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Form Approved/OMB No. 0920-0213
Expiration Date: xx/xx/20xx

Public reporting burden for this collection of information is estimated to average 8 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of data. An agency may not collect or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer: 1600 Clifton Road, MS D-74, Atlanta, GA 30333, ATTN.: PRA (0920-0213)

CENTERS FOR DISEASE CONTROL AND PREVENTION
NATIONAL CENTER FOR HEALTH STATISTICS
DIVISION OF VITAL STATISTICS
RESEARCH TRIANGLE PARK, NC 27709

MONTHLY VITAL STATISTICS REPORT

Registration Area _____
(State or County, State)
Month and Year ex January 2016

The following were received for filing in this office:

_____ Birth certificates between _____ and _____.
(Month) (Day) (Month) (Day)

_____ Death certificates between _____ and _____.
(Month) (Day) (Month) (Day)

_____ Infant deaths were included in the count of death certificates above.

(Official in charge) (Signed) _____
Date _____

Please read instructions on back of sheet before completing, then E-mail or mail to address provided in instructions or in one of the pre-addressed envelopes provided by NCHS.

INSTRUCTIONS

(Monthly Vital Statistics Report)

Births/Deaths/Infant Deaths:

1. Report the number of certificates accepted for filing, received between two dates a month apart, without regard to date of occurrence. Note that this may mean:
 - a. Including more than one month's shipment from a local office.
 - b. Including prior year's events along with this year's.

If certificates from a prior data year are received, please total them separately by event and year.

2. Use the same cutoff dates from month to monthC even though the cutoff date for births may be different from the cutoff date for deaths.
3. Include all certificates for deaths under one year of age in reporting the number of death certificates for infants.
4. Do not include fetal deaths (stillborns) in the counts of births and deaths.

For all monthly counts

5. Mail your report on or before the 25th of the month following the month of report to:

MVSR Counts
Data Acquisition, Classification and Evaluation Branch, DVS
DHHS, CDC, OPHSS, NCHS
P.O. Box 12214; MS P09
3210 East Highway 54
Research Triangle Park, NC 27709
Telephone: 919-541-7642

Email: mvsr@cdc.gov

6. For additional forms or information on the reporting procedure, write or telephone to the above address.
7. Your assistance in providing this information will make it possible for us to compile complete national data for publication in the Monthly Vital Statistics Report. Legal authority for this information collection is provided under 42 USC 242k and the obligation to respond is voluntary.

Example of Electronic Version

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Office of Management and Budget Number 0920-0213
Department of Health and Human Services
Centers for Disease Control and Prevention
National Center for Health Statistics
Division of Vital Statistics
P. O. Box 12214
Research Triangle Park, North Carolina 27709

MONTHLY VITAL STATISTICS REPORT

Please indicate on the form below, counts for births, deaths, and infant deaths, in the space provided by the underline. For birth and death counts, report the number of certificates received between two dates a month apart, without regard to date of occurrence. For infant death counts, include all certificates of death under one year of age. PLEASE do not include fetal deaths or stillbirths in the counts for births and deaths. If possible, use the same time frame (or cutoff dates) from month to month, when providing counts for births and deaths. Your assistance in electronically providing this information will make it possible for us to compile complete national data for publication in MONTHLY VITAL STATISTICS REPORT. Legal authority for collecting this information is provided under 42 USC 242k, and the obligation to respond is voluntary.

We are requesting counts for the month of JANUARY 2016 and realize that some states have not provided MVSR counts for DECEMBER 2015. For these States, please provide counts electronically for JANUARY 2016 and DECEMBER 2015 as soon as you can. If you have any questions or concerns regarding electronic transmission of MVSR counts, please feel free to contact the Project Officer assigned to your state. If you have already submitted JANUARY 2016 counts, please disregard this message.

OUR email address is - mvsr@cdc.gov

Monthly Vital Statistics Report for the Month of JANUARY 2016:

STATE NAME: _____

- 1) There were _____ birth certificates received in this office between _____ and _____.
month / day month / day
- 2) There were _____ death certificates received in this office between _____ and _____.
month / day month / day
- 3) There were _____ infant deaths included in the count of death certificates.
- 4) TELEPHONE NUMBER and NAME of individual completing this form: _____