

Birth Data File (2000 and forward) - Variable List

Field Number	Field Name	Label	Values
3	ebfPrintNum	3. PRINT NUMBER	00-99
4	ebfMotherAdmissionDate	4. MOTHER-DATE OF ADMISSION	MMDDYYYY "99" in either the MM or DD position represent unknown month or date respectively. "9999" in the YYYY position represents unknown year.
9	ebfDateLastMenses	9. DATE LAST NORMAL MENSES BEGAN	MMDDYYYY "99" in either the MM or DD position represent unknown month or date respectively. "9999" in the YYYY position represents unknown year.
10	ebfSpcPrivate	10. SOURCE OF PRENATAL CARE-PRIVATE	Blank = Unknown, 1 = Yes, 2 = No
11	ebfSpcHmoHp	11. SOURCE OF PRENATAL CARE-HMO/HEALTH PLAN GROUP PRACTICE	Blank = Unknown, 1 = Yes, 2 = No
12	ebfSpcHealthStart	12. SOURCE OF PRENATAL CARE-HEALTHSTART	Blank = Unknown, 1 = Yes, 2 = No
13	ebfSpcComHC	13. SOURCE OF PRENATAL CARE-COMMUNITY HEALTH CENTER	Blank = Unknown, 1 = Yes, 2 = No
14	ebfSpcGSHP	14. SOURCE OF PRENATAL CARE-GARDEN STATE HEALTH PLAN	Blank = Unknown, 1 = Yes, 2 = No
15	ebfSpcHospClinic	15. SOURCE OF PRENATAL CARE-HOSPITAL CLINIC	Blank = Unknown, 1 = Yes, 2 = No
16	ebfSpcOtherClinic	16. SOURCE OF PRENATAL CARE-OTHER CLINIC	Blank = Unknown, 1 = Yes, 2 = No
17	ebfSpcOther	17. SOURCE OF PRENATAL CARE-OTHER	Blank = Unknown, 1 = Yes, 2 = No
18	ebfSpcNone	18. SOURCE OF PRENATAL CARE-NONE	Blank = Unknown, 1 = Yes, 2 = No
19	ebfSpcUnknown	19. SOURCE OF PRENATAL CARE-UNKNOWN	Blank = Unknown, 1 = Yes, 2 = No
20	ebfSpcOtherSpecify	20. SOURCE OF PRENATAL CARE-OTHER SPECIFIED	Literal
21	ebfPrenatalBegan	21. MONTH OF PREGNANCY PRENATAL CARE BEGAN	1st month = 1, 2nd month = 2, 3rd month = 3, 4th month = 4, 5th month = 5, 6th month = 6, 7th month = 7, 8th month = 8, 9th month = 9, Unknown = -, None = 0
22	ebfTotPreg	22. TOTAL PREGNANCIES	01-20, 99 = Unknown
23	ebfTotLiveBirths	23. TOTAL NUMBER OF PREVIOUS LIVE BIRTHS	00 = None, 01 - 30, 99 = Unknown
24	ebfLiveBirthNLiving	24. NUMBER OF LIVE BIRTHS NOW LIVING	00 = None, 01 - 30, 99 = Unknown
25	ebfLiveBirthNDead	25. NUMBER OF LIVE BIRTHS NOW DEAD	00 = None, 01 - 30, 99 = Unknown

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Field Number	Field Name	Label	Values
26	ebfDateLastLiveBirth	26. DATE OF LAST LIVE BIRTH	MMDDYYYY "99" in either the MM or DD position represent unknown month or date
27	ebfNumOtherPregOutcomes	27. NUMBER OF OTHER PREGNANCY OUTCOMES	00 = None, 01 - 30, 99 = Unknown
28	ebfDateofLastOtherPregOutcome	28. DATE OF LAST OTHER PREGNANCY OUTCOME	MMDDYYYY "99" in either the MM or DD position represent unknown month or date
29	ebfHistCSect	29. PRIOR HISTORY OF A CESAREAN SECTION	1 = Yes, 2 = No, 9 = Unknown
30	ebfTobaccoUseNCHS	30. TOBACCO USE (NCHS VERSION)	1 = Yes, 2 = No, 9 = Unknown
31	ebfTobacco	31. TOBACCO USAGE	1 = Yes, 2 = No, 3 = Yes, but quit during this pregnancy, 4 = Yes, but cut down during this pregnancy, 9 = Unknown
32	ebfTobaccoNumDay	32. AVERAGE NUMBER OF CIGS PER DAY	00 - 97, 98 = 98 or more, 99 = Unknown
33	ebfAlcoholUseNCHS	33. ALCOHOL USE (NCHS VERSION)	1 = Yes, 2 = No, 9 = Unknown
34	ebfAlcohol	34. ALCOHOL USE	1 = Yes, 2 = No, 3 = Yes, but quit during this pregnancy, 4 = Yes, but cut down during this pregnancy, 9 = Unknown
35	ebfAlcoholNumWeek	35. AVERAGE NUMBER OF DRINKS PER WEEK	00 - 97, 98 = 98 or more, 99 = Unknown
36	ebfSubstanceUseNCHS	36. DRUG USE (NCHS VERSION)	1 = Yes, 2 = No, 9 = Unknown
37	ebfSubstanceUse	37. SUBSTANCE USE DURING PREGNANCY	1 = Yes, 2 = No, 3 = Yes, but quit during this pregnancy, 4 = Yes, but cut down during this pregnancy, 9 = Unknown
38	ebfHepBSerologyObtained	38. HEPATITIS B SEROLOGY OBTAINED	1 = Yes, 2 = No, 9 = Unknown
39	ebfSyphilisSerologyObtained	39. SYPHILIS SEROLOGY OBTAINED	1 = Yes, 2 = No, 9 = Unknown

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40	ebfSyphilisSerologyDateObtained	40. SYPHILIS SEROLOGY DATE	MMDDYYYY "99" in either the MM or DD position represent unknown month or date respectively. "9999" in the YYYY position represents unknown year.
41	ebfMothersBloodType	41. MOTHER'S BLOOD TYPE	A = A, B = B, C = AB, O = O, U = Unknown
42	ebfMothersBloodTypeRh	42. MOTHER'S RH BLOOD GROUP	P = Positive, N = Negative, U = Unknown
43	ebfObProcsCVS	43. OBSTETRIC PROCEDURES-CHORIONIC VILLUS SAMPLING (CVS)	Blank = Unknown, 1 = Yes, 2 = No
44	ebfObProcsUltrasoundPerformed	44. OBSTETRIC PROCEDURES-ULTRASOUND PERFORMED	Blank = Unknown, 1 = Yes, 2 = No
45	ebfObProcsAmnioGeneticScreening	45. OBSTETRIC PROCEDURES-AMNIO GENETIC SCREENING	Blank = Unknown, 1 = Yes, 2 = No
46	ebfObProcsAmniocentesis	46. OBSTETRIC PROCEDURES-AMNIOCENTESIS	Blank = Unknown, 1 = Yes, 2 = No
47	ebfObProcsTocolysisPrior	47. OBSTETRIC PROCEDURES-TOCOLYSIS PRIOR TO CURRENT LABOR	Blank = Unknown, 1 = Yes, 2 = No
48	ebfObProcsAuscultation	48. OBSTETRIC PROCEDURES-AUSCULTATION	Blank = Unknown, 1 = Yes, 2 = No
49	ebfObProcsElectronicFetalMonExt	49. OBSTETRIC PROCEDURES-EXTERNAL ELECTRONIC FETAL MONITORING	Blank = Unknown, 1 = Yes, 2 = No
50	ebfObProcsElectronicFetalMonInt	50. OBSTETRIC PROCEDURES-INTERNAL ELECTRONIC FETAL MONITORING	Blank = Unknown, 1 = Yes, 2 = No
51	ebfObProcsTocolysisCurrent	51. OBSTETRIC PROCEDURES-TOCOLYSIS FOR CURRENT LABOR	Blank = Unknown, 1 = Yes, 2 = No
52	ebfObProcsStimulationLabor	52. OBSTETRIC PROCEDURES-STIMULATION OF LABOR	Blank = Unknown, 1 = Yes, 2 = No
53	ebfObProcsInductionLabor	53. OBSTETRIC PROCEDURES-INDUCTION OF LABOR	Blank = Unknown, 1 = Yes, 2 = No
54	ebfObProcsEpisiotomy	54. OBSTETRIC PROCEDURES-EPISIOTOMY	Blank = Unknown, 1 = Yes, 2 = No
55	ebfObProcsOther	55. OBSTETRIC PROCEDURES-OTHER	Blank = Unknown, 1 = Yes, 2 = No
56	ebfObProcsObstetricProcsNone	56. OBSTETRIC PROCEDURES-NO OBSTETRIC PROCEDURES	Blank = Unknown, 1 = Yes, 2 = No
57	ebfObProcsOtherSpecify	57. OBSTETRIC PROCEDURES-OTHER SPECIFY	Literal
58	ebfMRFAnemia	58. MATERNAL RISK FACTORS-ANEMIA	Blank = Unknown, 1 = Yes, 2 = No
59	ebfMRFCardiacDisease	59. MATERNAL RISK FACTORS-CARDIAC DISEASE	Blank = Unknown, 1 = Yes, 2 = No
60	ebfMRFComa	60. MATERNAL RISK FACTORS-COMA	Blank = Unknown, 1 = Yes, 2 = No
61	ebfMRFDiabPregpregnancyInsulin	61. MATERNAL RISK FACTORS-DIABETES-PREEXISTING INSULIN DEPENDENT	Blank = Unknown, 1 = Yes, 2 = No
62	ebfMRFDiabPregpregnancyNonInsulin	62. MATERNAL RISK FACTORS-DIABETES-PREEXISTING NON-INSULIN DEPENDENT	Blank = Unknown, 1 = Yes, 2 = No
63	ebfMRFDiabetes	63. MATERNAL RISK FACTORS-DIABETES-GESTATIONAL	Blank = Unknown, 1 = Yes, 2 = No
64	ebfMRFHypEclampsia	64. MATERNAL RISK FACTORS-ECLAMPSIA	Blank = Unknown, 1 = Yes, 2 = No
65	ebfMRFGenitalHerpes	65. MATERNAL RISK FACTORS-GENITAL HERPES	Blank = Unknown, 1 = Yes, 2 = No
66	ebfMRFHemoglobinopathy	66. MATERNAL RISK FACTORS-HEMOGLOBINOPATHY	Blank = Unknown, 1 = Yes, 2 = No

