

2003
Public Use – Detail Natality Record

Position	Len	Field	Description	Reporting Flag Position	Rev*	Values	Definition
1-6	6	FILLER	Filler			Blank	
7	1	REVISION	Revision		U,R	A	Data based on the 2003 revision of the US Standard Birth Certificate (Revised)
						S	Data based on the 1989 revision of the US Standard Birth Certificate (Unrevised)
8	1	RECWT	Record Weight		U,R	1	
9-14	6	FILLER	Filler			Blank	
15-18	4	DOB_YY	Birth Year		U,R	2003	Year of birth
19-20	2	DOB_MM	Birth Month		U,R	01 02 03 04 05 06 07 08 09 10 11 12	January February March April May June July August September October November December
21-28	8	FILLER	Filler			Blank	
29	1	DOB_WK	Weekday		U,R	1 2 3 4 5 6 7	Sunday Monday Tuesday Wednesday Thursday Friday Saturday
30-31	2	OSTATE	Occurrence State		U,R		
			<u>United States</u>			AK AL	Alaska Alabama

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2003
Public Use – Detail Natality Record

Position	Len	Field	Description	Reporting Flag Position	Rev*	Values	Definition
						AR	Arkansas
						AZ	Arizona
						CA	California
						CO	Colorado
						CT	Connecticut
						DE	Delaware
						DC	District of Columbia
						FL	Florida
						GA	Georgia
						HI	Hawaii
						ID	Idaho
						IL	Illinois
						IN	Indiana
						IA	Iowa
						KS	Kansas
						KY	Kentucky
						LA	Louisiana
						MA	Massachusetts
						MD	Maryland
						ME	Maine
						MI	Michigan
						MN	Minnesota
						MO	Missouri
						MS	Mississippi
						MT	Montana
						NC	North Carolina
						ND	North Dakota
						NE	Nebraska
						NH	New Hampshire
						NJ	New Jersey
						NM	New Mexico
						NV	Nevada
						NY	New York
						OH	Ohio
						OK	Oklahoma
						OR	Oregon
						PA	Pennsylvania
						RI	Rhode Island
						SC	South Carolina
						SD	South Dakota

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2003
Public Use – Detail Natality Record

Position	Len	Field	Description	Reporting Flag Position	Rev*	Values	Definition
						TN	Tennessee
						TX	Texas
						UT	Utah
						VA	Virginia
						VT	Vermont
						WA	Washington
						WI	Wisconsin
						WV	West Virginia
						WY	Wyoming
			<u>Possessions</u>			AS	American Samoa
						GU	Guam
						MP	Northern Marianas
						PR	Puerto Rico
						VI	Virgin Islands
32-33	2	XOSTATE	Expanded Occurrence State <u>United States</u>		U,R	AK	Alaska
						AL	Alabama
						AR	Arkansas
						AZ	Arizona
						CA	California
						CO	Colorado
						CT	Connecticut
						DE	Delaware
						DC	District of Columbia
						FL	Florida
						GA	Georgia
						HI	Hawaii
						ID	Idaho
						IL	Illinois
						IN	Indiana
						IA	Iowa
						KS	Kansas
						KY	Kentucky
						LA	Louisiana
						MA	Massachusetts
						MD	Maryland
						ME	Maine
						MI	Michigan

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2003
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Position	Len	Field	Description	Reporting Flag Position	Rev*	Values	Definition
						MN	Minnesota
						MO	Missouri
						MS	Mississippi
						MT	Montana
						NC	North Carolina
						ND	North Dakota
						NE	Nebraska
						NH	New Hampshire
						NJ	New Jersey
						NM	New Mexico
						NV	Nevada
						NY	New York
						OH	Ohio
						OK	Oklahoma
						OR	Oregon
						PA	Pennsylvania
						RI	Rhode Island
						SC	South Carolina
						SD	South Dakota
						TN	Tennessee
						TX	Texas
						UT	Utah
						VA	Virginia
						VT	Vermont
						WA	Washington
						WI	Wisconsin
						WV	West Virginia
						WY	Wyoming
						YC	New York City
			<u>Possessions</u>			AS	American Samoa
						GU	Guam
						MP	Northern Marianas
						PR	Puerto Rico
						VI	Virgin Islands
34-36	3	FILLER	Filler			Blank	
37-39	3	OCNTYFIPS	Occurrence FIPS County		U,R	001-nnn	Counties and county equivalents (independent and
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2003
Public Use – Detail Natality Record

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							coextensive cities) are numbered alphabetically within each State. (Note: To uniquely identify a county, both the State and county codes must be used.) A complete list of counties is shown in the Geographic Code Outline further back in this document.
						999	County of less than 100,000 population or foreign resident
40	1	OCNTYPOP	Occurrence County Pop		U,R	0 1 2 3 9	County of 1,000,000 or more County of 500,000 to 1,000,000 County of 250,000 to 500,000 County of 100,000 to 250,000 County less than 100,000
41	1	FILLER	Filler			Blank	
42	1	UBFACIL	Birth Place		U,R	1 2 3 4 5 9	Hospital Freestanding Birthing Center Clinic / Doctor's Office Residence Other Unknown
43-58	16	FILLER	Filler			Blank	
59	1	BFACIL3	Birth Place Recode		U,R	1 2 3	In Hospital Not in Hospital Unknown or Not Stated
60-76	17	FILLER	Filler			Blank	
77-78	2	UMAGERPT	Mother's Reported Age		U	10-54 99 Blank	Age in Years Unknown or Not Stated Not on certificate
79-86	8	FILLER	Filler			Blank	
87	1	MAGE_IMPFLG	Mother's Age Imputed		U,R	Blank 1	Age not imputed Age imputed

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2003
Public Use – Detail Natality Record

