



Next Generation Vital Statistics: Birth at the local level

PRESENTED BY: SUSAN ZANNIS
NV VITAL STATISTICS SUPERVISOR



VITAL STATISTICS

VISION

Provide quality customer service through accurate and secure documentation of life events.

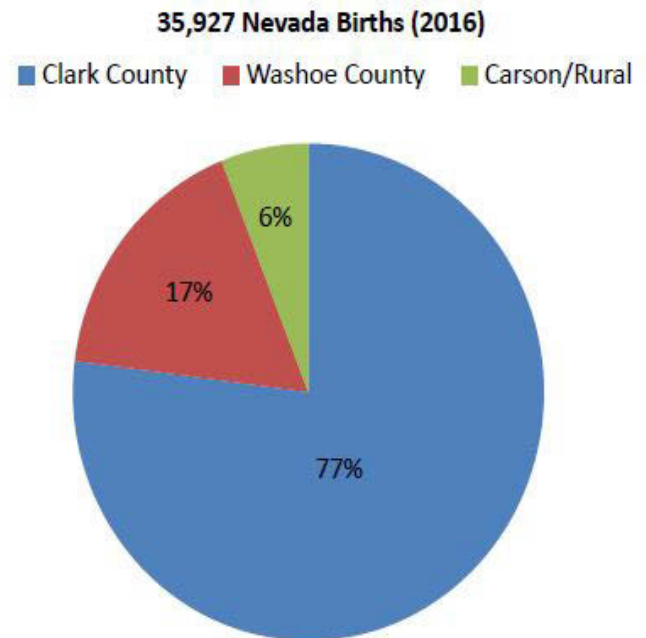
MISSION

Register, maintain and issue birth and death records and provide prompt, confidential, and responsive service to our customers.

Contribute positively to the efforts for a healthy Nevada by ensuring we collect all essential data to be used as a foundation for improving public health.

Vision & Mission

Clark County's Role in Nevada Birth Registration



Vital Statistics Best Practice

Annual hospital
training for birth
clerks and registrars.



Ensure registrars
and birth clerks
understand why we
collect information.

Register Birth Certificates

Examine Birth Certificates

- All fields complete? Return incomplete records to hospital
- Review accuracy of information
- Query hospital for information
- Determine if attachments are required

Review Attachments

- Minor Father Addendum
- Declaration of Paternity
- Declaration of Parentage
- Assisted conception agreements
- Court orders

Timely Registration

Nevada revised statute 440.280

All birth are required to be filed with the health officer of the registration district where the birth occurred within 10 days from birth.

[illegible]

- ▶ **Child**- name, date of birth, place of birth, apply for social security card.
- ▶ **Mother**-name, date of birth, social security, residence & mailing address.
- ▶ **Mother 2**-education, race, ethnicity, marital status, assisted conception
- ▶ **Father**- name, date of birth, place of birth, social security, education, race, ethnicity,
- ▶ **Facility**- sex, DOB, time of birth, place, payment source
- ▶ **Prenatal**- pregnancy history, risk factors-medical history, risk factors-infections, obstetric procedures.

Hospital entry

Examine

Birth Certificate Fields (continued)

- ▶ **Labor and Delivery**-mothers weight, onset of labor, characteristics of labor and delivery, delivery, presentation, method of delivery, maternal complications.
- ▶ **Newborn**- Apgar, weight, estimate of gestation, plurality, living, abnormal conditions, congenital anomalies, state immunization compliance (NRS 442.050), immunization given (date, time, site, manufacturer, lot number).
- ▶ **Signatures**-Attendant, Certifier, Vital Statistics
- ▶ **Flags/Notes section**-ready for NCHS, ready for SSA, notes.