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Field Number	Field Name	Label	Values
67	ebfMRFinfectHepB	67. MATERNAL RISK FACTORS-HEPATITIS B SURFACE ANTIGEN POSITIVE	Blank = Unknown, 1 = Yes, 2 = No
68	ebfMRFHDRAMNIOS	68. MATERNAL RISK FACTORS-HYDRAMNIOS/OLIGOHYDRAMNIOS	Blank = Unknown, 1 = Yes, 2 = No
69	ebfMRFHypHypertension	69. MATERNAL RISK FACTORS-HYPERTENSION CHRONIC	Blank = Unknown, 1 = Yes, 2 = No
70	ebfMRFHypHypertensionPreg	70. MATERNAL RISK FACTORS-HYPERTENSION PREGNANCY RELATED	Blank = Unknown, 1 = Yes, 2 = No
71	ebfMRFincompetentCervix	71. MATERNAL RISK FACTORS-INCOMPETENT CERVIX	Blank = Unknown, 1 = Yes, 2 = No
72	ebfMRFChronicLungDisease	72. MATERNAL RISK FACTORS-LUNG DISEASE ACUTE OR CHRONIC	Blank = Unknown, 1 = Yes, 2 = No
73	ebfMRFHypPreeclampsia	73. MATERNAL RISK FACTORS-PREECLAMPSIA	Blank = Unknown, 1 = Yes, 2 = No
74	ebfMRFPREVInfantGrams	74. MATERNAL RISK FACTORS-PREVIOUS INFANT 4000+ GRAMS	Blank = Unknown, 1 = Yes, 2 = No
75	ebfMRFUterineSurgery	75. MATERNAL RISK FACTORS-PREVIOUS MAJOR UTERINE SURGERY	Blank = Unknown, 1 = Yes, 2 = No
76	ebfMRFPREVPretermBirth	76. MATERNAL RISK FACTORS-PREVIOUS PRETERM OR SMALL-FOR-GESTATIONAL AGE INFANT	Blank = Unknown, 1 = Yes, 2 = No
77	ebfMRFRenalDisease	77. MATERNAL RISK FACTORS-RENAL DISEASE	Blank = Unknown, 1 = Yes, 2 = No
78	ebfMRFRhSensitization	78. MATERNAL RISK FACTORS-RH SENSITIZATION	Blank = Unknown, 1 = Yes, 2 = No
79	ebfMRFOtherIsoimmunization	79. MATERNAL RISK FACTORS-OTHER ISOIMMUNIZATION	Blank = Unknown, 1 = Yes, 2 = No
80	ebfMRFSeizures	80. MATERNAL RISK FACTORS-SEIZURES	Blank = Unknown, 1 = Yes, 2 = No
81	ebfMRFOtherSTD	81. MATERNAL RISK FACTORS-OTHER SEXUALLY TRANSMITTED DISEASES	Blank = Unknown, 1 = Yes, 2 = No
82	ebfMRFinfectSyphilis	82. MATERNAL RISK FACTORS-SYPHILIS SEROLOGY POSITIVE	Blank = Unknown, 1 = Yes, 2 = No
83	ebfMRFUterineBleeding	83. MATERNAL RISK FACTORS-UTERINE BLEEDING	Blank = Unknown, 1 = Yes, 2 = No
84	ebfMRFOther	84. MATERNAL RISK FACTORS-OTHER	Blank = Unknown, 1 = Yes, 2 = No
85	ebfMRFRFNone	85. MATERNAL RISK FACTORS-NONE	Blank = Unknown, 1 = Yes, 2 = No
86	ebfMRFRFUnknown	86. MATERNAL RISK FACTORS-UNKNOWN	Blank = Unknown, 1 = Yes, 2 = No
87	ebfMRFOtherSTDSpecify	87. MATERNAL RISK FACTORS-OTHER STD SPECIFY	Literal
88	ebfMRFOtherSpecify	88. MATERNAL RISK FACTORS-OTHER MEDICAL RISK SPECIFY	Literal
89	ebfNumPrenatalVisits	89. TOTAL NUMBER OF PRENATAL VISITS	00 = None, 01 - 49, 99 = Unknown
90	ebfWeightGainPreg	90. WEIGHT GAIN DURING PREGNANCY IN POUNDS	00 = None, 01 - 49, 99 = Unknown
91	ebfPrenatalCareInfoReviewed	91. PRENATAL CARE INFO REVIEWED BY HOSPITAL	1 = Yes, 2 = No, 9 = Unknown
92	ebfPrenatalCareInfoChanges	92. CHANGES MADE TO PRENATAL CARE INFO	1 = Yes, 2 = No, 9 = Unknown
93	ebfPrenatalCareRecAvail	93. PRENATAL CARE RECORD AVAILABLE	1 = Yes, 2 = No, 9 = Unknown
94	ebfMotherTransferredFrom	94. MOTHER TRANSFERRED FROM ANOTHER FACILITY	1 = Yes, 2 = No, 9 = Unknown
95	ebfMotherFacTransFromCode	95. FACILITY MOTHER TRANSFERRED FROM-FACILITY CODE	3-digit VS hospital code Blank = Unknown/not transferred
96	ebfMotherFacTransFromName	96. FACILITY MOTHER TRANSFERRED FROM-FACILITY NAME	Literal

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Field Number	Field Name	Label	Values
97	ebfMotherFacTransFromMuni	97. FACILITY MOTHER TRANSFERRED FROM-VS COUNTY/MUNICIPALITY CODE	4-digit VS County/Municipality code consists of two components: Position 1-2: Numeric County Code. See variable 525. MOTHER'S COUNTY CODE for county codes. "99" = unknown/missing. Position 3-4: Numeric Municipality Code. "00" = unknown/missing
98	ebfMotherFacTransFromState	98. FACILITY MOTHER TRANSFERRED FROM-STATE	Refer to values in 1. STATE FILE NUMBER.
99	ebfAnestheticInhalation	99. TYPE OF ANESTHETIC-INHALATION	Blank = Unknown, 1 = Yes, 2 = No
100	ebfAnestheticEpidural	100. TYPE OF ANESTHETIC-EPIDURAL	Blank = Unknown, 1 = Yes, 2 = No
101	ebfAnestheticSpinal	101. TYPE OF ANESTHETIC-SPINAL	Blank = Unknown, 1 = Yes, 2 = No
102	ebfAnestheticLocal	102. TYPE OF ANESTHETIC-LOCAL	Blank = Unknown, 1 = Yes, 2 = No
103	ebfAnestheticPudendal	103. TYPE OF ANESTHETIC-PUDENDAL	Blank = Unknown, 1 = Yes, 2 = No
104	ebfAnestheticOther	104. TYPE OF ANESTHETIC-OTHER	Blank = Unknown, 1 = Yes, 2 = No
105	ebfAnestheticNone	105. TYPE OF ANESTHETIC-NONE	Blank = Unknown, 1 = Yes, 2 = No
106	ebfAnestheticOtherSpecify	106. TYPE OF ANESTHETIC-OTHER SPECIFY	Literal
107	ebfLDPlacentaAbruptio	107. CHARS OF L&D-PLACENTA ABRUPTIO	Blank = Unknown, 1 = Yes, 2 = No
108	ebfLDAnestheticComplication	108. CHARS OF L&D-ANESTHETIC COMPLICATION	Blank = Unknown, 1 = Yes, 2 = No
109	ebfLDArrestedProgress	109. CHARS OF L&D-ARRESTED PROGRESS	Blank = Unknown, 1 = Yes, 2 = No
110	ebfLDBreech	110. CHARS OF L&D-BREECH/MALPRESENTATION	Blank = Unknown, 1 = Yes, 2 = No
111	ebfLDCephalopelvicDispro	111. CHARS OF L&D-CEPHALOPELVIC DISPROPORTION	Blank = Unknown, 1 = Yes, 2 = No
112	ebfLDCordComplication	112. CHARS OF L&D-CORD COMPLICATIONS	Blank = Unknown, 1 = Yes, 2 = No
113	ebfLDCordProlapse	113. CHARS OF L&D-CORD PROLAPSE	Blank = Unknown, 1 = Yes, 2 = No
114	ebfLDDysfunctionalLabor	114. CHARS OF L&D-DYSFUNCTIONAL LABOR	Blank = Unknown, 1 = Yes, 2 = No
115	ebfLDExcessiveBloodLoss	115. CHARS OF L&D-EXCESSIVE BLOOD LOSS	Blank = Unknown, 1 = Yes, 2 = No
116	ebfLDFetalDistress	116. CHARS OF L&D-FETAL DISTRESS	Blank = Unknown, 1 = Yes, 2 = No
117	ebfLDFever	117. CHARS OF L&D-FEBRILE	Blank = Unknown, 1 = Yes, 2 = No
118	ebfLDIntrapartumInfection	118. CHARS OF L&D-INTRAPARTUM INFECTION	Blank = Unknown, 1 = Yes, 2 = No
119	ebfLDLacerationsWithHemorrhage	119. CHARS OF L&D-LACERATIONS WITH HEMORRHAGE	Blank = Unknown, 1 = Yes, 2 = No
120	ebfLDLacerationsWithOutHemorrhage	120. CHARS OF L&D-LACERATIONS WITHOUT HEMORRHAGE	Blank = Unknown, 1 = Yes, 2 = No