Position	Len	Field	Description	Reporting Flag Position	Rev*	Values	Definition
88	1	MAGE_REPFLG	Reported Age of Mother Flag		U,R	Blank 1	Reported age not used Reported age used
89-90	2	MAGER41	Mother's Age Recode 41		U,R	01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37	Under 15 years 15 years 16 years 17 years 18 years 19 years 20 years 21 years 22 years 23 years 24 years 25 years 26 years 27 years 28 years 29 years 30 years 31 years 32 years 33 years 34 years 35 years 36 years 37 years 38 years 39 years 40 years 41 years 42 years 43 years 44 years 45 years 46 years 47 years 48 years 49 years 50 years

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2003
Public Use – Detail Natality Record

Position	Len	Field	Description	Reporting Flag Position	Rev*	Values	Definition
						38	51 years
						39	52 years
						40	53 years
						41	54 years
91-92	2	MAGER14	Mother's Age Recode 14		U,R	01	Under 15 Years
						03	15 years
						04	16 years
						05	17 years
						06	18 years
						07	19 years
						08	20-24 years
						09	25-29 years
						10	30-34 years
						11	35-39 years
						12	40-44 years
						13	45-49 years
						14	50-54 years
93	1	MAGER9	Mother's Age Recode 9		U,R	1	Under 15 years
						2	15-19 years
						3	20-24 years
						4	25-29 years
						5	30-34 years
						6	35-39 years
						7	40-44 years
						8	45-49 years
						9	50-54 years
94-95	2	FILLER	Filler			Blank	
96-97	2	UMBSTATE	Mother's Birth State <u>United States</u>		U,R	AK	Alaska
						AL	Alabama
						AR	Arkansas
						AZ	Arizona
						CA	California
						CO	Colorado
						CT	Connecticut
						DE	Delaware

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2003
Public Use – Detail Natality Record

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						DC	District of Columbia
						FL	Florida
						GA	Georgia
						HI	Hawaii
						ID	Idaho
						IL	Illinois
						IN	Indiana
						IA	Iowa
						KS	Kansas
						KY	Kentucky
						LA	Louisiana
						MA	Massachusetts
						MD	Maryland
						ME	Maine
						MI	Michigan
						MN	Minnesota
						MO	Missouri
						MS	Mississippi
						MT	Montana
						NC	North Carolina
						ND	North Dakota
						NE	Nebraska
						NH	New Hampshire
						NJ	New Jersey
						NM	New Mexico
						NV	Nevada
						NY	New York
						OH	Ohio
						OK	Oklahoma
						OR	Oregon
						PA	Pennsylvania
						RI	Rhode Island
						SC	South Carolina
						SD	South Dakota
						TN	Tennessee
						TX	Texas
						UT	Utah
						VA	Virginia
						VT	Vermont
						WA	Washington

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2003
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Position	Len	Field	Description	Reporting Flag Position	Rev*	Values	Definition
						WI	Wisconsin
						WV	West Virginia
						WY	Wyoming
			<u>Possessions</u>			AS	American Samoa
						GU	Guam
						MP	Northern Marianas
						PR	Puerto Rico
						VI	Virgin Islands
			<u>Foreign</u>			CC	Canada
						CU	Cuba
						MX	Mexico
						YY	Rest of the World
						ZZ	Not Classifiable
98-99	2	FILLER	Filler			Blank	
100	1	MBSTATE_REC	Mother's Birth State Recode		U,R	1 2 3	Native born (50 US States) Foreign born (includes possessions) Unknown or Not Stated
101-106	6	FILLER	Filler			Blank	
107-108	2	XMRSTATE	Expanded State of Residence of Mother <u>United States</u>		U,R	AK AL AR AZ CA CO CT DE DC FL GA HI ID IL IN	Alaska Alabama Arkansas Arizona California Colorado Connecticut Delaware District of Columbia Florida Georgia Hawaii Idaho Illinois Indiana

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2003
Public Use – Detail Natality Record

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						IA	Iowa
						KS	Kansas
						KY	Kentucky
						LA	Louisiana
						MA	Massachusetts
						MD	Maryland
						ME	Maine
						MI	Michigan
						MN	Minnesota
						MO	Missouri
						MS	Mississippi
						MT	Montana
						NC	North Carolina
						ND	North Dakota
						NE	Nebraska
						NH	New Hampshire
						NJ	New Jersey
						NM	New Mexico
						NV	Nevada
						NY	New York
						OH	Ohio
						OK	Oklahoma
						OR	Oregon
						PA	Pennsylvania
						RI	Rhode Island
						SC	South Carolina
						SD	South Dakota
						TN	Tennessee
						TX	Texas
						UT	Utah
						VA	Virginia
						VT	Vermont
						WA	Washington
						WI	Wisconsin
						WV	West Virginia
						WY	Wyoming
						YC	New York City
						AS	American Samoa
						GU	Guam

Possessions

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Position	Len	Field	Description	Reporting Flag Position	Rev*	Values	Definition
						MP	Northern Marianas
						PR	Puerto Rico
						VI	Virgin Islands
			<u>Foreign</u>			CC	Canada
						CU	Cuba
						MX	Mexico
						XX	Not Applicable
						ZZ	Not Classifiable
109-110	2	MRSTATE	Mother's Residence State <u>United States</u>	U,R		AK	Alaska
						AL	Alabama
						AR	Arkansas
						AZ	Arizona
						CA	California
						CO	Colorado
						CT	Connecticut
						DE	Delaware
						DC	District of Columbia
						FL	Florida
						GA	Georgia
						HI	Hawaii
						ID	Idaho
						IL	Illinois
						IN	Indiana
						IA	Iowa
						KS	Kansas
						KY	Kentucky
						LA	Louisiana
						MA	Massachusetts
						MD	Maryland
						ME	Maine
						MI	Michigan
						MN	Minnesota
						MO	Missouri
						MS	Mississippi
						MT	Montana
						NC	North Carolina
						ND	North Dakota

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2003
Public Use – Detail Natality Record

