

# WV DAVE (Database Application for Vital Events)

## Medical Certifier Birth Training Guides

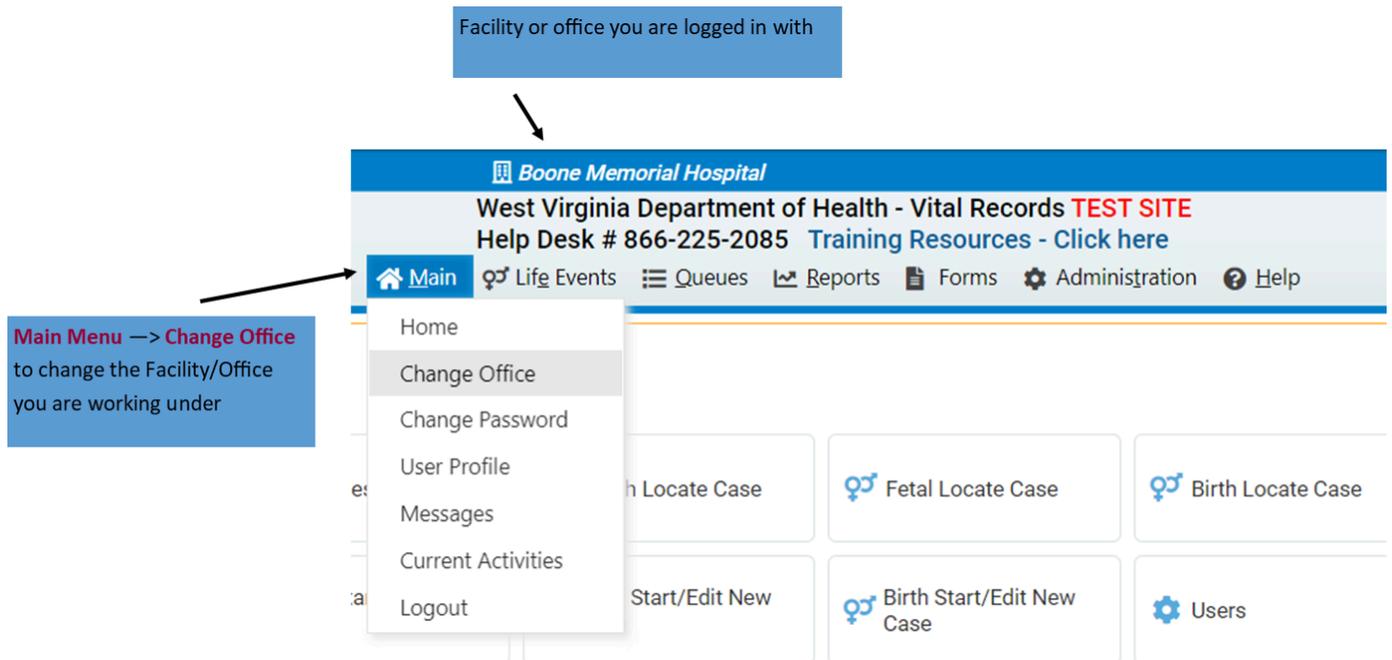
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## Guide 1: Logging In and Starting a New Case or Locating a Case

### 1) Logging in to WV DAVE

- Login in at: <https://davewv.vitalchek.com/web/Logon.aspx>
- If you are associated with more than one facility or office, you will choose the facility or office the case you are working on is associated with after logging in
  - You will see the facility or office you are working under at the top of the screen once you have logged in



- To change the facility you are working under, go to the **Main Menu** and click **Change Office**
  - This will bring you back to the login page where you will change the office and reenter your password to log in again

### 2) Starting a New Case

- To start a new case or see if a case has been started, got to:
  - **Life Events** → **Birth** → **Start/Edit New Case**

Home

Fast Links

Messages

Death Start/Edit New Case

Death Locate Case

Fetal Start/Edit New Case

- Birth
  - Search
  - Death
    - Locate Case
  - Fetal Death
    - Start/Edit New Case
    - New Delayed Birth
    - New Foreign Born Adoption
    - New Foreign Birth
    - New Out of State Birth

Queues

Birth Locate Case

Registration Work Queue Summary

Users

User Enrollment Queue

- Clicking **Start/Edit New Case** will bring you to this page

Birth Start/Edit New Case

Child's Information

Child's First Name:

Child's Middle Name:

Child's Last Name:

Date of Birth:   MMM-dd-yyyy

Sex:

Child's Medical Record Number:

Place of Birth Information

Place of Birth Location Type:  County  Place of Birth:

Mother's Information

Mother's Current Legal Last Name:

Mother's Name Before First Marriage:

Mother's Medical Record Number:

Case Id:

 Search  Clear

- On this page, you must enter a **Date of Birth** and **Sex**, but you should enter as much as information as you can
- Click **Search**
- If a case with the criteria you entered hasn't been started, you will see this screen

Birth Search Results

There are no cases that match the criteria you have entered.  
 If this is a new case, select the Start New Case button or select the New Search button to perform a new search.

 Start New Case  New Search

- Click **Start New Case** to start a case with the criteria you entered
- Clicking **Start New Case** will bring you to this page

**Birth Registration Menu** 46381 :Birth Testing OCT-06-2024  
 /New Event/New Event/Uncertified/Not Registered

**Parent Information**

**Child**

Child's Name  
 First: Birth Middle: Last: Testing Suffix:

Date of Birth: OCT-06-2024 Time of Birth: Sex: Female Gender: Child SSN: \_\_\_\_\_  
 MMM-dd-yyyy

Request SSN for Child: Is infant a safe haven/founding baby? No

Is Adoption/Legal proceeding expected? No Is child in DHHR Custody? No

Is this a Surrogate Pregnancy? No

Validate Page Next Clear Save Return

**Facility Information**  
 Place of Birth Prenatal Pregnancy Factors Labor Delivery Newborn Newborn Factors Attendant/Certifier

**Other Registries**  
 Birth Defects Hearing Screening Metabolic Screening

**Other Links**  
 Assign Status Attachments Print Forms Comments

- If a case already exists with the search criteria you entered you will see a page like this

**Birth Search Results**

Case Id	Child's Name ^	Date of Birth	Sex	Place of Birth	Preview
46381	Testing, Birth	OCT-06-2024	Female	Boone	Preview

Total Records : 1

+ Start New Case New Search

- To verify the case is the one you are looking for you can click the **Preview** Link on the right side which will bring up a preview of the case under the search results

**Birth Search Results**

Case Id	Child's Name ^	Date of Birth	Sex	Place of Birth	Preview
46381	Testing, Birth	OCT-06-2024	Female	Boone	Preview

Total Records : 1

+ Start New Case New Search

Click **Preview** Link to view the case

A preview of the case will pop up below the search results

- If this is the case you are needing to work on, click **Select** to open the case

### Birth Search Results

Case Id	Child's Name	Date of Birth	Sex	Place of Birth	Preview
46381	Testing, Birth	OCT-06-2024	Female	Boone	Select

Total Records : 1

+ Start New Case

New Search

Click **Select**  
Link to open  
the case

### Preview

File Number:  
Case Id: 46381  
Child's Name: Birth Testing  
Sex: Female  
Facility of Birth: Boone Memorial Hospital  
Mother's Current Name:  
Mother's Name Before First Marriage:  
Mother's Date of Birth:  
Father's Current Name:  
Father's Date of Birth:  
Date Entered: Oct-07-2024  
Status: /New Event/New Event/Uncertified/Not Registered

Date Filed:  
Date and Time of Birth: OCT-06-2024  
City or Town of Birth: Madison  
County of Birth: Boone  
Mother's Birthplace: United States  
Father's Birthplace: United States  
Last Updated By: Medical Certifier

### 3) Locating a Case

- If you know a case has already been started, you can search the case by going to:
  - **Life Events** → **Birth** → **Locate Case**

west virginia department of health - vital records TEST SITE  
Help Desk # 866-225-2085 Training Resources - Click here

Main Life Events Queues Reports Forms Administration Help

Home

Fast Links

- Messages
- Death Start/Edit New Case
- Death Start/Edit New Case
- Fetal Start Case

Queues

- Birth Locate Case
- Registration Work Queue Summary
- User Enrollment Queue

Birth

- Search
- Locate Case
- Start/Edit New Case
- New Delayed Birth
- New Foreign Born Adoption
- New Foreign Birth
- New Out of State Birth

- Once you click **Locate Case**, you will be brought to this page

## Birth Locate Case

### Child's Information

Child's First Name:  Child's Middle Name:  Child's Last Name:

Date of Birth:   Sex:  Child's Medical Record Number:

MMM-dd-yyyy

### Place of Birth Information

Place of Birth Location Type:  County  Place of Birth:

### Mother's Information

Mother's Current Legal Last Name:  Mother's Name Before First Marriage:

Mother's Medical Record Number:

### Certifier's Information

Certifier's Name

Case Id:

- There are no required fields on this page, but you must enter something so the system can locate the correct case
- Then click **Search**

## Birth Search Results

Case Id	Child's Name ^	Date of Birth	Sex	Place of Birth	Preview
46381	Testing, Birth	OCT-06-2024	Female	Boone	<a href="#">Preview</a>

Total Records: 1

Click **Preview** Link to view the case

A preview of the case will pop up below the search results

- If this is the case you are needing to work on, click **Select** to open the case

## Birth Search Results

Case Id	Child's Name ^	Date of Birth	Sex	Place of Birth	Preview
46381	Testing, Birth	OCT-06-2024	Female	Boone	Select

Total Records : 1

+ Start New Case

New Search

Click **Select**  
Link to open  
the case

### Preview

File Number:  
Case Id: 46381  
Child's Name: Birth Testing  
Sex: Female  
Facility of Birth: Boone Memorial Hospital  
Mother's Current Name:  
Mother's Name Before First Marriage:  
Mother's Date of Birth:  
Father's Current Name:  
Father's Date of Birth:  
Date Entered: Oct-07-2024  
Status: /New Event/New Event/Uncertified/Not Registered

Date Filed:  
Date and Time of Birth: OCT-06-2024  
City or Town of Birth: Madison  
County of Birth: Boone  
Mother's Birthplace: United States  
Father's Birthplace: United States  
Last Updated By: Medical Certifier

## Notes

Required fields have an indicator beside the field box and the field box is outlined in red.

Example:

▶ Date of Birth:



MMM-dd-yyyy

Please confirm proper spelling of first and last name to avoid duplicate cases and also because the search will only bring up **exactly** what you enter

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## Guide 2: Child

- Once you have started a new case or located and opened the case you are needing to work on, you will see this page

**Birth Registration Menu** 46381 :Birth Testing OCT-06-2024  
/Legal Invalid/Medical Invalid/Uncertified/Not Registered/Legal Pending/Medical Pending/Birth FIPS coding Required

**Parent Information**

**Child**

Mother/Parent  
Mother/Parent Address  
Mother/Parent's Attributes

**Mother Health**

Marital Status  
Informant

**Facility Information**

Place of Birth  
Prenatal  
Pregnancy Factors  
Labor  
Delivery  
Newborn  
Newborn Factors  
Attendant/Certifier

**Other Registries**

Birth Defects  
Hearing Screening  
Metabolic Screening

**Other Links**

Assign Status  
Attachments  
Print Forms  
Comments

**Child's Name**

First Middle Last Suffix  
Birth [ ] Testing [ ] [ ]

Date of Birth Time of Birth Sex Gender Child SSN  
OCT-06-2024 [ ] : [ ] [ ] [ ] [ ] [ ] [ ] [ ]  
MMM-dd-yyyy

Request SSN for Child Is infant a safe haven/founding baby?  
[ ] [ No ]

Is Adoption/Legal proceeding expected? Is child in DHHR Custody?  
[ No ] [ No ]

Is this a Surrogate Pregnancy?  
[ No ]

[Validate Page](#) [Next](#) [Clear](#) [Save](#) [Return](#)

- The case will automatically open to the **Child** Page
- If you click **Validate Page** before entering any information, you will see the fields that must be completed and the error messages for each field at the bottom of the page
  - Click **Validate Page** at any time to check what you have entered
  - If you prefer, you can review any errors all at once after you have entered all of the information by saving your work as you go and clicking **Validate Page** after you complete the last page (Newborn Factors)
    - If you choose to validate your information this way, clicking the **Next** button goes to the next page and saves your work

Child

Child's Name

First  Middle  Last  Suffix

Date of Birth  Time of Birth  :   Sex  Gender  Child SSN

MMM-dd-yyyy

Request SSN for Child  Is infant a safe haven/founding baby?

Is Adoption/Legal proceeding expected?  Is child in DHHR Custody?

Is this a Surrogate Pregnancy?

Validation Results

Error Message	Override	Goto Field	Popup
BR0070: Invalid value for SSN Requested for Child? Enter a valid value for SSN Requested for Child?			
BR0071: Sex of Child cannot be blank Enter a valid value for Sex of Child.			
BR0073: Time of Birth is invalid. Enter a valid value for Time of Birth.			

- A red box means that field must be completed and validated by the system before you can sign the case

Example:

Time of Birth  :

- A yellow box means the field has an error, but the error can be overridden (there are no fields with yellow errors on the Child Page)

Example (from the Mother/Parent Address Page):

Street Number

- Once you have entered the required information click **Validate Page** to verify the information you entered is validated by the system
- If there are no errors, click the **Next** Button to go to the next page, which is Mother/Parent

This is what the page will look like if there are no errors after you click **Validate Page**

## 46381 :Birth Testing OCT-06-2024

/Legal Invalid/Medical Invalid/Uncertified/Not Registered/Legal Pending/Medical Pending/Birth FIPS coding Required

### Child

#### Child's Name

First	Middle	Last	Suffix
<input type="text" value="Birth"/>	<input type="text"/>	<input type="text" value="Testing"/>	<input type="text"/>

Date of Birth	Time of Birth	Sex	Gender	Child SSN
<input type="text" value="OCT-06-2024"/>	<input type="text" value="09"/> : <input type="text" value="26"/> <input type="text" value="AM"/>	<input type="text" value="Female"/>	<input type="text" value="Female"/>	<input type="text" value="____-____-____"/>

MMM-dd-yyyy

Request SSN for Child  Is infant a safe haven/foundling baby?

Is Adoption/Legal proceeding expected?  Is child in DHHR Custody?

Is this a Surrogate Pregnancy?

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## Guide 3: Mother/Parent

- Once you navigate to the **Mother/Parent** Page, this is what you will see

**Birth Registration Menu**

- Parent Information
- Child
- Mother/Parent**
- Mother/Parent Address
- Mother/Parent's Attributes
- Mother Health
- Marital Status
- Informant
- Facility Information**
- Place of Birth
- Prenatal
- Pregnancy Factors
- Labor
- Delivery
- Newborn
- Newborn Factors
- Attendant/Certifier
- Other Registries**
- Birth Defects
- Hearing Screening
- Metabolic Screening
- Other Links**
- Assign Status
- Attachments
- Print Forms
- Comments

46381 :Birth Testing OCT-06-2024  
/Legal Invalid/Medical Invalid/Uncertified/Not Registered/Legal Pending/Medical Pending/Birth FIPS coding Required

**Mother/Parent**

**Mother's Current Legal Name**

First  Middle  Last  Suffix

[Copy Current Legal Name](#)

**Mother's Name Before First Marriage**

First  Middle  Last  Suffix

Date of Birth  Age  Social Security Number   None  Unknown

MMM-dd-yyyy

**Mother's Birthplace**

Birthplace State  Birthplace Country

[Home](#)  United States

[Validate Page](#) [Next](#) [Clear](#) [Save](#) [Return](#)

- If you click **Validate Page** before entering any information, you will see the fields that must be completed and the error messages for each field at the bottom of the page

Mother/Parent

Mother's Current Legal Name

First  Middle  Last  Suffix

Copy Current Legal Name

Mother's Name Before First Marriage

First  Middle  Last  Suffix

Date of Birth  Age  Social Security Number   None  Unknown  
MMM-dd-yyyy

Mother's Birthplace

Birthplace State  Birthplace Country  **United States**

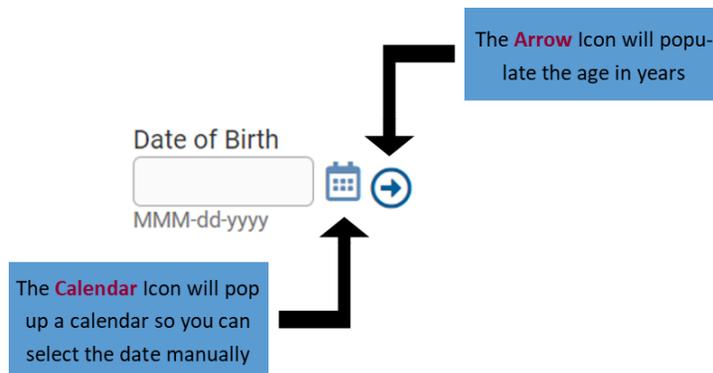
Validate Page Next Clear Save Return

Validation Results

List All Errors Save Overrides Hide

Error Message	Override	Goto Field	Popup
BR0222: Mother's first name is invalid. Mother's first name cannot be left blank.			
BR0230: Mothers last name is invalid. Enter a valid last name for the Mother.			
BR0236: Mother's before first marriage first name is invalid. Enter a valid name for the Mother's before first marriage first name.			
BR0243: Mother's before first marriage last name is invalid. Enter a valid last name for the Mother's before first marriage last name.			
BR0247: Mother's Date of Birth is invalid. The Mother's date of birth cannot be left blank.			
BR0249: Mother's Age is outside of normal range. Verify entry for Age for the Mother.	<input type="checkbox"/>		
BR0251: Mother's SSN must be a 9 digit number. Mother's SSN cannot be left blank.			
BR1062: Mother's Birthplace State and/or country is invalid. Verify entries for birth place state and country . If Country is "United States", a state must be entered.			

