2002 CALIFORNIA
BIRTH TAPE FILE DOCUMENTATION

FIELD NO.	RECORD POSITION(S)	NO. OF BYTES	ALPHA/ NUMERIC	FIELD NAME AND DESCRIPTION
* 1.	1-6	6	N	STATE FILE NUMBER
* 2.	7-12	6	N	LOCAL REGISTRAR'S NUMBER
* 3.	13-32	20	A	LAST NAME OF CHILD
* 4.	33-44	12	A	FIRST NAME OF CHILD
* 5.	45-56	12	A	MIDDLE NAME OF CHILD
6.	57	1	-	BLANK
7.	58	1	N	SEX OF CHILD
8.	59-60	2	-	(BLANK)
9.	61	1	N	TYPE OF BIRTH
10.	62	1	N	BIRTH ORDER
11.	63-66	4	N	BIRTHWEIGHT (GRAMS)
12.	67-73	7	N	DATE OF BIRTH (CYYMMDD)
13.	74-77	4	N	MATERNITY HOSPITAL CODE
14.	78	1	-	(BLANK)
15.	79-80	2	A	BIRTH COUNTY/PLACE
16.	81-82	2	-	(BLANK)
*17.	83-97	15	A	BIRTH SURNAME OF MOTHER
18.	98-99	2	A	BIRTHPLACE OF MOTHER
19.	100-101	2	N	AGE OF MOTHER
20.	102-103	2	N	MOTHER'S YEARS OF EDUCATION
21.	104-105	2	N	RACE-ETHNICITY OF MOTHER (GENERATED)
22.	106	1	-	(BLANK)
23.	107-108	2	A	MOTHER'S PLACE OF RESIDENCE
24.	109-110	2	-	(BLANK)
25.	111	1	N	TYPE OF CERTIFIER
26.	112	1	A	MARITAL STATUS
27.	113-118	6	A	CENSUS TRACT
28.	119-120	2	N	AGE OF FATHER
29.	121-122	2	N	FATHER'S YEARS OF EDUCATION
30.	123-124	2	N	RACE-ETHNICITY OF FATHER (GENERATED)
31.	125	1	-	(BLANK)
32.	126-132	7	A	DATE OF CHILD'S DEATH (CYYMMDD)
33.	133-136	4	N	DATE OF BIRTH REGISTRATION (YYMM)
34.	137-142	6	A	DATE OF LAST MENSES (YYMMDD)
35.	143-145	3	A	LENGTH OF GESTATION (IN DAYS)
36.	146	1	A	MONTH PRENATAL CARE BEGAN
37.	147-148	2	N	NUMBER OF PRENATAL CARE VISITS
38.	149-152	4	-	(BLANK)
39.	153-154	2	N	LIVE BIRTHS NOW LIVING
40.	155-156	2	N	LIVE BIRTHS NOW DECEASED
41.	157-158	2	N	TOTAL CHILDREN BORN ALIVE
42.	159-160	2	N	TERMINATIONS BEFORE 20 WEEKS
43.	161-162	2	N	TERMINATIONS 20 WEEKS PLUS
44.	163-164	2	N	TOTAL CHILDREN EVER BORN
45.	165-168	4	A	DATE OF LAST LIVE BIRTH (YYMM)

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46.	169-172	4	-	(BLANK)
47.	173-176	4	A	DATE OF LAST TERMINATION (YYMM)
48.	177-192	16	-	(BLANK)
49.	193-224	32	N	COMPLICATION OF PREGNANCY
50.	225-242	18	N	COMPLICATION OF LABOR/DELIVERY
51.	243-262	20	N	ABNORMAL CONDITIONS
52.	263-272	10	-	(BLANK)
53.	273-276	4	N	HOUR OF BIRTH (HHMM)
*54.	277-284	8	A	MOTHER'S FIRST NAME
55.	285	1	N	HISPANIC ORIGIN CODE OF FATHER
56.	286	1	N	HISPANIC ORIGIN CODE OF MOTHER
57.	287-291	5	A	MOTHER'S RESIDENTIAL ZIP CODE
58.	292-293	2	N	STATE OF RESIDENCE
59.	294-296	3	N	CENSUS PLACE CODE
60.	297-304	8	-	(BLANK)
61.	305	1	N	TYPE OF EVENT
62.	306-307	2	N	YEAR OF EVENT
63.	308-309	2	N	LOCAL REGISTRATION DISTRICT
*64.	310-324	15	A	LAST NAME OF FATHER
65.	325-332	8	-	(BLANK)
66.	333-339	7	A	FATHER'S DATE OF BIRTH (CYYMMDD)
67.	340-341	2	N	RACE-ETHNICITY OF FATHER (CODE 1)
68.	342-343	2	A	RACE-ETHNICITY OF FATHER (CODE 2)
69.	344-345	2	A	RACE-ETHNICITY OF FATHER (CODE 3)
70.	346-347	2	-	(BLANK)
71.	348-354	7	A	MOTHER'S DATE OF BIRTH (CYYMMDD)
72.	355-356	2	N	RACE-ETHNICITY OF MOTHER (CODE 1)
73.	357-358	2	N	RACE-ETHNICITY OF MOTHER (CODE 2)
74.	359-360	2	N	RACE-ETHNICITY OF MOTHER (CODE 3)
75.	361-362	2	-	(BLANK)
76.	363-365	3	A	METHOD OF DELIVERY
77.	366-367	2	N	PRINCIPAL SOURCE OF PAYMENT FOR PRENATAL CARE
78.	368-369	2	N	EXPECTED PRINCIPAL SOURCE OF PAYMENT FOR DELIVERY
79.	370	1	N	PLANNED BIRTHPLACE
80.	371	1	N	FATHER’S MULTI-RACE CODE
81.	372	1	N	MOTHER’S MULTI-RACE CODE
82.	373-400	28	-	(BLANK)

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DEPARTMENT OF HEALTH SERVICES (OCTOBER 2001)