Position	Len	Field	Description	Reporting Flag Position	Rev*	Values	Definition
						NE	Nebraska
						NH	New Hampshire
						NJ	New Jersey
						NM	New Mexico
						NV	Nevada
						NY	New York
						OH	Ohio
						OK	Oklahoma
						OR	Oregon
						PA	Pennsylvania
						RI	Rhode Island
						SC	South Carolina
						SD	South Dakota
						TN	Tennessee
						TX	Texas
						UT	Utah
						VA	Virginia
						VT	Vermont
						WA	Washington
						WI	Wisconsin
						WV	West Virginia
						WY	Wyoming
			<u>Possessions</u>			AS	American Samoa
						GU	Guam
						MP	Northern Marianas
						PR	Puerto Rico
						VI	Virgin Islands
			<u>Foreign</u>			CC	Canada
						CU	Cuba
						MX	Mexico
						XX	Not Applicable
						ZZ	Not Classifiable
111-113	3	FILLER	Filler			Blank	
114-116	3	MRCNTYFIPS	Mother's County of Residence (FIPS)		U,R	001-nnn	Counties and county equivalents (independent and coextensive cities) are numbered alphabetically within
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2003
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							each State. (Note: To uniquely identify a county, both the State and county codes must be used.) A complete list of counties is shown in the Geographic Code Outline further back in this document.
						999	County of less than 100,000 population or foreign resident
117-119	3	FILLER	Filler			Blank	
120-124	5	MRCITYFIPS	Mother's Place of Residence (FIPS)		U,R	00001- nnnnn	A complete list of places (cities) is shown in the Geographic Code Outline further back in this document.
						99999	County of less than 100,000 population or foreign resident
125-126	2	CMSA	Consolidated Metropolitan Statistical Areas <u>United States</u>		U,R	00	Not a CMSA
						07	Boston, Worcester, Lawrence, MA-NH-ME-CT, CMSA
						14	Chicago-Gary-Kenosha, IL-IN-WI, CMSA
						21	Cincinnati-Hamilton, OH-KY-IN, CMSA
						28	Cleveland-Akron, OH, CMSA
						31	Dallas-Fort Worth, TX, CMSA
						34	Denver-Boulder-Greeley, CO, CMSA
						35	Detroit-Ann Arbor-Flint, MI, CMSA
						42	Houston-Galveston-Brazoria, TX, CMSA
						49	Los Angeles-Riverside-Orange County, CA, CMSA
						56	Miami-Fort Lauderdale, FL, CMSA
						63	Milwaukee-Racine, WI, CMSA
						70	New York-Northern New Jersey-Long Island, NY-NJ-CT-PA, CMSA
						77	Philadelphia-Wilmington-Atlantic City, PA-NJ-DE-MD, CMSA
						79	Portland-Salem, OR-WA, CMSA
						82	Sacramento-Yolo, CA, CMSA
						84	San Francisco-Oakland-San Jose, CA, CMSA
						91	Seattle-Tacoma-Bremerton, WA, CMSA
						97	Washington-Baltimore, DC-MD-VA-WV, CMSA
			<u>Possessions</u>			00	Not a CMSA

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						87	San Juan-Caguas-Arecibo, PR, CMSA
127-130	4	MSA	Metropolitan Statistical Areas		U,R	0000 0040- 9360	Nonmetropolitan counties or Foreign residents A complete list of MSA's and their component counties is available further back in this document
131	1	MSA_POP	Population of Statistical Area		U,R	1 2 9 Z	Area of 250,000 or more Area of 100,000 to 250,000 Nonmetropolitan areas Foreign resident
132	1	RCNTY_POP	Population of Residence County		U,R	0 1 2 3 9 Z	County of 1,000,000 or more County of 500,000 to 1,000,000 County of 250,000 to 500,000 County of 100,000 to 250,000 County less than 100,000 Foreign resident
133	1	RCITY_POP	Population of Residence City		U,R	0 1 2 3 9 Z	City of 1,000,000 or more City of 500,000 to 1,000,000 City of 250,000 to 500,000 City of 100,000 to 250,000 City of less than 100,000 Foreign resident
134	1	FILLER	Filler			Blank	
135	1	METRORES	Metropolitan Residence County		U,R	1 2 Z	Metropolitan County Nonmetropolitan County Foreign resident
136	1	FILLER	Filler			Blank	
137	1	RECTYPE	Record Type		U,R	1 2	RESIDENT: State and county of occurrence and residence are the same. NONRESIDENT: State and county of occurrence and residence are different.
138	1	RESTATUS	Residence Status		U,R		
		*U,R	Includes data based on both the 1989 Revision of the U.S. Certificate of Live Birth (unrevised), and the 2003 Revision of the U.S. Certificate of Live Birth (revised).				
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			<u>United States</u>			1	RESIDENT: State and county of occurrence and residence are the same.
						2	INTRASTATE NONRESIDENT: State of occurrence and residence are the same but county is different.
						3	INTERSTATE NONRESIDENT: State of occurrence and residence are different but both are one of the 50 US states or District of Columbia.
						4	FOREIGN RESIDENT: The state of residence is not one of the 50 US states or District of Columbia.
			<u>Possessions</u>			1	RESIDENT: State and county of occurrence and residence are the same. (Unique to Guam, all US residents are considered residents of Guam and thus are assigned 1.)
						2	INTRATERRITORY NONRESIDENT: Territory of occurrence and residence are the same but county is different.
						3	INTERTERRITORY RESIDENT: Territory of occurrence and residence are different but both are US Territories.
						4	FOREIGN RESIDENT: The residence is not a US Territory.
139-140	2	MBRACE	Mother's Bridged Race		R**	01 02 03 04 05 06 07 08 09 10 11 12 13 14 21 22 23 24 Blank	White – single race Black – single race American Indian / Alaskan Native – single race Asian Indian – single race Chinese – single race Filipino – single race Japanese – single race Korean – single race Vietnamese – single race Other Asian – single race Hawaiian – single race Guamanian – single race Samoan – single race Other Pacific Islander – single race White – bridged multiple race Black – bridged multiple race American Indian / Alaskan Native – bridged multiple race Asian / Pacific Islander – bridged multiple race Not on certificate