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Field Number	Field Name	Label	Values
121	ebfLDMaternalDeath	121. CHARS OF L&D-MATERNAL DEATH	Blank = Unknown, 1 = Yes, 2 = No
122	ebfLDModHeavyMeconium	122. CHARS OF L&D-MODERATE/HEAVY MECONIUM STAINING	Blank = Unknown, 1 = Yes, 2 = No
123	ebfLDNRFHeartPattern	123. CHARS OF L&D-NON-REASSURING FETAL HEART PATTERN	Blank = Unknown, 1 = Yes, 2 = No
124	ebfLDPlacentaPrevia	124. CHARS OF L&D-PLACENTA PREVIA	Blank = Unknown, 1 = Yes, 2 = No
125	ebfLDPrecipitousLabor	125. CHARS OF L&D-PRECIPITOUS LABOR	Blank = Unknown, 1 = Yes, 2 = No
126	ebfLDPrematureRupture	126. CHARS OF L&D-PREMATURE RUPTURE OF MEMBRANE	Blank = Unknown, 1 = Yes, 2 = No
127	ebfLDPretermRupture	127. CHARS OF L&D-PRETERM RUPTURE OF MEMBRANES	Blank = Unknown, 1 = Yes, 2 = No
128	ebfLDProlongedLabor	128. CHARS OF L&D-PROLONGED LABOR	Blank = Unknown, 1 = Yes, 2 = No
129	ebfLDRuptureGt24	129. CHARS OF L&D-RUPTURE OF MEMBRANES (>24 HOURS)	Blank = Unknown, 1 = Yes, 2 = No
130	ebfLDRupturedUterus	130. CHARS OF L&D-RUPTURED UTERUS	Blank = Unknown, 1 = Yes, 2 = No
131	ebfLDSeizure	131. CHARS OF L&D-SEIZURE DURING LABOR	Blank = Unknown, 1 = Yes, 2 = No
132	ebfLDShoulderDystocia	132. CHARS OF L&D-SHOULDER DYSTOCIA	Blank = Unknown, 1 = Yes, 2 = No
133	ebfLDUterineAtony	133. CHARS OF L&D-UTERINE ATONY	Blank = Unknown, 1 = Yes, 2 = No
134	ebfLDOther	134. CHARS OF L&D-OTHER	Blank = Unknown, 1 = Yes, 2 = No
135	ebfLDNone	135. CHARS OF L&D-NO COMPLICATIONS	Blank = Unknown, 1 = Yes, 2 = No
136	ebfLDOtherSpecify	136. CHARS OF L&D-OTHER SPECIFY	Literal
137	ebfLengthLabor	137. LENGTH OF LABOR	00 - 48, 99 = Unknown
138	ebfHysterectomy	138. HYSTERECTOMY PERFORMED DURING DELIVERY	1 = Yes, 2 = No. 9 = Unknown
139	ebfMaternalBloodLoss	139. MATERNAL BLOOD LOSS	0000 - 9998, Blank = unknown
141	ebfNbHearScreenMethodRight	141. NEWBORN HEARING SCREEN METHOD RIGHT EAR	1 = DPOAE, 2 = TEOAE, 3 = Conventional ABR, 4 = Automated ABR, 5 = Both OAE
142	ebfNbHearScreenResultRight	142. NEWBORN HEARING SCREEN RESULT RIGHT EAR	1 = Passed, 2 = Referred, 3 = Inconclusive, 4 = Test Not Done, 9 = Unknown
143	ebfNbHearScreenSequenceRight	143. NEWBORN HEARING SCREEN SEQUENCE RIGHT EAR	Blank = Screen type unknown, 1 = Initial, 2 = Repeat screen
144	ebfNbHearScreenMethodLeft	144. NEWBORN HEARING SCREEN METHOD LEFT EAR	1 = DPOAE, 2 = TEOAE, 3 = Conventional ABR, 4 = Automated ABR, 5 = Both OAE and ABR, 6 = Other/Not Listed, 7 = Test Not Done, 9 = Unknown
145	ebfNbHearScreenResultLeft	145. NEWBORN HEARING SCREEN RESULT LEFT EAR	1 = Passed, 2 = Referred, 3 = Inconclusive, 4 = Test Not Done, 9 = Unknown

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146	ebfNbHearScreenSequenceLeft	146. NEWBORN HEARING SCREEN SEQUENCE LEFT EAR	Blank = Screen type unknown, 1 = Initial, 2 = Repeat screen
147	ebfNbHearScreenReferred	147. NEWBORN HEARING SCREEN REFERRED TO PHYSICIAN/AUDIOLOGIST	Blank = Unknown, 1 = Yes, 2 = No
148	ebfTransmissionReceiptDate	148. TRANSMISSION RECEIPT DATE	MMDDYYYY "99" in either the MM or DD position represent unknown month or date respectively. "9999" in the YYYY position represents unknown year.
150	ebfChDoB	150. CHILD DATE OF BIRTH	MMDDYYYY "99" in either the MM or DD position represent unknown month or date respectively. "9999" in the YYYY position represents unknown year.
151	ebfTimeofDelivery	151. TIME OF DELIVERY/BIRTH	HH:MM AM/PM
152	ebfDlvryOutcome	152. DELIVERY OUTCOME	Blank = Unknown 1 = Live Birth 2 = Fetal Death Before Labor (Antepartum Fetal Death) 3 = Fetal Death During Labor (Intrapartum Fetal Death)
153	ebfMDForcepsOutlet	153. METHOD OF DELIVERY-OUTLET FORCEPS	Blank = Unknown, 1 = Yes, 2 = No
154	ebfMDForcepsLow	154. METHOD OF DELIVERY-LOW FORCEPS	Blank = Unknown, 1 = Yes, 2 = No
155	ebfMDForcepsMid	155. METHOD OF DELIVERY-MID FORCEPS	Blank = Unknown, 1 = Yes, 2 = No
156	ebfMDForcepsOther	156. METHOD OF DELIVERY-OTHER FORCEPS	Blank = Unknown, 1 = Yes, 2 = No
157	ebfMDVacuum	157. METHOD OF DELIVERY-VACUUM	Blank = Unknown, 1 = Yes, 2 = No
158	ebfMDSpontaneousBreech	158. METHOD OF DELIVERY-SPONTANEOUS/ASSISTED BREECH	Blank = Unknown, 1 = Yes, 2 = No
159	ebfMDVersionExtraction	159. METHOD OF DELIVERY-VERSION/EXTRACTION	Blank = Unknown, 1 = Yes, 2 = No
160	ebfMDBreechExtraction	160. METHOD OF DELIVERY-BREECH EXTRACTION	Blank = Unknown, 1 = Yes, 2 = No
161	ebfMDVaginal	161. METHOD OF DELIVERY-VAGINAL	Blank = Unknown, 1 = Yes, 2 = No
162	ebfMDCSectFailTrial	162. METHOD OF DELIVERY-C-SECTION FAILED TRIAL LABOR	Blank = Unknown, 1 = Yes, 2 = No
163	ebfMDCSectNoTrial	163. METHOD OF DELIVERY-C-SECTION NO TRIAL LABOR	Blank = Unknown, 1 = Yes, 2 = No

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164	ebfPluralityCode	164. BIRTH PLURALITY CODE	1 = Single, 2 = Twin, 3 = Triplet, 4 = Quadruplet, 5 = Quintuplet, 6 = Sextuplet, 7 = Septuplet, 8 = Octuplet, 9 = Nonuplet, Blank = Unknown
165	ebfPluralitySeq	165. BIRTH PLURALITY SEQUENCE	1 = 1st, 2 = 2nd, 3 = 3rd, 4 = 4th, 5 = 5th, 6 = 6th, 7 = 7th, 8 = 8th, 9 = 9th, Blank = Unknown
166	ebfNumLiveBirthPregnancy	166. NUMBER OF LIVE BIRTHS IN THIS PREGNANCY	Set as Blank
167	ebfNumFetalDeathPregnancy	167. NUMBER OF FETAL DEATHS IN THIS PREGNANCY	Set as Blank
168	ebfChGender	168. CHILD GENDER	Blank = Unknown, 1 = Male, 2 = Female
169	ebfApgar1Minute	169. APGAR-SCORE AT 1 MINUTE	00 - 10, 99 = Unknown
170	ebfApgar5Minute	170. APGAR-SCORE AT 5 MINUTES	00 - 10, 99 = Unknown
171	ebfChBirthWeightUOM	171. CHILD UNITS OF BIRTH WEIGHT	Blank = Unknown, 1 = Gram
172	ebfChBirthWeight	172. CHILD BIRTH WEIGHT	Blank = Not Classifiable or Unknown, 0100 - 8000
173	ebfEstGestationWeeks	173. ESTIMATED GESTATION WEEKS	00 - 44, 99 = Unknown
174	ebfAttendantType	174. PRIMARY ATTENDANT TYPE	1 = M.D., 2 = D.O., 3 = C.N.M., 4 = Other Midwife, 5 = Other (specify), 9 = Unknown
175	ebfAttendantTypeSpec	175. PRIMARY ATTENDANT TYPE-SPECIFY	Literal
179	ebfHIVDateSpecimenObtained	179. DATE HIV SPECIMEN OBTAINED	MMDDYYYY "99" in either the MM or DD position represent unknown month or date respectively. "9999" in the YYYY position represents unknown year.
180	ebfPlaceBirth	180. PLACE OF BIRTH TYPE	1 = Hospital, 2 = Freestanding birth center, 3 = Clinic/Doctor's office, 4 = Residence, 5 = Other (specify), 9 = Unknown
181	ebfPlaceBirthSpecify	181. PLACE OF BIRTH-SPECIFY	Four-digit BVS Code Blank = Unknown

