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: <u>https://davewv.vitalchek.com/web/Logon.aspx</u>
- 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

☆ Main	West Virginia Dep Help Desk # 866- O ^{or} Lif <u>e</u> Events	Deartment of Health - Vital Rec 225-2085 Training Resource Queues I _ Reports ≧ Forms	ords TES es - Click ¢ Admir	T SITE here his <u>t</u> ration ② <u>H</u> elp	
Home	Birth 🕨 🕨	Search			
Fast Links	Death Fetal Death	Locate Case			Queues
Messages	ହୁଅଁ Death Loc	New Delayed Birth New Foreign Born Adoption	ise	੍ਰਤਾਂ Birth Locate Case	E Registration Work Queue Summary
Case	Fetal Star Case	New Foreign Birth New Out of State Birth	New	💠 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	ν.
Mother's Information		
Mother's Current Legal Last Nat	me: Mother's Name Before	⊧First Marriage:
Mother's Medical Record Numb	er:	
Case Id:		
		ini 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

arch Results		
are no cases that match the criteria you have entered. 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
Parent Information	/New Event/New Event/Uncertified/Not Registered
Child	
Mother/Parent	Child's Name
Mother/Parent Address	First Middle Last Suffix
Mother/Parent's Attributes	Birth Testing
Mother Health	Date of Pirth Time of Pirth Say Gender Child SSN
Marital Status	
Informant	
Facility Information	Request SSN for Child Is infant a safe haven/foundling baby?
Place of Birth	V No V
Prenatal	La Adoption (Legal proceeding supported).
Pregnancy Factors	Is Adoption/Legal proceeding expected? Is child in DHR custody?
Labor	
Delivery	Is this a Surrogate Pregnancy?
Newborn	No 🗸
Newborn Factors	
Attendant/Certifier	✓ Validate Page → Next ▲ Clear ➡ Save ⑤ Return
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

irth Search Result	ts				
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 Ne	w 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

Search Result	S				
Case Id	Child's Name 🗖	Date of Birth	Sex	Place of Birth	Preview
6381	Testing, Birth	OCT-06-2024	Female	Boone	Preview
					Total Records :
				+ Start Ne	ew Case R New Search Click Preview Link to view the
					A preview of the case will pop 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 No	ew Case 👫 New Search
Preview					
File Number:		Date Filed:			
Child's Name: Birth Te Sex: Female Facility of Birth: Boon	sting e Memorial Hospital	Date and Time of Birth: OCT-06-2024 City or Town of Birth: Madison		County of Birth: Boone	
Mother's Current Name Mother's Name Before Mother's Date of Birth:	e: First Marriage:			Mother's Birthplace: United St	tates
Father's Current Name Father's Date of Birth:	:			Father's Birthplace: United Sta	ates
Date Entered: Oct-07-2 Status: /New Event/N	2024 ew Event/Uncertified/Not Registe	Last Updated By: Medical Certifier ered			

3) Locating a Case

• If you know a case has already been started, you can search the case by going to:

$\circ \quad \text{Life Events} \rightarrow \text{Birth} \rightarrow \text{Locate Case}$

∦ Main	west virginia Dep Help Desk # 866- ♀ ^J Lif <u>e</u> Events I≣ (225-2085 Training Resource Queues Later Reports Forms	s - Click h	SILE here stration @ Help	
Home	Birth 🕨	Search			
Fast Links	Death 🕨	Locate Case			Oueues
	Fetal Death Start/Edit New Case				
Messages	🔉 Death Loc	New Delayed Birth New Foreign Born Adoption	ase	਼ਾਂ Birth Locate Case	Registration Work Queue Summary
or Death Start/Edit New Case	Fetal Star Case	New Foreign Birth New Out of State Birth	New	🔅 Users	User Enrollment Queue

• 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: Image: MMM-dd-yyyy Image: Market of the second se			
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:			
	A Search	Soundex	∂ Clear

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

rth Search Result	S				
Case Id	Child's Name 🔷	Date of Birth	Sex	Place of Birth	Preview
46381	Testing, Birth	OCT-06-2024	Female	Boone	Preview
					Total Records :
				+ Start Nev	w Case M New Search
					Click Preview Link to view the ca
					A preview of the case will pop u
					below the search results

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

Birth Search Results	3				
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 Nev	w Case 🕅 New Search
Preview					
File Number: Case Id: 46381		Date Filed:			
Child's Name: Birth T Sex: Female Facility of Birth: Boo	Festing ne Memorial Hospital	Date and Time of Birth: OCT-06-2024 City or Town of Birth: Madison		County of Birth: Boone	
Mother's Current Nar Mother's Name Befor Mother's Date of Birt	ne: re First Marriage: h:			Mother's Birthplace: United Stat	tes
Father's Current Nam Father's Date of Birth	ie: ::			Father's Birthplace: United State	es
Date Entered: Oct-07 Status: /New Event/	7-2024 New Event/Uncertified/Not Registered	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 **<u>exactly</u>** what you enter

Return to Table of Contents

• 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-06-2	2024						
Parent Information	/Legal Invalid/Medical Invalid/Uncertified/N	lot Registered/Legal	Pending/Med	dical Pending/Birth	FIPS codi	ng Required		
Child	Child							
Mother/Parent	Child's Name							
Mother/Parent Address	First Middle	Last		Suffix				
Mother/Parent's Attributes	Birth	Testing]					
Mother Health	Date of Birth Time of Birth	Sex	Gender	Child SSN				
Marital Status	OCT-06-2024			v				
Informant	MMM-dd-yyyy							
Facility Information	Request SSN for Child	ls infant a safe hav	en/foundling	baby?				
Place of Birth	· · · · · · · · · · · · · · · · · · ·	No 🗸	-					
Prenatal	Is Adoption/Legal proceeding expected?	Is child in DHHR Cu	istody?					
Pregnancy Factors			131009 :					
Labor								
Delivery	Is this a Surrogate Pregnancy?							
Newborn	No 🗸							
Newborn Factors								
Attendant/Certifier				✓ Validate Page	→ Next	\Delta Clear	Save	D Return
Other Registries								
Birth Defects								
Hearing Screening								
Metabolic Screening								
Other Links								
Assign Status								
Attachments								
Print Forms								
Comments								

- 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

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

u							
Child's Name							
First	Middle	Last	S	Suffix			
Birth		Testing					
Date of Birth OCT-06-2024 MMM-dd-yyyy	Time of Birth	Sex 🗸	Gender	Child SSN]		
Request SSN for Ch	hild 🗸	Is infant a safe have	en/foundling b	aby?			
Is Adoption/Legal p	proceeding expected?	Is child in DHHR Cu No 🗸	stody?				
Is this a Surrogate I	Pregnancy?						
			e	Validate Page	→ Next	\Delta Clear	Save Seturn
Validation Results	S			⊟ ।	ist All Error	s 🕞 Save	Overrides Hide
Error Message				Overric	le Go	oto Field	Popup
BR0070: Invalid val Enter a valid value f	ue for SSN Requested fo for SSN Requested for Ch	r Child? ild?				Fix	i ň Fix
BR0071: Sex of Chi Enter a valid value f	ild cannot be blank or Sex of Child.					Fix	i ří Fix
BR0073: Time of B Enter a valid value f	irth is invalid. for Time of Birth.					Fix	Fix

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



• 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):



- 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				
Birth	Testing					
Date of Birth Time of Birth OCT-06-2024 09:26 AM ~	Sex Gender Female Y Fema	Child SSN				
Request SSN for Child Yes, parent wants a card issued	Is infant a safe haven/found	lling baby?				
Is Adoption/Legal proceeding expected?	Is child in DHHR Custody?					
Is this a Surrogate Pregnancy?						
		✓ Validate Page	→ Next	\Delta Clear	Save	S Return

Return to Table of Contents

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

Birth Registration Menu	46381 :Birth Te	sting OCT-06-2024					
Parent Information	/Legal Invalid/Medical	Invalid/Uncertified/Not Registe	ered/Legal Pending/N	ledical Pending/Birth Fl	PS coding Required	1	
Child	Mother/Parent						
Mother/Parent	Mother's Current Legal	Name					
Mother/Parent Address	First	Middle	Last	Suffi	K		
Mother/Parent's Attributes] [
Mother Health							
Marital Status	Copy Current Lega	I Name					
Informant	Mother's Name Before	First Marriage					
Facility Information	First	Middle	Last	Suffi	x		
Place of Birth							
Prenatal							
Pregnancy Factors		Age Social Security Num	ober ○ None ○ Unł	known			
Labor		y					
Delivery	Matharia Dirthalaga						
Newborn	Mother's Birthplace	Division of the					
Newborn Factors	Birthplace State	Birthplace Countr	y				
Attendant/Certifier		United States					
Other Registries							
Birth Defects				✓ Validate Page	Next \Lambda Clear	Save	D Return
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

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

Mother/Parent						
Mother's Current Legal Na	me					
First	Middle	Last	Suffix			
[
🕒 Copy Current Legal Na	ame					
Mother's Name Before Firs	st Marriage					
First	Middle	Last	Suffix			
Date of Birth	Age Social Security N	lumber O None O Unknov	vn			
Mother's Birthplace						
Birthplace State	Birthplace Cou	intry				
*	United States					
		_				
		•	Validate Page → Next	\Delta Clear	Save	C Return
Validation Results			🗮 List All Erro	rs 🕞 Sav	ve Overrides	- Hide
Error Message				Override	Goto Field	Popup
BR0222: Mother's first nam Mother's first name cannot	me is invalid. t be left blank.				Fix	Fix Fix
BR0230: Mothers last nam Enter a valid last name for	ne is invalid. the Mother.				Fix Fix	Fix
BR0236: Mother's before f Enter a valid name for the	first marriage first name Mother's before first ma	is invalid. riage first name.			Fix	Fix
BR0243: Mother's before f Enter a valid last name for	first marriage last name the Mother's before first	is invalid. marriage last name.			Fix Fix	# Fix
BR0247: Mother's Date of The Mother's date of birth	Birth is invalid. cannot be left blank.				Fix Fix	Fix
BR0249: Mother's Age is o Verify entry for Age for the	outside of normal range. Mother.				Fix Fix	H Fix
BR0251: Mother's SSN mu Mother's SSN cannot be le	ust be a 9 digit number. ft blank.				Fix Fix	Fix
BR1062: Mother's Birthpla Verify entries for birth plac	ace State and/or country se state and country. If (is invalid. country is "United States", a s	tate must be entered		Fix Fix	Fix

- When entering dates, you can enter the date manually (MONDDYYYY, MM/DD/YYYY, MM-DD-YYYY, MMDDYYY) 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 Vali- date Page	Birth Registration Menu Parent Information Child Mother/Parent Mother/Parent Address Mother/Parent's Attributes Mother Health Marital Status	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 Image: Copy Current Legal Name
	 Informant Facility Information Place of Birth Pregnancy Factors Labor Delivery Newborn Newborn Newborn Factors Alendant/Certifier 	Mother's Name Before First Marriage First Middle Last Suffix Mother Smith Date of Birth Age NOV-15-1995 28 000-00000 Image: Control of Control o
	Other Registries Birth Defects Hearing Screening Metabolic Screening Other Links ✓ Assign Status Attachments Print Forms Comments	© Validate Page → Next @ Clear B Save D Return Click the Next Button t go to the next Page