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			** Also includes unrevised states that are reporting multiple race				
141-142	2	MRACE	Mother's Race		U		
			<u>United States</u>			01	White
						02	Black
						03	American Indian / Alaskan Native
						04	Chinese
						05	Japanese
						06	Hawaiian (includes part Hawaiian)
						07	Filipino
						18	Asian Indian
						28	Korean
						38	Samoan
						48	Vietnamese
						58	Guamanian
						68	Other Asian / Pacific Islander in areas reporting codes 18-58.
						78	Combined other Asian / Pacific Islander, includes 18-68 for areas that do not report them separately.
						Blank	Not on certificate
			<u>Puerto Rico</u>			01	White
						02	Black
						00	Other races
						Blank	Not on certificate
			<u>Guam</u>			01	White
						02	Black
						03	American Indian / Alaskan Native
						04	Chinese
						05	Japanese
						06	Hawaiian (includes part Hawaiian)
						07	Filipino
						08	Other Asian or Pacific Islander
						58	Gumanian
						Blank	Not on certificate
			<u>All other Territories</u>			01	White
						02	Black

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						03	American Indian / Alaskan Native
						04	Chinese
						05	Japanese
						06	Hawaiian (includes part Hawaiian)
						07	Filipino
						08	Other Asian or Pacific Islander
						Blank	Not on certificate
143	1	MRACEREC	Mother's Race Recode		U,R		
			<u>United States and non-Puerto Rican Territories</u>			1	White
						2	Black
						3	American Indian / Alaskan Native
						4	Asian / Pacific Islander
			<u>Puerto Rico</u>			1	White
						2	Black
						0	Other (not classified as White or Black)
144	1	MRACEIMP	Mother's Race Imputed Flag		U,R	Blank	Mother's race not imputed
						1	Unknown race imputed
						2	All other races, formerly coded 09, imputed.
145-147	3	FILLER	Filler			Blank	
148	1	UMHISP	Mother's Hispanic Origin	569	U,R	0	Non-Hispanic
						1	Mexican
						2	Puerto Rican
						3	Cuban
						4	Central American
						5	Other and Unknown Hispanic
						9	Origin unknown or not stated
149	1	MRACEHISP	Mother's Race/Hispanic Origin	569	U,R	1	Mexican
						2	Puerto Rican
						3	Cuban
						4	Central or South American
						5	Other and Unknown Hispanic
						6	Non-Hispanic White

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2003
Public Use – Detail Natality Record

Position	Len	Field	Description	Reporting Flag Position	Rev*	Values	Definition
						7	Non-Hispanic Black
						8	Non-Hispanic Other Races
						9	Origin unknown or not stated
150-152	3	FILLER	Filler			Blank	
153	1	MAR	Mother's Marital Status	652	U,R		
			<u>United States & all non-Puerto Rican Territories</u>			1	Yes
						2	No
						9	Unknown or not Stated
			<u>Puerto Rico</u>			1	Yes
						2	Unmarried parents living together
						3	Unmarried parents not living together
						9	Unknown or not stated
154	1	MAR_IMP	Mother's Marital Status Imputed Flag		U,R	Blank	Marital Status not imputed
						1	Marital Status imputed
155	1	MEDUC	Mother's Education	571	R	1	8 th grade or less
						2	9 th through 12 th grade with no diploma
						3	High school graduate or GED completed
						4	Some college credit, but not a degree
						5	Associate degree (AA,AS)
						6	Bachelor's degree (BA,AB,BS)
						7	Master's degree (BA,AB,BS)
						8	Doctorate (PHD, EdD) or Professional Degree (MD, DDS, DVM, LLB,JD)
						9	Unknown
						Blank	Not on certificate
156-157	2	UMEDUC	Mother's Education	647	U	00	No formal education
						01-08	Years of elementary school
						09	1 year of high school
						10	2 years of high school
						11	3 years of high school
						12	4 years of high school
						13	1 year of college
						14	2 years of college

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2003
Public Use – Detail Natality Record

Position	Len	Field	Description	Reporting Flag Position	Rev*	Values	Definition
						15	3 years of college
						16	4 years of college
						17	5 or more years of college
						99	Not stated
						Blank	Not on certificate
158	1	MEDUC_REC	Mother's Education Recode	647	U	1	0 – 8 years
						2	9 – 11 years
						3	12 years
						4	13 – 15 years
						5	16 years and over
						6	Not stated
						Blank	Not on certificate
159-174	16	FILLER	Filler			Blank	
175	1	RAGERPT_FLG	Father's Reported Age Used		U,R	Blank	Father's reported age not used
						1	Father's reported age used
176-177	2	FAGERPT	Father's Reported Age		U,R	09-98	Father's reported age in years
						99	Unknown or not stated
178-183	6	FILLER	Filler			Blank	
184-185	2	UFAGECOMB	Father's Combined Age		U	10-98	Father's combined age in years
						99	Unknown or not stated
						Blank	Not on certificate
186-187	2	FAGEREC11	Father's Age Recode 11		U,R	01	Under 15 years
						02	15-19 years
						03	20-24 years
						04	25-29 years
						05	30-34 years
						06	35-39 years
						07	40-44 years
						08	45-49 years
						09	50-54 years
						10	55-98 years
						11	Not stated

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2003
Public Use – Detail Natality Record

Position	Len	Field	Description	Reporting Flag Position	Rev*	Values	Definition
188-189	2	FBRACE	Father's Bridged Race		R*	01 02 03 04 05 06 07 08 09 10 11 12 13 14 21 22 23 24 99 Blank	White – single race Black – single race American Indian / Alaskan Native – single race Asian Indian – single race Chinese – single race Filipino – single race Japanese – single race Korean – single race Vietnamese – single race Other Asian – single race Hawaiian – single race Guamanian – single race Samoan – single race Other Pacific Islander – single race White – bridged multiple race Black – bridged multiple race American Indian / Alaskan Native – bridged multiple race Asian / Pacific Islander – bridged multiple race Unknown or not stated, also includes states not reporting multiple race. Not on certificate
			* Also includes unrevised states that are reporting multiple race				
190	1	FRACEIMP	Father's Race Imputed		U	Blank 3	Father's race not imputed Father's race imputed
191	1	FRACEREC	Father's Race Recode		U,R		
			<u>United States and non-Puerto Rican Territories</u>			1 2 3 4 9	White Black American Indian / Alaskan Native Asian / Pacific Islander Unknown or not stated
			<u>Puerto Rico</u>			1 2 9 0	White Black Unknown or not stated Other (not classified as White or Black)