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182	ebfDlvryFacilityCode	182. DELIVERY FACILITY CODE	Four-digit BVS Code Blank = Unknown
183	ebfDlvryFacilityAbbr	183. DELIVERY FACILITY ABBREVIATION	Four-character abbreviation of facility names
184	ebfDlvryFacilityName	184. DELIVERY FACILITY NAME	Literal
185	ebfDlvryFacilityState	185. DELIVERY FACILITY STATE	Two-character state abbreviations.
186	ebfCaAnencephalus	186. CONGENITAL ANOMALIES-ANENCEPHALUS	Blank = Unknown 1 = Yes 2 = No
187	ebfCaMeningomyelocele	187. CONGENITAL ANOMALIES-MENINGOMYELOCELE/SPINA BIFIDA	Blank = Unknown 1 = Yes 2 = No
188	ebfCaHydrocephalus	188. CONGENITAL ANOMALIES-HYDROCEPHALUS	Blank = Unknown 1 = Yes 2 = No
189	ebfCaMicrocephalus	189. CONGENITAL ANOMALIES-MIROCEPHALUS	Blank = Unknown 1 = Yes 2 = No
190	ebfCaOtherCNS	190. CONGENITAL ANOMALIES-OTHER CENTRAL NERVOUS SYSTEM ANOMALIES	Blank = Unknown 1 = Yes 2 = No
191	ebfCaOtherCNSSpecify	191. CONGENITAL ANOMALIES-OTHER CNS-SPECIFY	Literal
192	ebfCaHeartMalformation	192. CONGENITAL ANOMALIES-HEART MALFORMATIONS	Blank = Unknown 1 = Yes 2 = No
193	ebfCaOtherCircResp	193. CONGENITAL ANOMALIES-OTHER CIRCULATORY/RESPIRATORY ANOMALIES	Blank = Unknown 1 = Yes 2 = No
194	ebfCaOtherCircRespSpecify	194. CONGENITAL ANOMALIES-OTHER CIRCULATORY/RESPIRATORY ANOMALIES-SPECIFY	Literal
195	ebfCaRectalAtresia	195. CONGENITAL ANOMALIES-RECTAL ATRESIA/STENOSIS	Blank = Unknown 1 = Yes 2 = No
196	ebfCaEsophagealAtresia	196. CONGENITAL ANOMALIES-TRACHEO-ESOPHAGEAL FISTULA/ESOPHAGEAL ATRESIA	Blank = Unknown 1 = Yes 2 = No
197	ebfCaOmphalocele	197. CONGENITAL ANOMALIES-OMPHALOCELE/GASTROSCHISIS	Blank = Unknown 1 = Yes 2 = No
198	ebfCaOtherGastrointestinal	198. CONGENITAL ANOMALIES-OTHER GASTROINTESTINAL ANOMALIES	Blank = Unknown 1 = Yes 2 = No
199	ebfCaOtherGatroSpecify	199. CONGENITAL ANOMALIES-OTHER GASTROINTESTINAL ANOMALIES-SPECIFY	Literal
200	ebfCaMalformedGenitalia	200. CONGENITAL ANOMALIES-MALFORMED GENITALIA	Blank = Unknown 1 = Yes 2 = No
201	ebfCaRenalAgenesis	201. CONGENITAL ANOMALIES-RENAL AGENESIS	Blank = Unknown 1 = Yes 2 = No
202	ebfCaOtherUrogenital	202. CONGENITAL ANOMALIES-OTHER UROGENITAL ANOMALIES	Blank = Unknown 1 = Yes 2 = No
203	ebfCaOtherUrogenitalSpecify	203. CONGENITAL ANOMALIES-OTHER UROGENITAL ANOMALIES-SPECIFY	Literal
204	ebfCaCleftLipWorWOCleftPalate	204. CONGENITAL ANOMALIES-CLEFT LIP/PALATE	Blank = Unknown 1 = Yes 2 = No
205	ebfCaPolydactyly	205. CONGENITAL ANOMALIES-POLYDACTYLY/SYNDACTYLY/ADACTYLY	Blank = Unknown 1 = Yes 2 = No
206	ebfCaClubFoot	206. CONGENITAL ANOMALIES-CLUB FOOT	Blank = Unknown 1 = Yes 2 = No
207	ebfCaDiaphragmaticHernia	207. CONGENITAL ANOMALIES-DIAPHRAGMATIC HERNIA	Blank = Unknown 1 = Yes 2 = No
208	ebfCaOtherMusculoskeletal	208. CONGENITAL ANOMALIES-OTHER MUSCULOSKELETAL/INTEGUMENTAL ANOMALIES	Blank = Unknown 1 = Yes 2 = No
209	ebfCaOtherMusculoskeletalSpecify	209. CONGENITAL ANOMALIES-OTHER MUSCULOSKELETAL/INTEGUMENTAL ANOMALIES-S	Literal
210	ebfCaDownSyndrome	210. CONGENITAL ANOMALIES-DOWN'S SYNDROME	Blank = Unknown 1 = Yes 2 = No
211	ebfCaOtherChromosomal	211. CONGENITAL ANOMALIES-OTHER CHROMOSOMAL ANOMALIES	Blank = Unknown 1 = Yes 2 = No
212	ebfCaOtherChromosomalSpecify	212. CONGENITAL ANOMALIES-OTHER CHROMOSOMAL ANOMALIES -SPECIFY	Literal
213	ebfCaOther	213. CONGENITAL ANOMALIES-OTHER	Blank = Unknown 1 = Yes 2 = No

Birth Data File (2000 and forward) - Variable List

Field Number	Field Name	Label	Values
214	ebfCaOtherSpecify	214. CONGENITAL ANOMALIES-OTHER ANOMALIES-SPECIFY	Literal
215	ebfCaNone	215. CONGENITAL ANOMALIES-NO CONGENITAL ANOMALIES	Blank = Unknown 1 = Yes 2 = No
216	ebfAcPharmacologic	216. ABNORMAL CONDITIONS OF THE NEWBORN-PHARMACOLOGIC	Blank = Unknown 1 = Yes 2 = No
217	ebfAcIntubation	217. ABNORMAL CONDITIONS OF THE NEWBORN-INTUBATION	Blank = Unknown 1 = Yes 2 = No
218	ebfAcOxygen	218. ABNORMAL CONDITIONS OF THE NEWBORN-OXYGEN	Blank = Unknown 1 = Yes 2 = No
219	ebfAcOxygenPositivePressure	219. ABNORMAL CONDITIONS OF THE NEWBORN-OXYGEN+POSITIVE PRESSURE	Blank = Unknown 1 = Yes 2 = No
220	ebfAcCordPH	220. ABNORMAL CONDITIONS OF THE NEWBORN-CORD PH OBTAINED	Blank = Unknown 1 = Yes 2 = No
221	ebfAcAnemia	221. ABNORMAL CONDITIONS-ANEMIA	Blank = Unknown 1 = Yes 2 = No
222	ebfAcSignificantBirthInjury	222. ABNORMAL CONDITIONS-SIGNIFICANT BIRTH INJURY	Blank = Unknown 1 = Yes 2 = No
223	ebfAcFetalAlcoholSyndrom	223. ABNORMAL CONDITIONS-FETAL ALCOHOL SYNDROME	Blank = Unknown 1 = Yes 2 = No
224	ebfAcHyalineMembrane	224. ABNORMAL CONDITIONS-HYALINE MEMBRANE DISEASE	Blank = Unknown 1 = Yes 2 = No
225	ebfAcMeconiumAspSyndrom	225. ABNORMAL CONDITIONS-MECONIUM ASPIRATION SYNDROME	Blank = Unknown 1 = Yes 2 = No
226	ebfAcAssistedVentilationLt30Min	226. ABNORMAL CONDITIONS-ASSISTED VENTILATION < 30 MIN	Blank = Unknown 1 = Yes 2 = No
227	ebfAcAssistedVentilationGe30Min	227. ABNORMAL CONDITIONS-ASSISTED VENTILATION >= 30 MIN	Blank = Unknown 1 = Yes 2 = No
228	ebfAcSeizure	228. ABNORMAL CONDITIONS-SEIZURE	Blank = Unknown 1 = Yes 2 = No
229	ebfAcOther	229. ABNORMAL CONDITIONS-OTHER	Blank = Unknown 1 = Yes 2 = No
230	ebfAcNone	230. ABNORMAL CONDITIONS-NO ABNORMAL CONDITIONS	Blank = Unknown 1 = Yes 2 = No
231	ebfAcOtherSpecify	231. ABNORMAL CONDITIONS-OTHER SPECIFY	Literal
232	ebfChBloodType	232. CHILD'S BLOOD TYPE	A = A, B = B, C = AB, O = O, U = Unknown
233	ebfChBloodTypeRh	233. CHILD'S RH BLOOD GROUP	P = Positive N = Negative U = Unknown
238	ebfChildsSSNRequested	238. SSN REQUESTED FOR CHILD	1 = Yes 2 = No 9 = Unknown
245	ebfMothersBirthPl	245. MOTHER'S BIRTHPLACE	2 digit state code or other. See dictionary for full list
246	ebfMothersBirthPIName	246. MOTHER'S BIRTHPLACE NAME	Literal
247	ebfMothersAgeYrs	247. MOTHER'S AGE IN YEARS	Numeric