Return to Table of Contents

Guide 4: Mother/Parent Address

• Once you navigate to the Mother/Parent Address 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/Hold/Legal Pending/Medical Pending/Birth FIPS coding Required
Child	Mother/Parent Address
Mother/Parent	Residence Address
Mother/Parent Address	Pre Street Post Apt #,
Mother/Parent's Attributes	Street Number Directional Street Name, Rural Route, etc. Designator Directional Suite #,etc.
Mother Health	
Marital Status	Zip Code City or Town County State Country
Informant	A United States
Facility Information	Inside City Limits
Place of Birth	▼
Prenatal	
Pregnancy Factors	Mailing Address
Labor	Same As Residence Address
Delivery	Pre Street Post Apt #.
Newborn	Street Number Directional Street Name, Rural Route, etc. Designator Directional Suite #,etc.
Newborn Factors	
Attendant/Certifier	Zip Code City or Town State Country
Other Registries	🚫 United States
Birth Defects	
Hearing Screening	Mother's Telephone Numbers
Metabolic Screening	
Other Links	DayExt Evening Email Address
✓ Assign Status	♥ Validate Page → Next A Clear B Save D Return
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

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

Mother/Parent Address Residence Address Street Apt #. Pre Post Street Number Directional Street Name, Rural Route, etc. Designator Suite #,etc. Directional -× ~ Zip Code City or Town County State Country United States ~ Inside City Limits ¥ Mailing Address Same As Residence Address Street Apt #, Pre Post Designator Street Number Directional Street Name, Rural Route, etc. Suite #,etc. Directional w ~ City or Town State Country Zip Code United States Mother's Telephone Numbers Evening Email Address Day -Ext Validate Page Next Clear Save C Return Validation Results List All Errors Save Overrides - Hide Error Message Override Goto Field Popup BR0265: The registration requires coding by BVS staff. Fix Fix All registrations where mother's address is not located within the city limits must be coded manually. BR0269: City for Mother's Usual Address cannot be left blank. **Fix Fix** Enter a valid city for the Mother's Residence Address. BR0270: Mother's residence address street name cannot be left blank. Fix **Fix** Enter a valid street name for Mother's Residence. 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, **Fix Fix** enter 'unknown'. Enter a valid street number for mother's residence address BR0274: Mother's Residence Address Zip code cannot be blank. **Fix** Fix Enter a valid Zip code for the Mother's Residence Address. BR0275: Inside City Limits value for Mother's Residence Address cannot be blank. # Fix Fix Enter a valid value from the drop down list for Mother's Residence Address Inside City Limits. BR0286: Mother's mailing address Zip code is invalid. Fix **#** Fix Enter a valid Zip code for the Mother's mailing address. BR0287: City for Mother's Mailing Address cannot be left blank. Fix # Fix Enter a valid city for the Mother's mailing address. BR0290: Mother's mailing address street name cannot be left blank. Fix Fix Enter a valid street name for the Mother's mailing address. BR1060: Mother Physical Residence State cannot be left blank. Fix / Fix Enter the Mother's Physical Residence State. BR1061: Mother Mailing State cannot be left blank. **Fix #** Fix Enter the Mother's Mailing State

• 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

			4
Places		>	
Places			
Country			
United States	~		
State			
West Virginia	~		
County			
Please Select	~		
City			
	~		
Zip			
~			
		Select Cancel	
	Click Select to save and close the pop up window	J	

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

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

Mother/Parent Address		<u>y</u>		
Residence Address				
Street Number Directional Street Na Some	ime, Rural Route, etc.	Street Designator Road	Post Directional	Apt #, Suite #,etc.
Zip Code City or Town	County	State	Country	
25130 Madison	Boone	West Virginia	United States	
Inside City Limits				
Mailing Address				
Same As Residence Address 🗹				
Street Number Directional Street Na Some	ame, Rural Route, etc.	Street Designator Road	Post Directional	Apt #, Suite #,etc.
Zip Code City or Town	State	Country		
A 25130 Madison	West Virginia	United S ^r	tates	
Mother's Telephone Numbers				
Day Ext Eve	ning	Email Address		
		🛇 Validate Pa	ge 🗲 Next 👌	Clear 🖬 Save 🖒 Return
Validation Results			E List All Errors	Save Overrides
Error Message				Override Goto Field Popup
BR0272: A valid street number for th assigned to this address. Do not reco enter 'unknown'. Enter a valid street number for mothe	e mother's residence address i rd a rural route number or PO er's residence address	is required. Enter the buil Box number. If the numb	ding number er is unknown,	Fix Fix

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



- 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



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 O	CT-06-2024				
Parent Information	/Legal Invalid/Medical Invalid/Uno	ertified/Not Registered/ Hold /Legal F	Pending/Medical Pending			
Child	Mother/Parent's Attributes					
Mother/Parent	Education					
Mother/Parent Address	Education		~			
Mother/Parent's Attributes						
Mother Health	Usual Occupation					
Marital Status	(do not use retired)					
Informant						
Facility Information	Kind of Business / Industry					
Place of Birth						
Prenatal	An e coher					
Pregnancy Factors	Ancestry					
Labor	(Italian, African American, Haitian,	Pakistani, Ukrainian, Nigerian, Taiwar	nese, etc)			
Delivery						
Newborn	Hispanic Origin (Check all that app	oly)				
Newborn Factors		Vec. Buerte Bieen	Van Other			
Attendant/Certifier	Spanish/Hispanic/Latino		Spanish/Hispanic/Latino			
Other Registries	🗌 Yes, Mexican, Mexican	Yes, Cuban	Unknown			
Birth Defects	American, Chicano					
Hearing Screening	Which one or more of the following	n is your race? (Check all that apply)				
Metabolic Screening						
Other Links	White	Japanese	Guamanian or Chamorro			
✓ Assign Status	Black or African American	🗌 Korean	🗌 Samoan			
Attachments	American Indian or Alaska	Vietnamese	Other Pacific Islander			
Print Forms		Other Asian	Other (Specify)			
Comments		Native Hawaiian	Unknown			
			✓ Validate Page → Next	\Delta Clear	Save Save	D 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

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

Mother	/Parent's	Attributes	
mouner,	/r arents	Attributes	

Mother/Parent's Attributes					
Education					
Education		*			
Usual Occupation (do not use retired) Kind of Business / Industry					
Ancestry					
(Italian, African American, Haitian, F	^p akistani, Ukrainian, Nigerian, Taiwa	nese, etc)			
Hispanic Origin (Check all that app	ly)				
 No, not Spanish/Hispanic/Latino Yes, Mexican, Mexican American, Chicano 	 Yes, Puerto Rican Yes, Cuban 	 Yes, Other Spanish/Hispanic/L Unknown 	.atino		
Which one or more of the following	is your race? (Check all that apply)				
White Black or African American	Japanese Korean	Guamanian or Char Samoan	norro		
American Indian or Alaska Native Asian Indian Chinese Filipino	 Vietnamese Other Asian Native Hawaiian 	 Other Pacific Island Other (Specify) Unknown 	er		
		✓ Validate Page	→ Next	🛧 Clear 🛛 🖬 Sav	re D Return
Validation Results		E .	List All Error	s 📘 🖬 Save Overri	ides 📃 🗖 Hide
Error Message			Override	Goto Field	Popup
BR0305: Mother's Education level o Enter a valid value for Mother's Edu	annot be left blank. cation.			Fix	Fix
BR0309: Mother's Hispanic origin of Select a valid value for Mother's His	annot be left blank. spanic Origin.			Fix	Fix
BR0312: Mother's Race cannot be Select a valid value for Mother's Ra	left blank. ce.			Fix	Fix
BR9442: Mother Ancestry cannot b Enter valid Ancestry	e left blank			Fix	Fix
BRC0005: Mother Usual Occupatio Enter a valid Mother Usual Occupat	n cannot be left blank iion			Fix	Fix
BRC0006: Mother Kind of Business Enter a valid Mother Kind of Busine	⊧ / Industry cannot be left blank ss / Industry			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 Mother Health

Return to Table of Contents

• Once you navigate to the Mother Health 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/Hold/Legal Pending/Medical Pending
Child	Mother Health
Mother/Parent	Did Mother get WIC food for herself during this pregnancy?
Mother/Parent Address	Heinkt (feet/inchen) Mether Dre annenen: Weinkt (nameda) Mether Weinkt et Delivery (nameda)
Mother/Parent's Attributes	Height (recyllicities) Mourier Pre-pregnancy weight (pounds) Mourier weight at beivery (pounds)
Mother Health	
Marital Status	Cigarette smoking per day before and/or during pregnancy
Informant	Tobacco use during this pregnancy
Facility Information	
Place of Birth	Three months before pregnancy
Prenatal	First three months of pregnancy
Pregnancy Factors	Second three months of averagency
Labor	Second three months of pregnancy
Delivery	Last Trimester of Pregnancy 🗸
Newborn	Did anyone other than the Mother regularly smoke tobacco cigarettes
Newborn Factors	inside the home during pregnancy?
Attendant/Certifier	During the 3 months before pregnancy, did the Mother use e-cigarettes
Other Registries	or other electronic nicotine products?
Birth Defects	At any time while pregnant, did the woother use e-cigarettes
Hearing Screening	
Metabolic Screening	Alcohol Usage
Other Links	Alcohol use during this pregnancy
✓Assign Status	Average number of drinks per weak
Attachments	Average number of dramas per week
Print Forms	
Comments	✓ Validate Page → Next ▲ Clear B Save ⑦ 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

46381 :Birth Testing OCT-06-2024 /Legal Invalid/Medical Invalid/Uncertified/Not Registered/Hold/Legal Pending/Medical Pending
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 ✓ Validate Page → Next \Delta Clear 🗟 Save C Return Validation Results Save Overrides 🖃 Hide Error Message Override Goto Field Popup BR0327: Did Mother get WIC food for herself. **Fix Fix** Enter a valid value for did Mother get WIC food for herself. BR0329: No value entered for mother's height. / Fix # Fix Enter a valid value for Mother's height. BR0330: Mother's pre-pregnancy weight cannot be left blank or all zeroes. 🐴 Fix / Fix Enter a valid value for Mother's pre-pregnancy weight. BR0333: Mother's weight at time of delivery is null. / Fix / Fix Enter a valid value for Mother's weight at time of delivery. BR0339: Alcohol Use During Pregnancy is invalid. 🐴 Fix 🐴 Fix Enter a valid value for Alcohol Use During Pregnancy. BR0351: Tobacco use during three months prior to pregnancy field is blank. #\ Fix **Fix** Enter a valid value for Tobacco Use during the three months prior to pregnancy. BR0352: Tobacco use during first trimester of pregnancy field is blank. / Fix / Fix Enter a valid value for Tobacco Use during the first trimester of pregnancy. BR0353: Tobacco use during second trimester of pregnancy field is blank. **Fix** 🐴 Fix Enter a valid value for Tobacco Use during the second trimester of pregnancy. BR0354: Tobacco use during third trimester of pregnancy field is blank. 🐴 Fix /i Fix Enter a valid value for Tobacco Use during the third trimester of pregnancy. BR0634: Did mother smoke cannot be null 🐴 Fix **Fix** select a value for If mother smoked during pregnancy BR9314: Mother's height in inches is invalid and cannot be left blank. 🐴 Fix #\Fix Please enter Mother's height in inches. If no inches, enter 0. BRC0010: Anyone other than mother smoke inside home cannot be left blank / Fix # Fix Select a valid value for Anyone other than mother smoke inside home? BRC0011: 3 months prior e-cigarettes cannot be left blank Fix Fix **Fix** Select a valid value for 3 months prior e-cigarettes BRC0012: Anytime while pregnant e-cigarettes cannot be left blank / Fix # Fix Select a valid value for Anytime while pregnant e-cigarettes