Paternity

State of Nevada
Declaration of Paternity

Office of Vital Records
4150 Technology Way, Suite 104
Carson City, NV 89706

ALL PARTS OF SECTIONS A & B MUST BE COMPLETED AND SECTION C WITNESSED

SECTION A	NAME OF CHILD - FIRST		SEX	DATE OF BIRTH (Month, Day, Year)	LAST	SUFFIX
CHILD	MIDDLE					
PLACE OF BIRTH	CITY		COUNTY	STATE	COUNTRY	
MOTHER INFORMATION	NAME OF PARENT - FIRST		SEX	DATE OF BIRTH (Month, Day, Year)	LAST	SUFFIX
FATHER INFORMATION	NAME OF PARENT - FIRST		SEX	DATE OF BIRTH (Month, Day, Year)	LAST	SUFFIX
CURRENT ADDRESS (Number, Street, City, State, Zip Code)						

SECTION B TO BE COMPLETED BY FATHER

I declare under the penalty of perjury that:

- The information I have provided is true and correct.
- I am the natural father of the child named on this declaration.
- I have read and understood the rights and responsibilities described on the other side of this form.
- I have been duly informed of my rights and responsibilities.
- I understand that by signing this form, I am voluntarily consenting to the establishment of paternity as the legal father of this child and accepting all the rights and responsibilities of a legal father of this child.
- I wish to be added to the child's birth certificate.
- A genetic test has not determined that another man is the father of this child.
- There is no court order or other Acknowledgment of Paternity legally presumed father of this child.
- There is no court order or other Acknowledgment of Paternity naming another man as the legal father of this child.

SECTION C TO BE COMPLETED

WITNESSED BY:

DATE SIGNED: _____

SIGNATURE OF FATHER: _____

DATE SIGNED: _____

SIGNATURE OF WITNESS: _____

WITNESS - ADDRESS (Number and Street): _____

WITNESS - ADDRESS (City, State and Zip Code): _____

Minor Father

ADDENDUM TO DECLARATION OF PATERNITY
AFFIDAVIT OF LEGAL GUARDIANSHIP FOR PATERNITY AND PATERNITY

MINOR FATHER
(MINOR OF THE MAJOR)

I, _____, am the legal guardian/parent of _____, whose date of birth is _____.

I give my permission for _____ to sign this legal document.

Document titled "Declaration of Paternity" with the knowledge that this will add his name to the legal records "Certificado de Paternidad" and el consentimiento de que esa firma agregue el nombre de él al

Certificate of Live Birth of _____ born _____

(Signature of Parent/Guardian) _____

(Referring to Minor) _____

Type or print Affiant name _____

State of _____

County of _____

Signed and sworn to (or affirmed) before me on _____

by _____

Notary Public (Signature) _____

Court Order

1 Code
2 (Your name)
3 (Address)
4 (Telephone)
5
6
7 In Proper Person
8 IN THE DISTRICT COURT OF THE STATE OF NEVADA
9 IN AND FOR THE COUNTY OF _____
10 Is the Matter of the Guardianship
11 of the _____
12 ☐ Person only
13 ☐ Estate only
14 ☐ Person and Estate
15
16
17 CASE NO. _____
18 DEPT. NO. _____
19
20
21
22 TO: The person listed on Exhibit 1, attached hereto.
23 PLEASE TAKE NOTICE that this Court Order
24 was entered in the above-entitled matter on (date) _____
25 which is attached hereto.
26 DATED this _____ day of _____, a copy of
27 (Your signature)
28

NOTICE OF ENTRY OF ORDER

PLEASE TAKE NOTICE that this Court Order was entered in the above-entitled matter on (date) _____ which is attached hereto.

DATED this _____ day of _____, a copy of

(Your signature)

Review Documents

Issue Birth Certificates

Act as the collector of vital statistics in his/her county.

- ▶ Issue birth certificates to applicants with a direct and tangible interest. (NRS 440.650, NAC)
- ▶ Provide written as well as audio and/or oral instruction of rights and responsibilities for paternity documents. Witness and sign declaration of paternity documents.
- ▶ Maintain confidentiality of all birth information and records.

Privacy and Confidentiality VS Employee's

- ▶ Background checks prior to hiring
- ▶ Annually signed confidentiality agreements
- ▶ Key card access
- ▶ Cameras
- ▶ Secured Vault for Security paper
 - Limited to certain employees
 - Must be accompanied by a witness to enter
- ▶ Paper tracking system

Privacy and Confidentiality Applicants

- ▶ Pursuant to NRS 440.125, the Registrar is responsible for ensuring the security and confidentiality of birth and death records.
- ▶ In accordance with NRS 440.650 applicants must have a direct and tangible interest to obtain a birth certificate.
 - (a) Direct relationship by blood or marriage to the person named on the certificate;
 - (b) Legal relationship to the person named on the certificate; or
 - (c) Requirement imposed by law or otherwise to facilitate legal process.