- When entering dates, you can enter the date manually (MONDDYYYY, MM/DD/YYYY, MM-DD-YYYY, MMDDYY) or you can click on the **Calendar** Icon to select the date
- Click the **Arrow** Icon to populate the age



Note: Months, Days and Hours, Minutes are shown as required, but they are only required if the decedent is under one year old or one day old, respectively. The red box indicating an error will go away for the other fields (month, days, hours and minutes) once you enter the date and click **Save** or **Validate Page**

- Once you have entered the required information, click **Validate Page** to verify the information you entered is validated by the system
- If there are no errors, click the **Next** Button to go to the next page, which is Mother/Parent Address

If what you entered has no errors, you will see a green check mark beside of that page after you click Validate Page

**Birth Registration Menu**

- Parent Information
- ✓ Child
- ✓ **Mother/Parent**
- ✗ Mother/Parent Address
- ✗ Mother/Parent's Attributes
- ✗ Mother Health
- ✗ Marital Status
- ✗ Informant
- Facility Information
- ✓ Place of Birth
- ✗ Prenatal
- ✗ Pregnancy Factors
- ✗ Labor
- ✗ Delivery
- ✗ Newborn
- ✗ Newborn Factors
- ✗ Attendant/Certifier
- Other Registries
- Birth Defects
- Hearing Screening
- Metabolic Screening
- Other Links
- ✓ Assign Status
- Attachments
- Print Forms
- Comments

46381 :Birth Testing OCT-06-2024  
/Legal Invalid/Medical Invalid/Uncertified/Not Registered/**Hold**/Legal Pending/Medical Pending/Birth FIPS coding Required

**Mother/Parent**

Mother's Current Legal Name

First	Middle	Last	Suffix
Mother		Testing	

**Copy Current Legal Name**

Mother's Name Before First Marriage

First	Middle	Last	Suffix
Mother		Smith	

Date of Birth  Age  Social Security Number   None  Unknown

MMM-dd-yyyy

Mother's Birthplace

Birthplace State	Birthplace Country
<input type="text" value="West Virginia"/>	<input type="text" value="United States"/>

Click the **Next** Button to go to the next Page

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## Guide 4: Mother/Parent Address

- Once you navigate to the **Mother/Parent Address** Page, this is what you will see

<b>Birth Registration Menu</b>	<b>46381 :Birth Testing OCT-06-2024</b>
Parent Information	/Legal Invalid/Medical Invalid/Uncertified/Not Registered/ <b>Hold</b> /Legal Pending/Medical Pending/Birth FIPS coding Required
Child	<b>Mother/Parent Address</b>
Mother/Parent	Residence Address
<b>Mother/Parent Address</b>	
Mother/Parent's Attributes	
Mother Health	
Marital Status	
Informant	
<b>Facility Information</b>	
Place of Birth	
Prenatal	
Pregnancy Factors	
Labor	
Delivery	
Newborn	
Newborn Factors	
Attendant/Certifier	
<b>Other Registries</b>	
Birth Defects	
Hearing Screening	
Metabolic Screening	
<b>Other Links</b>	
✓ Assign Status	
Attachments	
Print Forms	
Comments	

Street Number  Pre Directional  Street Name, Rural Route, etc.  Street Designator  Post Directional  Apt #, Suite #, etc.

Zip Code  City or Town  County  State  Country

Inside City Limits

**Mailing Address**

Same As Residence Address

Street Number  Pre Directional  Street Name, Rural Route, etc.  Street Designator  Post Directional  Apt #, Suite #, etc.

Zip Code  City or Town  State  Country

**Mother's Telephone Numbers**

Day  Ext  Evening  Email Address

[Validate Page](#) [Next](#) [Clear](#) [Save](#) [Return](#)

- If you click **Validate Page** before entering any information, you will see the fields that must be completed and the error messages for each field at the bottom of the page

Mother/Parent Address

Residence Address

Street Number  Pre Directional  Street Name, Rural Route, etc.  Street Designator  Post Directional  Apt #, Suite #,etc.

Zip Code  City or Town  County  State  Country

Inside City Limits

Mailing Address

Same As Residence Address

Street Number  Pre Directional  Street Name, Rural Route, etc.  Street Designator  Post Directional  Apt #, Suite #,etc.

Zip Code  City or Town  State  Country

Mother's Telephone Numbers

Day  Ext  Evening  Email Address

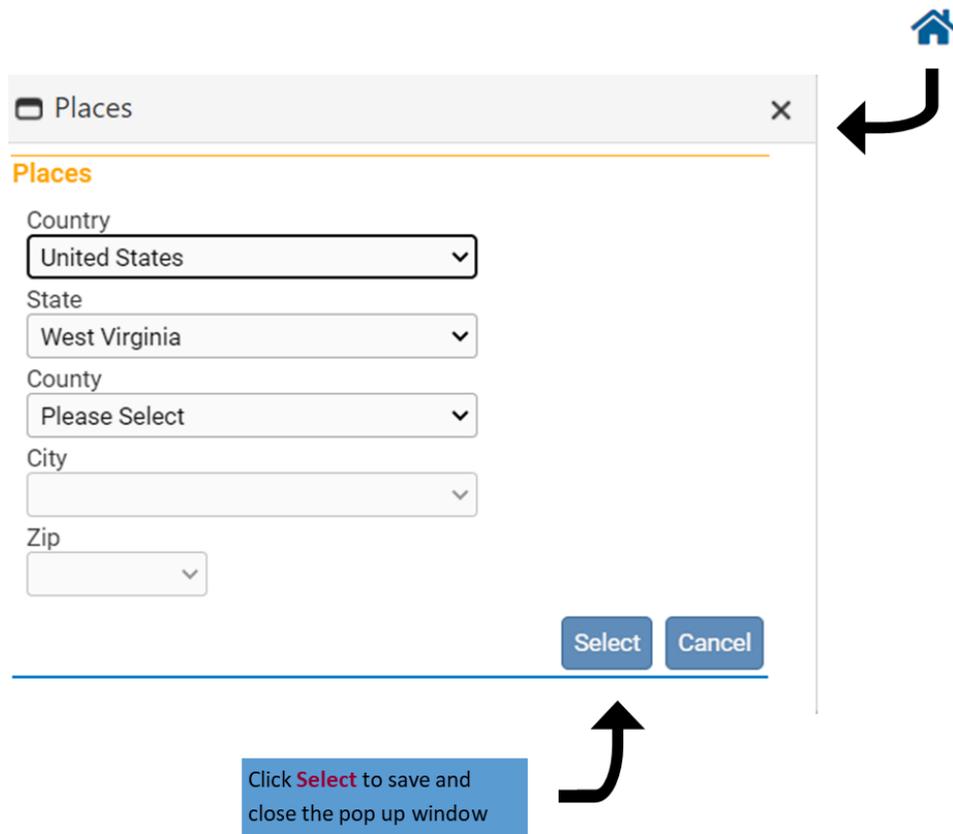
[Validate Page](#) [Next](#) [Clear](#) [Save](#) [Return](#)

Validation Results

[List All Errors](#) [Save Overrides](#) [Hide](#)

Error Message	Override	Goto	Field	Popup
BR0265: The registration requires coding by BVS staff. All registrations where mother's address is not located within the city limits must be coded manually.	<input type="checkbox"/>	<a href="#">Fix</a>	<a href="#">Fix</a>	<a href="#">Fix</a>
BR0269: City for Mother's Usual Address cannot be left blank. Enter a valid city for the Mother's Residence Address.	<input type="checkbox"/>	<a href="#">Fix</a>	<a href="#">Fix</a>	<a href="#">Fix</a>
BR0270: Mother's residence address street name cannot be left blank. Enter a valid street name for Mother's Residence.	<input type="checkbox"/>	<a href="#">Fix</a>	<a href="#">Fix</a>	<a href="#">Fix</a>
BR0272: A valid street number for the mother's residence address is required. Enter the building number assigned to this address. Do not record a rural route number or PO Box number. If the number is unknown, enter 'unknown'. Enter a valid street number for mother's residence address	<input type="checkbox"/>	<a href="#">Fix</a>	<a href="#">Fix</a>	<a href="#">Fix</a>
BR0274: Mother's Residence Address Zip code cannot be blank. Enter a valid Zip code for the Mother's Residence Address.	<input type="checkbox"/>	<a href="#">Fix</a>	<a href="#">Fix</a>	<a href="#">Fix</a>
BR0275: Inside City Limits value for Mother's Residence Address cannot be blank. Enter a valid value from the drop down list for Mother's Residence Address Inside City Limits.	<input type="checkbox"/>	<a href="#">Fix</a>	<a href="#">Fix</a>	<a href="#">Fix</a>
BR0286: Mother's mailing address Zip code is invalid. Enter a valid Zip code for the Mother's mailing address.	<input type="checkbox"/>	<a href="#">Fix</a>	<a href="#">Fix</a>	<a href="#">Fix</a>
BR0287: City for Mother's Mailing Address cannot be left blank. Enter a valid city for the Mother's mailing address.	<input type="checkbox"/>	<a href="#">Fix</a>	<a href="#">Fix</a>	<a href="#">Fix</a>
BR0290: Mother's mailing address street name cannot be left blank. Enter a valid street name for the Mother's mailing address.	<input type="checkbox"/>	<a href="#">Fix</a>	<a href="#">Fix</a>	<a href="#">Fix</a>
BR1060: Mother Physical Residence State cannot be left blank. Enter the Mother's Physical Residence State.	<input type="checkbox"/>	<a href="#">Fix</a>	<a href="#">Fix</a>	<a href="#">Fix</a>
BR1061: Mother Mailing State cannot be left blank. Enter the Mother's Mailing State.	<input type="checkbox"/>	<a href="#">Fix</a>	<a href="#">Fix</a>	<a href="#">Fix</a>

- Clicking the **House** Icon will bring up a window that will allow you to select the criteria by Country, State, County, City, and Zip Code, filtering the options as you go



The screenshot shows a pop-up window titled "Places" with a close button (X) in the top right corner. A blue house icon is positioned above the window with a curved arrow pointing to the close button. The window contains the following fields:

- Country: United States (dropdown)
- State: West Virginia (dropdown)
- County: Please Select (dropdown)
- City: (empty dropdown)
- Zip: (empty dropdown)

At the bottom right of the window are two buttons: "Select" and "Cancel". A blue callout box with a curved arrow pointing to the "Select" button contains the text: "Click **Select** to save and close the pop up window".

- To override a yellow error, go to the **Validation Results** Box at the bottom of the page after clicking **Validate Page**

Mother/Parent Address

Residence Address

Street Number  Pre Directional  Street Name, Rural Route, etc.  Street Designator  Post Directional  Apt #, Suite #,etc.

Zip Code  City or Town  County  State  Country

Inside City Limits

Mailing Address

Same As Residence Address

Street Number  Pre Directional  Street Name, Rural Route, etc.  Street Designator  Post Directional  Apt #, Suite #,etc.

Zip Code  City or Town  State  Country

Mother's Telephone Numbers

Day  Ext  Evening  Email Address

Validate Page Next Clear Save Return

Validation Results List All Errors Save Overrides Hide

Error Message	Override	Goto Field	Popup
BR0272: A valid street number for the mother's residence address is required. Enter the building number assigned to this address. Do not record a rural route number or PO Box number. If the number is unknown, enter 'unknown'. Enter a valid street number for mother's residence address	<input type="checkbox"/>	<input type="button" value="Fix"/>	<input type="button" value="Fix"/>

- In the **Validation Results** Box, click the **Checkbox** beside of the appropriate error message that you wish to override, then click **Save Overrides**

Validation Results List All Errors Save Overrides Hide

Error Message	Override	Goto Field	Popup
BR0272: A valid street number for the mother's residence address is required. Enter the building number assigned to this address. Do not record a rural route number or PO Box number. If the number is unknown, enter 'unknown'. Enter a valid street number for mother's residence address	<input checked="" type="checkbox"/>	<input type="button" value="Fix"/>	<input type="button" value="Fix"/>

Click the **Checkbox** Save Overrides Button

- Next, click **Validate Page** to verify the information you entered is validated by the system
- Then, click **Next** to move to the next page, which is Mother/Parent Attributes

After saving overrides, you will see a yellow circle beside Mother/Parent Address in the menu on the left side

The State Office will review the case and either approve or deny overrides



Birth Registration Menu	
Parent Information	
✓	Child
✓	Mother/Parent
●	Mother/Parent Address
✗	Mother/Parent's Attributes
✗	Mother Health
✗	Marital Status
✗	Informant

## Notes

You can still affirm/sign a case if there are yellow errors that have been overridden

You can always come back and add information later, as long as the case hasn't been registered by the State Office (the status bar at the top of the page will tell you whether the case is registered or not)

45367 :New Train SEP-17-2024

/Personal Invalid/Medical Invalid/Not Registered/Unsigned/Uncertified/NA/Personal Pending/Medical Pending/FIPS Coding Required

It is best to complete as much of the information as possible

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## Guide 5: Mother Attributes

- Once you navigate to the **Mother Attributes** Page, this is what you will see

Birth Registration Menu		46381 :Birth Testing OCT-06-2024
Parent Information		/Legal Invalid/Medical Invalid/Uncertified/Not Registered/ <b>Hold</b> /Legal Pending/Medical Pending
Child		<b>Mother/Parent's Attributes</b>
Mother/Parent		Education
Mother/Parent Address		Education <input type="text"/>
<b>Mother/Parent's Attributes</b>		Usual Occupation (do not use retired)
Mother Health		<input type="text"/>
Marital Status		Kind of Business / Industry
Informant		<input type="text"/>
<b>Facility Information</b>		<b>Ancestry</b>
Place of Birth		(Italian, African American, Haitian, Pakistani, Ukrainian, Nigerian, Taiwanese, etc)
Prenatal		<input type="text"/>
Pregnancy Factors		<b>Hispanic Origin (Check all that apply)</b>
Labor		<input type="checkbox"/> No, not Spanish/Hispanic/Latino
Delivery		<input type="checkbox"/> Yes, Puerto Rican
Newborn		<input type="checkbox"/> Yes, Other Spanish/Hispanic/Latino
Newborn Factors		<input type="checkbox"/> Yes, Mexican, Mexican American, Chicano
Attendant/Certifier		<input type="checkbox"/> Yes, Cuban
<b>Other Registries</b>		<input type="checkbox"/> Unknown
Birth Defects		<b>Which one or more of the following is your race? (Check all that apply)</b>
Hearing Screening		<input type="checkbox"/> White
Metabolic Screening		<input type="checkbox"/> Black or African American
<b>Other Links</b>		<input type="checkbox"/> Japanese
Assign Status		<input type="checkbox"/> Guamanian or Chamorro
Attachments		<input type="checkbox"/> Korean
Print Forms		<input type="checkbox"/> Samoan
Comments		<input type="checkbox"/> American Indian or Alaska Native
		<input type="checkbox"/> Vietnamese
		<input type="checkbox"/> Other Pacific Islander
		<input type="checkbox"/> Other Asian
		<input type="checkbox"/> Other (Specify)
		<input type="checkbox"/> Asian Indian
		<input type="checkbox"/> Native Hawaiian
		<input type="checkbox"/> Unknown
		<input type="checkbox"/> Chinese
		<input type="checkbox"/> Filipino

[Validate Page](#) [Next](#) [Clear](#) [Save](#) [Return](#)

- If you click **Validate Page** before entering any information, you will see the fields that must be completed and the error messages for each field at the bottom of the page

Mother/Parent's Attributes

Education

Education

Usual Occupation  
(do not use retired)

Kind of Business / Industry

Ancestry

(Italian, African American, Haitian, Pakistani, Ukrainian, Nigerian, Taiwanese, etc)

Hispanic Origin (Check all that apply)

- No, not Spanish/Hispanic/Latino
- Yes, Mexican, Mexican American, Chicano
- Yes, Puerto Rican
- Yes, Cuban
- Yes, Other Spanish/Hispanic/Latino
- Unknown

Which one or more of the following is your race? (Check all that apply)

- White
- Black or African American
- American Indian or Alaska Native
- Asian Indian
- Chinese
- Filipino
- Japanese
- Korean
- Vietnamese
- Other Asian
- Native Hawaiian
- Guamanian or Chamorro
- Samoan
- Other Pacific Islander
- Other (Specify)
- Unknown

Validation Results

Error Message	Override	Goto Field	Popup
BR0305: Mother's Education level cannot be left blank. Enter a valid value for Mother's Education.		<input type="button" value="Fix"/>	<input type="button" value="Fix"/>
BR0309: Mother's Hispanic origin cannot be left blank. Select a valid value for Mother's Hispanic Origin.		<input type="button" value="Fix"/>	<input type="button" value="Fix"/>
BR0312: Mother's Race cannot be left blank. Select a valid value for Mother's Race.		<input type="button" value="Fix"/>	<input type="button" value="Fix"/>
BR9442: Mother Ancestry cannot be left blank Enter valid Ancestry		<input type="button" value="Fix"/>	<input type="button" value="Fix"/>
BRC0005: Mother Usual Occupation cannot be left blank Enter a valid Mother Usual Occupation	<input type="checkbox"/>	<input type="button" value="Fix"/>	<input type="button" value="Fix"/>
BRC0006: Mother Kind of Business / Industry cannot be left blank Enter a valid Mother Kind of Business / Industry	<input type="checkbox"/>	<input type="button" value="Fix"/>	<input type="button" value="Fix"/>

- After entering the required information, click **Validate Page** to verify the information you entered is validated by the system
- Then, click **Next** to move to the next page, which is Mother Health

[Return to Table of Contents](#)

## Guide 6: Mother Health

- Once you navigate to the **Mother Health** Page, this is what you will see

Birth Registration Menu	46381 :Birth Testing OCT-06-2024
<b>Parent Information</b>	/Legal Invalid/Medical Invalid/Uncertified/Not Registered/ <b>Hold</b> /Legal Pending/Medical Pending
Child	
Mother/Parent	
Mother/Parent Address	
Mother/Parent's Attributes	
<b>Mother Health</b>	<b>Mother Health</b>
Marital Status	Did Mother get WIC food for herself during this pregnancy? <input type="text"/>
Informant	Height(feet/inches) <input type="text"/> Mother Pre-pregnancy Weight (pounds) <input type="text"/> Mother Weight at Delivery (pounds) <input type="text"/>
<b>Facility Information</b>	Cigarette smoking per day before and/or during pregnancy
Place of Birth	Tobacco use during this pregnancy <input type="text"/>
Prenatal	Three months before pregnancy <input type="text"/>
Pregnancy Factors	First three months of pregnancy <input type="text"/>
Labor	Second three months of pregnancy <input type="text"/>
Delivery	Last Trimester of Pregnancy <input type="text"/>
Newborn	Did anyone other than the Mother regularly smoke tobacco cigarettes inside the home during pregnancy? <input type="text"/>
Newborn Factors	During the 3 months before pregnancy, did the Mother use e-cigarettes or other electronic nicotine products? <input type="text"/>
Attendant/Certifier	At any time while pregnant, did the Mother use e-cigarettes or other electronic nicotine products? <input type="text"/>
<b>Other Registries</b>	<b>Alcohol Usage</b>
Birth Defects	Alcohol use during this pregnancy <input type="text"/>
Hearing Screening	Average number of drinks per week <input type="text"/>
Metabolic Screening	
<b>Other Links</b>	
✓ Assign Status	
Attachments	
Print Forms	
Comments	

- If you click **Validate Page** before entering any information, you will see the fields that must be completed and the error messages for each field at the bottom of the page

## Mother Health

Did Mother get WIC food for herself during this pregnancy? 