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

Cigarette smoking per day before ar	nd/or dur	ing pre
Tobacco use during this pregnancy	Yes	~
Three months before pregnancy		
First three months of pregnancy		
Second three months of pregnancy		
Last Trimester of Pregnancy		

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



 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

Birth Registration Menu	46381 :Birth Testing OCT-06-2024
Parent Information	/Legal Invalid/Medical Invalid/Uncertified/Not Registered/Hold/Legal Pending/Medical Pending
Child	Marital Status
Mother/Parent	Marital Information
Mother/Parent Address	Mother Ever Married?
Mother/Parent's Attributes	✓
Mother Health	Mother married at conception, at birth or within 300 days prior to delivery?
Marital Status	V
Informant	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
Facility Information	to be answered "Yes".
Place of Birth	
Prenatal	\bigcirc Validate Page → Next \triangle Clear \square Save \bigcirc Return
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	

- 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

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

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

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 Currently Married for Marital Status, you will have these options for the following question



■ 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 Marital Status	/ Hold /Legal Pend	ling/Medical Pending]			
Marital Information						
Mother Ever Married?						
Currently Married 🛛 🗙						
Mother married at conception, at birth or within 300 days Yes, spouse is legal parent Note: If Divorced, time of conception is calculated as 10 m to be answered "Yes".	prior to delivery? months prior to th	e date of birth. If div	orced less	than 10 mo	nths this qu	uestion is
Parental Description on Birth Certificate						
Select parental description on the child's birth certificate	Mother/Father	~				
		🔗 Validate Page	→ Next	👌 Clear	Save	ື່ 🕽 Return
lote: Paternity Information is Required						

Paternity Info	rmation							
Has a Declara	ation of Pater	nity Affida	vit been co	ompleted	1?			
	~							
Does the mot	ther plan on g	enetic test	ting to det	termine th	he baby's f	ather?		
Does the mot	iner plan on g	enetic test	ting to det	termine u	ne baby 5 i	aution:		

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

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

Aarital 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.
✓
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 Clear Save Clear
ote: Paternity Information is Required



■ If you select Mother refusing husband information, you will see this

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

Marital Information	
Mother Ever Married?	
Currently Married 💉	
Mother married at conception Mother refusing husband in	n, at birth or within 300 days prior to delivery? formation 🗸
Note: If Divorced, time of con to be answered "Yes".	ception is calculated as 10 months prior to the date of birth. If divorced less than 10 months this question is
Parental Description on Birth	Certificate
Select parental description or	n the child's birth certificate Mother/Father 🗸

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

✓ Validate Page

→ Next

\Delta Clear

Save

C Return



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

arital Status
Iarital Information
Nother Ever Married?
Divorced/Widowed 🗸
Aother 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 to be answered "Yes".
aternity Information
IMM-dd-yyyy
the spouse to be listed on the birth cetificate as the baby's parent?
arental Description on Birth Certificate
elect parental description on the child's birth certificate Mother/Father 🗸
✓ Validate Page → Next ▲ Clear Save > Ret
ote: 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 d	ays prior to delivery?					
Note: If Divorced, time of conception is calculated as to be answered "Yes".	10 months prior to th	e date of birth. If div	orced less	than 10 mo	nths this qu	lestion is
Paternity Information						
Has a Declaration of Paternity Affidavit been complet	ed? Date Divorced or MMM-dd-yyyy	Widowed				
Note to Hospital Staff: If you are sending a complete worksheet states and complete the father/parent's in use the information from the Paternity Affidavit for th	Paternity Affidavit wi Iformation. If the fathe he father/parent.	th this birth, please p er/parent's informati	oick "Yes" r on was not	egardless o completed	f what the on the worl	ksheet,
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 certific	ate Mother/Father	~				
		🔗 Validate Page	→ Next	\Delta Clear	Save	S Return
lote: 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?
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 cetificate 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 Structure
Note: The following Paternity Information is required
Paternity Information
Has a Declaration of Paternity Affidavit been completed? Date Divorced or Widowed

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 price	or to delivery?
Yes, but spouse is not legal parent 🛛 🗸	
Note: If Divorced, time of conception is calculated as 10 mon to be answered "Yes".	nths prior to the date of birth. If divorced less than 10 months this question is
Paternity Information	
Has a Declaration of Paternity Affidavit been completed?	ate Divorced or Widowed
Note to Hospital Staff: If you are sending a complete Paterni worksheet states and complete the father/parent's informati use the information from the Paternity Affidavit for the fathe	ity Affidavit with this birth, please pick "Yes" regardless of what the ion. If the father/parent's information was not completed on the worksheet, er/parent.
Did a court rule that the spouse was NOT the parent?	
Has a voluntary Denial of Paternity form been provided to the	emother?
Does the mother plan on genetic testing to determine the bab	by's father?
Parental Description on Birth Certificate	
Select parental description on the child's birth certificate M	Iother/Father 🗸
	✓ Validate Page → Next ▲ Clear Save ♡ Return
Note: The following Paternity Information is requi	ired
Paternity Information	
Has a Declaration of Paternity Affidavit been complet	ted? Date Divorced or Widowed

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 to be answered "Yes".	n is
Paternity Information	
Date Divorced or Widowed	
MMM-dd-yyyy	
Save Save Save Save Save Save Save Save	eturn
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

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

Marital Status
Marital Information
Mother Ever Married?
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?
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 cetificate 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	46381 :Birth Testing OCT-06-2024			
Parent Information	/Legal Invalid/Medical Invalid/Uncertified/Not Registered/Hold/Legal Pending/Medical Pen	iding		
✓ Child	Marital Status			
 Mother/Parent 	Marital Information			
Mother/Parent Address	Mother Ever Married?			
 Mother/Parent's Attributes 	Currently Married 🗸			
 Mother Health 	Mother married at conception, at birth or within 300 days prior to delivery?			
Marital Status	Yes, spouse is legal parent			
× Father/Parent	Note: If Divorced, time of concention is calculated as 10 months prior to the date of birth 1/	f divorced less th	an 10 months th	his question is
× Father Attributes	to be answered "Yes".		ian romonais a	no question io
× Informant	Parental Description on Birth Certificate			
Facility Information				
 Place of Birth 	Select parental description on the child's birth certificate Mother/Father			
× Prenatal				
× Pregnancy Factors	Validate Pa	ge → Next	\Delta Clear 🖬 Sa	ave 🖸 Return
× Labor				
× Delivery	Validation Results	E List All Errors	Save Over	rrides 📃 🗖 Hide
× Newborn		a 11		
× Newborn Factors	Error Message	Override	Goto Field	Рорир
× Attendant/Certifier	BR0208: If mother is married father's items must be completed.		/ii Fix	/ii Fix
Other Registries	Verify that all Father's data is complete.		<u> </u>	
Birth Defects				
Hearing Screening				
Metabolic Screening				
Other Links				
✓ Assign Status				
Attachments				
Print Forms				
Commente				

	Birth Registration Menu	\rightarrow	Birth Registration Menu
			Parent Information
			 Child
			✓ Mother/Parent
			Mother/Parent Address
			 Mother/Parent's Attributes
There will be a yellow circle			 Mother Health
until the Father/Parent Pages		\longrightarrow	Marital Status
are completed		ſ	× Father/Parent
	Father/Parent Pa	ges added	× Father Attributes
			× Informant

	Birth Registration Menu
	Parent Information
	 Child
	 Mother/Parent
	Mother/Parent Address
	 Mother/Parent's Attributes
Once the Father/Parent Pages	 Mother Health
are completed, there will be a	Marital Status
green check mark beside Marital	✓ Father/Parent
Status and beside of the Father/	Father Attributes
Parent Pages	× Informant
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	46381 :Birth Testing OCT-06-2024
Parent Information	/Legal Invalid/Medical Invalid/Uncertified/Not Registered/Hold/Legal Pending/Medical Pending
Child	Father/Parent
Mother/Parent	Father's Name
Mother/Parent Address	First Middle Last Suffix
Mother/Parent's Attributes	
Mother Health	
Marital Status	Copy Current Legal Name
Father/Parent	Father/Parent's Name Before First Marriage
Father Attributes	First Middle Last Suffix
Informant	
Facility Information	
Place of Birth	Date of Birth Age Social Security Number
Prenatal	
Pregnancy Factors	mmr-u-yyy
Labor	Residence Address
Delivery	Same As Mother's Address
Newborn	Pre Suree Post Apt #, Street Number Directional Street Name, Rural Route, etc. Designator Directional Suite # etc.
Newborn Factors	
Attendant/Certifier	
Other Registries	
Birth Defects	
Hearing Screening	Inside City Limits
Metabolic Screening	
Other Links	
🗸 Assign Status	Father Birthplace
Attachments	Birthplace State Birthplace Country
Print Forms	Contract United States
Comments	
	♥ Validate Page → Next ▲ Clear Save ♥ Return

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

		-	
LOT	nor/	Dai	ront
Γaι		- a	ent

attrony r ar on c					
Father's Name					
First	Middle	Last	Suffix		
🕒 Copy Current Legal Nar	me				
Father/Parent's Name Befo	re First Marriage				
First	Middle	Last	Suffix		
Date of Birth A	ge Social Security Number	⊖ None ⊖ Unknown			
Residence Address					
Same As Mother's Address					
Fre Street Number Directional Zip Code City or T City or T Cit	Street Name, Rural Route, etc.	State	Country	Apt #, I Suite #,etc.	
		🛛 Validate P	Page → Next	🕈 Clear 🛛 🖬 Sa	ive Return
Validation Results			E List All Errors	Save Over	rides 📃 🗖 Hide
Error Message			Override	Goto Field	Popup
BR0114: Father's first name Enter the Father's first name	e is invalid. e			Fix Fix	Fix
BR0121: Father's last name is invalid. Enter the Father's last name				Fix	Fix
BR0125: Father's SSN cann Enter a valid value for Fathe	not be left blank. er's SSN.			Fix	Fix
BR0128: Father's Date of B The Father's date of birth ca	lirth is invalid. annot be left blank.			/i Fix	Fix
BR0134: Father birthplace Enter Father birthplace cou	country cannot be left blank. ntry.			Fix	Fix
BR0208: If mother is marrie Verify that all Father's data	ed father's items must be compl is complete.	eted.		Fix	Fix
BRC0008: Father Age cann	not be left blank			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 Nam	e		
Father/Parent's Name Before	e First Marriage		
First	Middle	Last	Suffix
Johnny		Testing	
Date of Birth Ag MAY-15-1999 🗰 🔶 25 MMM-dd-yyyy	e Social Security Number	● None ○ Unknown	
Residence Address	7		
Street Number Directional	J Street Name, Rural Route, etc.	Street Designator	Post Apt #, Directional Suite #,etc.
Zip Code City or To	own County	State	Country
춝└───└──			
Inside City Limits			
Father Birthplace			
Birthplace State	Birthplace Country		
A Ohio	United States		
		SValidate Pag	ge → Next 全 Clear Save り Return