Birth Data File (2000 and forward) - Variable List

Field Number	Field Name	Label	Values
253	ebfMothersResCntyMuni	253. MOTHER'S RESIDENCE-NJ RESIDENT COUNTY/MUNICIPALITY	4-digit VS County/Municipality code consists of two components: Position 1-2: Numeric County Code. See variable 525. MOTHER'S COUNTY CODE for county codes. "99" = unknown/missing. Position 3-4: Numeric Municipality Code. "00" = unknown/missing
254	ebfMothersResMuniName	254. MOTHER'S RESIDENCE-MUNICIPALITY NAME	Literal
255	ebfMothersResCountyName	255. MOTHER'S RESIDENCE-COUNTY NAME	Literal
256	ebfMotherCOPSigned	256. MOTHER SIGN CERTIFICATE OF PARENTAGE	1 = Yes, 2 = No, 9 = Unknown
257	ebfMotherGuardCOPSigned	257. MOTHER/GUARDIAN SIGN COP	1 = Yes, 2 = No, 9 = Unknown
258	ebfFatherGuardCOPSigned	258. FATHER/GUARDIAN SIGN COP	1 = Yes, 2 = No, 9 = Unknown
259	ebfMotherPADenialSigned	259. SIGNATURE OF MOTHER ON AFFIDAVIT OF DENIAL OF PATERNITY	1 = Yes, 2 = No, 9 = Unknown
260	ebfFatherPADenialSigned	260. SIGNATURE OF HUSBAND ON AFFIDAVIT OF DENIAL OF PATERNITY	1 = Yes, 2 = No, 9 = Unknown
261	ebfMothersResMuniCode	261. MOTHER'S RESIDENCE-NCHS MUNICIPALITY CODE	Blank = Unknown 5-digit NCHS Municipality code consists of two components: Position 1-2: Numeric State Code. See variable 245. MOTHER'S BIRTHPLACE for the state codes
262	ebfMothersStateAlpha	262. MOTHER'S STATE/COUNTRY CODE	2-digit state/country code
263	ebfMotherStateName	263. MOTHER'S RESIDENCE-STATE/COUNTRY NAME	Literal
264	ebfInCityLimits	264. INSIDE CITY LIMITS	1 = Yes, 2 = No, 9 = Unknown
271	ebfMothersMailTownName	271. MOTHER'S MAILING ADDRESS-CITY/TOWN	Literal
272	ebfMothersMailStateAbbr	272. MOTHER'S MAILING ADDRESS-STATE/COUNTRY CODE	2-digit state/country code
273	ebfMothersMailStateName	273. MOTHER'S MAILING ADDRESS-STATE/COUNTRY NAME	Literal
274	ebfMothersMailZip	274. MOTHER'S MAILING ADDRESS-ZIPCODE	Literal
275	ebfMotherMarried	275. MOTHER MARRIED AT TIME	1 = Yes, 2 = No, 9 = Unknown
280	ebfFatherNameCert	280. FATHER'S NAME ON BIRTH CERTIFICATE	Blank = Unknown, 1 = Yes, 2 = No
282	ebfFatherAgeYrs	282. FATHER'S AGE IN YEARS	numeric
284	ebfFatherBirthPl	284. FATHER'S BIRTHPLACE	Literal
285	ebfFatherBirthPIName	285. FATHER'S BIRTHPLACE NAME	Literal

Birth Data File (2000 and forward) - Variable List

Field Number	Field Name	Label	Values
289	ebfFathersMailTownName	289. FATHER'S MAILING ADDRESS-CITY/TOWN	Literal
290	ebfFathersMailStateAbbr	290. FATHER'S MAILING ADDRESS-STATE/COUNTRY CODE	Literal
291	ebfFathersMailStateName	291. FATHER'S MAILING ADDRESS-STATE/COUNTRY NAME	Literal
292	ebfFathersMailZip	292. FATHER'S MAILING ADDRESS-ZIPCODE	Literal
294	ebfMotherRaceCode	294. MOTHER'S RACE CODE	0 = Other race specified in race literal 1 = White (include Mexican, Puerto Rican and other Caucasian, Cajun, Creole) 2 = Black 3 = Indian (North American, Central American, South American, Eskimo and Aleut) 4 = Chinese 5 = Japanese 6 = Hawaiian (including part Hawaiian) 7 = Filipino 8 = Other Asian or Pacific Islander (e.g., Pakistani, Bangladeshi, Cambodian, Thai) 9 = Other
295	ebfMotherRace	295. MOTHER'S RACE	Literal
296	ebfMotherEthnic	296. MOTHER'S ETHNIC CODE	0 = Non-Hispanic 1 = Mexican 2 = Puerto Rican 3 = Cuban 4 = Central or South American 5 = Other Hispanic 9 = Unknown/Not classifiable
297	ebfMotherEthnicOrigin	297. MOTHER'S HISPANIC ORIGIN	Literal

Birth Data File (2000 and forward) - Variable List

Field Number	Field Name	Label	Values
298	ebfFatherRaceCode	298. FATHER'S RACE CODE	0 = Other race specified in race literal 1 = White (include Mexican, Puerto Rican and other Caucasian, Cajun, Creole) 2 = Black 3 = Indian (North American, Central American, South American, Eskimo and Aleut) 4 = Chinese 5 = Japanese 6 = Hawaiian (including part Hawaiian) 7 = Filipino 8 = Other Asian or Pacific Islander (e.g., Pakistani, Bangladeshi, Cambodian, Thai) 9 = Unknown A = Asian Indian B = Korean C = Samoan D = Vietnamese E = Guamian
299	ebfFatherRace	299. FATHER'S RACE	Literal
300	ebfFatherEthnic	300. FATHER'S ETHNIC CODE	0 = Non-Hispanic 1 = Mexican 2 = Puerto Rican 3 = Cuban 4 = Central or South American 5 = Other Hispanic 9 = Unknown/Not classifiable
301	ebfFatherEthnicOrigin	301. FATHER'S HISPANIC ORIGIN	Literal

Birth Data File (2000 and forward) - Variable List

Field Number	Field Name	Label	Values
302	ebfMotherEdu	302. MOTHER'S EDUCATION-YEARS	Blank = Unknown 00 – 12 = Elementary or secondary school 13 – 16 = College 17 = Post graduate
303	ebfFatherEdu	303. FATHER'S EDUCATION-YEARS	Blank = Unknown 00 – 12 = Elementary or secondary school 13 – 16 = College 17 = Post graduate
304	ebfMotherEmployed	304. MOTHER EMPLOYED DURING THE PAST YEAR	Blank = Unknown, 1 = Yes, 2 = No
305	ebfMotherOccup	305. MOTHER'S OCCUPATION	Numeric
306	ebfMotherOccupName	306. MOTHER'S OCCUPATION NAME	Literal
307	ebfMotherInds	307. MOTHER'S INDUSTRY	Numeric
308	ebfMotherIndsName	308. MOTHER'S INDUSTRY NAME	Literal
312	ebfMotherEmployerTownName	312. MOTHER'S EMPLOYER CITY	Literal
313	ebfMotherEmployerStateAbbr	313. MOTHER'S EMPLOYER STATE/COUNTRY	Literal
314	ebfMotherEmployerZip	314. MOTHER'S EMPLOYER ZIP	Literal
315	ebfFatherEmployed	315. FATHER EMPLOYED DURING THE PAST YEAR	Blank = Unknown, 1 = Yes, 2 = No
316	ebfFatherOccup	316. FATHER'S OCCUPATION	numeric
317	ebfFatherOccupName	317. FATHER'S OCCUPATION NAME	Literal
318	ebfFatherInds	318. FATHER'S INDUSTRY	numeric
319	ebfFatherIndsName	319. FATHER'S INDUSTRY NAME	Literal
323	ebfFatherEmployerTownName	323. FATHER'S EMPLOYER CITY	Literal
324	ebfFatherEmployerStateAbbr	324. FATHER'S EMPLOYER STATE/COUNTRY	Literal
325	ebfFatherEmployerZip	325. FATHER'S EMPLOYER ZIP	Literal
326	ebfInformantRelationToChild	326. INFORMANT RELATIONSHIP TO CHILD	Literal
330	ebfHIVSourceInfoVerbalHistory	330. SOURCE OF HIV RELATED INFORMATION-PATIENTS VERBAL	Blank = Unknown 1 = Self-reported by Mother
331	ebfHIVSourceInfoPrenatalRecords	331. SOURCE OF HIV RELATED INFORMATION-PRENATAL RECORDS	Blank = Unknown 2 = Prenatal Care Record
332	ebfHIVSourceInfoDeliveryRecords	332. SOURCE OF HIV RELATED INFORMATION-LABOR&DELIVERY RECORD	Blank = Unknown 3 = Labor/Delivery Record