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2003
Public Use – Detail Natality Record

Position	Len	Field	Description	Reporting Flag Position	Rev*	Values	Definition
192-194	3	FILLER	Filler			Blank	
195	1	UFHISP	Father's Hispanic Origin	570	U,R	0 1 2 3 4 5 9	Non-Hispanic Mexican Puerto Rican Cuban Central American Other and Unknown Hispanic Origin unknown or not stated
196	1	FRACEHISP	Father's Race/Hispanic Origin	570	U,R	1 2 3 4 5 6 7 8 9	Mexican Puerto Rican Cuban Central or South American Other and Unknown Hispanic Non-Hispanic White Non-Hispanic Black Non-Hispanic Other Races Origin unknown or not stated
197-198	2	FILLER	Filler			Blank	
199-200	2	FRACE	Father's Race <u>United States</u>		U	01 02 03 04 05 06 07 18 28 38 48 58 68 78	White Black American Indian / Alaskan Native Chinese Japanese Hawaiian (includes part Hawaiian) Filipino Asian Indian Korean Samoan Vietnamese Guamanian Other Asian / Pacific Islander in areas reporting codes 18-58. Combined other Asian / Pacific Islander, includes 18-68

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2003
Public Use – Detail Natality Record

Position	Len	Field	Description	Reporting Flag Position	Rev*	Values	Definition
							for areas that do not report them separately.
						99	Unknown or not stated
						Blank	Not on certificate
			<u>Puerto Rico</u>			01	White
						02	Black
						00	Other races
						99	Unknown or not stated
						Blank	Not on certificate
			<u>Guam</u>			01	White
						02	Black
						03	American Indian / Alaskan Native
						04	Chinese
						05	Japanese
						06	Hawaiian (includes part Hawaiian)
						07	Filipino
						08	Other Asian or Pacific Islander
						58	Gumanian
						99	Unknown or not stated
						Blank	Not on certificate
			<u>All other Territories</u>			01	White
						02	Black
						03	American Indian / Alaskan Native
						04	Chinese
						05	Japanese
						06	Hawaiian (includes part Hawaiian)
						07	Filipino
						08	Other Asian or Pacific Islander
						99	Unknown or not stated
						Blank	Not on certificate
201-203	3	FILLER	Filler			Blank	
204-205	2	PRIORLIVE	Prior Births Now Living		U,R	00-30	Number of children still living from previous live births.
						99	Unknown or not stated
206-207	2	PRIORDEAD	Prior Births Now Dead		U,R	00-30	Number of children dead from
*U,R			Includes data based on both the 1989 Revision of the U.S. Certificate of Live Birth (unrevised), and the 2003 Revision of the U.S. Certificate of Live Birth (revised).				
U			Includes data based on the 1989 Revision of the U.S. Certificate of Live Birth; excludes data based on the 2003 Revision.				
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2003
Public Use – Detail Natality Record

Position	Len	Field	Description	Reporting Flag Position	Rev*	Values	Definition
						99	previous live births. Unknown or not stated
208-209	2	PRIORTERM	Prior Other Terminations		U,R	00-30 99	Number other terminations Unknown or not stated
210-211	2	LBO	Live Birth Order		U,R	01-31 99	Sum of all previous live births (now living and now dead) plus this one. Unknown or not stated
212	1	LBO_REC	Live Birth Order Recode		U,R	1-7 8 9	Number of live birth order 8 or more live births Unknown or not stated
213-214	2	FILLER	Filler			Blank	
215-216	2	TBO	Total Birth Order		U,R	01-40 99	Sum of all previous pregnancies plus this one Unknown or not stated
217	1	TBO_REC	Total Birth Order Recode		U,R	1-7 8 9	Number of total birth order 8 or more total births Unknown or not stated
218-219	2	FILLER	Filler			Blank	
220-221	2	DLLB_MM	Date of Last Live Birth - Month		U,R	01 02 03 04 05 06 07 08 09 10 11 12 88	January February March April May June July August September October November December Not applicable

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2003
Public Use – Detail Natality Record

Position	Len	Field	Description	Reporting Flag Position	Rev*	Values	Definition
						99	Unknown or not stated
222-225	4	DLLB_YY	Date of Last Live Birth - Year		U,R	nnnn 8888 9999	Year of last live birth Not applicable Unknown or not stated
226-244	19	FILLER	Filler			Blank	
245-246	2	PRECARE	Month Prenatal Care Began				
			668		R	00 01-10 99 Blank	No prenatal care Month prenatal care began Unknown or not stated Not on certificate
247	1	PRECARE_REC	Month Prenatal Care Began Recode				
			668		R	1 2 3 4 5 Blank	1 st to 3 rd month 4 th to 6 th month 7 th to final month No prenatal care Unknown or not stated Not on certificate
248-255	8	FILLER	Filler			Blank	
256-257	2	MPCB	Month Prenatal Care Began				
			669		U	00 01-10 99 Blank	No prenatal care Month prenatal care began Unknown or not stated Not on certificate
258	1	MPCB_REC6	Month Prenatal Care Began Recode 6				
			669		U	1 2 3 4 5 6 Blank	1 st to 2 nd month 3 rd month 4 th to 6 th month 7 th to final month No prenatal care Unknown or not stated Not on certificate
259	1	MPCB_REC5	Month Prenatal Care Began Recode 5				
		*U,R	Includes data based on both the 1989 Revision of the U.S. Certificate of Live Birth (unrevised), and the 2003 Revision of the U.S. Certificate of Live Birth (revised).				
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2003
Public Use – Detail Natality Record

