



Oklahoma State
Department of Health

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Vital Records

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HELP . DESK

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AskROVER@health.ok.gov

8:00 am to 4:30 pm

(Monday - Friday)



Registering Oklahoma Vital Event Records

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New Birth Unit
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<https://rover.health.ok.gov/rover/gui/login/welcomeOK.jsp>

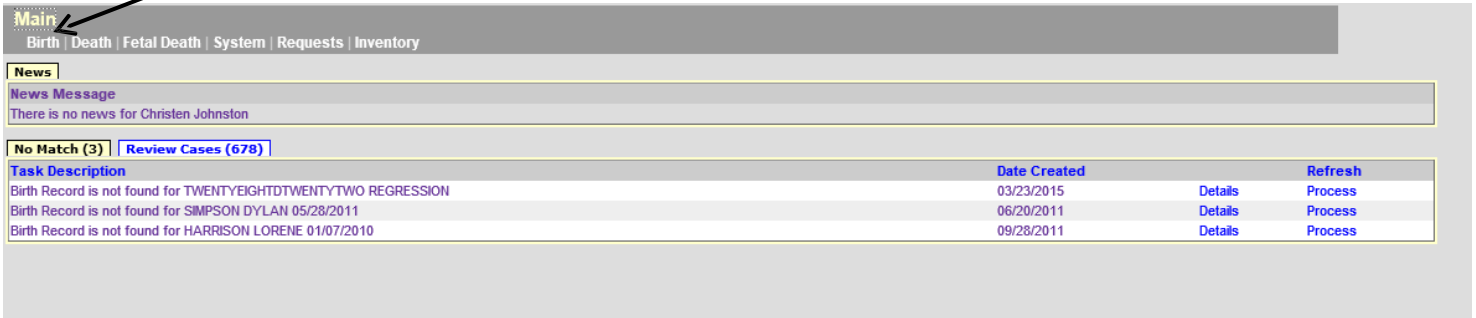


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Starting a New Birth Record

To begin a new case Click on **Birth** then follow the instructions below.



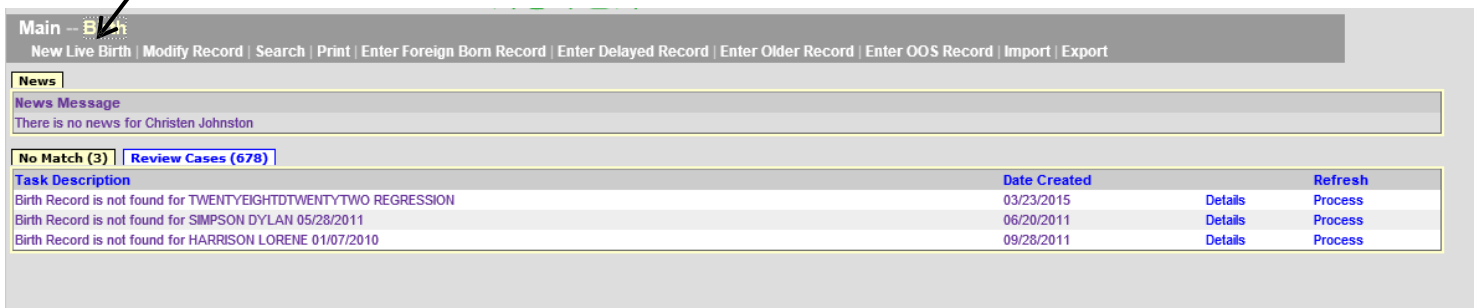
The screenshot shows the 'Main' navigation menu with the following options: Birth | Death | Fetal Death | System | Requests | Inventory. An arrow points to the 'Birth' link.

News
News Message
There is no news for Christen Johnston

No Match (3) | [Review Cases \(678\)](#)

| Task Description | Date Created | | Refresh |
|--|--------------|-------------------------|-------------------------|
| Birth Record is not found for TWENTYEIGHTDTWENTYTWO REGRESSION | 03/23/2015 | Details | Process |
| Birth Record is not found for SIMPSON DYLAN 05/28/2011 | 06/20/2011 | Details | Process |
| Birth Record is not found for HARRISON LORENE 01/07/2010 | 09/28/2011 | Details | Process |

Click on **New Live Birth**.