Birth Data File (2000 and forward) - Variable List

Field Number	Field Name	Label	Values
333	ebfHIVSourceInfoPostPartRecords	333. SOURCE OF HIV RELATED INFORMATION-POSTPARTUM RECORD	Blank = Unknown 4 = Post-Partum Record
335	ebfSignatureInformant	335. SIGNATURE OF MOTHER/INFORMANT	Blank = Unknown, 1 = Yes, 2 = No
338	ebfDateImmunizationRegistry	338. DATE CONSENT GIVEN FOR IMMUNIZATION REGISTRY	Blank = Unknown MMDDYYYY "99" in either the MM or DD position represent unknown month or date respectively. "9999" in the YYYY position represents unknown year.
340	ebfDateReview	340. DATE OF REVIEW	Blank = Unknown MMDDYYYY "99" in either the MM or DD position represent unknown month or date respectively. "9999" in the YYYY position represents unknown year.
341	ebfFatherPaternityAcknow	341. FATHER ACKNOWLEDGES PATERNITY	Blank = Unknown, 1 = Yes, 2 = No
343	ebfHIVSpecPrivPhys	343. HIV SPECIMEN OBTAINED-PRIVATE PHYSICIAN	Blank = No, 1 = Private Physician
344	ebfHIVSpecHMO	344. HIV SPECIMEN OBTAINED-HMO FACILITY	Blank = No, 2 = HMO Facility
345	ebfHIVSpecHealthStart	345. HIV SPECIMEN OBTAINED-HEALTHSTART	Blank = No, 3 = Healthstart
346	ebfHIVSpecCommHealthCtr	346. HIV SPECIMEN OBTAINED-COMMUNITY HEALTH CENTER	Blank = No, 4 = Community Health Center
347	ebfHIVSpecHospClin	347. HIV SPECIMEN OBTAINED-HOSPITAL CLINIC	Blank = No, 5 = Hospital Clinic
348	ebfHIVSpecClinOther	348. HIV SPECIMEN OBTAINED-OTHER CLINIC	Blank = No, 6 = Other Clinic
349	ebfHIVSpecOther	349. HIV SPECIMEN OBTAINED-OTHER	Blank = No, 7 = Other (Including Laboratory)
350	ebfHIVSpecUnknown	350. HIV SPECIMEN OBTAINED-UNKNOWN	Blank = No, 9 = Unknown
353	ebfFatherPaternityAffSigned	353. FATHER SIGNED PATERNITY AFFIDAVIT/COP	Blank = Unknown, 1 = Yes, 2 = No
356	ebfHIVMotherCounseled	356. HIV COUNSELING GIVEN REGARDING HIV TESTING	Blank = Unknown, 1 = Yes, 2 = No
357	ebfHIVCounselingStagePregnancy	357. HIV COUNSELING-STAGE OF PREGNANCY	Blank = Unknown 1 = Prenatal 2 = Labor/Delivery 3 = Post-Partum Stay

Birth Data File (2000 and forward) - Variable List

Field Number	Field Name	Label	Values
358	ebfHIVCounselLocationPrivPhys	358. HIV COUNSELING LOCATION-PRIVATE PHYSICIAN	Blank = No, 1 = Private Physician
359	ebfHIVCounselLocationHMO	359. HIV COUNSELING LOCATION-HMO FACILITY	Blank = No, 2 = HMO Facility
360	ebfHIVCounselLocationHealthSt	360. HIV COUNSELING LOCATION-HEALTHSTART	Blank = No, 3 = Healthstart
361	ebfHIVCounselLocationCommHltCtr	361. HIV COUNSELING LOCATION-COMMUNITY HEALTH CENTER	Blank = No, 4 = Community Health Center
362	ebfHIVCounselLocationHospClin	362. HIV COUNSELING LOCATION-HOSPITAL CLINIC	Blank = No, 5 = Hospital Clinic
363	ebfHIVCounselLocationClinOther	363. HIV COUNSELING LOCATION-OTHER CLINIC	Blank = No, 6 = Other Clinic
364	ebfHIVCounselLocationOther	364. HIV COUNSELING LOCATION-OTHER	Blank = No, 7 = Other (Including Laboratory)
365	ebfHIVCounselLocationUnknown	365. HIV COUNSELING LOCATION-UNKNOWN	Blank = No, 9 = Unknown
366	ebfHIVSpecObtained	366. HIV SPECIMEN OBTAINED	Blank = Unknown, 1 = Yes, 2 = No
370	ebfCertifierMailTownName	370. CERTIFIER MAILING ADDRESS-CITY	Literal
371	ebfCertifierMailStateName	371. CERTIFIER MAILING ADDRESS-STATE NAME	Literal
372	ebfCertifierMailZip	372. CERTIFIER MAILING ADDRESS-ZIPCODE	Literal
373	ebfCertifierSignature	373. SIGNATURE OF CERTIFIER	Blank = Unknown, 0 = No, 1 = Yes
374	ebfCertifierElecSignature	374. ELECTRONIC SIGNATURE OF CERTIFIER	numeric
375	ebfMotherBirthCertSigned	375. SIGNATURE OF MOTHER ON BIRTH CERTIFICATE	Blank = Unknown, 1 = Yes, 2 = No
378	ebfChFinalStatus	378. FINAL STATUS OF CHILD (IF BEFORE BIRTH CERT ISSUED)	Blank = Unknown 1 = Discharged to parent/guardian 2 = Transferred 3 = Died 4 = Other
379	ebfDateofDischargeTransDeath	379. INFANT'S DISCHARGE/TRANSFER/DEATH-DATE	Blank = Unknown MMDDYYYY "99" in either the MM or DD position represent unknown month or date respectively. "9999" in the YYYY position represents unknown year.
380	ebfInfantFacTransTo	380. CHILD FACILITY TRANSFERRED TO	3-digit VS hospital code Blank = Unknown/not transferred
381	ebfInfantNameTransTo	381. CHILD FACILITY NAME TRANSFERRED TO	Literal

Birth Data File (2000 and forward) - Variable List

Field Number	Field Name	Label	Values
382	ebfInfantCntyMuniTransTo	382. CHILD COUNTY/MUNICIPALITY TRANSFERRED TO	4-digit VS County/Municipality code consists of two components: Position 1-2: Numeric County Code. See variable 525. MOTHER'S COUNTY CODE for county codes. "99" = unknown/missing. Position 3-4: Numeric Municipality Code. "00" = unknown/missing.
383	ebfInfantStateTransTo	383. CHILD STATE TRANSFERRED TO	Literal
385	ebfHospCode	385. HOSPITAL CODE	3-digit VS hospital code Blank = Unknown/not transferred
386	ebfInfantTransferredFrom	386. CHILD TRANSFERRED FROM ANOTHER FACILITY	Blank = Unknown, 1 = Yes, 2 = No
387	ebfInfantTransFromDate	387. DATE INFANT TRANSFERRED FROM FACILITY	Blank = Unknown/not transferred in MMDDYYYY "99" in either the MM or DD position represent unknown month or date respectively. "9999" in the YYYY position represents unknown year.
388	ebfInfantFacTransFrom	388. INFANT FACILITY TRANSFERRED FROM	3-digit VS hospital code Blank = Unknown/not transferred
389	ebfInfantCntyMuniTransFrom	389. INFANT COUNTY/MUNICIPALITY TRANSFERRED FROM	Blank = Unknown/not transferred 4-digit VS County/Municipality code consists of two components: Position 1-2: Numeric County Code. See variable 525. MOTHER'S COUNTY CODE for county codes. "99" = unknown/missing. Position 3-4: Numeric Municipality Code. "00" = unknown/missing.

Birth Data File (2000 and forward) - Variable List

Field Number	Field Name	Label	Values
390	ebfInfantStateTransFrom	390. INFANT STATE TRANSFERRED FROM	Literal
391	ebfPIIVAntibiotics	391. PROCEDURES AND INTERVENTION-IV ANTIBIOTICS	Blank = Unknown, 1 = Yes, 2 = No
392	ebfPIBloodTransfusion	392. PROCEDURES AND INTERVENTION-BLOOD TRANSFUSION	Blank = Unknown, 1 = Yes, 2 = No
393	ebfPIExchangeTranfusion	393. PROCEDURES AND INTERVENTION-EXCHANGE TRANSFUSION	Blank = Unknown, 1 = Yes, 2 = No
394	ebfPIParenteralAlimentation	394. PROCEDURES AND INTERVENTION-PARENTERAL ALIMENTATION	Blank = Unknown, 1 = Yes, 2 = No
395	ebfPIOtotoxicDrugs	395. PROCEDURES AND INTERVENTION-OTOTOXIC DRUGS	Blank = Unknown, 1 = Yes, 2 = No
396	ebfPICircumcision	396. PROCEDURES AND INTERVENTION-CIRCUMCISION	Blank = Unknown, 1 = Yes, 2 = No
397	ebfPIOtherSurgery	397. PROCEDURES AND INTERVENTION-OTHER SURGERY	Blank = Unknown, 1 = Yes, 2 = No
398	ebfPIUmbilicalArteryCatheter	398. PROCEDURES AND INTERVENTION-UMBILICAL ARTERY CATHETERIZATION	Blank = Unknown, 1 = Yes, 2 = No
399	ebfPIUmbilicalVeinCatheter	399. PROCEDURES AND INTERVENTION-UMBILICAL VEIN CATHETERIZATION	Blank = Unknown, 1 = Yes, 2 = No
400	ebfPIOxygenTherapy	400. PROCEDURES AND INTERVENTION-OXYGEN THERAPY	Blank = Unknown, 1 = Yes, 2 = No
401	ebfPIOxygenTherapyDuration	401. PROCEDURES AND INTERVENTION-OXYGEN THERAPY DURATION (DAYS)	Blank = Unknown, 00 = less than 12 hours, 01 – 96, 97 = 97 or more days
402	ebfPIContPosAirwayPressure	402. PROCEDURES AND INTERVENTION-CONTINUOUS POSITIVE AIRWAY PRESSURE (CPAP)	Blank = Unknown, 1 = Yes, 2 = No
403	ebfPICpapDuration	403. PROCEDURES AND INTERVENTION-CPAP DURATION (DAYS)	Blank = Unknown, 00 = less than 12 hours, 01 – 96, 97 = 97 or more days
404	ebfPIMechanicalVentilation	404. PROCEDURES AND INTERVENTION-MECHANICAL VENTILATION	Blank = Unknown, 1 = Yes, 2 = No
405	ebfPIMechVentilationDuration	405. PROCEDURES AND INTERVENTION-MECHANICAL VENTILATION DURATION (DAYS)	Blank = Unknown, 00 = less than 12 hours, 01 – 96, 97 = 97 or more days
406	ebfPIECMOxygenation	406. PROCEDURES AND INTERVENTION-EXTRACORPOREAL MEMBRANE OXYGENATION (ECMO)	Blank = Unknown, 1 = Yes, 2 = No
407	ebfPIPhototherapy	407. PROCEDURES AND INTERVENTION-PHOTOTHERAPY	Blank = Unknown, 1 = Yes, 2 = No
408	ebfPISurfactantTherapy	408. PROCEDURES AND INTERVENTION-SURFACTANT THERAPY	Blank = Unknown, 1 = Yes, 2 = No
409	ebfPIOther	409. PROCEDURES AND INTERVENTION-OTHER	Blank = Unknown, 1 = Yes, 2 = No
410	ebfPIOtherSpecify	410. PROCEDURES AND INTERVENTION-OTHER SPECIFY	Literal
411	ebfPINone	411. PROCEDURES AND INTERVENTION-NONE	Blank = Unknown, 1 = Yes, 2 = No
412	ebfDOINormalNewborn	412. DIAGNOSIS OF INFANT-NORMAL NEWBORN	Blank = Unknown 1 = Yes 2 = No
413	ebfDOIAbnormalNeurologicExam	413. DIAGNOSIS OF INFANT-ABNORMAL NEUROLOGIC EXAMINATION	Blank = Unknown 1 = Yes 2 = No
414	ebfDOISeizures	414. DIAGNOSIS OF INFANT-SEIZURES	Blank = Unknown 1 = Yes 2 = No
415	ebfDOI CtrlNervSysHemorrhage	415. DIAGNOSIS OF INFANT-CENTRAL NERVOUS SYSTEM HEMORRHAGE	Blank = Unknown 1 = Yes 2 = No
416	ebfDOIPalsy	416. DIAGNOSIS OF INFANT-PALSY	Blank = Unknown 1 = Yes 2 = No
417	ebfDOI BrachioplexisInjury	417. DIAGNOSIS OF INFANT-BRACHIOPLEXIS INJURY	Blank = Unknown 1 = Yes 2 = No
418	ebfDOI ReportableBirthDefect	418. DIAGNOSIS OF INFANT-REPORTABLE BIRTH DEFECT	Blank = Unknown 1 = Yes 2 = No
419	ebfDOI CoombsPositive	419. DIAGNOSIS OF INFANT-COOMBS POSITIVE	Blank = Unknown 1 = Yes 2 = No
420	ebfDOI RhHemolytic	420. DIAGNOSIS OF INFANT-RH HEMOLYTIC	Blank = Unknown 1 = Yes 2 = No