Height(feet/inches) Mother Pre-pregnancy Weight (pounds) Mother Weight at Delivery (pounds)

## Cigarette smoking per day before and/or during pregnancy

Tobacco use during this pregnancy Three months before pregnancy  First three months of pregnancy  Second three months of pregnancy  Last Trimester of Pregnancy  Did anyone other than the Mother regularly smoke tobacco cigarettes inside the home during pregnancy? During the 3 months before pregnancy, did the Mother use e-cigarettes or other electronic nicotine products? At any time while pregnant, did the Mother use e-cigarettes or other electronic nicotine products? 

## Alcohol Usage

Alcohol use during this pregnancy Average number of drinks per week 

## Validation Results

Error Message	Override	Goto Field	Popup
BR0327: Did Mother get WIC food for herself. Enter a valid value for did Mother get WIC food for herself.	<input type="checkbox"/>	<input type="button" value="Fix"/>	<input type="button" value="Fix"/>
BR0329: No value entered for mother's height. Enter a valid value for Mother's height.	<input type="checkbox"/>	<input type="button" value="Fix"/>	<input type="button" value="Fix"/>
BR0330: Mother's pre-pregnancy weight cannot be left blank or all zeroes. Enter a valid value for Mother's pre-pregnancy weight.	<input type="checkbox"/>	<input type="button" value="Fix"/>	<input type="button" value="Fix"/>
BR0333: Mother's weight at time of delivery is null. Enter a valid value for Mother's weight at time of delivery.	<input type="checkbox"/>	<input type="button" value="Fix"/>	<input type="button" value="Fix"/>
BR0339: Alcohol Use During Pregnancy is invalid. Enter a valid value for Alcohol Use During Pregnancy.	<input type="checkbox"/>	<input type="button" value="Fix"/>	<input type="button" value="Fix"/>
BR0351: Tobacco use during three months prior to pregnancy field is blank. Enter a valid value for Tobacco Use during the three months prior to pregnancy.	<input type="checkbox"/>	<input type="button" value="Fix"/>	<input type="button" value="Fix"/>
BR0352: Tobacco use during first trimester of pregnancy field is blank. Enter a valid value for Tobacco Use during the first trimester of pregnancy.	<input type="checkbox"/>	<input type="button" value="Fix"/>	<input type="button" value="Fix"/>
BR0353: Tobacco use during second trimester of pregnancy field is blank. Enter a valid value for Tobacco Use during the second trimester of pregnancy.	<input type="checkbox"/>	<input type="button" value="Fix"/>	<input type="button" value="Fix"/>
BR0354: Tobacco use during third trimester of pregnancy field is blank. Enter a valid value for Tobacco Use during the third trimester of pregnancy.	<input type="checkbox"/>	<input type="button" value="Fix"/>	<input type="button" value="Fix"/>
BR0634: Did mother smoke cannot be null select a value for If mother smoked during pregnancy	<input type="checkbox"/>	<input type="button" value="Fix"/>	<input type="button" value="Fix"/>
BR9314: Mother's height in inches is invalid and cannot be left blank. Please enter Mother's height in inches. If no inches, enter 0.	<input type="checkbox"/>	<input type="button" value="Fix"/>	<input type="button" value="Fix"/>
BR0010: Anyone other than mother smoke inside home cannot be left blank Select a valid value for Anyone other than mother smoke inside home?	<input type="checkbox"/>	<input type="button" value="Fix"/>	<input type="button" value="Fix"/>
BR0011: 3 months prior e-cigarettes cannot be left blank Select a valid value for 3 months prior e-cigarettes	<input type="checkbox"/>	<input type="button" value="Fix"/>	<input type="button" value="Fix"/>
BR0012: Anytime while pregnant e-cigarettes cannot be left blank Select a valid value for Anytime while pregnant e-cigarettes	<input type="checkbox"/>	<input type="button" value="Fix"/>	<input type="button" value="Fix"/>

- If you select **Yes** for **Tobacco use during this pregnancy**, the 4 follow-up questions are required

Cigarette smoking per day before and/or during pregnancy

Tobacco use during this pregnancy **Yes** ▼

Three months before pregnancy	<input type="text" value=""/>	<input type="text" value=""/>
First three months of pregnancy	<input type="text" value=""/>	<input type="text" value=""/>
Second three months of pregnancy	<input type="text" value=""/>	<input type="text" value=""/>
Last Trimester of Pregnancy	<input type="text" value=""/>	<input type="text" value=""/>

- If you select **No**, those questions will be grayed out and you will not be able to enter any data in those fields

If you select no for Tobacco use during this pregnancy, these fields will automatically populate with zero and be grayed out

Cigarette smoking per day before and/or during pregnancy

Tobacco use during this pregnancy **No** ▼

Three months before pregnancy	<input type="text" value="0"/>	<input type="text" value=""/>
First three months of pregnancy	<input type="text" value="0"/>	<input type="text" value=""/>
Second three months of pregnancy	<input type="text" value="0"/>	<input type="text" value=""/>
Last Trimester of Pregnancy	<input type="text" value="0"/>	<input type="text" value=""/>

If you select yes for Tobacco use during this pregnancy, you will be able to enter values

Cigarette smoking per day before and/or during pregnancy

Tobacco use during this pregnancy **Yes** ▼

Three months before pregnancy	<input type="text" value="1"/>	<input td="" type="text" value="Packs" ▼<=""/>
First three months of pregnancy	<input type="text" value="1"/>	<input td="" type="text" value="Packs" ▼<=""/>
Second three months of pregnancy	<input type="text" value="15"/>	<input td="" type="text" value="Cigarettes" ▼<=""/>
Last Trimester of Pregnancy	<input type="text" value="15"/>	<input td="" type="text" value="Cigarettes" ▼<=""/>

- After entering the required information, click **Validate Page** to verify the information you entered is validated by the system  
Then, click **Next** to move to the next page, which is Marital Status

[Return to Table of Contents](#)

## Guide 7: Marital Status

- Once you navigate to the **Marital Status** Page, this is what you will see

The screenshot shows a web interface for birth registration. On the left is a navigation menu with sections: Birth Registration Menu, Informant, Facility Information, Other Registries, and Other Links. The main content area is titled '46381 :Birth Testing OCT-06-2024' and includes a status bar with options like 'Legal Invalid', 'Medical Invalid', 'Uncertified', 'Not Registered', 'Hold', 'Legal Pending', and 'Medical Pending'. The 'Marital Status' section contains two dropdown menus: 'Mother Ever Married?' and 'Mother married at conception, at birth or within 300 days prior to delivery?'. A note below explains that for divorced mothers, the time of conception is calculated as 10 months prior to the date of birth. At the bottom right are buttons for 'Validate Page', 'Next', 'Clear', 'Save', and 'Return'.

- There are only 2 questions on this page initially, and both must be answered
- Other questions will populate and be required based upon the mother's marital status
  - If you select **Never Married** for **Marital Status**, you will see this screen

Marital Status

Marital Information

Mother Ever Married?

Never married

Mother married at conception, at birth or within 300 days prior to delivery?

No

Note: If Divorced, time of conception is calculated as 10 months prior to the date of birth. If divorced less than 10 months this question is to be answered "Yes".

Paternity Information

Has a Declaration of Paternity Affidavit been completed?

Note to Hospital Staff: If you are sending a complete Paternity Affidavit with this birth, please pick "Yes" regardless of what the worksheet states and complete the father/parent's information. If the father/parent's information was not completed on the worksheet, use the information from the Paternity Affidavit for the father/parent.

Does the mother plan on genetic testing to determine the baby's father?

Parental Description on Birth Certificate

Select parental description on the child's birth certificate Mother/Father

Validate Page Next Clear Save Return

Validation Results

List All Errors Save Overrides Hide

Error Message	Override	Goto Field	Popup
BR0206: The value for Is Mother married between conception and birth cannot be left blank. Enter a valid value for Is Mother married between conception and birth.		Fix	Fix
BRC0035: Has the mother ever married? cannot be left blank. Select valid option for Mother Ever Married?		Fix	Fix

Note: Paternity Information is Required

Paternity Information

Has a Declaration of Paternity Affidavit been completed?

Does the mother plan on genetic testing to determine the baby's father?

- o If you select **Currently Married** for **Marital Status**, you will have these options for the following question

**Marital Information**

Mother Ever Married?

Currently Married ▼

Mother married at conception, at birth or within 300 days prior to delivery?

▼

Yes, spouse is legal parent

Yes, but spouse is not legal parent

Mother refusing husband information

calculated as 10 months prior to t

- If you select **Yes, spouse is legal parent**, you will see this

**46381 :Birth Testing OCT-06-2024**

/Legal Invalid/Medical Invalid/Uncertified/Not Registered/**Hold**/Legal Pending/Medical Pending

**Marital Status**

**Marital Information**

Mother Ever Married?

Currently Married ▼

Mother married at conception, at birth or within 300 days prior to delivery?

Yes, spouse is legal parent ▼

Note: If Divorced, time of conception is calculated as 10 months prior to the date of birth. If divorced less than 10 months this question is to be answered "Yes".

**Parental Description on Birth Certificate**

Select parental description on the child's birth certificate

Mother/Father ▼

Validate Page

Next

Clear

Save

Return

Note: Paternity Information is Required

**Paternity Information**

Has a Declaration of Paternity Affidavit been completed?

▼

Does the mother plan on genetic testing to determine the baby's father?

▼

- If you select **Yes, but spouse is not legal parent**, you will see this

**Marital Status**

**Marital Information**

Mother Ever Married?

Currently Married ▾

Mother married at conception, at birth or within 300 days prior to delivery?

Yes, but spouse is not legal parent ▾

Note: If Divorced, time of conception is calculated as 10 months prior to the date of birth. If divorced less than 10 months this question is to be answered "Yes".

**Paternity Information**

Has a Declaration of Paternity Affidavit been completed?

▾

Note to Hospital Staff: If you are sending a complete Paternity Affidavit with this birth, please pick "Yes" regardless of what the worksheet states and complete the father/parent's information. If the father/parent's information was not completed on the worksheet, use the information from the Paternity Affidavit for the father/parent.

Did a court rule that the spouse was NOT the parent?

▾

Has a voluntary Denial of Paternity form been provided to the mother?

▾

Does the mother plan on genetic testing to determine the baby's father?

▾

**Parental Description on Birth Certificate**

Select parental description on the child's birth certificate Mother/Father ▾

Validate Page → Next Clear Save Return

Note: Paternity Information is Required

**Paternity Information**

Has a Declaration of Paternity Affidavit been completed?

▾

Does the mother plan on genetic testing to determine the baby's father?

▾

- If you select **Mother refusing husband information**, you will see this

**Marital Status**

**Marital Information**

Mother Ever Married?

Currently Married ▼

Mother married at conception, at birth or within 300 days prior to delivery?

Mother refusing husband information ▼

Note: If Divorced, time of conception is calculated as 10 months prior to the date of birth. If divorced less than 10 months this question is to be answered "Yes".

**Parental Description on Birth Certificate**

Select parental description on the child's birth certificate Mother/Father ▼

Validate Page

Next

Clear

Save

Return

- If you select **Divorced/Widowed** for **Marital Status**, you will have these options

**Marital Information**

Mother Ever Married?

Divorced/Widowed ▼

Mother married at conception, at birth or within 300 days prior to delivery?

- Yes, spouse is legal parent
- No
- Unknown
- Yes, but spouse is not legal parent
- Mother refusing husband information

culated as 10 months prior to tl

- If you select **Yes, Spouse is legal parent**, you will see this

## Marital Status

---

### Marital Information

Mother Ever Married?

Divorced/Widowed ▾

Mother married at conception, at birth or within 300 days prior to delivery?

Yes, spouse is legal parent ▾

Note: If Divorced, time of conception is calculated as 10 months prior to the date of birth. If divorced less than 10 months this question is to be answered "Yes".

---

### Paternity Information

Date Divorced or Widowed

MMM-dd-yyyy

Is the spouse to be listed on the birth certificate as the baby's parent?

 ▾

### Parental Description on Birth Certificate

Select parental description on the child's birth certificate  ▾

 Validate Page

 Next

 Clear

 Save

 Return

---

Note: Paternity Information is Required

### Paternity Information

Has a Declaration of Paternity Affidavit been completed?

 ▾

- If you select **No**, you will see this

## Marital Status

### Marital Information

Mother Ever Married?

Divorced/Widowed ▾

Mother married at conception, at birth or within 300 days prior to delivery?

No ▾

Note: If Divorced, time of conception is calculated as 10 months prior to the date of birth. If divorced less than 10 months this question is to be answered "Yes".

### Paternity Information

Has a Declaration of Paternity Affidavit been completed? Date Divorced or Widowed

▾

  
MMM-dd-yyyy

Note to Hospital Staff: If you are sending a complete Paternity Affidavit with this birth, please pick "Yes" regardless of what the worksheet states and complete the father/parent's information. If the father/parent's information was not completed on the worksheet, use the information from the Paternity Affidavit for the father/parent.

Does the mother plan on genetic testing to determine the baby's father?

▾

### Parental Description on Birth Certificate

Select parental description on the child's birth certificate Mother/Father ▾

 Validate Page

 Next

 Clear

 Save

 Return

Note: Date of Divorce is required

Date Divorced or Widowed

  
MMM-dd-yyyy

- If you select **Unknown**, you will see this screen

## Marital Status

### Marital Information

Mother Ever Married?

Divorced/Widowed ▾

Mother married at conception, at birth or within 300 days prior to delivery?

Unknown ▾

Note: If Divorced, time of conception is calculated as 10 months prior to the date of birth. If divorced less than 10 months this question is to be answered "Yes".

### Paternity Information

Has a Declaration of Paternity Affidavit been completed? Date Divorced or Widowed



MMM-dd-yyyy

Note to Hospital Staff: If you are sending a complete Paternity Affidavit with this birth, please pick "Yes" regardless of what the worksheet states and complete the father/parent's information. If the father/parent's information was not completed on the worksheet, use the information from the Paternity Affidavit for the father/parent.

Did a court rule that the spouse was NOT the parent?

Has a voluntary Denial of Paternity form been provided to the mother?

Does the mother plan on genetic testing to determine the baby's father?

Is the spouse to be listed on the birth certificate as the baby's parent?

### Parental Description on Birth Certificate

Select parental description on the child's birth certificate Mother/Father ▾

Validate Page

Next

Clear

Save

Return

Note: The following Paternity Information is required

### Paternity Information

Has a Declaration of Paternity Affidavit been completed? Date Divorced or Widowed



MMM-dd-yyyy

Does the mother plan on genetic testing to determine the baby's father?

- If you select **Yes, but spouse is not legal parent**, you will see this

## Marital Status

### Marital Information

Mother Ever Married?

Divorced/Widowed ▾

Mother married at conception, at birth or within 300 days prior to delivery?

Yes, but spouse is not legal parent ▾

Note: If Divorced, time of conception is calculated as 10 months prior to the date of birth. If divorced less than 10 months this question is to be answered "Yes".

### Paternity Information

Has a Declaration of Paternity Affidavit been completed?  ▾

Date Divorced or Widowed

  
MMM-dd-yyyy

Note to Hospital Staff: If you are sending a complete Paternity Affidavit with this birth, please pick "Yes" regardless of what the worksheet states and complete the father/parent's information. If the father/parent's information was not completed on the worksheet, use the information from the Paternity Affidavit for the father/parent.

Did a court rule that the spouse was NOT the parent?

▾

Has a voluntary Denial of Paternity form been provided to the mother?