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

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 O	CT-06-2024				
Parent Information	/Legal Invalid/Medical Invalid/Un	certified/Not Registered/ Hold /Leg	gal Pending/Medical Pending			
Child	Father Attributes					
Mother/Parent	Education					
Mother/Parent Address	Education		~			
Mother/Parent's Attributes						
Mother Health	Usual Occupation					
Marital Status	(do not use retired)					
Father/Parent						
Father Attributes	Kind of Business / Industry					
Informant						
Facility Information	Ancestry					
Place of Birth	(Italian African American Haitian	Pakistani Ukrainian Nigerian Tai	iwanese etc)			
Prenatal	(Ranan, Arnoan American, Hardan,	Fakistani, okrainan, Nigerian, Ta	Maricese, etc.			
Pregnancy Factors						
Labor	Hispanic Origin (Check all that ap	ply)				
Delivery	No, not	Yes, Puerto Rican	Unknown			
Newborn	Spanish/Hispanic/Latino	Yes, Cuban	Yes, Other			
Newborn Factors	Yes, Mexican, Mexican		Spanish/Hispanic/Latino			
Attendant/Certifier	American, chicano					
Other Registries	Which one or more of the followin	g is your race? (Check all that app	oly)			
Birth Defects	White	 Japanese 	 Guamanian or Chamorro 			
Hearing Screening	Black or African American	□ Korean	Samoan			
Metabolic Screening	American Indian or Alaska	Vietnamese	Other Pacific Islander			
Other Links	Native	Other Asian	Other (Specify)			
🗸 Assign Status	🗋 Asian Indian	Native Hawaiian				
Attachments	Chinese	5				
Print Forms	Filipino					
Comments						
			✓ Validate Page → Next	\Delta Clear	Save	D Return

• 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

|--|

Education				
Education	Bachelor's degree (e.	g. BA, AB, BS)	~	
Usual Occup (do not use Dispatcher Kind of Bus Transporta	pation retired) iness / Industry tion			
(Italian Afri	an American Haitian	Pakietani Ukrainian Nigerian Taiv	vanese etc)	
Afro-Amer	ican × American ×	Pakistani, okrainian, Nigenan, Tan	wallese, etc)	
	iour of principal in			
Hispanic Ori	igin (Check all that ap	ply)		
No, not	/Hispapie/Latine	Yes, Puerto Rican	Unknown	
Yes, Me America	exican, Mexican an, Chicano	Yes, Cuban	 Yes, Other Spanish/Hispanic/Latino 	
Which one o	or more of the followin	g is your race? (Check all that app	ly)	_
🗹 White		🗌 Japanese	Guamanian or Chamorro	
🗹 Black o	r African American	🗌 Korean	🗌 Samoan	
America	an Indian or Alaska	Vietnamese	Other Pacific Islander	
Native	ndian	Other Asian	Other (Specify)	
Chinese	e	Native Hawaiian	Unknown	
Filipino				
			⊘ Validate Page → Next Clear Save Set	irn

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

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/ Hold /Legal Pending/Medical Pending
Child	Informant
Mother/Parent	Relationship of Informant to Baby Other Specify
Mother/Parent Address	↓
Mother/Parent's Attributes	Informant Name
Mother Health	First Middle Last Suffix
Marital Status	
Father/Parent	
Father Attributes	Svalidate Page → Next & Clear Save SReturn
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

	-			
m		rm	21	nt
	10		a	ΠL

Relationship of In	formant to Baby Other Specify				
Informant Name					
First	Middle	Last	Suffix		
			✓ Validate Page → Ne:	kt 🚺 🕭 Clear 🕞	Save Save
Validation Resul	Its		🗮 List All I	Errors Save Ov	verrides 🗧 Hide
Error Message			Override	Goto Field	Popup
BR0166: Informar Make a valid selec	nt relationship cannot be left bla ction.	ank.		/ Fix	Fix
BR0170: Informants first name cannot be left blank Enter a valid first name for the Informant.		ink		/1 Fix	/ii Fix
BR0175: Informar Enter a valid last n	nts last name cannot be left bla name for the Informant.	nk		# Fix	Fix Fix

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

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/Legal Valid with e	exceptions/Medical Invalid/Un	certified/Not Registered/ Hold /	/Medical Pending	
Informant				
Relationship of Inf	formant to Baby Other Specify	/		
Mother	▼			
Informant Name				
First	Middle	Last	Suffix	
Mother		Testing		
		C	Validate Page → Next 👁 0	Clear Save SReturn

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

Guide 11: Place of Birth

• Once you navigate to the Place of Birth 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/Hold/Medical Pending
Child	Place of Birth
Mother/Parent	Type of Place of Birth Other Specify
Mother/Parent Address	Hospital V
Mother/Parent's Attributes	Facility Name Facility NPI
Mother Health	Boone Memorial Hospital
Marital Status	
Father/Parent	Address
Father Attributes	Pre Street Post Apt #,
Informant	Street Number Directional Street Name or PO Box, Rural Route, etc. Designator Directional Suite #,etc.
Facility Information	456 V Some Boulevard V
Place of Birth	Zip Code City or Town County State Country
Prenatal	A 25130 Madison Boone West Virginia United States
Pregnancy Factors	
Labor	Save Determine Save Set Set Save Set Set Set Set Set Set Set Set Set Se
Delivery	
Newborn	
Newborn Factors	
Attendant/Certifier	
Other Registries	
Birth Defects	
Hearing Screening	
Metabolic Screening	
Other Links	
 Assign Status 	
Attachments	
Print Forms	
Comments	

- 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

	46381 :Birth Testing OCT-06-2024
	Place of Birth
	Type of Place of Birth Other Specify Hospital
	Facility Name Facility NPI
	Address
Clear Icon	Pre Street Number Pre Directional Street Name or PO Box, Rural Route, etc. Street Designator Post Directional Apt #, Directional 456 Image: Street Name or PO Box, Rural Route, etc. Image: Boulevard Image: Street Name or PO Box, Rural Route, etc. Image: Street Name or PO Box, Rural Route, etc.
	Zip Code City or Town County State Country
	25130 Madison Boone West Virginia United States
	♥ Validate Page → Next ▲ Clear Save ⑦ Return
	When you click the Clear Icon, this window will pop up
	uat.davewv.vitalchek.com says
	Are you sure you want to clear the Facility data?
	OK Cancel
	Click Ok

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

46381 :Birth Testing OCT-0 /Legal Valid with exceptions/Medical Inv	5-2024 valid/Uncertified/Not Registe	ered/ Hold /Medical Pend	ing
Place of Birth	-		-
Type of Place of Birth	Other Specify		
Hospital 🗸			
Facility Name Boone Memorial Hospital	Facility NPI		
Address			
Street Number 456 Pre Directional Street Name Some	or PO Box, Rural Route, etc.	Street Designator Boulevard	Post Apt #, Directional Suite #,etc.
Zip Code City or Town	County Boone	State West Virginia	Country United States
		✓ Validate Pag	e → Next

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

Guide 12: Prenatal

• Once you navigate to the **Prenatal** 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/ Hold /Medical Pending					
Child	Prenatal					
Mother/Parent	Mother Medical Record # Mother Medicaid # Principal Source of payment for this delivery Other Specify					
Mother/Parent Address						
Mother/Parent's Attributes	Date of Last Menses					
Mother Health						
Marital Status	MMM-dd-yyyy					
Father/Parent	Prenatal Care					
Father Attributes	No Prenatal Care					
Informant	Date of First Visit Date of Last Visit Total Number of Prenatal Visits					
Facility Information						
Place of Birth	MMM-dd-yyyy MMM-dd-yyyy					
Prenatal Total Number of Previous Live Births						
Pregnancy Factors	Number New Living Number New Dead					
Labor						
Delivery						
Newborn	Date of Last Live Birth					
Newborn Factors						
Attendant/Certifier	MMM-uuyyyy					
Other Registries	Total Number of other Pregnancy Outcomes (Spontaneous or Induced Terminations)					
Birth Defects	Number of Other Pregnancy Outcomes Date of Last Other Pregnancy Outcome					
Hearing Screening						
Metabolic Screening	MMM-dd-yyyy					
Other Links	Validate Page → Next ▲ Clear B Save 5 Return					
✓ 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 Othe	er Specify	
Date of Last Menses		
Prenatal Care		
No Prenatal Care		
Date of First Visit Date of Last Visit Total Number of Prenatal Visits		
Total Number of Previous Live Births		
Number Now Living Number Now Dead		
Date of Last Live Birth		
Total Number of other Pregnancy Outcomes (Spontaneous or Induced Terminations)		
Number of Other Pregnancy Outcomes Date of Last Other Pregnancy Outcome MMM-dd-yyyy		
✓ Validate Page	Next 🔄 Clear 🕞 Save 🖸	Return
Validation Results	Next Clear Save Save	Return
Validate Page	Next Clear Save All Errors Save Overrides Override Goto Field Pop	Return Hide
Validate Page Validation Results Error Message BR0504: Number of prenatal visits cannot be left blank. Enter a valid value for number of prenatal visits	Next Clear Save Save Save Save Overrides Override Goto Field Pop	Hide
Validate Page Validation Results Error Message BR0504: Number of prenatal visits cannot be left blank. Enter a valid value for number of prenatal visits BR0507: Date of First Prenatal Visit cannot be left blank. Enter a valid Date for Date of First Prenatal Visit.	Next Clear Save Save Save Save Overrides Override Goto Field Pop	Return Hide Hide Fix
Validate Page Validation Results Error Message BR0504: Number of prenatal visits cannot be left blank. Enter a valid value for number of prenatal visits BR0507: Date of First Prenatal Visit cannot be left blank. Enter a valid Date for Date of First Prenatal Visit. BR0509: Date of last prenatal visit cannot be left blank. Enter a valid date for Date of Last Prenatal Visit.	Next Clear Save All Errors Save Overrides Override Goto Field Pop Image: Fix Image: Fix Image: Fix Image: Fix Image: Fix Image: Fix Image: Fix Image: Fix Image: Fix	Hide Hide Fix Fix Fix
Validation Results Error Message BR0504: Number of prenatal visits cannot be left blank. Enter a valid value for number of prenatal visits BR0507: Date of First Prenatal Visit cannot be left blank. Enter a valid Date for Date of First Prenatal Visit. BR0509: Date of last prenatal visit cannot be left blank. Enter a valid date for Date of Last Prenatal Visit. BR0517: Live Births Now Dead cannot be blank. Enter a valid value for Live Births Now Dead.	Next Clear Save Save All Errors Save Overrides Override Goto Field Pop Image: Save Image: Save Image: Save	Return Hide Hide Fix Fix Fix Fix
Validation Results Error Message BR0504: Number of prenatal visits cannot be left blank. Enter a valid value for number of prenatal visits BR0507: Date of First Prenatal Visit cannot be left blank. Enter a valid Date for Date of First Prenatal Visit. BR0509: Date of last prenatal visit cannot be left blank. Enter a valid date for Date of Last Prenatal Visit. BR0517: Live Births Now Dead cannot be blank. Enter a valid value for Live Births Now Dead. BR0524: The number other pregnancy outcomes is invalid. Enter a valid number for Other Pregnancy Outcomes.	Next Clear Save Save All Errors Save Overrides Override Goto Field Pop M Fix M	Return Hide Hide Fix Fix Fix Fix Fix
Validate Page Image: Control of the presence of payment cannot be left blank. Error Message BR0504: Number of prenatal visits cannot be left blank. BR0504: Number of prenatal visits cannot be left blank. Enter a valid value for number of prenatal visits BR0507: Date of First Prenatal Visit cannot be left blank. Enter a valid Date for Date of First Prenatal Visit. BR0509: Date of last prenatal visit cannot be left blank. Enter a valid date for Date of Last Prenatal Visit. BR0517: Live Births Now Dead cannot be blank. Enter a valid value for Live Births Now Dead. BR0524: The number other pregnancy outcomes is invalid. Enter a valid number for Other Pregnancy Outcomes. BR0530: Principal source of payment cannot be left blank. Select a valid value for principal source of payment from the dropdown list.	Next Clear Save Save All Errors Save Overrides Override Goto Field Pop Image: Save Image: Save Image: Save Override Goto Field Pop Image: Save Image: Save Image: Save Image: Save<	Return Hide Hide Fix Fix Fix Fix Fix Fix Fix
Validation Results Error Message BR0504: Number of prenatal visits cannot be left blank. Enter a valid value for number of prenatal visits BR0507: Date of First Prenatal Visit cannot be left blank. Enter a valid Date for Date of First Prenatal Visit. BR0509: Date of last prenatal visit cannot be left blank. Enter a valid date for Date of Last Prenatal Visit. BR0517: Live Births Now Dead cannot be blank. Enter a valid value for Live Births Now Dead. BR0524: The number other pregnancy outcomes is invalid. Enter a valid number for Other Pregnancy Outcomes. BR0530: Principal source of payment cannot be left blank. Select a valid value for principal source of payment from the dropdown list. BR0534: Date Last Normal Menses Began cannot be left blank. Enter a valid value for Date Segan.	Next Clear Save Save All Errors Save Overrides Override Goto Field Pop M Fix M	Return Hide Hide Hifix
Validation Results Validate Page Error Message Error Message BR0504: Number of prenatal visits cannot be left blank. Enter a valid value for number of prenatal visits Error Message BR0507: Date of First Prenatal Visit cannot be left blank. Enter a valid Date for Date of First Prenatal Visit. Error Message BR0509: Date of last prenatal visit cannot be left blank. Enter a valid date for Date of Last Prenatal Visit. Error Message BR0517: Live Births Now Dead cannot be left blank. Enter a valid value for Live Births Now Dead. Error Augusta BR0524: The number other pregnancy outcomes is invalid. Enter a valid number for Other Pregnancy Outcomes. Error Other Pregnancy Outcomes. BR0530: Principal source of payment cannot be left blank. Select a valid value for principal source of payment from the dropdown list. Error avalid value for Date Last Normal Menses Began. BR0534: Date Last Normal Menses Began. BR0732: Mother medical record number cannot be blank. Please enter the mother's medical record number.	Next Clear Save Save All Errors Save Overrides Override Goto Field Pop M Fix M	Return Hide Hide Hide HiFix