Birth Data File (2000 and forward) - Variable List

Field Number	Field Name	Label	Values
421	ebfDOIHyperbilirubinemia	421. DIAGNOSIS OF INFANT-HYPERBILIRUBINEMIA	Blank = Unknown 1 = Yes 2 = No
422	ebfDOIPolycythemia	422. DIAGNOSIS OF INFANT-POLYCYTHEMIA	Blank = Unknown 1 = Yes 2 = No
423	ebfDOIOtherHematologic	423. DIAGNOSIS OF INFANT-OTHER HEMATOLOGIC	Blank = Unknown 1 = Yes 2 = No
424	ebfDOIMeningitis	424. DIAGNOSIS OF INFANT-MENINGITIS	Blank = Unknown 1 = Yes 2 = No
425	ebfDOIProvenSepsis	425. DIAGNOSIS OF INFANT-PROVEN SEPSIS	Blank = Unknown 1 = Yes 2 = No
426	ebfDOIInUteroInfection	426. DIAGNOSIS OF INFANT-IN UTERO INFECTION (TORCH)	Blank = Unknown 1 = Yes 2 = No
427	ebfDOISyphilisSerologyPos	427. DIAGNOSIS OF INFANT-SYPHILIS SEROLOGY POSITIVE	Blank = Unknown 1 = Yes 2 = No
428	ebfDOIHomeMonitoring	428. DIAGNOSIS OF INFANT-HOME MONITORING	Blank = Unknown 1 = Yes 2 = No
429	ebfDOIBronchopulmonaryDysplasia	429. DIAGNOSIS OF INFANT-BRONCHOPULMONARY DYSPLASIA (BPD)	Blank = Unknown 1 = Yes 2 = No
430	ebfDOIMeconiumAspirationSynd	430. DIAGNOSIS OF INFANT-MECONIUM ASPIRATION SYNDROME	Blank = Unknown 1 = Yes 2 = No
431	ebfDOIIPneumonia	431. DIAGNOSIS OF INFANT-PNEUMONIA	Blank = Unknown 1 = Yes 2 = No
432	ebfDOIAirLeakSyndrome	432. DIAGNOSIS OF INFANT-AIR LEAK SYNDROME	Blank = Unknown 1 = Yes 2 = No
433	ebfDOIHomeOxygen	433. DIAGNOSIS OF INFANT-HOME ON OXYGEN	Blank = Unknown 1 = Yes 2 = No
434	ebfDOIRespiratoryDistressRds	434. DIAGNOSIS OF INFANT-RESPIRATORY DISTRESS SYNDROME/HYALINE MEMBRANE DIS	Blank = Unknown 1 = Yes 2 = No
435	ebfDOITransTachypneaNb	435. DIAGNOSIS OF INFANT-TRANSIENT TACHYPNEA OF NEWBORN	Blank = Unknown 1 = Yes 2 = No
436	ebfDOIPersPulmonaryHypertension	436. DIAGNOSIS OF INFANT-PERSISTENT PULMONARY HYPERTENSION	Blank = Unknown 1 = Yes 2 = No
437	ebfDOIDrugDependency	437. DIAGNOSIS OF INFANT-DRUG DEPENDENCY	Blank = Unknown 1 = Yes 2 = No
438	ebfDOIFetalAlcoholSyndrome	438. DIAGNOSIS OF INFANT-FETAL ALCOHOL SYNDROME	Blank = Unknown 1 = Yes 2 = No
439	ebfDOIFracture	439. DIAGNOSIS OF INFANT-FRACTURE/DISLOCATION	Blank = Unknown 1 = Yes 2 = No
440	ebfDOINecrotEnterocolitis	440. DIAGNOSIS OF INFANT-NECROTIZING ENTEROCOLITIS	Blank = Unknown 1 = Yes 2 = No
441	ebfDOICephalicMolding	441. DIAGNOSIS OF INFANT-CEPHALIC MOLDING	Blank = Unknown 1 = Yes 2 = No
442	ebfDOISymptHypoglycemia	442. DIAGNOSIS OF INFANT-SYMPTOMATIC HYPOGLYCEMIA	Blank = Unknown 1 = Yes 2 = No
443	ebfDOIStigmataHearingLoss	443. DIAGNOSIS OF INFANT-STIGMATA/ANOMALIES ASSOCIATED WITH HEARING LOSS	Blank = Unknown 1 = Yes 2 = No
444	ebfDOIOther	444. DIAGNOSIS OF INFANT-OTHER	Blank = Unknown 1 = Yes 2 = No
445	ebfDOIOtherSpecify	445. DIAGNOSIS OF INFANT-OTHER - SPECIFY	Literal
446	ebfHearImpairment	446. CHILD AT RISK OF HEARING IMPAIRMENT	1 = Yes, 2 = No, 9 = Unknown
447	ebfAbrOae	447. ABR/BAER AND/OR OAE DONE	1 = Yes, 2 = No, 9 = Unknown
448	ebfAbrOaeFailed	448. ABR/BAER AND/OR OAE FAILED	1 = Yes, 2 = No, 9 = Unknown
449	ebfHepatitisBVaccination	449. HEPATITIS B VACCINE GIVEN	1 = Yes, 2 = No, 9 = Unknown
450	ebfHepatitisBVaccinationDate	450. HEPATITIS B VACCINE DATE	Blank = Unknown/not given MMDDYYYY

Birth Data File (2000 and forward) - Variable List

Field Number	Field Name	Label	Values
451	ebfHepatitisBIGVaccinationDate	451. HEPATITIS B IMMUNOGLOBULIN DATE	Blank = Unknown/not given MMDDYYYY "99" in either the MM or DD position represent unknown month or date
452	ebfFeedingDisch	452. FEEDING AT DISCHARGE	1 = Breast feeding, 2 = Formula feeding, 3 = Combination, 4 = Other, 9 = Unknown
453	ebfNicuDisposition	453. NICU DISPOSITION	Blank = Unknown, 1 = Admitted to a NICU in this hospital, 2 = Not admitted to a NICU, 3 = Transferred to a NICU in another hospital
454	ebfNicuAdmissionDate	454. NICU ADMISSION DATE	Blank = Unknown/not given MMDDYYYY "99" in either the MM or DD position represent unknown month or date
455	ebfNicuDischargeDate	455. NICU DISCHARGE DATE	Blank = Unknown/not given MMDDYYYY "99" in either the MM or DD position represent unknown month or date
456	ebfAdmIntermediateCare	456. ADMISSION TO AN INTERMEDIATE CARE UNIT	Blank = Unknown 1 = Yes 2 = No
457	ebfFinalStatusInfant	457. FINAL STATUS OF INFANT	Blank = Unknown, 1 = Discharged to parent/guardian, 2 = Transferred, 3 = Died, 4 = Other
458	ebfFinalStatusOther	458. FINAL STATUS-OTHER	Literal
459	ebfTimeofDischargeTransDeath	459. TIME OF DISCHARGE DEATH OR TRANSFER	HH:MM AM/PM
460	ebfRelationGuardianCh	460. RELATIONSHIP OF GUARDIAN TO CHILD	Blank = Unknown, 1 = Mother, 2 = Father, 3 = Other Guardian
467	ebfGuardMailTownName	467. MAILING ADDRESS OF GUARDIAN-CITY/TOWN	Literal
468	ebfGuardMailStateAbbr	468. MAILING ADDRESS OF GUARDIAN-STATE/COUNTRY CODE	Literal
469	ebfGuardMailStateName	469. MAILING ADDRESS OF GUARDIAN-STATE/COUNTRY NAME	Literal
470	ebfGuardMailZip	470. MAILING ADDRESS OF GUARDIAN-ZIP CODE	Literal
472	ebfTypeFutureCare	472. TYPE OF PROVIDER FOR FUTURE PEDIATRIC CARE	numeric
473	ebfTypeFutureCareOther	473. TYPE OF PROVIDER FOR FUTURE PEDIATRIC CARE- OTHER SPECIFY	Literal
474	ebfSourceFutureImmunizations	474. SOURCE OF FUTURE IMMUNIZATIONS	Literal