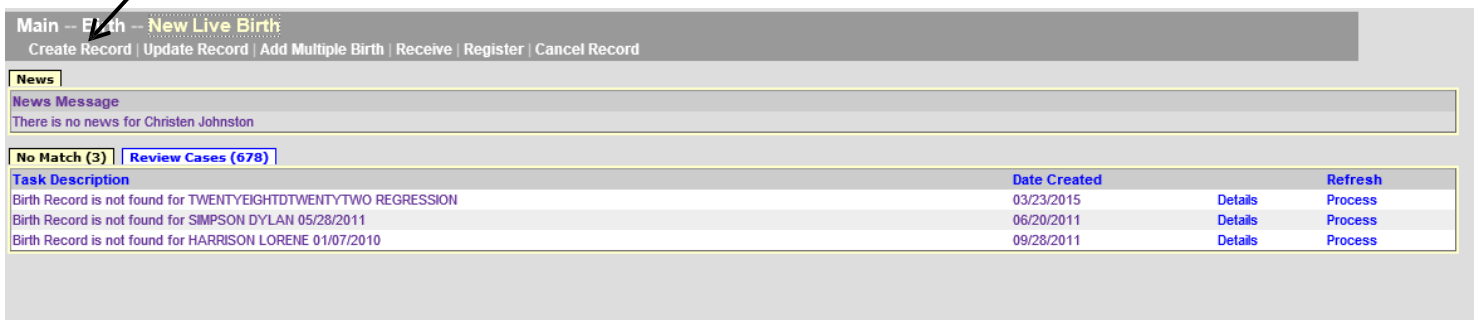
The screenshot shows the 'Main -- Birth' navigation menu with the following options: New Live Birth | Modify Record | Search | Print | Enter Foreign Born Record | Enter Delayed Record | Enter Older Record | Enter OOS Record | Import | Export. An arrow points to the 'New Live Birth' link.

News
News Message
There is no news for Christen Johnston

No Match (3) | [Review Cases \(678\)](#)

| Task Description | Date Created | | Refresh |
|--|--------------|-------------------------|-------------------------|
| Birth Record is not found for TWENTYEIGHTDTWENTYTWO REGRESSION | 03/23/2015 | Details | Process |
| Birth Record is not found for SIMPSON DYLAN 05/28/2011 | 06/20/2011 | Details | Process |
| Birth Record is not found for HARRISON LORENE 01/07/2010 | 09/28/2011 | Details | Process |

Then click on **Create Record**.



The screenshot shows the 'Main -- Birth -- New Live Birth' navigation menu with the following options: Create Record | Update Record | Add Multiple Birth | Receive | Register | Cancel Record. An arrow points to the 'Create Record' link.

News
News Message
There is no news for Christen Johnston

No Match (3) | [Review Cases \(678\)](#)

| Task Description | Date Created | | Refresh |
|--|--------------|-------------------------|-------------------------|
| Birth Record is not found for TWENTYEIGHTDTWENTYTWO REGRESSION | 03/23/2015 | Details | Process |
| Birth Record is not found for SIMPSON DYLAN 05/28/2011 | 06/20/2011 | Details | Process |
| Birth Record is not found for HARRISON LORENE 01/07/2010 | 09/28/2011 | Details | Process |

TAB 1 Child

The Child tab contains the name, date and time of birth, sex, mother's maiden name, and a box for the medical record number.

Birth

1 Child | **2 Mother (Parent I)/Request SSN** | **3 Mother (Parent I) History** | **7 Birthplace** | **8 Attendant/Certifier** | **9 Mother Info** | **10 Pregnancy Info** | **11 Child Medical Info** | **12 Anomalies** | **13 Record Actions**

Definition of Live Birth
Complete expulsion or extraction from its mother of a child irrespective of the duration of pregnancy, which, after such expulsion or extraction, breathes or shows any other evidence of life, such as beating of the heart, pulsation of the umbilical cord, or definite movement of voluntary muscles, whether or not the umbilical cord has been cut

1 Child's Name

Foundling

First

Middle

Last

Suffix

2 Date of Birth

Date of birth (mm/dd/yyyy)

3 Time of Birth

Time of birth

Time indicator

4 Sex

Sex

Mother (Parent I) Maiden Name (Item 12b)

Last name before first marriage

23 Mother's Medical Record Number

Medical record number

If the child is a **foundling** (an abandoned infant or discovered), then you would check the foundling box above the child name.

Start at the child's first name, and use the TAB key on the keyboard to fill out all the information on this page.

Unknown is not an acceptable entry in any of the name portions, and will result in the certificate being flagged as incomplete.

Click on "**NEXT**" button to proceed.

TAB 2 Mother

This tab contains several key pieces of information about the mother and paternity.

The screenshot shows a web form titled "TAB 2 Mother (Parent I)/Request SSN". The form is divided into several sections:

- Adoption:** Type of adoption (Select).
- 12a Mother (Parent I) Legal Name:** Type of parent (NATURAL), Parent label list (MOTHER), Label for this parent (MOTHER), Gestational Carrier (checkbox), First (MOTHER), Middle, Last (BIRTH), Suffix (Select), Sex (FEMALE).
- 12b Mother (Parent I) Maiden Surname:** Last name prior to first marriage (MAIDEN).
- 12c Mother (Parent I) Date of Birth:** Date of birth (mm/dd/yyyy) (01/01/1984), Calculated age (36).
- 12d Mother (Parent I) Birthplace:** Country (UNITED STATES), State/province (OKLAHOMA).
- 19 Marital Status:** Married at conception, birth or between conception and birth? (Yes/No), Is the husband the father? (Yes/No), Print Affidavit Acknowledging Paternity (checkbox), Refuses to give husband's information (checkbox).
- Clear All Mother (Parent I) Information:** Enable clear of mother/parent I's info (checkbox), Select CLEAR to remove mother/parent I's info (Select).
- Clear All Father (Parent II) Information:** Enable clear of father/parent II's info (checkbox), Select CLEAR to remove father/parent II's info (Select).
- Clear All Husband (Denial) Information:** Enable clear of husband info (checkbox), Select CLEAR to remove husband info (Select).
- 13 Mother (Parent I) Residence Address:** Address (123 MAIN STREET), Apartment number, Country (UNITED STATES), State/province (OKLAHOMA), County (OKLAHOMA), City list (OKLAHOMA CITY), City or town (OKLAHOMA CITY), Zip code (73162), Validate address (Validate), Accept address without validation (checkbox), Inside city or town limits (Yes/No), Address validated (N).
- 14 Mother (Parent I) Mailing Address:** Same as residence (checkbox), Address (123 MAIN STREET), Apartment number, Country (UNITED STATES), State/province (OKLAHOMA), County list (Select), County (OKLAHOMA), City list (Select), City or town (OKLAHOMA CITY), Zip code (73162).
- 16 Permission Given to Request Social Security No Issuance:** Permission given to request issue of SSN for child? (Select), Permission given to send birth data to Oklahoma State Department of Health registries? (Select).

Buttons at the bottom: Previous, Next, Finish, Cancel.

Start by entering the **Mother's Current legal name**. Notice that the **maiden name** copied over from TAB 1.

This close-up shows the "12a Mother (Parent I) Legal Name" section with fields for Type of parent (NATURAL), Parent label list (MOTHER), Label for this parent (MOTHER), Gestational Carrier (checkbox), First (MOTHER), Middle, Last (BIRTH), Suffix (Select), Sex (FEMALE), and the "12b Mother (Parent I) Maiden Surname" field with the value MAIDEN. An arrow points from the text above to the MAIDEN field.

Move on to enter the **Date of Birth** and **birthplace** before getting to the Marital Status section.

This close-up shows the "12c Mother (Parent I) Date of Birth" section with Date of birth (mm/dd/yyyy) (01/01/1984) and Calculated age (36), and the "12d Mother (Parent I) Birthplace" section with Country (UNITED STATES) and State/province (OKLAHOMA).

(Mother-Tab 2 Continued.....)

TAB 2 Mother-(continued)

The **Marital Status** section drives several choices further down on the record.

19 Marital Status

Married at conception, birth or between conception and birth? Yes Is the husband the father? No

Print Affidavit Acknowledging Paternity

Refuses to give husband's information

- If the mother is married, and the husband is the father, then enter Yes and Yes.
- If the mother is married, and the husband is not the father, then enter Yes and No.
- If the husband is available to sign the Denial of Paternity AND the biological father is available to sign the Acknowledgement of Paternity, then check the box indicating **Print Affidavit Acknowledging Paternity**. This will allow ROVER to print an Acknowledgement and Denial of Paternity Form.
- If the mother was not married, then enter No.
- If on any of the options, besides not married, the mother is refusing to give the husbands information, then you want to check the box **Refuses to give husband's information**. This box should be checked whether the husband is or is not the father.

*Please NOTE: **ITEM 16**: MUST be entered as NO and NO in this case. Please explain to the mother that the record will be marked as INCOMPLETE and she will not be able to receive a copy of the birth certificate or receive a Social Security Card until the information is provided and the additional fee of \$25.00 is paid to the State, per State Law.*

Birth – First: TRAINING Last: BIRTH

[1 Child](#) | [2 Mother \(Parent I\)/Request SSN](#) | [3 Mother \(Parent I\) History](#) | [7 Birthplace](#) | [8 Attendant/Certifier](#) | [9 Mother Info](#) | [10 Pregnancy Info](#) | [11 Child Medical Info](#) | [12 Anomalies](#)

13 Record Actions

Adoption

Type of adoption

12a Mother (Parent I) Legal Name

Type of parent

Parent label list

Label for this parent

Gestational Carrier

First

Middle

Last

Suffix

Sex

12b Mother (Parent I) Maiden Surname

Last name prior to first marriage

12c Mother (Parent I) Date of Birth

Date of birth (mm/dd/yyyy)

Calculated age

12d Mother (Parent I) Birthplace

Country

State/province

19 Marital Status

Married at conception, birth or between conception and birth? Yes Is the husband the father? No

Print Affidavit Acknowledging Paternity

Refuses to give husband's information

Clear All Mother (Parent I) Information

Enable clear of mother/parent I's info Select CLEAR to remove mother/parent I's info

Clear All Father (Parent II) Information

Enable clear of father/parent II's info Select CLEAR to remove father/parent II's info

Clear All Husband (Denial) Information

Enable clear of husband info Select CLEAR to remove husband info

13 Mother (Parent I) Residence Address

Address

Apartment number

Country

State/province

County

City list

City or town

Zip code

Validate address

Accept address without validation

Inside city or town limits

Address validated

14 Mother (Parent I) Mailing Address

Same as residence

Address

Apartment number

Country

State/province

County list

County

City list

City or town

Zip code

16 Permission Given to Request Social Security No Issuance

Permission given to request issue of SSN for child?