- 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

• Once you navigate to the **Pregnancy Factors** 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/Hold/Medical Pending						
 Child 	Pregnancy Factors						
✓ Mother/Parent	Risk Factors for this Pregnancy (Check all that apply)						
Mother/Parent Address Mother/Parent's Attributes Mother Health Marital Status Father/Parent Father Attributes Informant Facility Information Place of Birth	Diabetes-Gestational Hypertension-HELLP Previous Poor Pregnancy Diabetes-Pre-pregnancy Heart Disease-Congenital Outcome Hypertension-Pre-pregnancy Heart Disease Pregnancy Resulted From Hypertension-Gestational Heart Disease - Chronic Heart Pregnancy Resulted From Hypertension-Eclampsia Heart Disease-Pregnancy Infertility Treatment-Fertility-enhancing drugs Hypertension-Pre-eclampsia MAT treatmant during Pregnancy Mother Had A Previous Known or reported maternal non-prescribed drug use during this pregnancy						
Prenatal	Cesarean Delivery None Of The Above						
× Pregnancy Factors	Infections Tested						
× Labor × Delivery × Newborn	Mother Tested for Group B Strep? Was mother tested for HBsAG? If Yes, Results:						
X Newborn Factors X Attendant/Certifier Other Registries	Infections Present and / or Treated During this Pregnancy (Check all that apply) Genital Herpes HIV Syphilis Hepatitis B HPV Other (Specify) None Of The Above						
Birth Defects Hearing Screening	Group B streptococcus Gonorrhea Chlamydia Hepatitis C Covid-19 Obstetric Procedures						
Metabolic Screening Other Links Assign Status Attachments Print Forms Comments	Cervical cerclage External cephalic version- Amniocentesis conducted to Tocolysis failed assess chromosomal External cephalic version- Amniocentesis fetal abnormalities monitoring None Of The Above Amniocentesis to assess fetal lung maturity						
	♥ Validate Page → Next ▲ Clear ■ Save ♥ Return						

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 (Ch	neck all that apply)			
 Diabetes-Gestational Diabetes-Pre-pregnancy Hypertension-Pre-pregnancy (Chronic) Hypertension-Gestational Hypertension-Eclampsia Hypertension-Pre-eclampsia 	 Hypertension-HELLP Heart Disease-Congenital Heart Disease Heart Disease - Chronic Heart Disease Heart Disease-Pregnancy specific cardiac MAT treatmant during pregnancy Mother Had A Previous Cesarean Delivery 	 Previous Poor Pregnancy Outcome Pregnancy Resulted From Infertility Treatment-Fertility- enhancing drugs Pregnancy Resulted From Infertility Treatment-Assisted Reproductive Technology Known or reported maternal non-prescribed drug use during this pregnancy None Of The Above 		
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 th	at apply)		
Genital Herpes	V 🚺 Syphilis 🚺 Hepati onorrhea 🚺 Chlamydia 🚺 Hepati	tis B 🔲 HPV 🚺 Other (Specify tis C 🚺 Covid-19	/) 🔲 None Of The Above	
Obstetric Procedures				
 Cervical cerclage Tocolysis External cephalic version- successful 	 External cephalic version- failed Amniocentesis conducted to assess chromosomal abnormalities Amniocentesis fetal monitoring None Of The Above Amniocentesis to assess fetal lung maturity 			
		✓ Validate Page → Next	✿ Clear Save Sterr	
Validation Results		🗮 List All Errors	s Save Overrides Hide	
Error Message		Override	e Goto Field Popup	
BR0474: Risk Factors for this Preg Enter a valid value for Risk Factors	nancy cannot be blank. for this Pregnancy.		The Fix The Fix	
BR0486: Obstetric procedures can Enter a valid value for obstetric pro	not be left blank cedures		Fix Fix	
BR0490: Infections present during Enter a valid value for infections pre	this pregnancy entry cannot be blan esent during this pregnancy.	k.	A Fix A Fix	
BR0651: Date of tested for Group B Enter a valid date of test	3 Strep cannot be null		M Fix M Fix	
BRC0031: Was mother tested for H Select a valid value for Was mother	HBsAG? cannot be left blank r tested for HBsAG?		A Fix A 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

Guide 14: Labor

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



46381 :Birth Testing OCT-06-2024

/Legal Valid with exceptions/Medical Invalid/Un	ertified/Not Registered/ Hold /Medical Pending				
Labor					
Onset of Labor (Check all that apply)					
Premature rupture of the membrane (prolonged, >=12 hours)	 Prolonged labor (>=20 hours) None of the above 				
Precipitous labor (<3 hours)					
Characteristics of Labor and Delivery (Check all	hat apply)				
Induction of labor					
Augmentation of labor					
Non-vertex presentation					
Steroids (glucosteroids) for fetal lung matu	ation received by the mother prior to delivery				
Antibiotics received by the mother during la	roc				
🔲 Clinical chorioamnionitis diagnosed during	abor or maternal temperature >=38C (100.4F)				
Moderate/heavy meconium staining of the	mniotic fluid				
Fetal intolerance of labor	Fetal intolerance of labor				
🔲 Epidural or spinal anesthesia during labor					
Unknown					
None of the above					
	✓ Validate Page→ Next▲ Clear■ Save♡ Return				
Validation Depute					
validation Results					
Error Message	Override Goto Field Popup				
BR0187: Onset of Labor is invalid; A valid select Unknown if unknown. Select a valid value on the screen for Onset of La	bon must be made. Select None if no conditions apply or				
BR0189: At least one selection must be made. S	elect Unknown if unknown or None of the Above if no				

conditions apply.

Enter a valid value for characteristics of labor and/or delivery

- 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

Return to Table of Contents

💾 Fix

Fix

• Once you navigate to the **Delivery** 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/Hold/Medical Pending			
✓ Child	Delivery			
✓ Mother/Parent	Method of Delivery			
Mother/Parent Address	Was Delivery with Forceps Attempted but			
 Mother/Parent's Attributes 	Unsuccessful?			
✓ Mother Health	Was Delivery with Vacuum Extraction			
 Marital Status 	Attempted but onsoledessidi:			
✓ Father/Parent	Fetal Presentation at Birth			
 Father Attributes 	Final Route and Method of Delivery			
✓ Informant	If Cesarean, was a Trial of Labor Attempted? Not Applicable 🗸			
Facility Information	· · · · · · · · · · · · · · · · · · ·			
 Place of Birth 	Was the Cesarean scheduled?			
✓ Prenatal				
 Pregnancy Factors 	maternal morbidity (check all that apply)			
✓ Labor	Maternal transfusion Unplanned hysterectomy Unknown at this time			
× Delivery	□ Third or fourth degree □ Admission to intensive care □ None Of The Above			
× Newborn	permean laceration unit			
× Newborn Factors	procedure following delivery			
× Attendant/Certifier				
Other Registries	Mother Transferred for maternal medical or fetal indication prior to delivery			
Birth Defects	Infant Transferred within 24 hours of delivery			
Hearing Screening				
Metabolic Screening	♥ Validate Page → Next ♦ Clear 🖬 Save ♥ Return			
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