Birth Data File (2000 and forward) - Variable List

Field Number	Field Name	Label	Values
475	ebfConsentImmunizationRegistry	475. CONSENT GIVEN TO PARTICIPATE IN IMMUNIZATION REGISTRY	Blank = Unknown 1 = Yes 2 = No
476	ebfFamilyHistHearingLoss	476. FAMILY HISTORY OF CHILDHOOD HEARING LOSS	Blank = Unknown 1 = Yes 2 = No
477	ebfNbHearScreenRefusal	477. REFUSAL FOR NEWBORN HEARING PROGRAM FOR RELIGIOUS	Blank = Unknown, 1 = Parent refused testing, 2 = Parent allowed testing
481	ebfNbHearScreenConsentRelatn	481. PERSON SIGNING HEARING PROGRAM CONSENT-RELATIONSHIP TO CHILD	Blank = Unknown, 1 = Mother, 2 = Father, 3 = Guardian, 4 = Other
482	ebfMotherDischargeDate	482. DATE OF MOTHER'S DISCHARGE	Blank = Unknown MMDDYYYY "99" in either the MM or DD position represent unknown month or date
483	ebfMotherMaritalStat	483. CURRENT MARITAL STATUS	1 = Single, 2 = Married, 3 = Legally Separated, 4 = Divorced, 5 = Widowed, 6 = Unknown
484	ebfMotherRecWIC	484. PARTICIPATION IN WIC DURING PREGNANCY	Blank = Unknown, 1 = Yes, 2 = No
486	ebfMotherMEDICAIDParticipant	486. MOTHER PARTICIPATION IN MEDICAID DURING PREGNANCY	Blank = Unknown, 1 = Yes, 2 = No
487	ebfMotherGivenRHImmuneGlobulin	487. RH IMMUNE GLOBULIN GIVEN TO THE MOTHER	Blank = Unknown, 1 = Yes, 2 = No, 3 = Refused
488	ebfPPPArteryLigation	488. POST-PARTUM PROCEDURES-ARTERY LIGATION	Blank = Unknown, 1 = Yes, 2 = No
489	ebfPPPCDC	489. POST-PARTUM PROCEDURES-DILATION AND CURETTAGE (D&C)	Blank = Unknown 1 = Yes 2 = No
490	ebfPPPHysterectomy	490. POST-PARTUM PROCEDURES-HYSTERECTOMY	Blank = Unknown 1 = Yes 2 = No
491	ebfPPPMaternalTransfusion	491. POST-PARTUM PROCEDURES-MATERNAL TRANSFUSION	Blank = Unknown 1 = Yes 2 = No
492	ebfPPPTubalLigation	492. POST-PARTUM PROCEDURES-TUBAL LIGATION	Blank = Unknown 1 = Yes 2 = No
493	ebfPPPOther	493. POST-PARTUM PROCEDURES-OTHER	Blank = Unknown 1 = Yes 2 = No
494	ebfPPPNone	494. POST-PARTUM PROCEDURES-NONE	Blank = Unknown 1 = Yes 2 = No
495	ebfPPPOtherSpecify	495. POST-PARTUM PROCEDURES-OTHER SPECIFY	literal
496	ebfMCExcessiveBleeding	496. MATERNAL COMPLICATIONS-EXCESSIVE BLEEDING	Blank = Unknown 1 = Yes 2 = No
497	ebfMCMaternalDeath	497. MATERNAL COMPLICATIONS-MATERNAL DEATH	Blank = Unknown 1 = Yes 2 = No
498	ebfMCPostpartumInfection	498. MATERNAL COMPLICATIONS-POSTPARTUM INFECTION	Blank = Unknown 1 = Yes 2 = No
499	ebfMCOther	499. MATERNAL COMPLICATIONS-OTHER	Blank = Unknown 1 = Yes 2 = No
500	ebfMCNone	500. MATERNAL COMPLICATIONS-NONE	Blank = Unknown 1 = Yes 2 = No
501	ebfMCOtherSpecify	501. MATERNAL COMPLICATIONS-OTHER SPECIFY	Literal

Birth Data File (2000 and forward) - Variable List

Field Number	Field Name	Label	Values
504	ebfMotherInsCode	504. MOTHER'S MEDICAL INSURANCE TYPE/CODE	BL = Blue Cross/Blue Shield CH = Champus CI = Commercial Insurance Co FI = Federal Employees Program HM = Health Maintenance Organization MA = Medicare Part A MB = Medicare Part B MC = Medicaid MH = Managed Care Non-HMO OF = Other Federal Program SA = Self Administrative Group TV = Title V VA = Veteran Administration Plan Z1 = Self Pay (No Insurance or Charity) Z2 = Maternal & Child Health Z3 = No Charge Z4 = Other Z5 = Unknown

Birth Data File (2000 and forward) - Variable List

Field Number	Field Name	Label	Values
505	ebfFatherInsCode	505. FATHER'S MEDICAL INSURANCE TYPE/CODE	BL = Blue Cross/Blue Shield CH = Champus CI = Commercial Insurance Co FI = Federal Employees Program HM = Health Maintenance Organization MA = Medicare Part A MB = Medicare Part B MC = Medicaid MH = Managed Care Non-HMO OF = Other Federal Program SA = Self Administrative Group TV = Title V VA = Veteran Administration Plan Z1 = Self Pay (No Insurance or Charity) Z2 = Maternal & Child Health Z3 = No Charge Z4 = Other Z5 = Unknown
507	ebfBirthYear	507. YEAR OF BIRTH	YYYY
508	ebfMotherStateResGeo	508. MOTHER'S STATE OF RESIDENCE	00 – 59 = State codes, 99 = Unknown
509	ebfMotherMuniResGeo	509. MOTHER'S MUNICIPALITY OF RESIDENCE	4-digit VS County/Municipality code consists of two components: Position 1-2: Numeric County Code. See variable 525. MOTHER'S COUNTY CODE for county codes. "99" = unknown/missing. Position 3-4: Numeric Municipality Code. "00" = unknown/missing.
512	ebfMotherStateAbbrGeo	512. MOTHER'S STATE ABBREVIATION	Literal
513	ebfMotherZipGeo	513. MOTHER'S ZIP CODE	Literal

Birth Data File (2000 and forward) - Variable List

Field Number	Field Name	Label	Values
514	ebfMotherExtZipGeo	514. MOTHER'S EXTENDED ZIP CODE	Literal
515	ebfMotherCountyFipsGeo	515. MOTHER'S COUNTY FIPS CODE	numeric
516	ebfMotherDivisionFipsGeo	516. MOTHER'S MINOR CIVIL DIVISION FIPS CODE	numeric
517	ebfMotherMuniName	517. MOTHER'S MUNICIPALITY NAME	Literal
520	ebfCensusTract	520. CENSUS TRACT	0000.00 – 9999.99
521	ebfCensusBlock	521. CENSUS BLOCK GROUP/BLOCK NUMBER	0000 – 9999
522	ebfStatusCode	522. GEOCODED MATCH STATUS SCORE	000 – 100
523	ebfGeoMatch	523. GEOMATCH STATUS	M = Matched U = Unmatched T = Tied
524	ebfOosBirth	524. OUT OF STATE BIRTH	0 = No 1 = Yes

Birth Data File (2000 and forward) - Variable List

Field Number	Field Name	Label	Values
525	ebfMotherCountyVS	525. MOTHER'S COUNTY CODE	01 = Atlantic 02 = Bergen 03 = Burlington 04 = Camden 05 = Cape May 06 = Cumberland 07 = Essex 08 = Gloucester 09 = Hudson 10 = Hunterdon 11 = Mercer 12 = Middlesex 13 = Monmouth 14 = Morris 15 = Ocean 16 = Passaic 17 = Salem 18 = Somerset 19 = Sussex 20 = Union 21 = Warren 22 = Institution Birth 23 = Military Base Birth 91 = Out-of-State Birth
526	ebfSourceOfPayment	526. PRINCIPAL SOURCE OF PAYMENT	1 = Private Insurance 2 = Medicaid/NJ Family Care 3 = Other 4 = Self Pay/Charity Care 9 = Unknown

Birth Data File (2000 and forward) - Variable List

Field Number	Field Name	Label	Values
527	ebfMothersEducation	527. MOTHER'S EDUCATION-CATEGORIES	1 = 8th Grade or Less 2 = 9th – 12th Grade, but no Diploma 3 = High School Graduate or GED Completed 4 = Some College Credit, but no Degree 5 = Associate Degree 6 = Bachelor's Degree 7 = Master's Degree 8 = Doctorate or Professional Degree 9 = Unknown
528	ebfFathersEducation	528. FATHER'S EDUCATION-CATEGORIES	1 = 8th Grade or Less 2 = 9th – 12th Grade, but no Diploma 3 = High School Graduate or GED Completed 4 = Some College Credit, but no Degree 5 = Associate Degree 6 = Bachelor's Degree 7 = Master's Degree 8 = Doctorate or Professional Degree 9 = Unknown
529	ebfSourceCode	529. SOURCE CODE	1 = OEB & SBF Data , 2 = OEB Data Only, 3 = SBF Data Only, 4 = SBF & VIP, 5 = VIP Data Only