Permission given to send birth data to Oklahoma State Department of Health registries?

(Mother-Tab 2 Continued.....)

TAB 2 Mother-(continued)

If the mother only gives SOME of the husband's information, enter this information in the *Comments Among Users* box at the end of the record.

If she gives all the information except his Social Security Number, you may enter this in the record and enter all nines in the Social Security Number box. However, the record will still be marked as Incomplete, since this information is required by Federal Law. **Item 16** Must still be marked as *NO* and *NO*.

Also, if the child is not named, or deceased, **Item 16** must be set to *NO* and *NO*. This prevents someone from establishing an identity for someone who is deceased or for a child not named.

*Every birth will also include a signature page that you must fax into us. The signature page needs to reflect Box 16s choices, as well as needing to have all required signatures. You should not hold onto the signature page and wait for the mother to come back and complete it. Please ensure you obtain the signatures right away and fax it in. Missing or incomplete signature pages will result in **Item 16** being *NO* and *NO*.*

| | |
|--|----------|
| 16 Permission Given to Request Social Security No Issuance | |
| Permission given to request issue of SSN for child? | Select ▼ |
| Permission given to send birth data to Oklahoma State Department of Health registries? | Select ▼ |

After selecting the correct choices and choosing the Affidavit / Refusal options, move on to enter the **Mothers Residence Address** and **Mailing Address**.

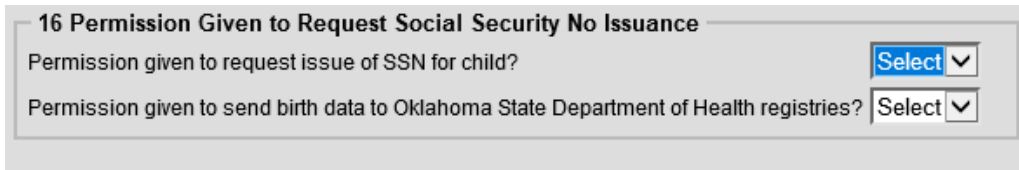
Notice there is a **Same as residence** checkbox for **Mailing Address**. If you select this box and TAB, the information will automatically copy for you.

| | |
|---|-----------------|
| 13 Mother (Parent I) Residence Address | |
| Address | 123 MAIN STREET |
| Apartment number | |
| Country | UNITED STATES ▼ |
| State/province | OKLAHOMA ▼ |
| County | OKLAHOMA ▼ |
| City list | OKLAHOMA CITY ▼ |
| City or town | OKLAHOMA CITY |
| Zip code | 73162 |
| Validate address | Validate |
| <input checked="" type="checkbox"/> Accept address without validation | |
| Inside city or town limits | Yes ▼ |
| Address validated | N |
| 14 Mother (Parent I) Mailing Address | |
| <input checked="" type="checkbox"/> Same as residence | |
| Address | 123 MAIN STREET |
| Apartment number | |
| Country | UNITED STATES ▼ |
| State/province | OKLAHOMA ▼ |
| County list | Select ▼ |
| County | OKLAHOMA |
| City list | Select ▼ |
| City or town | OKLAHOMA CITY |
| Zip code | 73162 |

(Mother-Tab 2 Continued.....)

TAB 2 Mother-(continued)

There are 2 drop down selections for the **Social Security Issuance (Item 16)**.



16 Permission Given to Request Social Security No Issuance

Permission given to request issue of SSN for child? ▼

Permission given to send birth data to Oklahoma State Department of Health registries? ▼

If **Permission given to request issue of SSN** for child is changed to a *YES*, then the child should automatically receive a social security card without the parent having to go to the Social Security Administration Office.

If this option is *NO*, then to receive a Social Security Number for the new born, the parent will have to perform the standard steps to get one.

The other option, **Permission given to send birth data to Oklahoma State Department of Health registries** is set to a *YES*, then the state is authorized to send data to public health registries to better track information such as Immunization Registry, birth defects, etc.

For help completing this section, please contact Oklahoma State Department of Health's New Birth Department at 405-271-4212.

Once you have finished making all the selections, Click "**NEXT**" to proceed.

TAB 3—Mother (Parent I) History

Use your mouse to select the **(A.) Mother’s degree of Education** and then select the **(B.) Mother’s race and origin**.

Please note: More than one race can be selected. For the Hispanic Origin, you will notice some options become unavailable when others are selected. None of this information prints on the birth

A.

B.

B.

B.