▾

Does the mother plan on genetic testing to determine the baby's father?

▾

### Parental Description on Birth Certificate

Select parental description on the child's birth certificate  ▾

 Validate Page

 Next

 Clear

 Save

 Return

Note: The following Paternity Information is required

### Paternity Information

Has a Declaration of Paternity Affidavit been completed?  ▾

Date Divorced or Widowed

  
MMM-dd-yyyy

Does the mother plan on genetic testing to determine the baby's father?

▾

- If you select **Mother refusing husband information**, you will see this

## Marital Status

### Marital Information

Mother Ever Married?

Divorced/Widowed ▾

Mother married at conception, at birth or within 300 days prior to delivery?

Mother refusing husband information ▾

Note: If Divorced, time of conception is calculated as 10 months prior to the date of birth. If divorced less than 10 months this question is to be answered "Yes".

### Paternity Information

Date Divorced or Widowed



MMM-dd-yyyy

✓ Validate Page

→ Next

🗑 Clear

💾 Save

↶ Return

Note: The Date of Divorce is required

### Paternity Information

Date Divorced or Widowed



MMM-dd-yyyy

- If you select **Unknown** for **Marital Status**, you will see this

Marital Status

Marital Information

Mother Ever Married?

Unknown

Mother married at conception, at birth or within 300 days prior to delivery?

Unknown

Note: If Divorced, time of conception is calculated as 10 months prior to the date of birth. If divorced less than 10 months this question is to be answered "Yes".

Paternity Information

Has a Declaration of Paternity Affidavit been completed?

Date Divorced or Widowed

MMM-dd-yyyy

Note to Hospital Staff: If you are sending a complete Paternity Affidavit with this birth, please pick "Yes" regardless of what the worksheet states and complete the father/parent's information. If the father/parent's information was not completed on the worksheet, use the information from the Paternity Affidavit for the father/parent.

Did a court rule that the spouse was NOT the parent?

Has a voluntary Denial of Paternity form been provided to the mother?

Does the mother plan on genetic testing to determine the baby's father?

Is the spouse to be listed on the birth certificate as the baby's parent?

Parental Description on Birth Certificate

Select parental description on the child's birth certificate

Mother/Father

Validate Page Next Clear Save Return

- If you select **Currently Married** and **Yes, the spouse is the legal parent** you will see new pages related to the father are added to the Parent Information under the Birth Registration Menu

**Birth Registration Menu**

- Parent Information
  - ✓ Child
  - ✓ Mother/Parent
  - Mother/Parent Address
  - ✓ Mother/Parent's Attributes
  - ✓ Mother Health
  - Marital Status
- Father/Parent
  - ✗ Father Attributes
  - ✗ Informant
- Facility Information
  - ✓ Place of Birth
  - ✗ Prenatal
  - ✗ Pregnancy Factors
  - ✗ Labor
  - ✗ Delivery
  - ✗ Newborn
  - ✗ Newborn Factors
  - ✗ Attendant/Certifier
- Other Registries
  - Birth Defects
  - Hearing Screening
  - Metabolic Screening
- Other Links
  - ✓ Assign Status
  - Attachments
  - Print Forms
  - Comments

46381 :Birth Testing OCT-06-2024

/Legal Invalid/Medical Invalid/Uncertified/Not Registered/Hold/Legal Pending/Medical Pending

**Marital Status**

**Marital Information**

Mother Ever Married?

Currently Married

Mother married at conception, at birth or within 300 days prior to delivery?

Yes, spouse is legal parent

Note: If Divorced, time of conception is calculated as 10 months prior to the date of birth. If divorced less than 10 months this question is to be answered "Yes".

**Parental Description on Birth Certificate**

Select parental description on the child's birth certificate: Mother/Father

Validate Page Next Clear Save Return

**Validation Results**

List All Errors Save Overrides Hide

**Error Message**

BR0208: If mother is married father's items must be completed. Verify that all Father's data is complete.

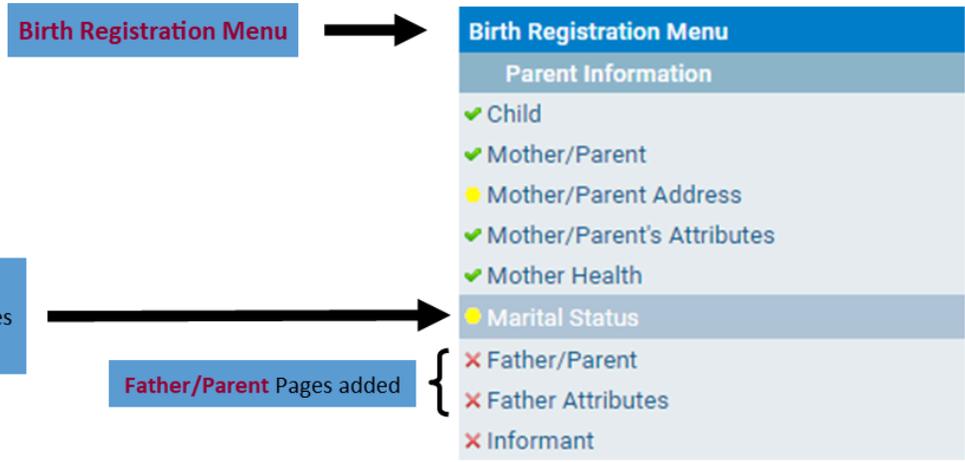
**Override**

**Goto Field**

Fix

**Popup**

Fix



There will be a yellow circle until the **Father/Parent** Pages are completed

**Father/Parent** Pages added

Once the **Father/Parent** Pages are completed, there will be a green check mark beside **Marital Status** and beside of the **Father/Parent** Pages

**Birth Registration Menu**

**Parent Information**

- ✓ Child
- ✓ Mother/Parent
- Mother/Parent Address
- ✓ Mother/Parent's Attributes
- ✓ Mother Health
- ✓ Marital Status
- ✓ Father/Parent
- ✓ Father Attributes
- ✗ Informant

[Return to Table of Contents](#)

## Guide 8: Father/Parent

- You will only have this page if the spouse is the legal parent
- Once you navigate to the **Father/Parent** Page, this is what you will see

**Birth Registration Menu**

- Parent Information
  - Child
  - Mother/Parent
  - Mother/Parent Address
  - Mother/Parent's Attributes
  - Mother Health
  - Marital Status
- Father/Parent**
- Father Attributes
- Informant
- Facility Information
  - Place of Birth
  - Prenatal
  - Pregnancy Factors
  - Labor
  - Delivery
  - Newborn
  - Newborn Factors
  - Attendant/Certifier
- Other Registries
  - Birth Defects
  - Hearing Screening
  - Metabolic Screening
- Other Links
  - ✓ Assign Status
  - Attachments
  - Print Forms
  - Comments

46381 :Birth Testing OCT-06-2024  
/Legal Invalid/Medical Invalid/Uncertified/Not Registered/**Hold**/Legal Pending/Medical Pending

**Father/Parent**

**Father's Name**

First  Middle  Last  Suffix



**Father/Parent's Name Before First Marriage**

First  Middle  Last  Suffix

Date of Birth  Age  Social Security Number   None  Unknown  
MMM-dd-yyyy

**Residence Address**

Same As Mother's Address

Street Number  Pre Directional  Street Name, Rural Route, etc.  Street Designator  Post Directional  Apt #, Suite #, etc.

Zip Code  City or Town  County  State  Country

Inside City Limits

**Father Birthplace**

Birthplace State  Birthplace Country



- If you click **Validate Page** before entering any information, you will see the fields that must be completed and the error messages for each field at the bottom of the page

Father/Parent

Father's Name

First  Middle  Last  Suffix

Copy Current Legal Name

Father/Parent's Name Before First Marriage

First  Middle  Last  Suffix

Date of Birth  Age  Social Security Number   None  Unknown  
MMM-dd-yyyy

Residence Address

Same As Mother's Address

Street Number  Pre Directional  Street Name, Rural Route, etc.  Street Designator  Post Directional  Apt #, Suite #, etc.   
 Zip Code  City or Town  County  State  Country   
 Inside City Limits

Father Birthplace

Birthplace State  Birthplace Country

Validate Page Next Clear Save Return

Validation Results List All Errors Save Overrides Hide

Error Message	Override	Goto Field	Popup
BR0114: Father's first name is invalid. Enter the Father's first name	<input type="checkbox"/>	Fix	Fix
BR0121: Father's last name is invalid. Enter the Father's last name	<input type="checkbox"/>	Fix	Fix
BR0125: Father's SSN cannot be left blank. Enter a valid value for Father's SSN.	<input type="checkbox"/>	Fix	Fix
BR0128: Father's Date of Birth is invalid. The Father's date of birth cannot be left blank.	<input type="checkbox"/>	Fix	Fix
BR0134: Father birthplace country cannot be left blank. Enter Father birthplace country.	<input type="checkbox"/>	Fix	Fix
BR0208: If mother is married father's items must be completed. Verify that all Father's data is complete.	<input type="checkbox"/>	Fix	Fix
BRC0008: Father Age cannot be left blank Enter valid Father Age	<input type="checkbox"/>	Fix	Fix

- After entering the required information, click **Validate Page** to verify the information you entered is validated by the system

## 46381 :Birth Testing OCT-06-2024

/Legal Invalid/Medical Invalid/Uncertified/Not Registered/**Hold**/Legal Pending/Medical Pending

### Father/Parent

#### Father's Name

First Middle Last Suffix  
Johnny [ ] Testing [ ]

 Copy Current Legal Name

#### Father/Parent's Name Before First Marriage

First Middle Last Suffix  
Johnny [ ] Testing [ ]

Date of Birth Age Social Security Number  
MAY-15-1999   25 000-00-0000  None  Unknown  
MMM-dd-yyyy

#### Residence Address

Same As Mother's Address

Street Number Pre Directional Street Name, Rural Route, etc. Street Designator Post Directional Apt #, Suite #, etc.  
[ ] [ ] [ ] [ ] [ ] [ ]  
Zip Code City or Town County State Country  
 [ ] [ ] [ ] [ ] [ ]

Inside City Limits

[ ]

#### Father Birthplace

Birthplace State Birthplace Country  
 Ohio United States

 Validate Page  Next  Clear  Save  Return

- Then, click **Next** to move to the next page, which is Father Attributes

[Return to Table of Contents](#)

## Guide 9: Father Attributes

- You will only have this page if the spouse is the legal parent
- Once you navigate to the **Father Attributes** Page, this is what you will see

**Birth Registration Menu**

46381 :Birth Testing OCT-06-2024  
/Legal Invalid/Medical Invalid/Uncertified/Not Registered/**Hold**/Legal Pending/Medical Pending

**Parent Information**

Child  
Mother/Parent  
Mother/Parent Address  
Mother/Parent's Attributes  
Mother Health  
Marital Status  
Father/Parent

**Father Attributes**

Informant

**Facility Information**

Place of Birth  
Prenatal  
Pregnancy Factors  
Labor  
Delivery  
Newborn  
Newborn Factors  
Attendant/Certifier

**Other Registries**

Birth Defects  
Hearing Screening  
Metabolic Screening

**Other Links**

✓ Assign Status  
Attachments  
Print Forms  
Comments

**Father Attributes**

Education

Education

Usual Occupation (do not use retired)

Kind of Business / Industry

**Ancestry**  
(Italian, African American, Haitian, Pakistani, Ukrainian, Nigerian, Taiwanese, etc)

**Hispanic Origin (Check all that apply)**

<input type="checkbox"/> No, not Spanish/Hispanic/Latino	<input type="checkbox"/> Yes, Puerto Rican	<input type="checkbox"/> Unknown
<input type="checkbox"/> Yes, Mexican, Mexican American, Chicano	<input type="checkbox"/> Yes, Cuban	<input type="checkbox"/> Yes, Other Spanish/Hispanic/Latino

**Which one or more of the following is your race? (Check all that apply)**

<input type="checkbox"/> White	<input type="checkbox"/> Japanese	<input type="checkbox"/> Guamanian or Chamorro
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Korean	<input type="checkbox"/> Samoan
<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Other Pacific Islander
<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Other Asian	<input type="checkbox"/> Other (Specify)
<input type="checkbox"/> Chinese	<input type="checkbox"/> Native Hawaiian	<input type="checkbox"/> Unknown
<input type="checkbox"/> Filipino		

- After entering the required information, click **Validate Page** to verify the information you entered is validated by the system

Father Attributes

Education

Education Bachelor's degree (e.g. BA, AB, BS) ▼

Usual Occupation  
(do not use retired)

Dispatcher

Kind of Business / Industry

Transportation

Ancestry

(Italian, African American, Haitian, Pakistani, Ukrainian, Nigerian, Taiwanese, etc)

Afro-American × American ×

Hispanic Origin (Check all that apply)

- No, not Spanish/Hispanic/Latino
- Yes, Mexican, Mexican American, Chicano
- Yes, Puerto Rican
- Yes, Cuban
- Unknown
- Yes, Other Spanish/Hispanic/Latino

Which one or more of the following is your race? (Check all that apply)

- White
- Black or African American
- American Indian or Alaska Native
- Asian Indian
- Chinese
- Filipino
- Japanese
- Korean
- Vietnamese
- Other Asian
- Native Hawaiian
- Guamanian or Chamorro
- Samoan
- Other Pacific Islander
- Other (Specify)
- Unknown

Validate Page → Next Clear Save Return

- Then, click **Next** to move to the next page, which is Informant

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## Guide 10: Informant

- Once you navigate to the **Informant** Page, this is what you will see

Birth Registration Menu	46381 :Birth Testing OCT-06-2024
Parent Information	/Legal Invalid/Medical Invalid/Uncertified/Not Registered/ <b>Hold</b> /Legal Pending/Medical Pending
Child	<b>Informant</b>
Mother/Parent	Relationship of Informant to Baby Other Specify
Mother/Parent Address	<input type="text"/> <input type="text"/>
Mother/Parent's Attributes	<hr/>
Mother Health	Informant Name
Marital Status	First Middle Last Suffix
Father/Parent	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Father Attributes	<input type="text"/>
<b>Informant</b>	<input type="button" value="Validate Page"/> <input type="button" value="Next"/> <input type="button" value="Clear"/> <input type="button" value="Save"/> <input type="button" value="Return"/>
Facility Information	
Place of Birth	
Prenatal	
Pregnancy Factors	
Labor	
Delivery	
Newborn	
Newborn Factors	
Attendant/Certifier	
Other Registries	
Birth Defects	
Hearing Screening	
Metabolic Screening	
Other Links	
✓ Assign Status	
Attachments	
Print Forms	
Comments	

- If you click **Validate Page** before entering any information, you will see the fields that must be completed and the error messages for each field at the bottom of the page

## 46381 :Birth Testing OCT-06-2024

/Legal Invalid/Medical Invalid/Uncertified/Not Registered/**Hold**/Legal Pending/Medical Pending

### Informant

Relationship of Informant to Baby Other Specify

Informant Name

First  Middle  Last  Suffix

### Validation Results

Error Message	Override	Goto Field	Popup
BR0166: Informant relationship cannot be left blank. Make a valid selection.		<input type="button" value="Fix"/>	<input type="button" value="Fix"/>
BR0170: Informants first name cannot be left blank. Enter a valid first name for the Informant.		<input type="button" value="Fix"/>	<input type="button" value="Fix"/>
BR0175: Informants last name cannot be left blank. Enter a valid last name for the Informant.		<input type="button" value="Fix"/>	<input type="button" value="Fix"/>

- After entering the required information, click **Validate Page** to verify the information you entered is validated by the system

## 46381 :Birth Testing OCT-06-2024

/Legal Valid with exceptions/Medical Invalid/Uncertified/Not Registered/**Hold**/Medical Pending

### Informant

Relationship of Informant to Baby Other Specify

Informant Name

First  Middle  Last  Suffix

- Then, click **Next** to move to the next section, which is Facility Information

[Return to Table of Contents](#)

## Guide 11: Place of Birth

- Once you navigate to the **Place of Birth** Page, this is what you will see

**Birth Registration Menu**

**Parent Information**

- Child
- Mother/Parent
- Mother/Parent Address
- Mother/Parent's Attributes
- Mother Health
- Marital Status
- Father/Parent
- Father Attributes
- Informant

**Facility Information**

**Place of Birth**

- Prenatal
- Pregnancy Factors
- Labor
- Delivery
- Newborn
- Newborn Factors
- Attendant/Certifier

**Other Registries**

- Birth Defects
- Hearing Screening
- Metabolic Screening

**Other Links**

- ✓ Assign Status
- Attachments
- Print Forms
- Comments

**46381 :Birth Testing OCT-06-2024**  
/Legal Valid with exceptions/Medical Invalid/Uncertified/Not Registered/Hold/Medical Pending

**Place of Birth**

Type of Place of Birth:  Other Specify:

Facility Name:  Facility NPI:

**Address**

Street Number:  Pre Directional:  Street Name or PO Box, Rural Route, etc.:  Street Designator:  Post Directional:  Apt #, Suite #, etc.:

Zip Code:  City or Town:  County:  State:  Country:

- The facility name and address will already be populated with the facility you are logged in with
- If you need to change the facility data, click the **Clear** Icon

Place of Birth

Type of Place of Birth: Hospital (dropdown) | Other Specify:

Facility Name: Boone Memorial Hospital | Facility NPI:

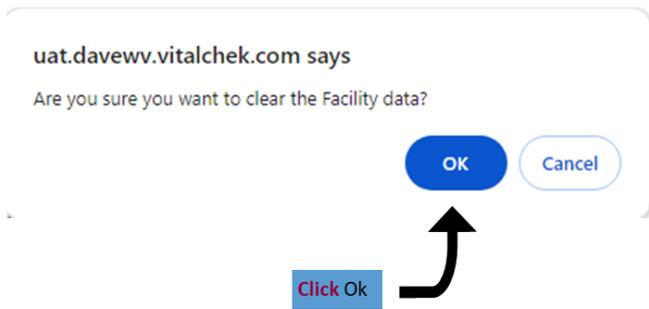
Address

Street Number	Pre Directional	Street Name or PO Box, Rural Route, etc.	Street Designator	Post Directional	Apt #, Suite #,etc.
456	(dropdown)	Some	Boulevard (dropdown)	(dropdown)	<input type="text"/>
Zip Code	City or Town	County	State	Country	
25130	Madison	Boone	West Virginia	United States	

Buttons: Validate Page, Next, Clear, Save, Return

Clear Icon

When you click the Clear Icon, this window will pop up



- Once the facility data is correct, click **Validate Page** to verify the information you entered is validated by the system

46381 :Birth Testing OCT-06-2024

/Legal Valid with exceptions/Medical Invalid/Uncertified/Not Registered/**Hold**/Medical Pending

Place of Birth

Type of Place of Birth: Hospital (dropdown) | Other Specify:

Facility Name: Boone Memorial Hospital | Facility NPI:

Address

Street Number	Pre Directional	Street Name or PO Box, Rural Route, etc.	Street Designator	Post Directional	Apt #, Suite #,etc.
456	(dropdown)	Some	Boulevard (dropdown)	(dropdown)	<input type="text"/>
Zip Code	City or Town	County	State	Country	
25130	Madison	Boone	West Virginia	United States	

Buttons: Validate Page, Next, Clear, Save, Return

- Then, click **Next** to move to the next page, which is Prenatal

[Return to Table of Contents](#)

## Guide 12: Prenatal

- Once you navigate to the **Prenatal** Page, this is what you will see

**Birth Registration Menu**

- Parent Information
  - Child
  - Mother/Parent
  - Mother/Parent Address
  - Mother/Parent's Attributes
  - Mother Health
  - Marital Status
  - Father/Parent
  - Father Attributes
  - Informant
- Facility Information
  - Place of Birth
- Prenatal**
- Pregnancy Factors
  - Labor
  - Delivery
  - Newborn
  - Newborn Factors
  - Attendant/Certifier
- Other Registries
  - Birth Defects
  - Hearing Screening
  - Metabolic Screening
- Other Links
  - ✓ Assign Status
  - Attachments
  - Print Forms
  - Comments

**46381 :Birth Testing OCT-06-2024**  
/Legal Valid with exceptions/Medical Invalid/Uncertified/Not Registered/**Hold**/Medical Pending

**Prenatal**

Mother Medical Record #  Mother Medicaid #  Principal Source of payment for this delivery  Other Specify

Date of Last Menses    
MMM-dd-yyyy

---

**Prenatal Care**

No Prenatal Care

Date of First Visit   Date of Last Visit   Total Number of Prenatal Visits

MMM-dd-yyyy MMM-dd-yyyy

---

**Total Number of Previous Live Births**

Number Now Living  Number Now Dead

Date of Last Live Birth    
MMM-dd-yyyy

---

**Total Number of other Pregnancy Outcomes (Spontaneous or Induced Terminations)**

Number of Other Pregnancy Outcomes  Date of Last Other Pregnancy Outcome    
MMM-dd-yyyy

- If you click **Validate Page** before entering any information, you will see the fields that must be completed and the error messages for each field at the bottom of the page

**Prenatal**

Mother Medical Record #  Mother Medicaid #  Principal Source of payment for this delivery  Other Specify

Date of Last Menses    
MMM-dd-yyyy

**Prenatal Care**

No Prenatal Care

Date of First Visit   Date of Last Visit   Total Number of Prenatal Visits   
MMM-dd-yyyy MMM-dd-yyyy

**Total Number of Previous Live Births**

Number Now Living  Number Now Dead   
Date of Last Live Birth    
MMM-dd-yyyy

**Total Number of other Pregnancy Outcomes (Spontaneous or Induced Terminations)**

Number of Other Pregnancy Outcomes  Date of Last Other Pregnancy Outcome    
MMM-dd-yyyy

**Validation Results**

Error Message	Override	Goto Field	Popup
BR0504: Number of prenatal visits cannot be left blank. Enter a valid value for number of prenatal visits		 Fix	 Fix
BR0507: Date of First Prenatal Visit cannot be left blank. Enter a valid Date for Date of First Prenatal Visit.		 Fix	 Fix
BR0509: Date of last prenatal visit cannot be left blank. Enter a valid date for Date of Last Prenatal Visit.		 Fix	 Fix
BR0517: Live Births Now Dead cannot be blank. Enter a valid value for Live Births Now Dead.		 Fix	 Fix
BR0524: The number other pregnancy outcomes is invalid. Enter a valid number for Other Pregnancy Outcomes.		 Fix	 Fix
BR0530: Principal source of payment cannot be left blank. Select a valid value for principal source of payment from the dropdown list.		 Fix	 Fix
BR0534: Date Last Normal Menses Began cannot be left blank. Enter a valid value for Date Last Normal Menses Began.		 Fix	 Fix
BR0732: Mother medical record number cannot be blank. Please enter the mother's medical record number.		 Fix	 Fix
BR1066: Live Births Now Living cannot be blank. Enter a valid value for Live Births Now Living.		 Fix	 Fix

- After entering the required information, click **Validate Page** to verify the information you entered is validated by the system
- Then, click **Next** to move to the next page, which is Pregnancy Factors

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## Guide 13: Pregnancy Factors

- Once you navigate to the **Pregnancy Factors** Page, this is what you will see

**Birth Registration Menu**

- Parent Information
  - Child
  - Mother/Parent
  - Mother/Parent Address
  - Mother/Parent's Attributes
  - Mother Health
  - Marital Status
  - Father/Parent
  - Father Attributes
  - Informant
- Facility Information
  - Place of Birth
  - Prenatal
- Pregnancy Factors**
- Labor
- Delivery
- Newborn
- Newborn Factors
- Attendant/Certifier

**Other Registries**

- Birth Defects
- Hearing Screening
- Metabolic Screening

**Other Links**

- Assign Status
- Attachments
- Print Forms
- Comments

**46381 :Birth Testing OCT-06-2024**  
/Legal Valid with exceptions/Medical Invalid/Uncertified/Not Registered/**Hold**/Medical Pending

**Pregnancy Factors**

**Risk Factors for this Pregnancy (Check all that apply)**

<input checked="" type="checkbox"/> Diabetes-Gestational	<input type="checkbox"/> Hypertension-HELLP	<input type="checkbox"/> Previous Poor Pregnancy Outcome
<input type="checkbox"/> Diabetes-Pre-pregnancy	<input type="checkbox"/> Heart Disease-Congenital Heart Disease	<input type="checkbox"/> Pregnancy Resulted From Infertility Treatment-Fertility-enhancing drugs
<input type="checkbox"/> Hypertension-Pre-pregnancy (Chronic)	<input type="checkbox"/> Heart Disease - Chronic Heart Disease	<input type="checkbox"/> Pregnancy Resulted From Infertility Treatment-Assisted Reproductive Technology
<input type="checkbox"/> Hypertension-Gestational	<input type="checkbox"/> Heart Disease-Pregnancy specific cardiac	<input type="checkbox"/> Known or reported maternal non-prescribed drug use during this pregnancy
<input type="checkbox"/> Hypertension-Eclampsia	<input type="checkbox"/> MAT treatment during pregnancy	<input type="checkbox"/> None Of The Above
<input type="checkbox"/> Hypertension-Pre-eclampsia	<input type="checkbox"/> Mother Had A Previous Cesarean Delivery	

**Infections Tested**

Mother Tested for Group B Strep?

Was mother tested for HBsAG?  If Yes, Results:

**Infections Present and / or Treated During this Pregnancy (Check all that apply)**

<input type="checkbox"/> Genital Herpes	<input type="checkbox"/> HIV	<input type="checkbox"/> Syphilis	<input type="checkbox"/> Hepatitis B	<input type="checkbox"/> HPV	<input type="checkbox"/> Other (Specify)	<input type="checkbox"/> None Of The Above
<input type="checkbox"/> Group B streptococcus	<input type="checkbox"/> Gonorrhea	<input type="checkbox"/> Chlamydia	<input type="checkbox"/> Hepatitis C	<input type="checkbox"/> Covid-19		

**Obstetric Procedures**

<input type="checkbox"/> Cervical cerclage	<input type="checkbox"/> External cephalic version-failed	<input type="checkbox"/> Amniocentesis conducted to assess chromosomal abnormalities
<input type="checkbox"/> Tocolysis	<input type="checkbox"/> Amniocentesis fetal monitoring	<input type="checkbox"/> None Of The Above
<input type="checkbox"/> External cephalic version-successful	<input type="checkbox"/> Amniocentesis to assess fetal lung maturity	

**Validate Page** **Next** **Clear** **Save** **Return**

- If you click **Validate Page** before entering any information, you will see the fields that must be completed and the error messages for each field at the bottom of the page

**Pregnancy Factors**

Risk Factors for this Pregnancy (Check all that apply)

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Diabetes-Gestational                 | <input type="checkbox"/> Hypertension-HELLP                       | <input type="checkbox"/> Previous Poor Pregnancy Outcome  |
| <input type="checkbox"/> Diabetes-Pre-pregnancy               | <input type="checkbox"/> Heart Disease-Congenital Heart Disease   | <input type="checkbox"/> Pregnancy Resulted From Infertility Treatment-Fertility-enhancing drugs        |
| <input type="checkbox"/> Hypertension-Pre-pregnancy (Chronic) | <input type="checkbox"/> Heart Disease - Chronic Heart Disease    | <input type="checkbox"/> Pregnancy Resulted From Infertility Treatment-Assisted Reproductive Technology |
| <input type="checkbox"/> Hypertension-Gestational             | <input type="checkbox"/> Heart Disease-Pregnancy specific cardiac | <input type="checkbox"/> Known or reported maternal non-prescribed drug use during this pregnancy       |
| <input type="checkbox"/> Hypertension-Eclampsia               | <input type="checkbox"/> MAT treatment during pregnancy           | <input type="checkbox"/> None Of The Above  |
| <input type="checkbox"/> Hypertension-Pre-eclampsia           | <input type="checkbox"/> Mother Had A Previous Cesarean Delivery  |   |

Infections Tested

Mother Tested for Group B Strep?   ▼

Was mother tested for HBsAG?   ▼ If Yes, Results:   ▼

Infections Present and / or Treated During this Pregnancy (Check all that apply)

- |  |                                    |                                    |                                      |                                   |  |  |
|--|------------------------------------|------------------------------------|--------------------------------------|-----------------------------------|--|--|
| <input type="checkbox"/> Genital Herpes        | <input type="checkbox"/> HIV       | <input type="checkbox"/> Syphilis  | <input type="checkbox"/> Hepatitis B | <input type="checkbox"/> HPV      | <input type="checkbox"/> Other (Specify) | <input type="checkbox"/> None Of The Above |
| <input type="checkbox"/> Group B streptococcus | <input type="checkbox"/> Gonorrhea | <input type="checkbox"/> Chlamydia | <input type="checkbox"/> Hepatitis C | <input type="checkbox"/> Covid-19 |  |  |

Obstetric Procedures

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Cervical cerclage                    | <input type="checkbox"/> External cephalic version-failed            | <input type="checkbox"/> Amniocentesis conducted to assess chromosomal abnormalities |
| <input type="checkbox"/> Tocolysis                            | <input type="checkbox"/> Amniocentesis fetal monitoring              | <input type="checkbox"/> None Of The Above   |
| <input type="checkbox"/> External cephalic version-successful | <input type="checkbox"/> Amniocentesis to assess fetal lung maturity |  |

Validation Results

Error Message	Override	Goto Field	Popup
BR0474: Risk Factors for this Pregnancy cannot be blank. Enter a valid value for Risk Factors for this Pregnancy.		<input type="button" value="Fix"/>	<input type="button" value="Fix"/>
BR0486: Obstetric procedures cannot be left blank Enter a valid value for obstetric procedures		<input type="button" value="Fix"/>	<input type="button" value="Fix"/>
BR0490: Infections present during this pregnancy entry cannot be blank. Enter a valid value for infections present during this pregnancy.		<input type="button" value="Fix"/>	<input type="button" value="Fix"/>
BR0651: Date of tested for Group B Strep cannot be null Enter a valid date of test		<input type="button" value="Fix"/>	<input type="button" value="Fix"/>
BR0031: Was mother tested for HBsAG? cannot be left blank Select a valid value for Was mother tested for HBsAG?	<input type="checkbox"/>	<input type="button" value="Fix"/>	<input type="button" value="Fix"/>

- After entering the required information, click **Validate Page** to verify the information you entered is validated by the system
- Then, click **Next** to move to the next page, which is Labor

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## Guide 14: Labor

- Once you navigate to the **Labor** Page, this is what you will see

Birth Registration Menu	46381 :Birth Testing OCT-06-2024
Parent Information	/Legal Valid with exceptions/Medical Invalid/Uncertified/Not Registered/ <b>Hold</b> /Medical Pending
Child	<b>Labor</b>
Mother/Parent	Onset of Labor (Check all that apply)
Mother/Parent Address	<input type="checkbox"/> Premature rupture of the membrane (prolonged, >=12 hours)
Mother/Parent's Attributes	<input type="checkbox"/> Prolonged labor (>=20 hours)
Mother Health	<input type="checkbox"/> Precipitous labor (<3 hours)
Marital Status	<input type="checkbox"/> None of the above
Father/Parent	Characteristics of Labor and Delivery (Check all that apply)
Father Attributes	<input type="checkbox"/> Induction of labor
Informant	<input type="checkbox"/> Augmentation of labor
Facility Information	<input type="checkbox"/> Non-vertex presentation
Place of Birth	<input type="checkbox"/> Steroids (glucocorticoids) for fetal lung maturation received by the mother prior to delivery
Prenatal	<input type="checkbox"/> Antibiotics received by the mother during labor
Pregnancy Factors	<input type="checkbox"/> Clinical chorioamnionitis diagnosed during labor or maternal temperature >=38C (100.4F)
<b>X Labor</b>	<input type="checkbox"/> Moderate/heavy meconium staining of the amniotic fluid
<b>X Delivery</b>	<input type="checkbox"/> Fetal intolerance of labor
<b>X Newborn</b>	<input type="checkbox"/> Epidural or spinal anesthesia during labor
<b>X Newborn Factors</b>	<input type="checkbox"/> Unknown
<b>X Attendant/Certifier</b>	<input type="checkbox"/> None of the above
Other Registries	<input type="button" value="Validate Page"/> <input type="button" value="Next"/> <input type="button" value="Clear"/> <input type="button" value="Save"/> <input type="button" value="Return"/>
Birth Defects	
Hearing Screening	
Metabolic Screening	
Other Links	
Assign Status	
Attachments	
Print Forms	
Comments	

- If you click **Validate Page** before entering any information, you will see the fields that must be completed and the error messages for each field at the bottom of the page

Labor

Onset of Labor (Check all that apply)

- Premature rupture of the membrane (prolonged, >=12 hours)
- Prolonged labor (>=20 hours)
- Precipitous labor (<3 hours)
- None of the above

Characteristics of Labor and Delivery (Check all that apply)

- Induction of labor
- Augmentation of labor
- Non-vertex presentation
- Steroids (glucosteroids) for fetal lung maturation received by the mother prior to delivery
- Antibiotics received by the mother during labor
- Clinical chorioamnionitis diagnosed during labor or maternal temperature >=38C (100.4F)
- Moderate/heavy meconium staining of the amniotic fluid
- Fetal intolerance of labor
- Epidural or spinal anesthesia during labor
- Unknown
- None of the above

Validation Results

Error Message	Override	Goto Field	Popup
BR0187: Onset of Labor is invalid; A valid selection must be made. Select None if no conditions apply or Unknown if unknown. Select a valid value on the screen for Onset of Labor.		<input type="button" value="Fix"/>	<input type="button" value="Fix"/>
BR0189: At least one selection must be made. Select Unknown if unknown or None of the Above if no conditions apply. Enter a valid value for characteristics of labor and/or delivery		<input type="button" value="Fix"/>	<input type="button" value="Fix"/>

- After entering the required information, click **Validate Page** to verify the information you entered is validated by the system
- Then, click **Next** to move to the next page, which is Delivery

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## Guide 15: Delivery

- Once you navigate to the **Delivery** Page, this is what you will see

**Birth Registration Menu**

46381 :Birth Testing OCT-06-2024

/Legal Valid with exceptions/Medical Invalid/Uncertified/Not Registered/**Hold**/Medical Pending

**Delivery**

**Method of Delivery**

Was Delivery with Forceps Attempted but Unsuccessful?

Was Delivery with Vacuum Extraction Attempted but Unsuccessful?

Fetal Presentation at Birth

Final Route and Method of Delivery

If Cesarean, was a Trial of Labor Attempted?

Was the Cesarean scheduled?  Other (Specified)

**Maternal Morbidity (Check all that apply)**

Maternal transfusion  Unplanned hysterectomy  Unknown at this time

Third or fourth degree perineal laceration  Admission to intensive care unit  None Of The Above

Ruptured uterus  Unplanned operating room procedure following delivery

Mother Transferred for maternal medical or fetal indication prior to delivery

Infant Transferred within 24 hours of delivery

- If you click **Validate Page** before entering any information, you will see the fields that must be completed and the error messages for each field at the bottom of the page

Delivery

Method of Delivery

Was Delivery with Forceps Attempted but Unsuccessful?

Was Delivery with Vacuum Extraction Attempted but Unsuccessful?