Position	Len	Field	Description	Reporting Flag Position 669	Rev*	Values	Definition
					U	1 2 3 4 5 Blank	1 st trimester (1 st to 3 rd month) 2 nd trimester (4 th to 6 th month) 3 rd trimester (7 th to final month) No prenatal care Unknown or not stated Not on certificate
260-269	10	FILLER	Filler			Blank	
270-271	2	UPREVIS	Number of Prenatal Visits		U,R	00-49 99	Number of prenatal visits Unknown or not stated
272-273	2	PREVIS_REC	Number of Prenatal Visits Recode		U,R	01 02 03 04 05 06 07 08 09 10 11 12	No visits 1 to 2 visits 3 to 4 visits 5 to 6 visits 7 to 8 visits 9 to 10 visits 11 to 12 visits 13 to 14 visits 15 to 16 visits 17 to 18 visits 19 or more visits Unknown or not stated
274-275	2	FILLER	Filler			Blank	
276-277	2	WTGAIN	Weight Gain	648	U,R	00-97 98 99	Weight gain in pounds 98 pounds and over Unknown or not stated
278	1	WTGAIN_REC	Weight Gain Recode	648	U,R	1 2 3 4 5 6 7 8 9	Less than 16 pounds 16 to 20 pounds 21 to 25 pounds 26 to 30 pounds 31 to 35 pounds 36 to 40 pounds 41 to 45 pounds 46 or more pounds Unknown or not stated

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2003
Public Use – Detail Natality Record

Position	Len	Field	Description	Reporting Flag Position	Rev*	Values	Definition
279-281	3	FILLER	Filler			Blank	
282-283	2	CIG_0	Cigarettes Before Pregnancy		R	00-97 98 99 Blank	Number of cigarettes daily 98 or more cigarettes daily Unknown or not stated Not on certificate
284-285	2	CIG_1	Cigarettes 1st Trimester		R	00-97 98 99 Blank	Number of cigarettes daily 98 or more cigarettes daily Unknown or not stated Not on certificate
286-287	2	CIG_2	Cigarettes 2nd Trimester		R	00-97 98 99 Blank	Number of cigarettes daily 98 or more cigarettes daily Unknown or not stated Not on certificate
288-289	2	CIG_3	Cigarettes 3rd Trimester		R	00-97 98 99 Blank	Number of cigarettes daily 98 or more cigarettes daily Unknown or not stated Not on certificate
290	1	TOBUSE	Tobacco Use	667	U	1 2 9 Blank	Yes No Unknown or not stated Not on certificate
291-292	2	CIGS	Cigarettes per Day		U	00-97 98 99 Blank	Number of cigarettes daily 98 or more cigarettes daily Unknown or not stated Not on certificate
293	1	CIG_REC6	Cigarette Recode		U	0 1 2 3 4 5 6	Non-smoker 1 to 5 cigarettes daily 6 to 10 cigarettes daily 11 to 20 cigarettes daily 21 to 40 cigarettes daily 41 or more cigarettes daily Unknown or not stated

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2003
Public Use – Detail Natality Record

Position	Len	Field	Description	Reporting Flag Position	Rev*	Values	Definition
						Blank	Not on certificate
294	1	CIG_REC	Cigarette Recode	575	R	Y N U Blank	Yes No Unknown or not stated Not on certificate
295	1	ALCOHOL	Alcohol Use	649	U	1 2 9 Blank	Yes No Unknown or not stated Not on certificate
296-297	2	DRINKS	Drinks per Week	649	U	00-97 98 99 Blank	Number of drinks weekly 98 or more drinks weekly Unknown or not stated Not on certificate
298	1	DRINKS_REC	Drinks Recode	649	U	0 1 2 3 4 5 Blank	Non drinker 1 drink per week 2 drinks per week 3-4 drinks per week 5 or more drinks per week Unknown or not stated Not on certificate
299-327	29	FILLER	Filler			Blank	
328-344	17	<u>Risk Factors</u>					
		The checkbox items indented below follow this structure:					
		The version is all 1989 Standard unless otherwise noted.					
						1 2 8 9	Yes No Not on certificate Unknown
328	1	URF_ANEMIA	Anemia		U		
329	1	URFARDC	Cardiac		U		
330	1	URF_LUNG	Acute or Chronic Lung Disease		U		
331	1	URF_DIAB	Diabetes		U,R		
332	1	URF_GEN	Genital Herpes		U		
333	1	URF_HYDR	Hydramnios / Oligohydramnios		U		
334	1	URF_HEMO	Hemoglobinopathy		U		
335	1	URF_CHYPER	Chronic Hypertension		U,R		

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2003
Public Use – Detail Natality Record

Position	Len	Field	Description	Reporting Flag Position	Rev*	Values	Definition
336	1	URF_PHYPER	Pregnancy Associated Hypertension		U,R		
337	1	URF_ECLAM	Eclampsia		U,R		
338	1	URF_INCERV	Incompetent Cervix		U		
339	1	URF_PRE4000	Previous Infant 4000+ Grams		U		
340	1	URF_PRETERM	Previous Preterm Small for Gestation		U		
341	1	URF_RENAL	Renal Disease		U		
342	1	URF_RH	Rh Sensitization		U		
343	1	URF_UTERINE	Uterine Bleeding		U		
344	1	URF_OTHER	Other medical risk factors		U		
345-354	10	FILLER	Filler			Blank	
355-361	7	<u>Obstetric Procedures</u>					
		The checkbox items indented below follow this structure:				1	Yes
		The version is all 1989 Standard unless otherwise noted.				2	No
						8	Not on certificate
						9	Unknown or not stated
355	1	UOP_AMNIO	Amniocentesis		U		
356	1	UOP_MONIT	Electronic Fetal Monitoring		U		
357	1	UOP_INDUC	Induction of Labor		U,R		
358	1	UOP_STIML	Stimulation of Labor		U		
359	1	UOP_TOCOL	Tocolysis		U,R		
360	1	UOP_ULTRA	Ultrasound		U		
361	1	UOP_OTHER	Other Obstetric Procedures		U		
362-373	12	FILLER	Filler			Blank	
374-389	16	<u>Complications of Labor and Delivery</u>					
		The checkbox items indented below follow this structure:				1	Yes
		The version is all 1989 Standard unless otherwise noted.				2	No
						8	Not on certificate
						9	Unknown or not stated
374	1	ULD_FEBR	Febrile		U		
375	1	ULD_MECO	Meconium		U,R		
376	1	ULD_RUPTR	Premature Rupture of Membrane		U		
377	1	ULD_ABRUP	Abruptio Placenta		U		
378	1	ULD_PREPLA	Placenta Previa		U		
379	1	ULD_EXCBL	Other Excessive Bleeding		U		
380	1	ULD_SEIZ	Seizures During Labor		U		
381	1	ULD_PRECIP	Precipitous Labor		U,R		