If the Mother or Father were born in the United States they **DO HAVE** a **Social Security Number**. If they do not provide it, enter all 9’s and enter *No* and *No* in Item 16 on TAB 2. Use the comment box on TAB 13 to note if the mother refused to give Social Security Number.

If the Mother or Father were born outside of the United States **ASK THEM** if they have a **Social Security Number**. If they **DO NOT** have one, never have had one, probably never will get one, enter all 8’s. This entry does not affect Item 16.

Enter the **mother’s phone number** as we sometimes use this information prior to Registration.

Once everything is entered, click “**NEXT**” to proceed to TAB 4.

TAB 4—Father (Parent II)

This tab may not be visible depending on the selections you entered from TAB 2 regarding married and/or refused. If this TAB is visible, then you will see it looks very similar to TAB 2.

(A.) Enter the **Father's Name, Date of Birth** and **Suffix**. The Suffix is if the father is a Jr., Sr., II, IV, etc. Use the drop down to select the appropriate suffix. If there is no Suffix, skip this field.

(B.) Then proceed to enter **Father's Birthplace**, and **Contact information**.

If the father does want to provide the telephone number, you can enter all 9's. The omission of the phone number will not delay the record.

The screenshot shows a web-based form for entering father information. The top navigation bar includes tabs for 'Child', 'Mother (Parent I)', 'Father (Parent II)', and others. The current tab is '4 Father (Parent II)'. The form is organized into several sections:

- 15a Father (Parent II) Legal Name:** Includes fields for 'Type of parent' (NATURAL), 'List of parent labels' (FATHER), 'Label for this parent' (FATHER), 'First' (FATHER), 'Middle', 'Last' (BIRTH), 'Suffix' (Select), and 'Sex' (MALE).
- 15b Father (Parent II) Maiden Surname:** Includes a checkbox 'Same as current last name' (checked) and a text field 'Father last name prior to first marriage' (BIRTH).
- 15c Father (Parent II) Date of Birth:** Includes a date field 'Date of birth (mm/dd/yyyy)' (01/01/1984) and a 'Calculated age' field (35).
- 15d Father (Parent II) Birthplace:** Includes dropdowns for 'Country' (UNITED STATES), 'State/province' (OKLAHOMA), 'Father's state' (OKLAHOMA), 'Father's city list' (Select), 'Father's city' (OKLAHOMA, CITY), and 'Father's zip code' (73162).
- PA Father (Parent II) Contact Information:** Includes a 'Daytime phone number' field ((405) 599-1234), a checked checkbox 'Copy mother's residence address', a 'Father's street address' field (123 MAIN STREET), and a 'Father's apartment number' field.
- PA Genetic Testing:** Includes two dropdown menus: 'Have you taken a genetic test to determine paternity of this child?' (No) and 'If yes, did the test result show that you are the father of this child?' (Select).

At the bottom of the form are buttons for 'Previous', 'Next', 'Finish', and 'Cancel'. A bracket labeled 'A.' points to the 'Legal Name' section, and a bracket labeled 'B.' points to the 'Contact Information' section.

Notice there is a **checkbox** under contact information to make copying the address information easier if it's the same as the mother's.

The **Genetic Testing fields** will be locked or unlocked depending on the Marriage and Paternity questions from TAB 2 as well.

Once everything is entered, click "**NEXT**" to proceed to TAB 5.

TAB 5—Father (Parent II) History

This tab may not be visible depending on the selections you entered from TAB 2 regarding married and refusal. If this TAB is visible, then you will see it looks very similar to TAB 3.

(A.) Start with selecting the **Father’s Degree of Education** and then select the (B.) **Father’s race and (C.) origin**. The same rules apply to Race and Ethnicity as it did in TAB 3.

A.

B.

C.

D.

(D.) If the Mother or Father were born in the United States they **DO HAVE** a **Social Security Number**. If they do not provide it, enter all nines and enter *No* and *No* in Item 16.

If the Mother or Father were born outside of the United States **ASK THEM** if they have a **Social Security Number**. If they **DO NOT** have one, never have had one, probably never will get one, enter all eights. This entry does not affect Item 16.

Once everything is entered, click “**NEXT**” to move to TAB 6.

TAB 6—Husband Info (Denial)

This tab may not be visible depending on the selections you entered from TAB 2 regarding married and refusal. If this TAB is visible, then you would have a situation where the mother was married and the husband is denying paternity.

If the mother is married, then to enter someone other than the husband on the birth certificate you must have **BOTH** a *Denial* and an *Acknowledgement of Paternity Form*. This TAB is very similar to TAB 2 and TAB 5; and the same rules apply.