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?	Not Applicable 🗸					
Was the Cesarean scheduled?			~	Other (Specified)		
Maternal Morbidity (Check all that apply)						
🔲 Maternal transfusion 📃 Unplan	ned hysterectomy	🔲 Unknown at this time	e			
Third or fourth degree Admiss perineal laceration unit	ion to intensive care	None Of The Above				
Ruptured uterus Unplani procedu	ned operating room ure following delivery					
Mother Transferred for maternal medical or feta	indication prior to delive	ery 🗸				
Infant Transferred within 24 hours of delivery	~					
_		✓ Validate Page	→ Next	🕁 Clear	Save	C Return
Validation Results			st All Error	s 🖪 Sav	e Override	es 🗖 Hide
Error Message			Overrie	de Goto	Field	Popup
BR0092: Delivery with forceps attempted canno Enter a valid value for delivery with forceps attem	t be left blank. npted.			ĺ	Fix	Fix Fix
BR0094: Vacuum extraction attempted entry cal Enter a valid value for delivery with vacuum extra	nnot be blank. action attempted.			1	H Fix	Fix Fix
BR0096: Fetal Presentation at Birth entry cannot be blank. Enter a valid value for Fetal Presentation at Birth.				ĺ	Fix	Fix Fix
BR0097: Method of Delivery entry cannot be blank. Enter a valid value for Method of Delivery.				(Fix	Fix Fix
BR0099: Maternal morbidity entry cannot be bla Enter a valid value for Maternal morbidity.	nk.				Fix	Fix Fix
BR0417: Mother Transferred prior to delivery cannot be left bla Enter a valid value for Mother transferred prior to delivery.				(Fix	Fix Fix
BR0426: Child Transferred must be Yes, No, or U Enter a valid value for Child Transferred.	inknown; it cannot be bla	ank.			Fix	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 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 Screenin	g Card Number
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	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 Va	accine?	•				
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 Globuli	n (HBIG)					
Immunization Date	MMM-dd-yyyy					
Manufacturer						
Talecris						
Cangene						
🗌 BioTest						
Other (Specify)						
Unknown						
Lot Number:						
		😔 Validate Page	→ Next	\land Clear	Save	C 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



- 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

Guide 17: Newborn Factors

• Once you navigate to the Newborn Factors 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/Hold/Medical Pending			
Child	Newborn Factors			
Mother/Parent	Abnormal Conditions of the Newborn (Check all that apply)			
Mother/Parent Address Mother/Parent's Attributes Mother Health Marital Status Father/Parent Father Attributes Informant	 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 		
Place of Pirth	Concentral Anomalies (Check all that apply)			
Prenatal Pregnancy Factors Labor Delivery Newborn Newborn Factors Attendant/Certifier Other Registries Bith Defects	 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 action action 	Gastroschisis Hypospadias Down Syndrome karyotype Confirmed Down Syndrome karyotype Pending Down Syndrome karyotype Unknown Suspected chromosomal disorder karyotype Confirmed Suspected chromosomal disorder karyotype Pending		
Hearing Screening Metabolic Screening	Omphalocele	 Suspected chromosomal disorder karyotype Unknown None of the anomalies listed above 		
Uther LINKS				
Attachments Print Forms		✓ Validate Page → Next ▲ Clear ➡ Save ⑦ Return		
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)						
 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	Gastroschisis						
Microcephaly	Hypospadias						
Meningomyelocele/spina bifida	Down Syndrome karyotype Confirmed						
Cyanotic congenital heart disease	🔲 Down Syndrome karyotype Pending						

🔲 Down Syndrome karyotype Unknown

Suspected chromosomal disorder karyotype

Suspected chromosomal disorder karyotype

Cleft palate alone Omphalocele	Pending Suspected chromos Unknown None of the anomal	omal disorder karyotype es listed above		
	•) Validate Page → Next	🛧 Clear 🖬 Sa	ave 🖸 Return
Validation Results		🗮 List All Error	s 🕞 Save Over	rrides 📃 🗖 Hide
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.			Fix Fix	Fix Fix
BR0412: Congenital Anomalies of the C Enter a valid value for Congenital Anom	child cannot be left blank. alies of the Child.		Fix Fix	Fix

Confirmed

- 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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Congenital diaphragmatic hernia

Cleft lip with or without cleft palate

Limb reduction defect (excluding congenital

amputation and dwarfing syndromes)

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

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

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

Birth Registration Menu	46381 :Birth Testing OCT-06-2024
Parent Information	/Legal Valid with exceptions/Medical Invalid/Uncertified/Not Registered/Hold/Medical Pending
Child	Attendant/Certifier
Mother/Parent	
Mother/Parent Address	Attendant at Birth
Mother/Parent's Attributes	Attendant's Name
Mother Health	First Middle Last Suffix
Marital Status	
Father/Parent	Attendant's Title Other Specify
Father Attributes	✓
Informant	Attendant NPI
Facility Information	
Place of Birth	
Prenatal	Address
Pregnancy Factors	Edit Attendant Address 🗆
Labor	Pre Post Apt#, Street Number Directional Street Name or PO Box. Rural Route. etc. Designator Directional Suite #etc
Delivery	
Newborn	Zie Godo City or Town State Country
Newborn Factors	Zip Code City of Town State Coding y
Attendant/Certifier	Onited States
Other Registries	
Birth Defects	٩
Hearing Screening	Certifier
Metabolic Screening	Same As Attendant 🗌
Other Links	Certifier's Name
🗸 Assign Status	Medical Configer
Attachments	
Print Forms	Certifiers Title Other Specify
Comments	Doctor of Medicine
	Certifier NPI Date Certified
	12345679
	MMM-dd-yyyy
	🛇 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 Certifier 12345679 Date Certifier MMM-dd-yyy	fied			

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

Click the Magnifying Glass	46381 :Birth Testing OCT-06-2024
Icon to bring up a search	/Legal Valid with exceptions/Medical Invalid/Uncertified/Not Registered/Hold/Medical Pending
window	Attendant/Certifier
	Attendant at Birth
	Attendant's Name
	First Middle Last Suffix
	Attendant's Title Other Specify
	▼
	Attendant NPI
	Address
	Edit Attendant Address
	Pre Street Post Apt #,
	Street Number Directional Street Name or PO Box, Rural Route, etc. Designator Directional Suite #,etc
	Zip Code City or Town State Country
	Contract of the second

• Clicking the Magnifying Glass Icon will bring up this search window

Last Name First Name Search	🗖 Lookup Attendant			×
	Last Name	First Name	Search	
Cancel				Cancel

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

									% = a wild card
Cookup Atter	ndant							×	In this example, anyone whose last name begins with "doc" will show up in this search
Last Name doc9	6		First Nam	ie		Search			
License Number	Last Name	Suffix	First Name	Middle Name	Street Number	Street Name			Click Select beside the cor-
MD1234	Doctor		Medical		501	Morris	select	-	rect Medical Certifier to
						Total Reco	rds : 1		choose them
						-	Cancel		

• 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						
Pre		-	Street		Post	Apt #,
Street Number Directional	Street Name or PC	Box, Rural Route, etc.	Designator		Directional	Suite #,etc
501 🗸	Morris		Street	Ψ.	~	
Zip Code City or Town	n	State	Country			
25301 Charleston		West Virginia	United Stat	es		

- 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

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

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

/Logal Valid with	5
/Legal valid with	exceptions/Medical Valid/Uncertified/Not Registered/Hold/Birth Certification Required
Affirmations	
Affirm the follow	ing:
I certify that	this child was born alive at the place and time and on the date stated.
	Affirm Clear Return
Click 1	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
	46381 :Birth Testing OCT-06-2024 /Legal Valid with exceptions/Medical Valid/Uncertified/Not Registered/Hold/Birth Certification Required Affirmations
	46381 :Birth Testing OCT-06-2024 /Legal Valid with exceptions/Medical Valid/Uncertified/Not Registered/Hold/Birth Certification Required Affirmations Affirm the following:
	46381 :Birth Testing OCT-06-2024 /Legal Valid with exceptions/Medical Valid/Uncertified/Not Registered/Hold/Birth Certification Required Affirmations Affirm the following: Image: Image
Click the Checkbox	46381 :Birth Testing OCT-06-2024 /Legal Valid with exceptions/Medical Valid/Uncertified/Not Registered/Hold/Birth Certification Required Affirmations Affirm the following: Image: Certify that this child was born alive at the place and time and on the date stated. Affirm Clear Return

• 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.

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Return

- 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

Attachments	×
Attachments	
No data found.	
	New Attachment Close

Click New Attachment Button to add the Paternity Affidavit



Clicking New Attachment will bring up this screen

	Attachments			×		
For Attachment Type	Attachments					
	No data found.	No data found.				
	New Attachment					
	Attachment Type	Paternity Affidavit 🗸				
	Upload new attachment	Choose File No file chosen				
	Save Cancel	X				
	K		New Attachment	Close		
		Click Choose File to upload the Paternity Affidavit from your computer				
	Once Attack Save	you have selected Paternity Affidavit for the ament Type and chosen the file to upload, click				

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

Attachments			
Attachments			
Attachment Name	Date Acquired	Attachment Type	
BirthPaternityAffidavit.pdf	10/23/2024 12:44:42 PM	Paternity Affidavit	View Delete
		Тс	otal Records : 1
		New Attac	hment Close

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



Clicking the Amendment List Page will bring you to this screen

46385 2024000012 :New Birth OCT-21-2024	
Amendment List	
	New Amendment Retur

Click New Amendment and you will be brought to this screen

46385 2024000 /Legal Valid/Medical	012 :New Birth OCT-21- Valid/Certified/Registered/Hold/Plu	2024 Iral Delivery Linkage R	equired	
Amendment Page				
Туре	~	Amendment Date		
Year		Amendment Number		
Order Number		Description		
Amendment Status				
				Save Clear Return

- Here you will need to select the Amendment Type
 - For Paternity Affidavits you would select Paternity
 - 0

Amendment Page

Туре	Paternity	~
Year	Administrative Error - Birth	
Order Number	Adoption	
	Paternity	
Amendment Status	Special Court Order	

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

46381 2024000 /Legal Valid/Medical	0013 :Birth Testing OCT-(Valid/Certified/Registered/Hold	06-2024 Amend	ment Exists	
Amendment Page				
Туре	Paternity 🗸	Amendment Date	ОСТ-29-2024	
Year	2024	Amendment Number	6284	
Order Number		Description		
Amendment Status	Keyed (Requires Affirmation)			
Paternity				
Current Case				
File Number: 202400	00013			
Child's Name: Birth T Sex: Female Place of Birth: Madis	Child's Name: Birth Testing Date of Birth: OCT-06-2024 Sex: Female Facility: Boone Memorial Hospital Place of Birth: Madison West Virginia United States Facility: Boone Memorial Hospital			
Mother's Current Leg Mother's Name Befor Mother's Birthplace:	Mother's Current Legal Name: Sue Testing Mother's Date of Birth: NOV-15-1995 Mother's Name Before First Marriage: Sue Smith Mother's Age: 28 Mother's Birthplace: West Virginia United States Mother's Age: 28			
Father's Name: John Father's Birthplace: (Father's Education: E Father's Hispanic Orig	ny Testing Dhio United States Bachelor's degree (e.g. BA, AB, BS) gin: No, not Spanish/Hispanic/Latin	Fathe Fathe Fathe	r 's Date of Birth: MAY-15-1999 r 's Age: 25 r 's Race: White, Black or African American	
New Record				
Child				
Child's Name				
Last	Suffix			
Testing				

