Birth Certificates

Elizabeth Samuels

*University of Baltimore School of Law, esamuels@ubalt.edu*

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Birth certificate

Birth certificates in the United States, which are issued by the states, have two different sections, and each section involves different privacy concerns. The first section, the legal record of the birth, is always available to the adult whose birth it registers; access by other persons varies widely from state to state, ranging from a short list of specified relatives to the public at large. The second section of the certificate—which records health and medical information about the parents, the birth, and the infant—is used only for data collection and analysis, under regulations that protect the privacy of registrants and their parents.

It was only in the first half of the twentieth century that birth registration in the United States became both standardized and nearly universal. In colonial times, a number of the colonies passed laws requiring government officials to record births and other vital events, but even with the passage of additional regulations over time, these laws and the systems they established were not highly effective. Until the early 1800s birth certificates were used only for legal and historical purposes, not for the additional public purpose of collecting and analyzing health and demographic data. Birth registration evidently was not a priority in a nation experiencing a high volume of both immigration and internal migration. In the mid-1800s, however, a growing emphasis on the importance of vital statistics for public health purposes led the American Medical Association (AMA) to urge the states to collect vital statistics. By 1859 eight states had established birth registration systems, and after the Civil War more states followed, although under-registration of births continued to be widespread.

Because birth registration was so inadequate, efforts before 1900 to collect data on births focused on the decennial census. After 1900 efforts to obtain birth statistics shifted from the census, which proved unsatisfactory for the purpose, to the ultimately more promising source of birth registration by state and local governments. To develop standards for registration legislation and practices, the Bureau of the Census, which was established as a permanent office in 1902, worked with the American Public Health Association (APHA). In addition to issuing such standards, the bureau in 1903 published a recommended standard birth certificate, which has been followed by 12 revised versions, the latest in 2003. The bureau in 1907, working with the AMA, the APHA, and other organizations, also developed and recommended to the states a model vital statistics law. Four versions of the model law have been issued since then, the latest in 1992.

At first, the Bureau of the Census made great progress in the registration of deaths, but in 1915 it established a national “birth-registration area,” a group of 10 states and the District of Columbia in which birth registration was the most complete and therefore the most reliable source of statistics. Significant efforts to improve birth registration at this time resulted in part from an increasing desire to collect statistics that could be used to help reduce infant mortality. In addition, birth certificates were becoming more important to individuals for uses such as establishing age for entering school and obtaining work permits. Ten additional states were found to have sufficiently complete birth registration systems as of 1917 and were admitted to the birth-registration area. By 1933 every state was included. During the 1940s birth certificates became increasingly important to individuals for establishing citizenship for jobs in defense, applying for food ration books, and qualifying for military family allowances. From 1935 to 1948, the estimated prevalence of birth registration rose from 90.7 to 95.5 percent.

Today the responsibility for collecting and publishing birth-related and other vital statistics is vested in the National Center for Health Statistics (NCHS), a part of the Centers for Disease Control and Prevention (CDC), which is part of the U.S. Department of Health and Human Services (HHS). The states generally match the federal government’s recommended standard certificate. The demographic information on the birth certificates is provided by mothers at the time of birth, while the medical and health information is drawn from medical records. Typically, the certificates are filed with a local registrar, who in turn files the records with the state vital statistics office. The state office, which maintains files of and issues copies of the certificates, transmits the data to the NCHS for analysis and publication.

The top portion of the 2003 U.S. Standard Certificate of Live Birth, which is the formal title of the legal record of birth, includes the child’s name, sex, and time and place
of birth. It also includes the mother’s current legal name, her name prior to her first
marriage, the date and place of her birth, and her residence. In addition, it includes the
father’s current legal name and the date and place of his birth. A section for administrative
use includes such information as the mother’s mailing address, whether the
mother was married at the time of the “birth, conception, or any time between,” the
mother’s and father’s Social Security numbers, and whether a Social Security number
was requested for the child. A medical professional’s or hospital administrator’s
signature is required. Copies of this portion are used extensively for employment pur-
poses, for obtaining other documents, such as driver’s licenses, passports, and Social
Security cards; for enrolling children in school; for determining eligibility for public
benefits; and for confirming age eligibility for sports and other activities.