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2003
Public Use – Detail Natality Record

Position	Len	Field	Description	Reporting Flag Position	Rev*	Values	Definition
382	1	ULD_PROLG	Prolonged Labor		U		
383	1	ULD_DYSFN	Dysfunctional Labor		U		
384	1	ULD_BREECH	Breech		U,R		
385	1	ULD_CEPHAL	Cephalopelvic Disproportion		U		
386	1	ULD_CORD	Cord Prolapse		U		
387	1	ULD_ANEST	Anesthetic Complications		U		
388	1	ULD_DISTR	Fetal Distress		U		
389	1	ULD_OTHER	Other Complications		U		
390-394	5	FILLER	Filler			Blank	
395-400	6	<u>Method of Delivery</u> The checkbox items indented below follow this structure:				1 2 8 9	Yes No Not on certificate Unknown or not stated
395	1	UME_VAG	Vaginal		U,R		
396	1	UME_VBAC	Vaginal after C-Section		U,R		
397	1	UME_PRIMC	Primary C-Section		U,R		
398	1	UME_REPEC	Repeat C-Section		U,R		
399	1	UME_FORCP	Forceps		U,R		
400	1	UME_VAC	Vacuum		U,R		
401	1	DMETH_REC	Delivery Method Recode		U,R	1 2 3 4 5 6 7	Vaginal (excludes vaginal after previous C-section) Vaginal after previous c-section Primary C-section Repeat C-section Not stated Vaginal (unknown if previous c-section) (2003 Standard only) C-section (unknown if previous c-section) (2003 Standard only)
402-407	6	FILLER	Filler			Blank	
408	1	ATTEND	Attendent		U,R	1 2 3 4	Doctor of Medicine (MD) Doctor of Osteopathy (DO) Certified Nurse Midwife (CNM) Other Midwife

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2003
Public Use – Detail Natality Record

Position	Len	Field	Description	Reporting Flag Position	Rev*	Values	Definition
						5 9	Other Unknown or not stated
409-414	6	FILLER	Filler			Blank	
415-416	2	APGAR5	Five Minute APGAR Score	574	U,R	00-10 99	A score of 0-10 Unknown or not stated
417	1	APGAR5R	Five Minute APGAR Recode	574	U,R	1 2 3 4 5	A score of 0-3 A score of 4-6 A score of 7-8 A score of 9-10 Unknown or not stated
418-422	5	FILLER	Filler			Blank	
423	1	DPLURAL	Plurality Recode		U,R	1 2 3 4 5	Single Twin Triplet Quadruplet Quintuplet or higher
424	1	FILLER	Filler			Blank	
425	1	IMP_PLUR	Plurality Imputed		U,R	Blank 1	Plurality is imputed Plurality is not imputed
426-435	10	FILLER	Filler			Blank	
436	1	SEX	Sex of Infant		U,R	M F	Male Female
437	1	IMP_SEX	Imputed Sex		U,R	Blank 1	Infant Sex not Imputed Infant Sex is Imputed
438-439	2	DLMP_MM	Last Normal Menses - Month			U,R 01 02 03	January February March

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2003
Public Use – Detail Natality Record

Position	Len	Field	Description	Reporting Flag Position	Rev*	Values	Definition
						04	April
						05	May
						06	June
						07	July
						08	August
						09	September
						10	October
						11	November
						12	December
						99	Unknown or not stated
440-441	2	DLMP_DD	Last Normal Menses - Day		U,R	01-31	As applicable to month of LMP
						99	Unknown or not stated
442-445	4	DLMP_YY	Last Normal Menses - Year		U,R	nnnn	Year of last normal menses
						9999	Unknown or not stated
446-447	2	ESTGEST	Obstetric/Clinical Gestation Est. 573		U,R	17-47	17 th through 47 th week of gestation
						99	Unknown or not stated
448-450	3	FILLER	Filler			Blank	
451-452	2	COMBGEST	Gestation – Detail in Weeks		U,R	17-47	17 th through 47 th week of Gestation
						99	Unknown
453-454	2	GESTREC10	Gestation Recode 10		U,R	01	Under 20 weeks
						02	20-27 weeks
						03	28-31 weeks
						04	32-35 weeks
						05	36 weeks
						06	37-39 weeks
						07	40 weeks
						08	41 weeks
						09	42 weeks and over
						10	Unknown
455	1	GESTREC3	Gestation Recode 3		U,R	1	Under 37 weeks
						2	37 weeks and over
						3	Not stated

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2003
Public Use – Detail Natality Record