Fetal Presentation at Birth

Final Route and Method of Delivery

If Cesarean, was a Trial of Labor Attempted?

Was the Cesarean scheduled?  Other (Specified)

Maternal Morbidity (Check all that apply)

Maternal transfusion       Unplanned hysterectomy       Unknown at this time

Third or fourth degree perineal laceration       Admission to intensive care unit       None Of The Above

Ruptured uterus       Unplanned operating room procedure following delivery

Mother Transferred for maternal medical or fetal indication prior to delivery

Infant Transferred within 24 hours of delivery

Validation Results

Error Message	Override	Goto Field	Popup
BR0092: Delivery with forceps attempted cannot be left blank. Enter a valid value for delivery with forceps attempted.		<input type="button" value="Fix"/>	<input type="button" value="Fix"/>
BR0094: Vacuum extraction attempted entry cannot be blank. Enter a valid value for delivery with vacuum extraction attempted.		<input type="button" value="Fix"/>	<input type="button" value="Fix"/>
BR0096: Fetal Presentation at Birth entry cannot be blank. Enter a valid value for Fetal Presentation at Birth.		<input type="button" value="Fix"/>	<input type="button" value="Fix"/>
BR0097: Method of Delivery entry cannot be blank. Enter a valid value for Method of Delivery.		<input type="button" value="Fix"/>	<input type="button" value="Fix"/>
BR0099: Maternal morbidity entry cannot be blank. Enter a valid value for Maternal morbidity.		<input type="button" value="Fix"/>	<input type="button" value="Fix"/>
BR0417: Mother Transferred prior to delivery cannot be left blank. Enter a valid value for Mother transferred prior to delivery.		<input type="button" value="Fix"/>	<input type="button" value="Fix"/>
BR0426: Child Transferred must be Yes, No, or Unknown; it cannot be blank. Enter a valid value for Child Transferred.		<input type="button" value="Fix"/>	<input type="button" value="Fix"/>

- After entering the required information, click **Validate Page** to verify the information you entered is validated by the system
- Then, click **Next** to move to the next page, which is Newborn

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## Guide 16: Newborn

- Once you navigate to the **Newborn** Page, you will see this

### 47384 :Birth Test OCT-29-2024

/New Event/New Event/Uncertified/Not Registered

#### Newborn

Medical Record Number  Newborn Screening Card Number

Infant Birth Weight   Pounds / Ounces  Grams  APGAR Score 5 Minutes  10 Minutes

Obstetric Estimate of Gestation(weeks)

Plurality

Birth Order

If not single birth, number of infants in this delivery born alive

Was an appropriate solution/ointment placed in eyes?  Other Specify

Is infant living at time of report?

Is infant being breastfed at discharge?

#### Mother's Syphilis Test

Was a serologic test for syphilis performed on the mother during pregnancy?

If yes, Date Performed



MMM-dd-yyyy

Laboratory

If Yes, Name of Test

- RPR - Rapid Plasma Reagin
- VDRL - Venereal Disease Research Laboratory
- STS - Serologic Test for Syphilis
- EIA - Enzyme Immunoassay Test for anti-Treponemal IgG
- Unknown

If No, Why Not?

---

### Child's Hepatitis B Vaccine

Was the infant given Hepatitis B Vaccine?

If Yes, Date Given

  
MMM-dd-yyyy

If Yes, Manufacturer Brand

- Merck
- Glaxo Smith Kline
- Other Specify

If Yes, Lot Number

If Yes, VIS Edition Date:

  
MMM-dd-yyyy

---

### Child's Hepatitis B Immune Globulin (HBIG)

Immunization Date

  
MMM-dd-yyyy

Manufacturer

- Talecris
- Cangene
- BioTest
- Other (Specify)
- Unknown

Lot Number:

 Validate Page

 Next

 Clear

 Save

 Return

Note: There are many required fields on the **Newborn** Page, please be as accurate as possible when entering data on this page

- Reminder - APGAR Scoring Chart

## APGAR Scoring Chart

National Library of Medicine

	0 Points	1 Point	2 Points	
<b>A</b> Appearance (skin color)	The body is blue or pale in color	Pink body with blue or pale extremities	Pink body all over	
<b>P</b> Pulse (Heart Rate)	No pulse	<100 bpm	>100 bpm	
<b>G</b> Grimace (Reflex Irritability)	No response to stimulation	Some grimacing to stimulation	Coughing, sneezing, crying to stimulation	
<b>A</b> Activity (Muscle Tone)	No movement	Some tone and flexion	Active motion with a flexed muscle tone that resists extension	
<b>R</b> Respiration (Breathing Effort)	No breathing	Slow and irregular, weak, or gasping respirations	Crying vigorously with normal breathing	<b>TOTAL</b>
<b>SCORE</b>				

- After entering the required information, click **Validate Page** to verify the information you entered is validated by the system
- Then, click **Next** to move to the next page, which is Newborn Factors

[Return to Table of Contents](#)

## Guide 17: Newborn Factors

- Once you navigate to the **Newborn Factors** Page, this is what you will see

Birth Registration Menu	
Parent Information	
Child	
Mother/Parent	
Mother/Parent Address	
Mother/Parent's Attributes	
Mother Health	
Marital Status	
Father/Parent	
Father Attributes	
Informant	
Facility Information	
Place of Birth	
Prenatal	
Pregnancy Factors	
Labor	
Delivery	
Newborn	
Newborn Factors	
Attendant/Certifier	
Other Registries	
Birth Defects	
Hearing Screening	
Metabolic Screening	
Other Links	
✓ Assign Status	
Attachments	
Print Forms	
Comments	

46381 :Birth Testing OCT-06-2024  
/Legal Valid with exceptions/Medical Invalid/Uncertified/Not Registered/**Hold**/Medical Pending

**Newborn Factors**

Abnormal Conditions of the Newborn (Check all that apply)

<input type="checkbox"/> Assisted ventilation required immediately after delivery	<input type="checkbox"/> Seizure or serious neurologic dysfunction
<input type="checkbox"/> Assisted ventilation required for more than 6 hours	<input type="checkbox"/> Significant birth injury
<input type="checkbox"/> NICU admission	<input type="checkbox"/> Neonatal Abstinence Syndrome (NAS)
<input type="checkbox"/> Newborn given surfactant replacement therapy	<input type="checkbox"/> None of the above
<input type="checkbox"/> Antibiotics received by the newborn for suspected neonatal sepsis	

Congenital Anomalies (Check all that apply)

<input type="checkbox"/> Anencephaly	<input type="checkbox"/> Gastroschisis
<input type="checkbox"/> Microcephaly	<input type="checkbox"/> Hypospadias
<input type="checkbox"/> Meningomyelocele/spina bifida	<input type="checkbox"/> Down Syndrome karyotype Confirmed
<input type="checkbox"/> Cyanotic congenital heart disease	<input type="checkbox"/> Down Syndrome karyotype Pending
<input type="checkbox"/> Congenital diaphragmatic hernia	<input type="checkbox"/> Down Syndrome karyotype Unknown
<input type="checkbox"/> Limb reduction defect (excluding congenital amputation and dwarfing syndromes)	<input type="checkbox"/> Suspected chromosomal disorder karyotype Confirmed
<input type="checkbox"/> Cleft lip with or without cleft palate	<input type="checkbox"/> Suspected chromosomal disorder karyotype Pending
<input type="checkbox"/> Cleft palate alone	<input type="checkbox"/> Suspected chromosomal disorder karyotype Unknown
<input type="checkbox"/> Omphalocele	<input type="checkbox"/> None of the anomalies listed above

[Validate Page](#) [Next](#) [Clear](#) [Save](#) [Return](#)

- If you click **Validate Page** before entering any information, you will see the fields that must be completed and the error messages for each field at the bottom of the page

**Newborn Factors**

**Abnormal Conditions of the Newborn (Check all that apply)**

- Assisted ventilation required immediately after delivery
- Assisted ventilation required for more than 6 hours
- NICU admission
- Newborn given surfactant replacement therapy
- Antibiotics received by the newborn for suspected neonatal sepsis
- Seizure or serious neurologic dysfunction
- Significant birth injury
- Neonatal Abstinence Syndrome (NAS)
- None of the above

**Congenital Anomalies (Check all that apply)**

- Anencephaly
- Microcephaly
- Meningomyelocele/spina bifida
- Cyanotic congenital heart disease
- Congenital diaphragmatic hernia
- Limb reduction defect (excluding congenital amputation and dwarfing syndromes)
- Cleft lip with or without cleft palate
- Cleft palate alone
- Omphalocele
- Gastroschisis
- Hypospadias
- Down Syndrome karyotype Confirmed
- Down Syndrome karyotype Pending
- Down Syndrome karyotype Unknown
- Suspected chromosomal disorder karyotype Confirmed
- Suspected chromosomal disorder karyotype Pending
- Suspected chromosomal disorder karyotype Unknown
- None of the anomalies listed above

Validation Results

Error Message	Override	Goto Field	Popup
BR0407: Abnormal Conditions of the Newborn cannot be blank. Enter a valid value for Abnormal Conditions of the Newborn.		<input type="button" value="Fix"/>	<input type="button" value="Fix"/>
BR0412: Congenital Anomalies of the Child cannot be left blank. Enter a valid value for Congenital Anomalies of the Child.		<input type="button" value="Fix"/>	<input type="button" value="Fix"/>

- If there were no conditions or anomalies, select **None of the above** or **None of the anomalies above**
- After entering the required information, click **Validate Page** to verify the information you entered is validated by the system
- Next you will need to sign/certify the case

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# Guide 18: Certifying/Signing a Birth Case

- Once you have completed a case, click on the **Attendant/Certifier** Page Link by going to: **Death Registration Menu** → **Medical Certification** → **Attendant/Certifier**



- After clicking the **Attendant/Certifier** Page you will see this page

**Birth Registration Menu**

- Parent Information
  - Child
  - Mother/Parent
  - Mother/Parent Address
  - Mother/Parent's Attributes
  - Mother Health
  - Marital Status
  - Father/Parent
  - Father Attributes
  - Informant
- Facility Information**
  - Place of Birth
  - Prenatal
  - Pregnancy Factors
  - Labor
  - Delivery
  - Newborn
  - Newborn Factors
- Attendant/Certifier**
- Other Registries**
  - Birth Defects
  - Hearing Screening
  - Metabolic Screening
- Other Links**
  - ✓ Assign Status
  - Attachments
  - Print Forms
  - Comments

**46381 :Birth Testing OCT-06-2024**  
/Legal Valid with exceptions/Medical Invalid/Uncertified/Not Registered/**Hold**/Medical Pending

**Attendant/Certifier**

**Attendant at Birth**

Attendant's Name  
First Middle Last Suffix

Attendant's Title Other Specify

Attendant NPI

Address  
Edit Attendant Address

Street Number Pre Directional Street Name or PO Box, Rural Route, etc. Street Designator Post Directional Apt #, Suite #, etc

Zip Code City or Town State Country

**Certifier**

Same As Attendant

Certifier's Name  
First Middle Last Suffix

Certifier's Title Other Specify

Certifier NPI Date Certified

12345679

Validate Page Clear Save Return

- If you started the case as the **Medical Certifier**, your information will automatically be populated in the certifier section

Certifier  

Same As Attendant

Certifier's Name

First Middle Last Suffix

Medical   Certifier

Certifier's Title Other Specify

Doctor of Medicine

Certifier NPI Date Certified

12345679  

MMM-dd-yyyy

- You can use the **Magnifying Glass** Icon to search for and add the attendant

Click the **Magnifying Glass** Icon to bring up a search window

46381 :Birth Testing OCT-06-2024  
 /Legal Valid with exceptions/Medical Invalid/Uncertified/Not Registered/**Hold**/Medical Pending

Attendant/Certifier  

Attendant at Birth

Attendant's Name

First Middle Last Suffix

Attendant's Title Other Specify

Attendant NPI

Address

Edit Attendant Address

Street Number Pre Directional Street Name or PO Box, Rural Route, etc. Street Designator Post Directional Apt #, Suite #, etc

Zip Code City or Town State Country

United States

- Clicking the **Magnifying Glass** Icon will bring up this search window

Lookup Attendant X

---

Last Name  First Name  Search

Cancel

- You can enter part of the Medical Certifier's name and the percent sign (%) and click **Search**

Lookup Attendant X

---

Last Name  First Name  Search

License Number	Last Name	Suffix	First Name	Middle Name	Street Number	Street Name	
MD1234	Doctor		Medical		501	Morris	select
<b>Total Records : 1</b>							

Cancel

% = a wild card  
In this example, anyone whose last name begins with "doc" will show up in this search

Click **Select** beside the correct Medical Certifier to choose them

- After you click **Select**, that attendant's information will populate in the fields under **Attendant at Birth**

## Attendant/Certifier

Attendant at Birth  

Attendant's Name

First Middle Last Suffix

Medical   Doctor

Attendant's Title Other Specify

Doctor of Medicine

Attendant NPI

Address

Edit Attendant Address

Street Number Directional Street Name or PO Box, Rural Route, etc. Street Designator Post Directional Apt #, Suite #, etc

501  Morris  Street

Zip Code City or Town State Country

25301 Charleston  West Virginia  United States

- Next, click **Validate Page** to verify the information you entered is validated by the system
- If there are no errors, a **Certify** Page will appear under Facility Information in the Birth Registration Menu
- Click on the **Certify** Page



- After clicking the **Certify** Page, you will see this

## 46381 :Birth Testing OCT-06-2024

/Legal Valid with exceptions/Medical Valid/Uncertified/Not Registered/**Hold**/Birth Certification Required

### Affirmations

Affirm the following:

certify that this child was born alive at the place and time and on the date stated.

Affirm

Clear

Return

- Click the **Checkbox** and click the **Affirm** Button to sign the case

## 46381 :Birth Testing OCT-06-2024

/Legal Valid with exceptions/Medical Valid/Uncertified/Not Registered/**Hold**/Birth Certification Required

### Affirmations

Affirm the following:

certify that this child was born alive at the place and time and on the date stated.

Click the **Checkbox**

Affirm

Clear

Return

Then click **Affirm**

- You will see this screen after affirming the case

## 46388 :Birth Test OCT-22-2024

/Legal Valid/Medical Valid/Certified/Not Registered/**Hold**/Registration Approval Required/Legal Pending/AOP Pending Completion

### Affirmations

Authentication successful.

Clear

Return

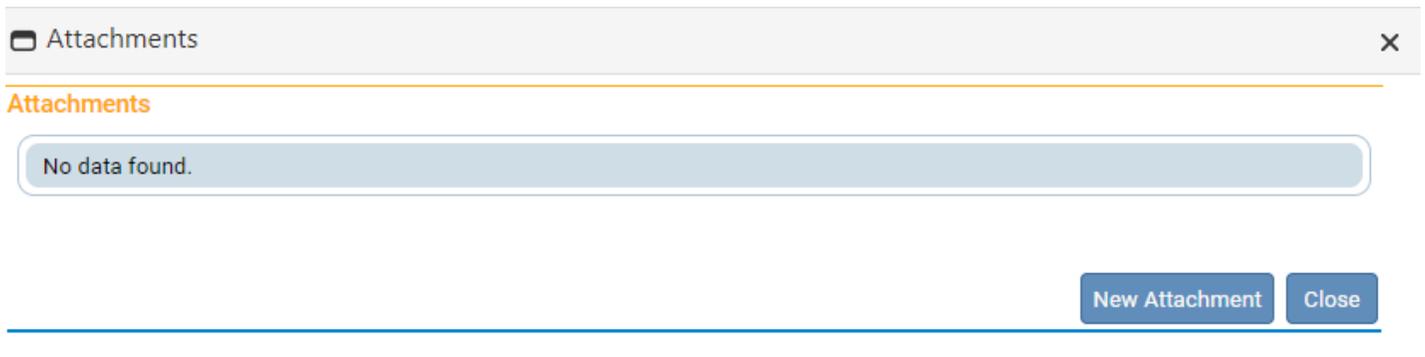
[Return to Table of Contents](#)

### 1) Submitting a Paternity Affidavit as an Attachment

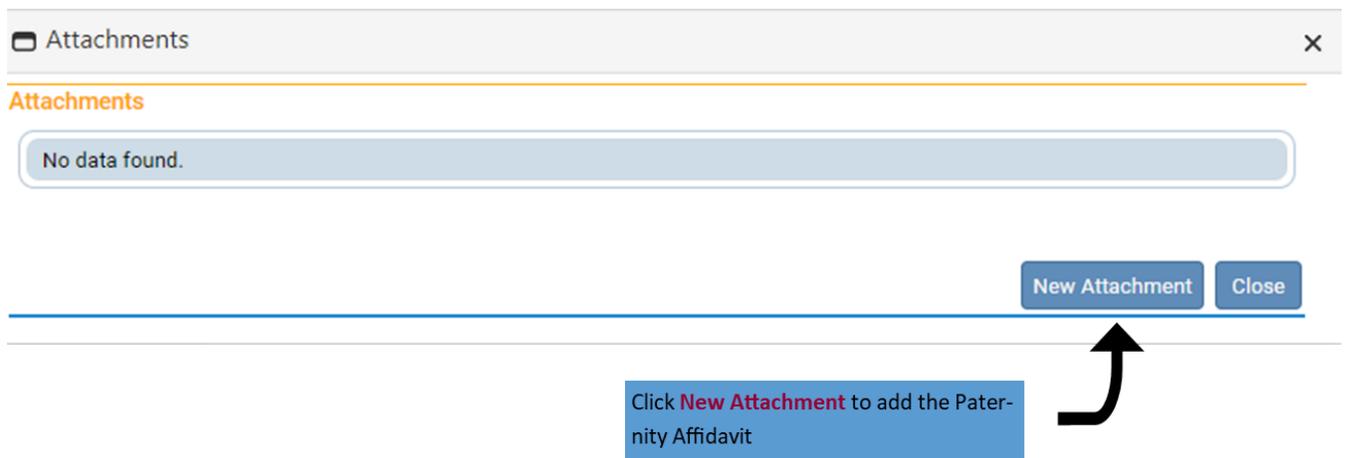
- To submit a **Paternity Affidavit** before a case has been registered, go to the appropriate case and click the **Attachments** Page under the **Other Links** Section