1 Child | 2 Mother (Parent 1)/Request SSN | 3 Mother (Parent 1) History | 4 Father (Parent II) | 5 Father (Parent II) History | **6 Husband Info (Denial)** | 7 Birthplace | 8 Attendant/Certifier | 9 Mother Info | 10 Pregnancy Info | 11 Child Medical Info | 12 Anomalies | 13 Record Actions

Legal Name
First Middle
Last Suffix

Date of Birth
Date of birth Calculated age

Birthplace
Country State/province

Education
Highest degree or level of school

Race - Select at least one for finished record

| | |
|--|--|
| <input type="checkbox"/> White |Specify first other Asian <input type="text"/> |
| <input type="checkbox"/> Black or African American |Specify second other Asian <input type="text"/> |
| <input type="checkbox"/> American Indian or Alaskan Native | <input type="checkbox"/> Pacific Islander |
| Indian tribe list <input type="text"/> | <input type="checkbox"/> Native Hawaiian |
|Specify first tribe <input type="text"/> | <input type="checkbox"/> Guamanian or Chamorro |
| Indian tribe list <input type="text"/> | <input type="checkbox"/> Samoan |
|Specify second tribe <input type="text"/> | <input type="checkbox"/> Other Pacific Islander |
| <input type="checkbox"/> Asian |Specify first other Pacific Islander <input type="text"/> |
| <input type="checkbox"/> Asian Indian |Specify second other Pacific Islander <input type="text"/> |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Other race |
| <input type="checkbox"/> Filipino |Specify first other race <input type="text"/> |
| <input type="checkbox"/> Japanese |Specify second other race <input type="text"/> |
| <input type="checkbox"/> Korean | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Not obtainable |
| <input type="checkbox"/> Other Asian | <input type="checkbox"/> Refused |

Hispanic origin - Select at least one for finished record

| | |
|--|---|
| <input type="checkbox"/> No, not Spanish/Hispanic/Latino | <input type="checkbox"/> Yes, Other Spanish/Hispanic/Latino |
| <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano |Specify other <input type="text"/> |
| <input type="checkbox"/> Yes, Puerto Rican | <input type="checkbox"/> Unknown if Spanish/Hispanic/Latino |
| <input type="checkbox"/> Yes, Cuban | <input type="checkbox"/> Not obtainable |
| | <input type="checkbox"/> Refused |

Social Security Number
SSN

*Note: You must have **BOTH** forms (an Acknowledgement of Paternity and a Denial of Paternity) **PRIOR** to the mother being discharged from the hospital, witnessed by hospital staff, including the Signature, Printed Name and Hospital/Facility Name and/or Address.*

Once everything is entered, click “**NEXT**” to proceed to TAB 7.

TAB 7—Birthplace

As a birth clerk, this TAB should have all your information pre-populated. If it is missing, or you are not logged in as a birth clerk, then you may need to manually select the **Place of Birth** and the **Facility**.

Most facilities are available in the **Facility Dropdown List**, but a few entries for **Place of Birth** allow you to manually type in the correct information.

Births which occur outside of your facility (in route, in an ambulance, etc.) are each different.

Birth - First: TRAINING Last: BIRTH

1 Child | 2 Mother (Parent I) / Request SSR | 3 Mother (Parent I) History | 4 Father (Parent II) | 5 Father (Parent II) History | 6 Husband Info (Denial) | **7 Birthplace** | 8 Attendant / Certifier | 9 Mother Info | 10 Pregnancy Info | 11 Child Medical Info | 12 Anomalies | 13 Record Actions

5b Place of Birth

Place of birth: Hospital

Specify location: [Text Field]

Planned to deliver at home?: Select

5a, 6, 7 Facility Name and Address

Registering facility: [Dropdown]

Facility list: Select

Facility name: [Text Field]

Address: [Text Field]

Apartment number: [Text Field]

Country: UNITED STATES

State/province: OKLAHOMA

County list: [Dropdown]

City list: [Dropdown]

City or town: [Text Field]

Zip code: [Text Field]

Previous Next Finish Cancel

Once everything is entered, click “NEXT” to proceed to TAB 8.

TAB 8—Attendant / Certifier

The doctors that are known to the State are available in a drop down list for **Attendants Name and Title**. If your *Attendant* is missing, please email us the information and we will work to add them to the list for you. Selecting someone from the list auto-populates all the information we have for them, saving you time. Otherwise, you will have to manually enter the information.

The *Attendant* is always the person was present at, or attended, the birth.

Note: If the mother was alone at the time of the birth, she is the Attendant, even if she was in the hospital at the time of the event. If the physician who was scheduled to deliver the baby was not present at the time of the birth, the physician is NOT listed as the attendant.