Position	Len	Field	Description	Reporting Flag Position	Rev*	Values	Definition
456	1	OBGEST_FLG	Clinical Estimate of Gestation Used Flag		U,R	Blank 1	Clinical Estimate is not used Clinical Estimate is used
457	1	GEST_IMP	Gestation Imputed Flag		U,R	Blank 1	Gestation is not imputed Gestation is imputed
458-462	5	FILLER	Filler			Blank	
463-466	4	DBWT	Birth Weight – Detail in Grams		U,R	0227-8165	Number of grams
467-470	4	FILLER	Filler			Blank	
471-472	2	BWTR12	Birth Weight Recode 12		U,R	01 02 03 04 05 06 07 08 09 10 11 12	499 grams or less 500 – 999 grams 1000 - 1499 grams 1500 – 1999 grams 2000 – 2499 grams 2500 – 2999 grams 3000 – 3400 grams 3500 – 3999 grams 4000 – 4499 grams 4500 – 4999 grams 5000 – 8165 grams Not Stated
473	1	BWTR4	Birth Weight Recode 4		U,R	1 2 3 4	1499 grams or less 1500 – 2499 grams 2500 grams or more Unknown or not stated
474-482	9	FILLER	Filler			Blank	
483-491	9	<u>Abnormal Conditions of the Newborn (Unrevised)</u> The checkbox items indented below follow this structure:				1 2 8 9	Complication reported Complication not reported Complication not on certificate Complication not classifiable
483	1	UAB_ANEM	Anemia		U		
484	1	UAB_INJURY	Birth Injury		U		
485	1	UAB_ALCOH	Fetal Alcohol Syndrome		U		
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2003
Public Use – Detail Natality Record

Position	Len	Field	Description	Reporting Flag Position	Rev*	Values	Definition	
486	1	UAB_HYAL	Hyaline Membrane Disease		U			
487	1	UAB_MECON	Meconium Aspiration Syndrome		U			
488	1	UAB_VENL30	Assisted Ventilation < 30 min		U			
489	1	UAB_VEN30M	Assisted Ventilation >= 30 min		U			
490	1	UAB_NSEIZ	Seizures		U			
491	1	UAB_OTHER	Other Abnormal Conditions		U			
492-503	12	FILLER	Filler				Blank	
504-525	22	<u>Congenital Anomalies of the Newborn</u>						
		The checkbox items indented below follow this structure:				1	Anomaly reported	
		The version is all 1989 Standard unless otherwise noted.				2	Anomaly not reported	
						8	Anomaly not on certificate	
						9	Anomaly not classifiable	
504	1	UCA_ANEN	Anencephalus		U,R			
505	1	UCA_SPINA	Spina Bifida / Meningocele		U,R			
506	1	UCA_HYDRO	Hydrocephalus		U			
507	1	UCA_MICRO	Microcephalus		U			
508	1	UCA_NERV	Other Central Nervous System Anomalies		U			
509	1	UCA_HEART	Heart Malformations		U			
510	1	UCA_CIRC	Other Circulatory / Respiration Anomalies		U			
511	1	UCA_RECTAL	Rectal Atresia / Stenosis		U			
512	1	UCA_TRACH	Tracheo-Esophageal Fistula		U			
513	1	UCA_OMPHA	Omphalocele / Gastroschisis		U,R			
514	1	UCA_GASTRO	Other Gastrointestinal Anomalies		U			
515	1	UCA_GENITAL	Malformed Genitalia		U			
516	1	UCA_RENAL	Renal Agenesis		U			
517	1	UCA_UROGEN	Other Urogenital Anomalies		U			
518	1	UCA_CELFTLP	Cleft Lip / Palate		U,R			
519	1	UCA_ADACTY	Polydactyly / Syndactyly / Adactyly		U			
520	1	UCA_CLUBFT	Club Foot		U			
521	1	UCA_HERNIA	Diaphragmatic Hernia		U			
522	1	UCA_MUSCU	Other Musculoskeletal Anomalies		U			
523	1	UCA_DOWNS	Down Syndrome		U,R			
524	1	UCA_CHROM	Other Chromosomal Anomalies		U			
525	1	UCA_OTHER	Other Congenital Anomalies		U			
526-568	43	FILLER	Filler				Blank	
569-667	99	<u>Flag File for Reporting Flags</u>						
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2003
Public Use – Detail Natality Record

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			The reporting flags below follow this coding structure:			0	Not reporting	
					1	Reporting		
569	1	F_MORIGIN	Origin of Mother		U,R			
570	1	F_FORIGIN	Origin of Father		U,R			
571	1	F_MEDUC	Education of Mother		R			
572	1	FILLER	Filler			Blank		
573	1	F_CLINEST	Clinical Estimate of Gestation		U,R			
574	1	F_APGAR5	Five minute APGAR		U,R			
575	1	F_TOBACO	Tobacco use		R			
576-646	71	FILLER	Filler			Blank		
647	1	F_MED	Mother's Education		U			
648	1	F_WTGAIN	Weight Gain		U,R			
649	1	F_ALCOL	Alcohol use		U			
650	1	F_API	API Codes		U			
651-666	16	FILLER	Filler			Blank		
667	1	F_TOBAC	Tobacco Use		U			
668	1	F_MPCB	Month Prenatal Care Began		R			
669	1	F_MPCB_U	Month Prenatal Care Began		U			
670-937	268	FILLER	Filler			Blank		
938-961	24	<u>Mother's Race Edited</u>			R**	100-999	Mother's Race Edited Code	
						A00-R99	(A complete list of race codes is available further	
							back in this document and at	
							http://www.cdc.gov/nchs/data/dvs/RaceCodeList.pdf .)	
938	3	MRACE1E						
941	3	MRACE2E						
944	3	MRACE3E						
947	3	MRACE4E						
950	3	MRACE5E						
953	3	MRACE6E						
956	3	MRACE7E						
959	3	MRACE8E						
			** Also includes unrevised states that are reporting multiple race					
962-1271	310	FILLER	Filler			Blank		
1272-1295	24	<u>Father's Race Edited</u>			R**	100-999	Father's Race Edited Code	
						A00-R99	(A complete list of race codes is available further	
							back in this document and at	
							http://www.cdc.gov/nchs/data/dvs/RaceCodeList.pdf .)	
1272	3	FRACE1E						
1275	3	FRACE2E						
1278	3	FRACE3E						
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2003
Public Use – Detail Natality Record

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1281	3	FRACE4E					
1284	3	FRACE5E					
1287	3	FRACE6E					
1290	3	FRACE7E					
1293	3	FRACE8E					
			** Also includes unrevised states that are reporting multiple race				
1296-1350	55	FILLER	Filler			Blank	

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