Father/Parent				
Father's Name				
First Mide	alb	Last		Suffix
Johnny				
Copy Current Legal Name				
Father/Parent's Name Before Firs	t Marriage			
First Mide	dle	Last		Suffix
Johnny		Testing		
Date of Birth Age	Social Security Number	r		
MAY-15-1999 🛗 🔿 25	000-00-0000	🔘 None	OUnknown	
MMM-dd-yyyy				
Residence Address				
Same As Mother's Address 🗌				
Pre Street Number Directional Street	t Name Rural Route etc		Street	Post Apt #, Directional Suite # etc
	ritanie, Rataritoute, etc.			
Zin Code City or Town	County	S	state	Country
	Joanty	Ĩ		
Inside City Limits				
✓				
Father Birthplace				
Birthplace State	Birthplace Country			
A Ohio	United States			
Eathar Attributas				
Education				
Education Bachelor's degree (e.	.g. BA, AB, BS)			~
Usual Occupation				
(do not use retired)				
Dispatcher				
Kind of Business / Industry				
Transportation				
Δηςestry				
(Italian African American Haitian	Pakistani Ukrainian Ni	nerian Taiwa	anese etc)	
Afro-American × American ×		genan, rann	anese, etc)	
Hispanic Origin (Check all that ap	piy)			
No, not	🗌 Yes, Puerto Ricar	n	Unknown	
Ves. Mexican. Mexican	🗌 Yes, Cuban		Yes, Other	ania/Latina
American, Chicano			Spanish/ his	Janic/Latino
Which one or more of the followin	ng is your race? (Check a	II that apply	<i>i</i>)	
				- Ohamarra
White	📋 Japanese			or Chamorro
Black of African American	U Korean		Samoan	Jolandar
Native	Other Asian		Other (Specific	
Asian Indian			<i>y)</i>	
Chinese				
🗌 Filipino				

Marital Status					
Paternity Information					
Has a Declaration of Pat	ernity Affidavit been co	mpleted?			
Has a voluntary Denial of	f Paternity form been pi	ovided to the mother?			
Informant Relationship of Informar Mother	nt to Baby Other Specif	у			
Informant Name					
First Mother	Middle	Last Testing	Suffix		
		Cancel A	mendment Validate Amendme	nt 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

	/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		
the Checkbox		Affirm Clear	Return
	Then click Affirm	Ĵ	



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

• 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-21-20 /Legal Valid/Medical Invalid/Uncertified/I)24 Not Registered/ Hold /Medical Pending
Newborn	
Medical Record Number	Newborn Screening Card Number
Infant Birth Weight	APGAR Score 5 Minutes 10 Minutes
Obstetric Estimate of Gestation(weeks)	
Plurality	~
Birth Order	
lf not single birth, number of infants in th	Unknown i/e
Was an appropriate solution/ointment pla	Single Other Specify
Is infant living at time of report?	Triplet
Is infant being breastfed at discharge?	Quadruplet
	Quintuplet _
14	Sextuplet
	Septuplet
	Octuplet

• After you certify the first plural birth, click on Link Plural Delivery Page in the Other Links Section under the Birth Registration Menu
Birth Registration Menu	46385 :New Birth OCT-21-2024		
Parent Information	/Legal Valid/Medical Valid/Certified/Not Registered/Hold/Plural Delivery Linkage Required/Registration Approval Required		
✓ Child	Affirmations		
✓ Mother/Parent			
 Mother/Parent Address 	Authentication successful.		
 Mother/Parent's Attributes 		Clear	Return
✓ Mother Health			
✓ Marital Status			
✓ Father/Parent			
 Father Attributes 			
✓ Informant			
Facility Information			
 Place of Birth 			
✓ Prenatal			
 Pregnancy Factors 			
✓ Labor			
✓ Delivery			
 Newborn 			
 Newborn Factors 			
 Attendant/Certifier 			
✓ Certify			
Other Registries	Now that you have certified the		
Birth Defects	first plural birth, click on the Link		
Hearing Screening			
Metabolic Screening	Plural Delivery to add the next		
Other Links			
✓ Assign Status			
Attachments			
Print Forms			
Comments			
LINK Plural Delivery			

- Clicking Link Plural Delivery will bring you to this page
- Click Link New Case Button to create the next birth in the plural delivery

Link Plural Del	ivery									
Linkage Id	Case Id	SFN	Name	Sex	Date of Birth	Time of Birth	Birth Or	der		
	46385		Birth, New	Female	OCT-21-2024	12:15 PM	First	(Compare	Unlink
								То	tal Reco	rds : 1
Current Case	9									
Linkage Id: Case Id: 4638	5									
Child Name: N	New Birth			Date/Time of	Birth: OCT-21-202	4 12:15 PM	Sex: Female			
Facility of Birt	h: Boone Me	son morial F	lospital	County of Birt	n: Boone					
Mother's Curre	ent Legal Nan	ne: Mar	y Smith							
Mother's Nam Mother's Date	of Birth: FEB	t Marria 3-04-199	ge: Mary Jone 19	is .			Mother's Birth	place: W	est Virgir	nia
Father's Curre	nt Legal Nam	e: John	Smith				Father's Disth		-	
Father's Date of	of Birth: NOV	-03-200	0				Father's Birth	blace: On	10	
Status: /Lega	I Valid/Medic	al Valid,	/Certified/Not	Registered/ H	d/Plural Delivery	Linkage Required/	Registration /	Approval R	Required	
									Link N	ew Case
Validation Re	sults					🗮 List Pag	ge Errors	Save Ove	errides	- Hide
Error Message							Over	ide Goto	Field P	opup
BR0613: There Please link one	e are too few o or more othe	cases lir er record	nked to the cur Is or update th	rent case bas e plurality ente	ed on the number ered for the case	of plurals entered.] [#	Fix	i 'i Fix

• Clicking Link New Case Button will bring you to this page

Link Plural Delivery		
Сіпкаде і а		
Event Type V		
Child's Name		
First Middle	▶Last Suffix	
Date of Birth MMM-dd-yyyy Time of Birth	n : 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 •		~						
Child's Name								
First	Birth							
First	Fetal death	C						

• 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 City or Town of Birth: Madison	Date/Time of Birth: OCT-21-2024 12:15 PM County of Birth: Boone	Sex: Female						
Facility of Birth: Boone Memorial Hospital								
Mother's Current Legal Name: Mary Smith Mother's Name Before First Marriage: Mary Jo Mother's Date of Birth: FEB-04-1999	ones	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/N	ot Registered/ Hold /Plural Delivery Linkage Requir	red/Registration Approval Required						



- 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 De	elivery								If you have accidentally
Linkage Id	Case Id	SFN	Name	Sex	Date of Birth	Time of Birth	Birth Order		linked two cases, click
14	46385		Birth, New	Female	OCT-21-2024	12:15 PM	First	Compare Unlink	Unlink to unlink them
14	46386		Birth, Second	Male	OCT-22-2024	12:18 PM		Compare Unlink	
								Total Records : 2	Clicking Compare will al-
Current Cas	e e								low you to see a preview
Linkage Id: 1	14								of each case to ensure
Case Id: 463	85								they should be linked
Child Name: City or Town	New Birth of Birth: Mac	dison	Date	e/Time of Bi ntv of Birth:	rth: OCT-21-2024 Boone	12:15 PM Sex:	Female		
Facility of Bi	rth: Boone M	emorial	Hospital	,					
Mother's Cur Mother's Nar Mother's Dat	rent Legal Na ne Before Fir e of Birth: FE	ame: Ma st Marri B-04-19	ary Smith age: Mary Jones 199			Mot	her's Birthplac	e: West Virginia	
Father's Curr Father's Date	ent Legal Na of Birth: NO	me: Joh V-03-20	n Smith 00			Fath	er's Birthplace	: Ohio	
Status: /Leg	al Valid/Med	ical Vali	d/Certified/Not Reg	istered/ Hol	d/Plural Delivery Li	inkage Required/Reg	istration Appro	val Required	
								Link New Case	
Validation R	esults					🗮 List Page E	rrors 🖪 🖬 Sav	e Overrides 📘 🗖 Hide	
Error Messag	e						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

ink Plural De	livery									If you determine t
Linkage Id	Case Id	SFN	Name	Sex	Date of Birth	Time of Birth	Birth Order			linked after comp
14	46385		Birth, New	Female	OCT-21-2024	12:15 PM	First	Comp	Unlink	ing them, click Sel
14	46386		Birth, Second	Male	OCT-22-2024	12:18 PM		Select	Unlink	to enter informat
								Total Rec	ords : 2	for the new, link
Current Cas	e									case
Linkage Id: 1	4									
Case Id: 463 Child Name: City or Town	85 New Birth of Birth: Ma	dison	Da	ite/Time of B ounty of Birth	irth: OCT-21-2024 : Boone	12:15 PM S	ex: Female			
Facility of Bir	th: Boone M	emorial	Hospital							
Mother's Cur Mother's Nan Mother's Date	rent Legal Na ne Before Fir e of Birth: FF	ame: M st Marri B-04-19	ary Smith iage: Mary Jones			м	other's Birthola	ce: West Vira	inia	
Father's Curr Father's Date	ent Legal Na of Birth: NO	me: Jol V-03-20	hn Smith 100			F	ather's Birthplac	e: Ohio		
Status: /Leg	al Valid/Med	ical Vali	d/Certified/Not Re	egistered/ Ho	ld/Plural Delivery L	inkage Required/R	egistration App	roval Required		
ompare									If there is r	nore than
Linkage Id: 1	4								two in the	delivery,
Case Id: 463	86								you can cli	ck Link New
Child Name: City or Town	Second Birth of Birth: Mai	lison	Da	ite/Time of B ounty of Birth	irth: OCT-22-2024	12:18 PM S	Sex: Male Case to add anot			d another
Facility of Bir	th: Boone M	emorial	Hospital	and of birth	. Doone				case	
Mother's Cur Mother's Nan Mother's Date	rent Legal Na ne Before Fir e of Birth: FE	me: M st Marri B-04-19	ary Smith iage: Mary Jones 999			м	other's Birthpla	ce : West Virg	inia	
Father's Curr Father's Date	ent Legal Na of Birth: NC	me: Jol V-03-20	hn Smith 100			F	ather's Birthplac	e: Ohio		
Status: /Leg	al Invalid/Me	dical In	valid/Uncertified/N	Not Registere	d/ Hold /Legal Pen	ding/Medical Pend	ing		F	
								Link	New Case	

Each case you add will appear at the top and have the same Linkage Id

Link Plural Delivery

Linkage Id	Case Id	SFN	Name	Sex	Date of Birth	Time of Birth	Birth Order		
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		Select	Unlink
14	46387		Birth, Third	Female	OCT-22-2024	12:22 PM		Compare	Unlink
Total Records : 3									

• If you determine the cases should be linked after comparing them, click the **Select** Link and you will be brought to that case

Birth Registration Menu	46386 :Second Birth OCT-22-2024
Parent Information	/Legal Invalid/Medical Invalid/Uncertified/Not Registered/Hold/Legal Pending/Medical Pending
Y child	Child
	Child's Name
Mother/Parent	
 Mother/Parent Address 	First Middle Last Suttix
 Mother/Parent's Attributes 	Second Birth
 Mother Health 	Date of Birth Time of Birth Sex Gender Child SSN
 Marital Status 	0CT-22-2024 = 12 18 PM V Male V -
✓ Father/Parent	
 Father Attributes 	Request SSN for Child Is infant a safe haven/foundling baby?
× Informant	
Facility Information	
✓ Place of Birth	Is Adoption/Legal proceeding expected? Is child in DHHK Custody?
× Prenatal	No V
 Pregnancy Factors 	Is this a Surrogate Pregnancy?
✓ Labor	No 🗸
× Delivery	
× Newborn	⊘ Validate Page → Next ▲ Clear B Save ⑤ Return
× Newborn Factors	
 Attendant/Certifier 	
Other Registries	
Birth Defects	
Hearing Screening	
Metabolic Screening	
Other Links	
✓ Assign Status	
Attachments	
Print Forms	
Comments	

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

	Birth Registration Menu
Green check marks indicate	Parent Information
those pages are complete.	× Child
	✓ Mother/Parent
	Mother/Parent Address
You will only need to enter	 Mother/Parent's Attributes
information on the pages	 Mother Health
with a red X	 Marital Status
	 Father/Parent
However, you should review	 Father Attributes
all pages for accuracy prior	× Informant
to certifying the case	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 N	Number Now Dead				
2 🗸	None	~				
Date of Last Live Birth						
OCT-22-2024 🛗						
MMM-dd-yyyy						

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Guide 21: Making Changes to a Case & Creating Amendments

- 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 case	e File Number (SFN is registered by the) means a e State Office				
	Case Id		Child's Name	Data of Birth	Sov	Place of Pirth	Proview
	Case Id	SEN		Date of Birth	Sex	Place of Birth	Preview
	45159		Test, Test	DEC-15-2023	Male		Preview
These cases are	45190	2023000053	Test, Test	DEC-26-2023	Male	Boone	Preview
	45301		test, test	MAY-01-2024	Male	Boone	Preview
registered	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
	First 1 2 3	4 Last					Total Records : 32
							Ӓ 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



- 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



• 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	J		
uat.davewv.vitalchek.com says			
Are you sure you wish to Unaffirm this registration?			
ОК	Cancel		

• 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.

