**Att. C Form Approved/OMB No. 0920-0213**

**Expiration Date: xx/xx/20xx**

**Notice** – CDC estimates the average public reporting burden for this collection of information as 8 minutes per response, including the time for reviewing instructions, searching existing data/information sources, gathering and maintaining the data/information needed, and completing and reviewing the collection of information. An agency may not conduct 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 Information Collection Review Office, 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 2019**

**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.**

**(Signed) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Official in charge)**

**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:
2. Including more than one month’s shipment from a local office.
3. 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.

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

For all monthly counts

1. 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

1. For additional forms or information on the reporting procedure, write or telephone to the above address.
2. 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 U.S.C 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 U.S.C 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_