Birth - First: TRAINING Last: BIRTH

1 Child | 2 Mother (Parent I) / Request SSN | 3 Mother (Parent I) History | 4 Father (Parent II) | 5 Father (Parent II) History | 6 Husband Info (Denial) | 7 Birthplace | **8 Attendant / Certifier** | 9 Mother Info | 10 Pregnancy Info | 11 Child Medical Info | 12 Anomalies | 13 Record Actions

8a Attendant's Name and Title

Name list: Select
First: DELLA
Middle:
Last: DOCTOR
Suffix: Select
National provider ID: 3213216546
Title: DO
Other title:

8b Attendant's Mailing Address

Address: 1000 NE 10TH STREET
Apartment number:
Country: UNITED STATES
State/province: OKLAHOMA
City list: OKLAHOMA CITY
City: OKLAHOMA CITY
Zip code: 73117

11 Certifier's Name and Title

Certifier is attendant

Certifier list: WEBINAR, BIRTHCLERK
First: BIRTHCLERK
Middle:
Last: WEBINAR
Suffix: Select
National provider ID: 012345678
Title: DO
Other title:
Date certified (mm/dd/yyyy):

Previous Next Finish Cancel

There is a checkbox under **Certifier's Name and Title** that will copy the attendant information over if they are the same. If they are different, there's a list of known names for certifier's to choose from. Adding someone to this list would just require an email to us. Otherwise, you manually enter information here as well.

Most Birth Clerks Do Not have a **National Provider ID**, either enter NONE or leave this box Blank. The Date Certified is the date you enter the record.

Once everything is entered, click "NEXT" to move to TAB 9.

TAB 9—Mother Info

This TAB contains much of the personal information about the mother and some behaviors during pregnancy. As a state we report the information you enter here to a national level that uses it to determine healthy practices in states, possible funding for education and prevention, and more. It is vital to get as much accurate information as possible to ensure we, as a state, are able to receive funding and get ranked accordingly.

- (A.) When entering **Mother’s Height** (feet) / (inches), BOTH boxes must have an entry. For a flat Height you would enter “0” into the inch field.
- (B.) Box 24, **Pregnancy History**, has information on Induced and Spontaneous Abortions, as well as other outcomes. If there are none, enter 0, otherwise enter the correct numbers.
- (C.) Box 25, **Cigarette Smoking**, has smoking information, starting at 3 months before pregnancy.

The screenshot shows the 'Mother Info' tab with the following data entered:

- 20 Mother's Height:** 5 feet, 10 inches
- 21 Mother's Pre-Pregnancy Weight:** 180 pounds
- 22 WIC:** No
- 24 Pregnancy History (Number of Previous Live Births):** 1 now living, 0 now dead, date 01/01/2010
- 24 Pregnancy History (Number of Other Pregnancy Outcomes):** 0 induced AB, 1 spontaneous AB, date 99/99/9999
- 25 Cigarette Smoking:** Unknown
- 26 Date Last Menses:** 02/15/2019
- 27 Obstetric Procedures:** None listed
- 28-30 Prenatal Care:** Yes, date of first visit 03/15/2019, date of last visit 12/15/2019, 15 visits

(D.) The **Prenatal Care** information is another important piece of information that is reported by our state to the national level. Please ensure you get accurate information to ensure we are reporting correctly. Too much UNKNOWN, or inaccurate information, negatively impacts our state.

Once everything is entered, click “**NEXT**” to proceed to TAB 10.

TAB 10—Pregnancy Info

This TAB contains more information related to health and delivery. Information is tracked and reported here in the same manner as the previous TABs, so it is vital to enter accurate information.

(A.) **Method of Delivery**, for example, would be used to say that 50% of Oklahoma births are Cesarean. And could even be used to say that they were pre-planned or not, and could tie it into Gestational Diabetes.

(B.) **Box 37, Mother’s Delivery Weight**, has delivery weight of the mother, which would be used to track pregnancy health and tie into statistics on risk factors related to weight gain of the mother.

Incorrect information here could result in bad advice being given to future mothers on the amount of weight that should be gained that is considered safe, or healthy.

A.

B.

C.

(C.) Enter the information on **Source of Payment**, you may need to check with your Billing Department to obtain this information.

Note: Many sections on this tab instruct you to “Check all that Apply”. Please ensure any and all boxes are checked that apply to this birth.

Once everything is entered, click **“NEXT”** to proceed to TAB 11.

TAB 11—Child Medical Info

This Tab is the child's information portion of the record. This has information on birth weight, APGAR, Plurality, transferred/living/breastfeeding, and abnormal conditions.

(A.) Box 42, **Birth Weight**, can be entered in Grams or Pounds and Ounces. If you choose to enter the Pounds and Ounces, make sure to enter numbers in both fields. For instance, if the weight is 5 lbs. and 0 oz. then you must enter the 0 in the ounces section for ROVER to allow you to continue.

(B.) Box 44, **APGAR**, is asking for scores at 5 and 10 minutes. It is understood that most hospitals record scores at 1 and 5 minutes, and then 10 minutes if necessary. We only want the 5 minute score, and if you took it, a 10 minute score. Please do not include the 1 minute score you obtained. Also, if the score is 6 or higher, you can leave the 10 minute score blank.

(C.) Box 45, **Plurality**, is used if the birth is single or multiple. If the birth is multiple, Plurality unlocks helpful options for your future entries that will speed up your entry time. As with the other TAB's, accuracy is vital as child weight, breastfeeding, and APGAR scores are used in most national and state reports.