Return

Clear

• 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

	Birth Registration Menu	46381 2024000013 :Birth Testing OCT-06-2024
	Parent Information	/Legal Valid/Medical Valid/Certified/Registered/Hold
	Child	Child
	Mother/Parent	Child's Name
	Mother/Parent Address	First Middle Last Suffix
	Mother/Parent's Attributes	Birth Testing
	Mother Health	Data of Ritth Time of Ritth Say Conder Child SNI
	Marital Status	Date of Birth Time of Birth Set Gender Child Son
	Father/Parent	UCI-UD-2024 III 09 : 26 AM V remaie V remaie V 000-00-0000
	Father Attributes	mmm-ury;;;; Raquest SSN for Child Is infant a safe haven/foundling haby?
	Informant	No parent does not want a card issued of the minant a safe intervention wining baby:
	Facility Information	
	Place of Birth	Is Adoption/Legal proceeding expected? Is child in DHHR Custody?
	Prenatal	NO V
	Pregnancy Factors	Is this a Surrogate Pregnancy?
	Labor	No 🗸
	Delivery	
	Newborn	Save SReturn Q Validate Page → Next Q Clear G Save S Return
	Newborn Factors	
	Attendant/Certifier	
Click Amendment	Registrar Information	
	Amendment List	
List Page	Other Registries	
	Birth Defects	
	Hearing Screening	
	Metabolic Screening	
	Other Links	
	Amendments	
	✓ Assign Status	
	Attachments	
	Print Forms	
	Comments	

• 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

46381 2024000013 :Birth Testing OCT-06-2024

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

Amendment Page			
Туре	~	Amendment Date	
Year		Amendment Number	
Order Number		Description	
Amendment Status			
			Save Clear Return

- 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

	~
Administrative Error - Birth	
Adoption	
Paternity	
Special Court Order	

• 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

46381 2024000013 :Birth Testing OCT-06-2024

/Legal Valid/Medical	/alid/Certified/Registered/ Ho	ld					
Amendment Page							
Туре	Administrative Error - Birth	← Amendment [OCT-23-2	2024 🗰 ууу			
Year	2024	Amendment Number	5285				
Order Number		Description					10
Amendment Status	Keyed (Requires Affirmation)						
Page to Amend Birt	h - Mother 🗸 🗸						
Mother/Parent							
Mother's Current Lega	Name						
First	Middle	Last		Suffix			
Mother		Testing					
🕒 Copy Current Lega	l Name						
Mother's Name Before	First Marriage						
First	Middle	Last		Suffix			
Mother		Smith					
Date of Birth NOV-15-1995 🛗 🕻	Age Social Security No 28 000-00-0000	Imber ● None ○ U	Inknown				
Mother's Birthplace							
Birthplace State	Birthplace Cour	ntry					
West Virginia	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 202400	0013 :Birth Testing OCT	-06-2024				
	Amendment	Amendment Page	Valid/Certified/Registered/Hold					
	Amendment Affirmation	The Amendment hee	not been offermed. Disease coloret &	mondmont Affirmation t	a Affirm the ame	andmant		
		The Amendment has	not been animed. Please select A	nienument Animation t	Amini ule ame			
	Birth Registration Menu	Туре	Administrative Error - Birth 🛛 🗸	Amendment Date	001-23-2024			
	Parent Information				ммм-аа-уууу			
	Child	Year	2024	Number	5285			
	Mother/Parent							
	Mother/Parent Address	Order Number		Description				
	Mother/Parent's Attributes	A man day and						
	Mother Health	Status	Keyed (Requires Affirmation)			Updated Mot	her's Nar	me
	Marital Status	_						
	Father/Parent	Page to Amend	~					
	Father Attributes							
	Informant	Item In Error		Item as it Ap	pears	Item as it Should be	Edit	Delete
	Facility Information	Mother - First Name	- Current	Mother		Sue	Edit	Delete
	Place of Birth	Mother - First Name	- Before First Marriage	Mother		Sue	Edit	Delete
	Prenatal							
	Pregnancy Factors							
	Labor			Cancel Ame	endment Valie	date Amendment Sa	ave Clear	Return
		0	riginal Mother's Name					

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

Amendments Menu	46381 202400	0013 :Birth Testing OCT-	06-2024					
Amendment	/Legal Valid/Medica	l Valid/Certified/Registered/ Hold						
Amendment Affirmation	Amendment Page							
	The Amendment has	not been affirmed. Please select Ar	mendment Affirmation t	o Affirm the an	nendment.			
Birth Registration Menu	Туре	Administrative Error - Birth 🛛 🗸	Amendment Date	OCT-23-2024	1			
Parent Information			Amondmont	ммм-ад-уууу				
Child	Year	2024	Number	5285				
Mother/Parent							If you need to change	
Mother/Parent Address	Order Number		Description				in you need to change	
Mother/Parent's Attributes	Amendment						the amendment you	
Mother Health	Status	Keyed (Requires Affirmation)					just made, click the	
Marital Status						•	Edit Link	
Father/Parent	Page to Amend	~					Luit Link	
Father Attributes								
Informant	Item In Error		Item as it Ap	pears	Item as it Should be	Edit		
Facility Information	Mother - First Name	e - Current	Mother		Sue	Edit Delete		
Place of Birth	Mother - First Name	- Before First Marriage	Mother		Sue	Edit Delete		
Prenatal								e
Pregnancy Factors							Link to delete t	ne
Labor			Cancel Am	endment Va	lidate Amendment Save	Clear Return	amendment	
5 P							amenament	

- 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

	46381 2024000013 :Birth Testing OCT-06-2024 /Legal Valid/Medical Valid/Certified/Registered/Hold	
	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	
lick the Checkbox		Affirm Clear Return
	Then click Affirm	<u>Ĵ</u>

• 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.



- 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



Medical Certifier

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

Case II	D State File Numb	er (SFN) Child Nar	ne	Date of Bir	th						
Status Bar	46385 2024000 /Legal Valid/Medical	012 :New Birth	OCT-	-21-2024	ery Linkage	Required					
	Child										
	Child's Name										
	First	Middle		Last		Suffix	_				
	New			Birth							
	Date of Birth T	ime of Birth	Sex		Gender	Child S	SSN	_			
	OCT-21-2024 1 MMM-dd-yyyy	12:15 PM v	Fema	ale 🗸	Female	∨ 000-0	0-0000	J			
	Request SSN for Child	want a card issued v	Is infa	nt a safe have	en/foundling	g baby?					
	Is Adoption/Legal pro	ceeding expected?	Is child	d in DHHR Cu	stody?						
	Is this a Surrogate Pre	egnancy?									
						🕑 Validate	Page	→ Next	\Delta Clear	B Save	S Return
	A case only has a St it's registered by th	ate File Number (SFI e State Office	I) after								

• 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



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





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			Birth Registration Menu
says Legal Valid, all			Parent Information
the pages in the Par-		(🛩 Child
ent Information Sec-			✓ Mother/Parent
tion will have a green	Parent Information		✓ Mother/Parent Address
checkmark beside the	Section is the Legal	\prec	 Mother/Parent's Attributes
pages	Section		 Mother Health
			 Marital Status
		l	✓ 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





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



• 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



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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	Mother's Syphilis Test	
Parent Information	Was a serologic test for syphilis performed on the mother during	No
✓ Child	pregnancy?	
 Mother/Parent 	If ves Date Performed	Laboratory
 Mother/Parent Address 	n jeo, bater enomed	MMM-dd-yyyy
 Mother/Parent's Attributes 	If Yes, Name of Test	
 Mother Health 	RPR - Rapid Plasma Reagin	
 Marital Status 	VDRL - Venereal Disease	
✓Informant	Research Laboratory	
Facility Information	Svphilis	
 Place of Birth 	EIA - Enzyme Immunoassay	
✓ Prenatal	Test for anti-Treponemal IgG	
 Pregnancy Factors 	Unknown	
✓Labor	If No. Why Not?	Unknown
 Delivery 	into, my not.	on known
Newborn	Child's Hepatitis B Vaccine	
Newborn Factors	Was the infant given Hepptitic P Vaccine? No.	×
Attendant/Certifier		•
Certify	If Yes, Date Given	
Other Registries	MMM-dd-yyyy	
Birth Defects	Tres, Manufacturer Brand	
Hearing Screening	Merck	
Metabolic Screening	Glaxo Smith Kline	
Other Links	Other Specify	
✓Assign Status	If Yes, Lot Number	
Attachments		
Print Forms	If Yes, VIS Edition Date:	
Comments		
	Child's Hepatitis B Immune Globulin (HBIG)	
	NOV-08-2024	
	MMM-dd-yyyy	
	Manufacturer	
	Talecris	
	Cangene	
	D BioTest	
	Other (Specify)	
	Unknown	
	Lot Number: 45646	
		✓Validate Page → Next Clear Save Return
	Validation Results	EList All Errors Save Overrides Hide
	Frror Message	Override Goto Field Populo
	BRC0029: Manufacturer cannot be left blank	
	Select Valid Manufacturer	🗹 🕺 👬 Fix

- Click Validate Page to show the errors and the overrirde
- 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 A	ll Errors 🛛 🖬 Save O	verrides 📃 Hide	
Error Message		Override	Goto Field	Рорир	
BRC0029: Manufacturer cannot be left blank Select Valid Manufacturer			Fix Fix	Fix	Save Overrides Button
	Click the Checkbox to un- check the box	Ĵ			

- 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	NOV-08-2024 MMM-dd-yyyy	iii (
Manufacturer							
Talecris							
🗹 Cangene							
🗌 BioTest							
Other (Specify)							
Unknown							
Lot Number:	45646						
			✓ Validate Page	→ Next	\Delta Clear	Save	D Return

• The **Birth Registration Menu** will update and the page that you updated will now have a green check mark, if he 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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