- Clicking the **Amendment List** Page will bring you to this screen



- Click **New Attachment** Button to add the **Paternity Affidavit**



If another Paternity Affidavit exists, the most recent Paternity Affidavit will be the one that WV DAVE will recognize and pull

- Clicking **New Attachment** will bring up this screen

For **Attachment Type** select **Paternity Affidavit**

Click **Choose File** to upload the **Paternity Affidavit** from your computer

Once you have selected Paternity Affidavit for the Attachment Type and chosen the file to upload, click **Save**

- After clicking **Save**, you will see the **Paternity Affidavit** has been added

Attachment Name	Date Acquired	Attachment Type
BirthPaternityAffidavit.pdf	10/23/2024 12:44:42 PM	Paternity Affidavit

Total Records : 1

## 2) Submitting a Paternity Affidavit as an Amendment after a case has been registered

- To submit a **Paternity Affidavit** after a case has been registered without Father's information having been entered, go to the appropriate case and click the **Amendment List** Page under the **Registrar Information** Section
  - The **Registrar Information** Section will appear once the case is registered

**Birth Registration Menu** 46385 2024000012 :New Birth OCT-21-2024  
 /Legal Valid/Medical Valid/Certified/Registered/**Hold**/Plural Delivery Linkage Required

**Child**

Mother/Parent  
 Mother/Parent Address  
 Mother/Parent's Attributes  
 Mother Health  
 Marital Status  
 Father/Parent  
 Father Attributes  
 Informant

**Facility Information**  
 Place of Birth  
 Prenatal  
 Pregnancy Factors  
 Labor  
 Delivery  
 Newborn  
 Newborn Factors  
 Attendant/Certifier

**Registrar Information**  
 Amendment List

**Other Registries**  
 Birth Defects  
 Hearing Screening  
 Metabolic Screening

**Other Links**  
 Amendments  
 ✓ Assign Status  
 Attachments  
 Print Forms  
 Comments  
 Link Plural Delivery

**Child's Name**  
 First: New Middle: Last: Birth Suffix:

Date of Birth: OCT-21-2024 Time of Birth: 12 : 15 PM Sex: Female Gender: Female Child SSN: 000-00-0000

Request SSN for Child: No, parent does not want a card issued Is infant a safe haven/foundling baby? No

Is Adoption/Legal proceeding expected? No Is child in DHHR Custody? No

Is this a Surrogate Pregnancy? No

Validate Page Next Clear Save Return

Amendment List Page



- Clicking the **Amendment List** Page will bring you to this screen

46385 2024000012 :New Birth OCT-21-2024  
 /Legal Valid/Medical Valid/Certified/Registered/**Hold**/Plural Delivery Linkage Required

**Amendment List**

\_\_\_\_\_

New Amendment Return

- Click **New Amendment** and you will be brought to this screen

46385 2024000012 :New Birth OCT-21-2024  
 /Legal Valid/Medical Valid/Certified/Registered/**Hold**/Plural Delivery Linkage Required

**Amendment Page**

Type: [Dropdown] Amendment Date: \_\_\_\_\_  
 Year: \_\_\_\_\_ Amendment Number: \_\_\_\_\_  
 Order Number: [Text] Description: [Text Area]

Amendment Status: \_\_\_\_\_

Save Clear Return

- Here you will need to select the **Amendment Type**
  - For Paternity Affidavits you would select **Paternity**
  -

## Amendment Page

Type	<input type="text" value="Paternity"/>
Year	
Order Number	
Amendment Status	

Administrative Error - Birth

Adoption

**Paternity**

Special Court Order

- After selecting **Paternity**, click **Save** and you will be able to amend fields related to paternity and the father

46381 2024000013 :Birth Testing OCT-06-2024 Amendment Exists

/Legal Valid/Medical Valid/Certified/Registered/**Hold**

### Amendment Page

Type	<input type="text" value="Paternity"/>	Amendment Date	<input type="text" value="OCT-29-2024"/>
Year	2024	Amendment Number	6284
Order Number	<input type="text"/>	Description	<input type="text"/>
Amendment Status	Keyed (Requires Affirmation)		

### Paternity

#### Current Case

File Number: 2024000013

Child's Name: Birth Testing  
Sex: Female  
Place of Birth: Madison West Virginia United States

Mother's Current Legal Name: Sue Testing  
Mother's Name Before First Marriage: Sue Smith  
Mother's Birthplace: West Virginia United States

Father's Name: Johnny Testing  
Father's Birthplace: Ohio United States  
Father's Education: Bachelor's degree (e.g. BA, AB, BS)  
Father's Hispanic Origin: No, not Spanish/Hispanic/Latino

Date of Birth: OCT-06-2024  
Facility: Boone Memorial Hospital

Mother's Date of Birth: NOV-15-1995  
Mother's Age: 28

Father's Date of Birth: MAY-15-1999  
Father's Age: 25  
Father's Race: White, Black or African American

### New Record

#### Child

Child's Name

Last	Suffix
<input type="text" value="Testing"/>	<input type="text"/>

## Father/Parent

### Father's Name

First Middle Last Suffix  
Johnny [ ] Testing [ ]

 Copy Current Legal Name

### Father/Parent's Name Before First Marriage

First Middle Last Suffix  
Johnny [ ] Testing [ ]

Date of Birth Age Social Security Number  
MAY-15-1999   25 000-00-0000  None  Unknown  
MMM-dd-yyyy

### Residence Address

Same As Mother's Address

Street Number Pre Directional Street Name, Rural Route, etc. Street Designator Post Directional Apt #, Suite #, etc.  
[ ] [ v ] [ ] [ ] [ ] [ ]  
Zip Code City or Town County State Country  
 [ ] [ ] [ ] [ ] [ ]

Inside City Limits

[ v ]

### Father Birthplace

Birthplace State Birthplace Country  
 Ohio United States

## Father Attributes

### Education

Education Bachelor's degree (e.g. BA, AB, BS) [ v ]

Usual Occupation  
(do not use retired)

Dispatcher

Kind of Business / Industry

Transportation

### Ancestry

(Italian, African American, Haitian, Pakistani, Ukrainian, Nigerian, Taiwanese, etc)

Afro-American x American x

### Hispanic Origin (Check all that apply)

- No, not Spanish/Hispanic/Latino  Yes, Puerto Rican  Unknown  
 Yes, Mexican, Mexican American, Chicano  Yes, Cuban  Yes, Other Spanish/Hispanic/Latino

### Which one or more of the following is your race? (Check all that apply)

- White  Japanese  Guamanian or Chamorro  
 Black or African American  Korean  Samoan  
 American Indian or Alaska Native  Vietnamese  Other Pacific Islander  
 Asian Indian  Other Asian  Other (Specify)  
 Chinese  Native Hawaiian  Unknown  
 Filipino

## Marital Status

### Paternity Information

Has a Declaration of Paternity Affidavit been completed?

Not Applicable ▾

Has a voluntary Denial of Paternity form been provided to the mother?

▾

## Informant

Relationship of Informant to Baby Other Specify

Mother ▾

Informant Name

First

Mother

Middle

Last

Testing

Suffix

Cancel Amendment

Validate Amendment

Save

Clear

Return

- After entering all of the necessary information, click **Validate Amendment**
- Then you will be brought to this page to Affirm the amendment

46381 2024000013 :Birth Testing OCT-06-2024

/Legal Valid/Medical Valid/Certified/Registered/**Hold**

### Affirmations

Affirm the following:

The original facts for the amended items were incorrectly stated at the time of death. I affirm that the amendment(s) requested is/are supported by documentation and will change the original record to reflect the true facts

Click the **Checkbox**

Affirm

Clear

Return

Then click **Affirm**

- Once you have clicked **Affirm**, you will see this screen

### Amendments Menu

Amendment

Amendment Affirmation

46381 2024000013 :Birth Testing OCT-06-2024 Amendment Exists

/Legal Valid/Medical Valid/Certified/Registered/**Hold**

### Affirmations

Authentication successful.

Clear

Return

## Notes

If you entered the father's information correctly, certified the case, and it has been registered, you can upload the Paternity Affidavit under attachments without needing to submit an amendment

An amendment is only needed if the father's information needs changed or added

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## Guide 20: Linking a Plural Birth

- When you enter the first birth for a plural birth you will need to select the plurality on the **Newborn** Page

46385 :New Birth OCT-21-2024

/Legal Valid/Medical Invalid/Uncertified/Not Registered/**Hold**/Medical Pending

### Newborn

Medical Record Number  Newborn Screening Card Number

Infant Birth Weight Pounds / Ounces   Grams  APGAR Score 5 Minutes  10 Minutes

Obstetric Estimate of Gestation(weeks)

**Plurality**

Birth Order

If not single birth, number of infants in the birth

Was an appropriate solution/ointment placed on the infant's eyes?

Is infant living at time of report?

Is infant being breastfed at discharge?

Unknown  
Single  
Twin  
Triplet  
Quadruplet  
Quintuplet  
Sextuplet  
Septuplet  
Octuplet

Other Specify

- After you certify the first plural birth, click on **Link Plural Delivery** Page in the **Other Links** Section under the **Birth Registration Menu**



## Link Plural Delivery

Linkage Id

Event Type ▶

Child's Name

First

Middle

▶ Last

Suffix

▶ Date of Birth ▶

  
MMM-dd-yyyy

Time of Birth

:

▶

Sex ▶

Mother's Name Before First Marriage

Last

Search

- Enter the information for the other delivery in the plural birth
- For **Event Type** select either **Birth** or **Fetal Death**

## Link Plural Delivery

Linkage Id

Event Type ▶

  
Birth  
Fetal death

Child's Name

First

d

- WV DAVE will search for any cases that match the criteria you enter

## Link Plural Delivery Search Results

Linkage Id

There are no cases that match the criteria you have entered. If this is a new case, select the Start New Case button or select the New Search button to perform a new search.

### Current Case

Linkage Id:

Case Id: 46385

Child Name: New Birth

Date/Time of Birth: OCT-21-2024 12:15 PM

Sex: Female

City or Town of Birth: Madison

County of Birth: Boone

Facility of Birth: Boone Memorial Hospital

Mother's Current Legal Name: Mary Smith

Mother's Name Before First Marriage: Mary Jones

Mother's Date of Birth: FEB-04-1999

Mother's Birthplace: West Virginia

Father's Current Legal Name: John Smith

Father's Date of Birth: NOV-03-2000

Father's Birthplace: Ohio

Status: /Legal Valid/Medical Valid/Certified/Not Registered/**Hold**/Plural Delivery Linkage Required/Registration Approval Required

New Search

Start New Case

- If a case isn't found matching the criteria you entered, click **Start New Case**
- Clicking **Start New Case** will bring you to this page

## Link Plural Delivery

Linkage Id	Case Id	SFN	Name	Sex	Date of Birth	Time of Birth	Birth Order	Compare	Unlink
14	46385		Birth, New	Female	OCT-21-2024	12:15 PM	First	Compare	Unlink
14	46386		Birth, Second	Male	OCT-22-2024	12:18 PM		Compare	Unlink

Total Records : 2

If you have accidentally linked two cases, click **Unlink** to unlink them

Clicking **Compare** will allow you to see a preview of each case to ensure they should be linked

### Current Case

Linkage Id: 14

Case Id: 46385

Child Name: New Birth

Date/Time of Birth: OCT-21-2024 12:15 PM

Sex: Female

City or Town of Birth: Madison

County of Birth: Boone

Facility of Birth: Boone Memorial Hospital

Mother's Current Legal Name: Mary Smith

Mother's Name Before First Marriage: Mary Jones

Mother's Date of Birth: FEB-04-1999

Mother's Birthplace: West Virginia

Father's Current Legal Name: John Smith

Father's Date of Birth: NOV-03-2000

Father's Birthplace: Ohio

Status: /Legal Valid/Medical Valid/Certified/Not Registered/**Hold**/Plural Delivery Linkage Required/Registration Approval Required

Link New Case

### Validation Results

List Page Errors

Save Overrides

Hide

### Error Message

Override Goto Field Popup

BR0613: There are too few cases linked to the current case based on the number of plurals entered. Please link one or more other records or update the plurality entered for the case



- When you click **Compare** you will see a preview of the linked cases



**Birth Registration Menu** 46386 :Second Birth OCT-22-2024  
 /Legal Invalid/Medical Invalid/Uncertified/Not Registered/**Hold**/Legal Pending/Medical Pending

**Parent Information**

- Child
- Mother/Parent
- Mother/Parent Address
- Mother/Parent's Attributes
- Mother Health
- Marital Status
- Father/Parent
- Father Attributes
- Informant

**Facility Information**

- Place of Birth
- Prenatal
- Pregnancy Factors
- Labor
- Delivery
- Newborn
- Newborn Factors
- Attendant/Certifier

**Other Registries**

- Birth Defects
- Hearing Screening
- Metabolic Screening

**Other Links**

- Assign Status
- Attachments
- Print Forms
- Comments

**Child**

Child's Name  
 First:  Middle:  Last:  Suffix:

Date of Birth:  Time of Birth: :   Sex:  Gender:  Child SSN:

Request SSN for Child:  Is infant a safe haven/founding baby?

Is Adoption/Legal proceeding expected?  Is child in DHHR Custody?

Is this a Surrogate Pregnancy?

- Some of the information you entered for the first case will automatically populate in the second case

Green check marks indicate those pages are complete.

You will only need to enter information on the pages with a red X

However, you should review all pages for accuracy prior to certifying the case

**Birth Registration Menu**

**Parent Information**

- Child
- Mother/Parent
- Mother/Parent Address
- Mother/Parent's Attributes
- Mother Health
- Marital Status
- Father/Parent
- Father Attributes
- Informant

**Facility Information**

- Place of Birth
- Prenatal
- Pregnancy Factors
- Labor
- Delivery
- Newborn
- Newborn Factors
- Attendant/Certifier

- After entering the required information, click **Validate Page** to verify the information you entered is validated by the system
- If there are no errors, certify the case as you did the first case in the plural birth

---

## Notes

Since this is a twin delivery, in the second case you would select **2** for **Number Now Living** with the date of delivery for the plural birth as the Date of Last Live Birth (See example below)

### Total Number of Previous Live Births

Number Now Living

Number Now Dead

Date of Last Live Birth



MMM-dd-yyyy

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### 1) Making Changes to a Case

- If a case has not been registered, you can make a change without submitting an amendment
  - If the case doesn't have a **State File Number (SFN)** when you look up a case, that means it is not registered

State File Number (SFN) means a case is registered by the State Office

Birth Search Results

Case Id	SFN	Child's Name ^	Date of Birth	Sex	Place of Birth	Preview
45159		Test, Test	DEC-15-2023	Male		Preview
45190	2023000053	Test, Test	DEC-26-2023	Male	Boone	Preview
45301		test, test	MAY-01-2024	Male	Boone	Preview
45020	2023000003	Test, Test	JUN-04-2023	Male	Boone	Preview
44953		Test, Test	JUL-07-2023	Male	Clackamas	Preview
44970		Test, Test	JUL-19-2023	Male	Kanawha	Preview
44974		Test, Test	JUL-19-2023	Male	Kanawha	Preview
44984		Test, Test Test	JUL-25-2023	Female	Jefferson	Preview
44985		test, test test	JUL-25-2023	Female	Monongalia	Preview
44987		test, test test	JUL-26-2023	Female	Monongalia	Preview

These cases are registered

First 1 2 3 4 Last Total Records : 32

New Search

- The **SFN** is also located at the top of a case, and you can tell by the **Status Bar** whether a case is registered or not

State File Number (SFN)

Status Bar

46381 2024000013 :Birth Testing OCT-06-2024  
/Legal Valid/Medical Valid/Certified/Registered Hold

- If you haven't certified/signed a case, you can make any changes (a case can't be registered until you have certified/signed the case)
- Once you have certified/signed a case, you will need to **Unaffirm** the case to make changes to the case
  - To **Unaffirm** a case, go to the appropriate case, and click on the **Certify** Page

Click the **Certify** Page →

Facility Information	
✓	Place of Birth
✓	Prenatal
✓	Pregnancy Factors
✓	Labor
✓	Delivery
✓	Newborn
✓	Newborn Factors
✓	Attendant/Certifier
✓	<b>Certify</b>

- Clicking on the **Certify** Page, will bring you to this page

46386 :Second Birth OCT-20-2024  
 /Legal Valid/Medical Valid/Certified/Not Registered/**Hold**/Registration Approval Required

**Affirmations**

This registration is currently certified.

Unaffirm Clear Return

Click **Unaffirm** →

uat.daveww.vitalchek.com says

Are you sure you wish to Unaffirm this registration?

- After clicking **OK**, you will see that the case is unsigned

46386 :Second Birth OCT-20-2024  
 /Legal Invalid/Medical Invalid/Uncertified/Not Registered/**Hold**

**Affirmations**

This registration has been uncertified.

