



VITAL STATISTICS BIRTHS FILE (January 1, 1986 onwards)

Submit this completed form to the email address: HealthDataHA@gov.bc.ca

Questions about the request process or any part of this application may be directed to the email address above.

MINISTRY OF HEALTH USE ONLY

Table with 2 columns: File Number, Date Received. Includes a row for ISP Appendix.

PROJECT TITLE

Empty text box for Project Title

APPLIES TO COHORT(S)

Empty text box for Cohort(s)

DATE RANGE

From (yyyy/mm/dd)

Empty text box for start date

To (yyyy/mm/dd)

Empty text box for end date

OTHER DATE RANGE AND FILTERING CRITERIA

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DESCRIPTION

An extract of the births registration files provided by the British Columbia Vital Statistics Agency. Includes all births registered in the province of BC.

Table with 3 columns: FIELD NAMES, VARIABLE NAMES, REASON FOR REQUEST. Rows include Infant PHN, Year, Month, Day, Time, and Place of Birth.

FIELD NAMES	VARIABLE NAMES	REASON FOR REQUEST
<input type="checkbox"/> Infant Place Of Birth – First 3 Digits Of Postal Code	RECORDED_POSTAL_CODE3	
<input type="checkbox"/> Infant Place Of Birth - 6-Digit Postal Code	RECORDED_POSTAL_CODE6	
<input type="checkbox"/> Infant Birth Place Type	RECORDED_PLACE_TYPE	
<input type="checkbox"/> Sex Of Infant	GENDER	
<input type="checkbox"/> Mother'S PHN - <b>replaced By Project Specific Id #</b>	MOTHER_PHN	
<input type="checkbox"/> Mother's Total Number Of Pregnancies	MOTHER_PREGNANCIES	
<input type="checkbox"/> Mother's Total Live Births	MOTHER_LIVE_BIRTHS_TOTAL	
<input type="checkbox"/> Mother's Total Stillbirths	MOTHER_STILLBIRTHS_TOTAL	
<input type="checkbox"/> Mother's Year Of Birth	M_YEAR_OF_BIRTH	
<input type="checkbox"/> Mother's Month Of Birth	M_MONTH_OF_BIRTH	
<input type="checkbox"/> Mother's Day Of Birth	M_DAY_OF_BIRTH	
<input type="checkbox"/> Age Of Mother In Years	AGE_OF_MOTHER	
<input type="checkbox"/> Birthplace Of Mother (City)	M_BIRTH_COMMUNITY	
<input type="checkbox"/> Birthplace Of Mother (Province / Territory)	M_BIRTH_PROVINCE_OR_STATE	
<input type="checkbox"/> Birthplace Of Mother (Country)	M_BIRTH_COUNTRY	
<input type="checkbox"/> Mother's Usual Residence - First 3 Digits Of Postal Code	M_3PSTL_CD_OBJ_DESCR	
<input type="checkbox"/> Mother's Usual Residence - 6-Digit Postal Code	M_6PSTL_CD_OBJ_DESCR	
<input type="checkbox"/> Mother's Usual LHA Of Residence	M_LHA_OBJ_DESCR	
<input type="checkbox"/> Mother's Usual HSDA Of Residence	M_HSDA_OBJ_DESCR	
<input type="checkbox"/> Mother's Usual HA Of Residence	M_HA_OBJ_DESCR	
<input type="checkbox"/> Mother's Country Of Usual Residence - If Outside Canada	M_COUNTRY	
<input type="checkbox"/> Marital Status Of Mother	M_MARITAL_STATUS	
<input type="checkbox"/> Father / Co-Parent's Year Of Birth	F_YEAR_OF_BIRTH	
<input type="checkbox"/> Father / Co-Parent's Month Of Birth	F_MONTH_OF_BIRTH	

FIELD NAMES	VARIABLE NAMES	REASON FOR REQUEST
<input type="checkbox"/> Father / Co-Parent's Day Of Birth	F_DAY_OF_BIRTH	
<input type="checkbox"/> Father / Co-Parent's Age	AGE_OF_FATHER	
<input type="checkbox"/> Father / Co-Parent's Sex	F_GENDER	
<input type="checkbox"/> Parent's Marital Status	F_MARITAL_STATUS	
<input type="checkbox"/> Birth Registration Date	REG_DATE	
<input type="checkbox"/> Child's Registration Number	REG_NUMBER	
<input type="checkbox"/> Total Number Of Infants Born In This Event i.e. Kind Of Birth (Single, Twin, Triplet Etc.)	KIND_OF_BIRTH	
<input type="checkbox"/> If Multiple Birth - Birth Order Of This Infant	MULTIPLE_BIRTH_ORDER	
<input type="checkbox"/> Duration Of Pregnancy (Gestation)	GESTATION_PERIOD	
<input type="checkbox"/> Birth Weight	BIRTH_WEIGHT	
<input type="checkbox"/> Head Circumference	HEAD_CIRCUMFERENCE	
<input type="checkbox"/> Body Length	BODY_LENGTH	
<input type="checkbox"/> Mode Of Delivery	DELIVERY_MODE	
<input type="checkbox"/> Special Resuscitation etc. Measures	SPECIAL_RESP_MEASURES	
<input type="checkbox"/> Certifier MSP Billing # - <b>replaced By Project Specific Id #</b>	MSP_ID	
<input type="checkbox"/> Apgar Score @ 1 Minute	APGAR_SCORE_1_MIN	
<input type="checkbox"/> Apgar Score @ 5 Minutes	APGAR_SCORE_5_MIN	
<input type="checkbox"/> If Hospital Birth - Hospital Code - <b>replaced By Project Specific Id #</b>	HOSP	
<input type="checkbox"/> Unencrypted Hospital Number	HOSP	
<input type="checkbox"/> ICD Codes (Including ICD Version #)	VALUE_ICD	