input type="checkbox"/> Hydrocephalus
04D <input type="checkbox"/> Pre-existing Diabetes		04D <input type="checkbox"/> Abruptio placenta		04D <input type="checkbox"/> Microcephalus
05E <input type="checkbox"/> Gestational Diabetes		05E <input type="checkbox"/> Placenta previa		05E <input type="checkbox"/> Other Cent. Nerv. Sys. anomalies Specify:
06F <input type="checkbox"/> Genital Herpes		06F <input type="checkbox"/> Other excessive bleeding		06F <input type="checkbox"/> Heart malformations
07G <input type="checkbox"/> Other STD (Chlamydia, GC)		07G <input type="checkbox"/> Seizures during labor		07G <input type="checkbox"/> Other Circ./respir. anomalies Specify:
08H <input type="checkbox"/> Hydramnios/Oligohydramnios		08H <input type="checkbox"/> Precipitous labor (< 3 hrs)		08H <input type="checkbox"/> Rectal atresia/stenosis
09I <input type="checkbox"/> Hemoglobinopathy		09I <input type="checkbox"/> Prolonged labor (> 20 hrs)		09I <input type="checkbox"/> Tracheo-esophageal fistula/Esophageal atresia
10J <input type="checkbox"/> Hypertension, chronic		10J <input type="checkbox"/> Dysfunctional labor		10J <input type="checkbox"/> Omphalocele/Gastroschisis
11K <input type="checkbox"/> Hypertension, pregnancy assoc.		11K <input type="checkbox"/> Breech		11K <input type="checkbox"/> Other gastrointestinal anomalies Specify:
12L <input type="checkbox"/> Eclampsia		12L <input type="checkbox"/> Other malpresentation		12L <input type="checkbox"/> Malformed genitalia
13M <input type="checkbox"/> Incompetent cervix		13M <input type="checkbox"/> Cephalopelvic disproportion		13M <input type="checkbox"/> Renal agenesis
14N <input type="checkbox"/> Previous infant 4000+ grams		14N <input type="checkbox"/> Cord prolapse		14N <input type="checkbox"/> Other urogenital anomalies Specify:
15O <input type="checkbox"/> Previous preterm or small-for-gestational-age infant		15O <input type="checkbox"/> Anesthetic complications		15O <input type="checkbox"/> Cleft lip/palate
16P <input type="checkbox"/> Renal Disease		16P <input type="checkbox"/> Fetal distress		16P <input type="checkbox"/> Polydactyl/Syndactyl/Adactyl
17Q <input type="checkbox"/> Rh sensitization		17Q <input type="checkbox"/> None		17Q <input type="checkbox"/> Club foot
18R <input type="checkbox"/> Uterine Bleeding		18R <input type="checkbox"/> Other		18R <input type="checkbox"/> Diaphragmatic hernia
19S <input type="checkbox"/> None		19S <input type="checkbox"/> Other		19S <input type="checkbox"/> Other musculoskeletal/integumental anomalies Specify:
20T <input type="checkbox"/> Other Specify:		20T <input type="checkbox"/> None		20T <input type="checkbox"/> Down syndrome
44. OBSTETRIC PROCEDURES		42. METHOD OF DELIVERY		21U <input type="checkbox"/> Other chromosomal anomalies Specify:
01A <input type="checkbox"/> Amniocentesis		01A <input type="checkbox"/> Vaginal		22V <input type="checkbox"/> None
02B <input type="checkbox"/> Electronic Fetal monitoring		02B <input type="checkbox"/> Vaginal after previous C-section		23W <input type="checkbox"/> Pending Assess.
03C <input type="checkbox"/> Induction of labor		03C <input type="checkbox"/> Primary C-section		24X <input type="checkbox"/> Other Specify:
04D <input type="checkbox"/> Stimulation of labor		04D <input type="checkbox"/> Repeat C-section		
05E <input type="checkbox"/> Tocolysis		05E <input type="checkbox"/> Forceps		
06F <input type="checkbox"/> Ultrasound		06F <input type="checkbox"/> Hysterotomy/Hysterectomy		
07G <input type="checkbox"/> Postpartum sterilization		07G <input type="checkbox"/> Vacuum		
08H <input type="checkbox"/> None		43. ASSESSMENT (Check Each Done)		
09I <input type="checkbox"/> Other Specify:		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)		

NOTE: THIS FORM IS REQUIRED FOR ANY DELIVERY OF 20 WEEKS OR MORE GESTATION OR IF FETUS WEIGHS 300 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.