The federal government recommends that states provide limited confidentiality
with regard to the record of birth by restricting access for 100 years after the birth to
close relatives and others who have a legitimate need for the information. Restricting
access also decreases the possibility of identity theft by fraudulent use of the certifi-
cates. A certified copy of the legal record portion, according to the provisions of the
most recent Model State Vital Statistics Act and Regulations, is to be considered the
same as the original and is to be provided upon application to the person whose birth
it registers; or the person’s spouse, child, parent, or guardian; or any of these persons’
authorized representatives. Relatives doing genealogical research may obtain copies
if the registrant is deceased. Other persons may be authorized to obtain copies if they
demonstrate that the copies are needed to determine or protect their personal or prop-
erty rights, and a state may designate regulations that further define who may obtain a
copy. Governmental agencies may be provided copies solely for use in conducting
official duties, and a court of competent jurisdiction may authorize inspection of the
record. When individuals apply for a copy, the state registrar or local custodian may
require identification or a sworn statement. The record becomes public 100 years
after the date of the birth. Stricter controls than these, and more uniformity among the
states, will likely be sought in the future as a result of increasing concern about identity
fraud and international terrorism.

In many states, law and practice now differ to a greater or lesser degree from the
federal recommendations. In a number of states, members of the public can view or
purchase an uncertified, informational copy of a birth certificate if they know the
name and the birth date of the person whose birth it records. Such public access
was available in 14 states according to an HHS Inspector General’s report pub-
lished in 2000. With regard to the security of birth certificates in states with
restricted access, this report noted that proof of identification was required for
“walk-in requests” for copies in only 30 states in the state’s main office and in only
19 states in local offices; proof of identification was required for requests by mail
in only 14 states and by local offices in only 7 states.

Among the states with restricted access, there is considerable variety in the par-
ticulars of their restrictions. Relatives who may obtain copies range from the regis-
trant’s parents only to a list that includes, in addition to the parents, the children,
siblings, half-siblings, step-parents, stepchildren, grandparents, great-grandparents,
grandchildren, and great-grandchildren. Some states permit greater access if the
registrant is deceased and the person applying for the certificate submits proof of
the death. Some states permit greater access when the applicant is conducting
genealogical research. Although a number of states have adopted the rule that birth certificates become public after 100 years, many states do not allow certificates ever to become public, whereas others have adopted shorter or longer periods—such as 50, 75, or 125 years—before the certificates become public records. A few states impose special restrictions for access when birth certificates indicate that the child was born to unmarried parents.

The portion of the certificate containing health and medical information was made a separate section in the 1949 revision of the standard certificate, which also placed the information about the child’s legitimacy in this more confidential section. Labeled “Information for Medical and Health Purposes Only,” the current version of this section includes 29 questions, many with a checklist of possible answers. For the mother and father, the information includes education, race, and type of Hispanic origin. Other questions concern the facility where the birth occurred; the attendant at the birth; and many details about the mother’s pregnancy and prenatal care, the delivery, and the condition of the newborn.

The current model federal law and regulations require that when information that identifies individuals is disclosed to researchers, all disclosures must be made pursuant to agreements that protect the confidentiality of the information. There are no restrictions, however, on the release of information that does not identify individuals. As is the case with the legal record portion of the certificate, government officials may be furnished with the information for use in conducting their official duties, but this information is not subject to subpoena or court order and is not admissible in court. Although the specific laws and procedures that the states have adopted vary considerably, the laws of all the states are designed to protect the confidentiality of this health and medical information.

See also: Adoption; Health Privacy; Public Records


Elizabeth J. Samuels