Clear Return

- After making the changes to the case, be sure to validate the changes and sign/affirm the case again

## 2) Amendments

- For a case that has been registered, you will need to submit an amendment to make changes
  - To make an amendment, go to the appropriate case and click the **Amendment List** Page under the **Registrar Information** Section
  - The **Registrar Information** Section will appear once the case is registered

The image shows a software interface for birth registration. On the left is a 'Birth Registration Menu' with categories: Parent Information, Child, Facility Information, Registrar Information, Other Registries, and Other Links. The 'Registrar Information' section is expanded, showing 'Amendment List' as the selected option. A blue callout box with the text 'Click Amendment List Page' and an arrow points to this option. To the right is a form for 'Child' information, including fields for Name (First, Middle, Last, Suffix), Date of Birth (OCT-06-2024), Time of Birth (09:26 AM), Sex (Female), Gender (Female), Child SSN (000-00-0000), and several yes/no questions regarding SSN, safe haven, adoption, custody, and surrogate pregnancy. At the bottom right of the form are buttons for 'Validate Page', 'Next', 'Clear', 'Save', and 'Return'.

- Clicking the **Amendment List** Page will bring you to this screen

46381 2024000013 :Birth Testing OCT-06-2024

/Legal Valid/Medical Valid/Certified/Registered/**Hold**

### Amendment List

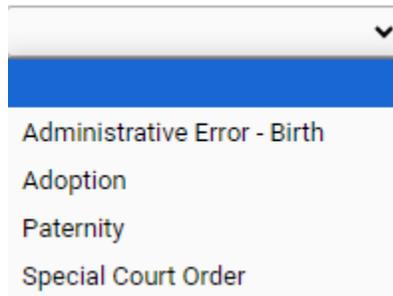
[New Amendment](#) [Return](#)

- Click **New Amendment** and you will be brought to this screen

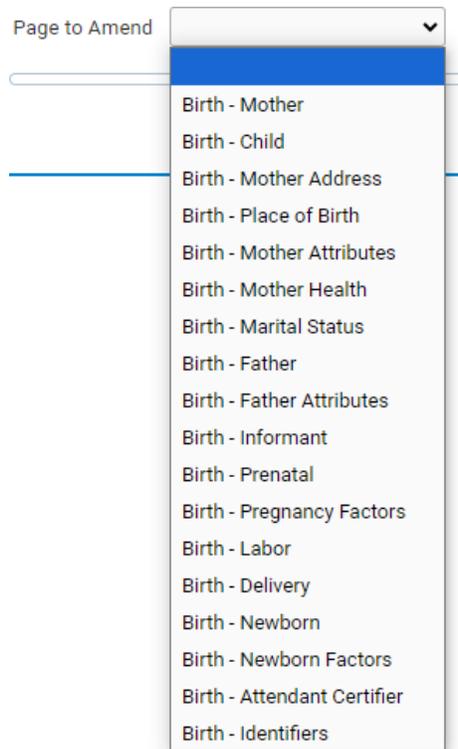
Amendment Page

Type	<input type="text"/>	Amendment Date	
Year		Amendment Number	
Order Number	<input type="text"/>	Description	<input type="text"/>
Amendment Status			

- Here you will need to select the **Amendment Type**
  - To make a change to the information you entered in the case select, **Administrative Error - Birth**



- For the **Page to Amend** field, you have the option to choose any of the pages in the **Parent Information** Section and the **Facility Information** Section



- After you click the page you need to amend, you will see a screen like this

Amendment Page

Type: Administrative Error - Birth (dropdown) | Amendment Date: OCT-23-2024 (calendar icon)  
 Year: 2024 | Amendment Number: 5285  
 Order Number: [input] | Description: [input]  
 Amendment Status: Keyed (Requires Affirmation)  
 Page to Amend: Birth - Mother (dropdown)

Mother/Parent

Mother's Current Legal Name

First: Mother | Middle: [input] | Last: Testing | Suffix: [input]

Copy Current Legal Name

Mother's Name Before First Marriage

First: Mother | Middle: [input] | Last: Smith | Suffix: [input]

Date of Birth: NOV-15-1995 (calendar icon) | Age: 28 (arrow icon) | Social Security Number: 000-00-0000 |  None  Unknown

Mother's Birthplace

Birthplace State: West Virginia | Birthplace Country: United States

Cancel Amendment | Validate Page | Validate Amendment | Save | Clear | Return

- After you make the change, click **Save** and your change will be brought up for review
  - You will see an **Amendments Menu** has also been added to the menu on the left

**Amendments Menu** → **Amendments Menu**

46381 2024000013 :Birth Testing OCT-06-2024  
 /Legal Valid/Medical Valid/Certified/Registered/**Hold**  
 Amendment Page

The Amendment has not been affirmed. Please select Amendment Affirmation to Affirm the amendment.

Type: Administrative Error - Birth | Amendment Date: OCT-23-2024  
 Year: 2024 | Amendment Number: 5285  
 Order Number: [input] | Description: [input]  
 Amendment Status: Keyed (Requires Affirmation)  
 Page to Amend: [input]

Item In Error	Item as it Appears	Item as it Should be	Edit	Delete
Mother - First Name - Current	Mother	Sue	Edit	Delete
Mother - First Name - Before First Marriage	Mother	Sue	Edit	Delete

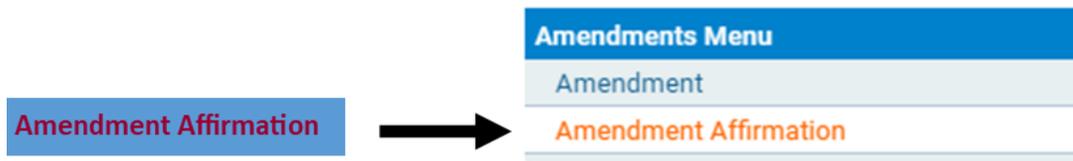
Updated Mother's Name (points to Sue)

Original Mother's Name (points to Mother)

Cancel Amendment | Validate Amendment | Save | Clear | Return

- Click the **Edit** Link or **Delete** Link if you realize you made a mistake and need to edit your amendment or delete it

- If you need to make another change on a different page, choose a different **Page to Amend**
  - That will bring up the next page you wish to amend
  - You can make multiple changes under one amendment so you don't have to go in and create a new amendment for each change
    - Be sure to click **Save** after each page you amend
- Once you are finished making changes and you have reviewed them for accuracy, go to the **Amendments Menu** to the left and click on **Amendment Affirmation**



- Clicking **Amendment Affirmation** will bring you to this page

- Once you have clicked **Affirm**, you will see this screen

46381 2024000013 :Birth Testing OCT-06-2024

/Legal Valid/Medical Valid/Certified/Registered/**Hold**

---

### Affirmations

Authentication successful.

Clear

Return

---

- The State Office will have to approve the amendment
- Once it is approved you will receive a message in WV DAVE and an email to the email address you entered when setting up your user account in WV DAVE

WV DAVE message stating the amendment has been approved

Messages

Send Message Mark as Read Remove from List

From	Subject	Message	Date Sent	
Sabrina McClure	Case 46381 Amendment Approved	The amendment submitted for: <a href="#">46381</a> ; <a href="#">Birth Testing</a> , Event Date: OCT-06-2024 has been Approved.	10/23/2024 2:04:29 PM	<input type="checkbox"/>

Clicking on the links will take you directly to the case

Email message stating the amendment has been approved

Case 46381 Amendment Approved Inbox x



**D** [wvdavenoreply@wv.gov](mailto:wvdavenoreply@wv.gov)  
to ▾  
Medical Certifier

2:04 PM (0 minutes ago) ☆ ↶ ⋮

The amendment submitted for: [46381](#); [Birth Testing](#), Event Date: OCT-06-2024 has been Approved.

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## Guide 22: Status Bar

- The **Status Bar** is located at the top of a case and provides information about that case

**Status Bar** 46385 2024000012 :New Birth OCT-21-2024  
{/Legal Valid/Medical Valid/Certified/Registered/**Hold**/Plural Delivery Linkage Required

**Child**

Child's Name  
First: New Middle: Last: Birth Suffix:

Date of Birth: OCT-21-2024 Time of Birth: 12 : 15 PM Sex: Female Gender: Female Child SSN: 000-00-0000

Request SSN for Child: No, parent does not want a card issued Is infant a safe haven/founding baby? No

Is Adoption/Legal proceeding expected? No Is child in DHHR Custody? No

Is this a Surrogate Pregnancy? No

Buttons: Validate Page, Next, Clear, Save, Return

A case only has a **State File Number (SFN)** after it's registered by the State Office

- The first two statuses in the **Status Bar** refers to the Birth Certifiers Sections **Parent information** and **Facility Information**

### 1) Legal Status (Parent Information Section)

- If you, as the birth certifier, did not complete all the pages in the **Parent Information** Section or completed all the pages, but have a red error, the **Status Bar** would say **Legal Invalid**

**Legal Invalid** = some information has been entered, but not all; or information has been entered and there are "red" errors

**Legal Invalid** / Medical Invalid / Uncertified / Not Registered / Legal Pending / Medical Pending / Birth FIPS coding Required

**Parent Information**  
Section is the Legal  
Section

Birth Registration Menu	
Parent Information	
×	Child
×	Mother/Parent
×	Mother/Parent Address
×	Mother/Parent's Attributes
×	Mother Health
×	Marital Status
×	Informant

When the **Status Bar** says **Legal Invalid**, at least 1 page in the **Parent Information** Section will have a red x (X)

- If you, as the birth certifier, completed all the pages in the **Parent Information** Section, but had to override a yellow error, the **Status Bar** would say **Legal Valid with exceptions**

**Legal Valid With Exceptions** = Everything has been entered, and at least 1 yellow error exists

/Legal Valid with exceptions / Medical Valid with exceptions / Uncertified / Not Registered / **Hold** / Birth Certification Required

**Parent Information**  
Section is the Legal  
Section

Birth Registration Menu	
Parent Information	
✓	Child
✓	Mother/Parent
●	Mother/Parent Address
✓	Mother/Parent's Attributes
✓	Mother Health
✓	Marital Status
✓	Informant

When the **Status Bar** says **Legal Invalid With Exceptions**, all pages are complete, and at least 1 page in the **Parent Information** Section has a yellow error which has to be overridden. There will be a yellow circle beside the page with the yellow error.

You can still certify a case with a yellow error that

- If you, as the birth certifier, completed all the pages in the Parent Information Section and had no errors, the **Status Bar** would say **Legal Valid**

**Legal Valid** = Everything has been entered and validated by the system



/Legal Valid/Medical Valid/Certified/Registered/**Hold**/Plural Delivery Linkage Required

When the **Status Bar** says **Legal Valid**, all the pages in the **Parent Information Section** will have a green checkmark beside the pages

**Parent Information** Section is the Legal Section

Birth Registration Menu	
Parent Information	
✓	Child
✓	Mother/Parent
✓	Mother/Parent Address
✓	Mother/Parent's Attributes
✓	Mother Health
✓	Marital Status
✓	Informant

## 2) Medical Status (Facility Information Section)

- If you, as the birth certifier, did not complete all the pages in the **Facility Information** Section or completed all the pages, but have a red error, the **Status Bar** would say **Medical Invalid**

**Medical Invalid** = some information has been entered, but not all; or information has been entered and there are "red" errors

/Legal Valid/**Medical Invalid**/Uncertified/Not Registered/**Hold**/Medical Pending

Facility Information	
✓	Place of Birth
✓	Prenatal
✓	Pregnancy Factors
✓	Labor
✓	Delivery
×	Newborn
✓	Newborn Factors
✓	Attendant/Certifier

When the **Status Bar** says **Medical Invalid**, at least 1 page in the **Parent Information** Section will have a red x (X)

- If you, as the birth certifier, completed all the pages in the **Facility Information** Section, but had to override a yellow error, the **Status Bar** would say **Medical Valid with exceptions**

**Medical Valid With Exceptions** = Everything has been entered, and at least 1 yellow error exists

/Legal Valid/**Medical Valid with exceptions**/Uncertified/Not Registered/**Hold**/Birth Certification Required

**Facility Information**  
Section is the Legal  
Section

Facility Information	
✓	Place of Birth
✓	Prenatal
✓	Pregnancy Factors
✓	Labor
✓	Delivery
●	Newborn
✓	Newborn Factors
✓	Attendant/Certifier Certify

When the **Status Bar** says **Medical Invalid With Exceptions**, all pages are complete, and at least 1 page in the **Facility Information** Section has a yellow error which has to be overridden. There will be a yellow circle beside the page with the yellow error.

You can still certify a case with a yellow error that has been overridden

- If you, as the birth certifier, completed all the pages in the **Facility Information** Section and had no errors, the **Status Bar** would say **Medical Valid**

**Medical Valid** = Everything has been entered and validated by the system

/Legal Valid/**Medical Valid**/Certified/Registered/**Hold**/Plural Delivery Linkage Required

When the **Status Bar** says **Medical Valid**, all the pages in the **Facility Information Section** will have a green checkmark beside the pages

**Facility Information**  
Section is the Legal  
Section

Facility Information	
✓	Place of Birth
✓	Prenatal
✓	Pregnancy Factors
✓	Labor
✓	Delivery
✓	Newborn
✓	Newborn Factors
✓	Attendant/Certifier Certify

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## Guide 23: Removing An Override/Updating Information

- Go to the appropriate case and the page the override is on

**Birth Registration Menu**

Parent Information

- ✓ Child
- ✓ Mother/Parent
- ✓ Mother/Parent Address
- ✓ Mother/Parent's Attributes
- ✓ Mother Health
- ✓ Marital Status
- ✓ Informant

Facility Information

- ✓ Place of Birth
- ✓ Prenatal
- ✓ Pregnancy Factors
- ✓ Labor
- ✓ Delivery

Newborn

- ✓ Newborn Factors
- ✓ Attendant/Certifier

Certify

Other Registries

- Birth Defects
- Hearing Screening
- Metabolic Screening

Other Links

- ✓ Assign Status
- Attachments
- Print Forms
- Comments

**Mother's Syphilis Test**

Was a serologic test for syphilis performed on the mother during pregnancy? No ▾

If yes, Date Performed [Date Picker] MMM-dd-yyyy Laboratory

If Yes, Name of Test

- RPR - Rapid Plasma Reagin
- VDRL - Venereal Disease Research Laboratory
- STS - Serologic Test for Syphilis
- EIA - Enzyme Immunoassay Test for anti-Treponemal IgG
- Unknown

If No, Why Not? Unknown

---

**Child's Hepatitis B Vaccine**

Was the infant given Hepatitis B Vaccine? No ▾

If Yes, Date Given [Date Picker] MMM-dd-yyyy

If Yes, Manufacturer Brand

- Merck
- Glaxo Smith Kline
- Other Specify

If Yes, Lot Number

If Yes, VIS Edition Date: [Date Picker] MMM-dd-yyyy

---

**Child's Hepatitis B Immune Globulin (HBIG)**

Immunization Date NOV-08-2024 MMM-dd-yyyy [Date Picker]

Manufacturer

- Talecris
- Cangene
- BioTest
- Other (Specify)
- Unknown

Lot Number:

**Validation Results**

Error Message	Override	Goto Field	Popup
BRC0029: Manufacturer cannot be left blank Select Valid Manufacturer	<input checked="" type="checkbox"/>	<input type="button" value="Fix"/>	<input type="button" value="Fix"/>

- Click **Validate Page** to show the errors and the override
- In the **Validation Results** Box, uncheck the **Checkbox** for the error you want to remove the override from, then click **Save Overrides**
-

Validation Results List All Errors Save Overrides Hide

Error Message	Override	Goto Field	Popup
BRC0029: Manufacturer cannot be left blank Select Valid Manufacturer	<input type="checkbox"/>	<span>Fix</span>	<span>Fix</span>

Click the **Checkbox** to un-check the box

Save Overrides Button

- Update the field you had previously left blank or incomplete.
- Click **Validate Page**
- The field will no longer be highlighted yellow

Child's Hepatitis B Immune Globulin (HBIG)

Immunization Date    
MMM-dd-yyyy

Manufacturer

Talecris

Cangene

BioTest

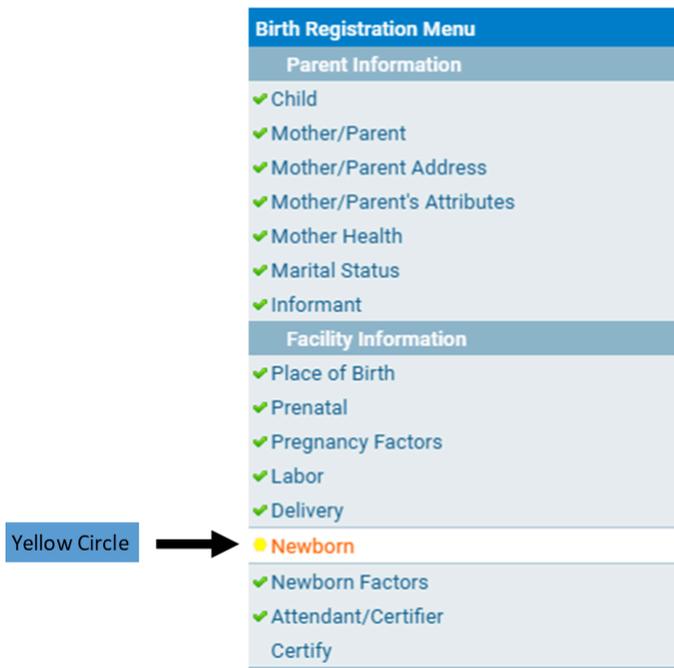
Other (Specify)

Unknown

Lot Number:

Validate Page Next Clear Save Return

- The **Birth Registration Menu** will update and the page that you updated will now have a green check mark, if the information is valid\




---

## Notes

You can only remove an override if you were the person who overrode the rule

Only yellow errors can be overridden

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