Privacy and Confidentiality

Applicants-cont.

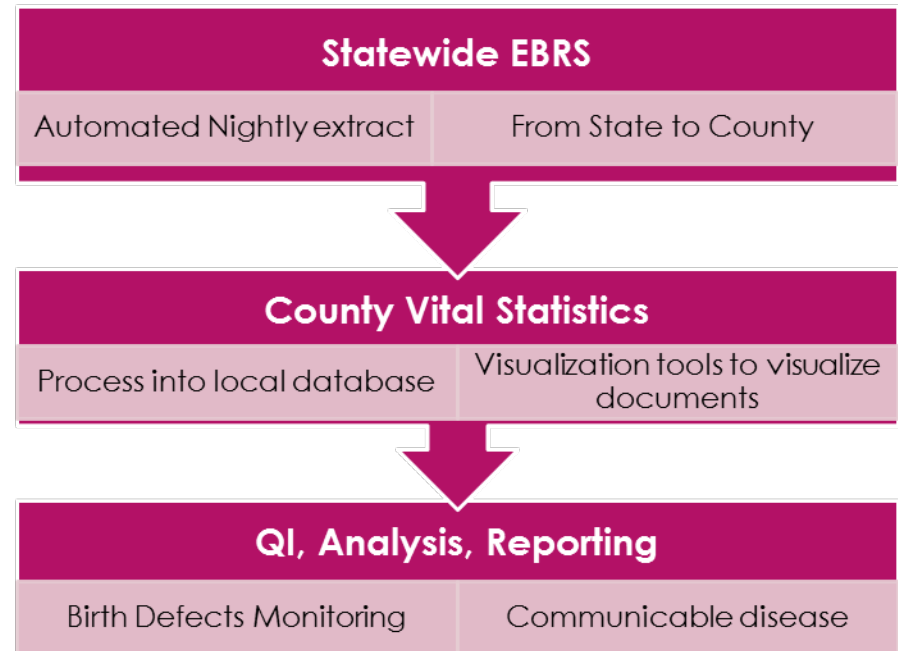
Proof of relationship and identification are required.

Example:

Legal Relationship to the person of record	Proof	Facilitate a Legal Process	Proof
Attorneys	-Affidavit -Letter head -Company check	Attorney	1. Court Order 2. Letterhead 3. Company check
Federal, state, and County Government Investigative agencies	-Letterhead -Department ID/Badge	Federal, state, and County Government Investigative agencies	-Letterhead -Department ID/Badge
Adoptive Parent	Must be listed on certificate	Law Enforcement	-Letterhead -Department ID/Badge
Adoption Agencies	-Nevada relinquishment form -Nevada adoption license -Letterhead -Company check	School District	-Letter for school enrollment -Work Badge -County Method of payment
Ex-spouse		Ex-Spouse, Ex In-laws	Not applicable

Data Sharing and Transmission

- Electronic statewide EBRS
- Cloud based system



Uses for Birth Certificate Information

- ▶ **Perinatal Hepatitis B Prevention Program (PHBPP)**
 - Confirm compliance of Hepatitis B immunization given to babies born to infected mothers
- ▶ **Teen Pregnancy**
 - Determine at risk areas and provided outreach and education
- ▶ **Tuberculosis expose and notification**
 - Linkage to exposure.
- ▶ **Birth Defects**
 - Identify possible birth defects and the access medical records for confirmation
- ▶ **Media and Public information**
 - Provide information and show trends for population growth or decline
- ▶ **Sexual Health/HIV/Syphilis**
 - Follow up on babies at risk through birth

Not all inclusive



Thank You

Questions?

Southern Nevada Health District

Susan Zannis

Email: zannis@snhd.org

Office: 702-759-1013

Cell: 702-890-4914