A. 42 Birth Weight

B. 44 Apgar Score

C. 45 Plurality

D. 48 Infant Living

E. 49 Breastfed

(D.) Ensure to check for accuracy when entering the “is **Infant Living** at the time of report?”

If the infant is *DECEASED*, Item 16 on TAB 2 must be entered as *NO* and *NO*.

(E.) If *DECEASED* (Box 49, **Breastfed**) the question concerning breastfeeding will be blocked out. You should also enter the time of death and date of death details from the case into the comment box on TAB 13 if you answer deceased.

Once everything is entered, click “**NEXT**” to proceed to TAB 12.

TAB 12—Anomalies

Tab 12 contains information on any abnormalities observed.

Birth - First: TRAINING Last: BIRTH

1 Child | 2 Mother (Parent I)/Request SSN | 3 Mother (Parent I) History | 4 Father (Parent II) | 5 Father (Parent II) History | 6 Husband Info (Denial) | 7 Birthplace | 8 Attendant/Certifier | 9 Mother Info | 10 Pregnancy Info | 11 Child Medical Info | **12 Anomalies** | 13 Record Actions

51 Congenital Anomalies (Check all that apply)

- Anencephaly
- Hydrocephalus
- Bilateral renal agenesis
- Limb reduction defect (excluding congenital amputation and dwarfing syndrome)
- Cleft lip with or without cleft palate
- Meningocele/Spinabifida
- Cleft palate alone
- Omphalocele
- Cyanotic congenital heart disease
- Rectal atresia/stenosis
- Down syndrome
- Suspected chromosomal disorder
-Karyotype confirmed (Down)
-Karyotype confirmed
-Karyotype pending (Down)
-Karyotype pending
- Gastroschisis
- Congenital diaphragmatic hernia
- Hypospadias
- None listed
- Unknown

Previous Next Finish Cancel

Once you have made the correct selections, click “NEXT” to move to TAB 13.

TAB 13—Record Actions

You can enter any **comments** you might need to about your record which you want to notify the State/Birth Registrations about (Paternity issues, etc.).

If the infant is DECEASED, please enter this with the Date of Death, and Time of Death if known.

Birth - first: TRAINING Last: BIRTH

1 Child | 2 Mother (Parent I)/Request SSN | 3 Mother (Parent I) History | 4 Father (Parent II) | 5 Father (Parent II) History | 6 Husband Info (Denial) | 7 Birthplace | 8 Attendant/Certifier | 9 Mother Info | 10 Pregnancy Info | 11 Child Medical Info | 12 Anomalies | **13 Record Actions**

Comments Among Users About Record

Comments: HUSBAND DENIED PATERNITY. FAXING SIGNATURE FORMS.

Amendment Info

Check if record has been amended

Date of amendment (mm/dd/yyyy)

Filing Information

Date of registration

Date filed by registrar (mm/dd/yyyy)

State file number

State Review

State review required Y

Signed by certifier Signature page revision 0

Signed by parent Select Signature Page faxed

Accept record Record not completed

Reject/return record

Reasons for State Review

Acknowledgement of Paternity printed

Record History

01/21/2020 User ID: 598 Started record

Previous Next Finish Cancel

Click **FINISH** to save the record.

Print Options

After you click **Finish**, you are presented with multiple printing options. There are circles you can select for whether you want to print or skip printing each item.

Select all the ones you want to print and click the **PRINT** button.

Main -- Birth -- New Live Birth -- Create Record

Successful Transaction

Your transaction has been saved successfully.

Print Confirmation

Your actions have triggered the following documents to be printed.
Please select all documents you wish to print.

| | |
|---|---|
| Print Draft Certificate: <input checked="" type="radio"/> | Skip this print option: <input type="radio"/> |
| Print Signature Page: <input checked="" type="radio"/> | Skip this print option: <input type="radio"/> |
| Print Denial of Paternity: <input checked="" type="radio"/> | Skip this print option: <input type="radio"/> |
| Print Paternity Affidavit: <input checked="" type="radio"/> | Skip this print option: <input type="radio"/> |
| Print Application for COB: <input checked="" type="radio"/> | Skip this print option: <input type="radio"/> |

Print

Other Options

Following options are available:

Return to Record

Main Menu **Repeat Task**

This tells you what document you are about to print, and gives you a **GENERATE DOCUMENT** button to press. Pressing this button will make a PDF launch for you to print, and may leave an empty web browser up for you to close after printing.

Report - Confirm

Print Draft Certificate

Generate Document

Continue

https://rovertm.health.ok.gov/rover/servlet/ps/print?action_prints-submit - Internet Explorer

Hospital information:

Upon completion of this form please Fax to (405) 271-1235 or (877) 885-7470 long distance.

The information as shown on this form will be submitted to the Oklahoma State Department of Health Division of Vital Records for the preparation of the Oklahoma Certificate of Live Birth. By signing this form you are certifying that you have reviewed the information and it is true and correct to the best of your knowledge and belief. IF ANY INFORMATION HAS BEEN ENTERED IN ERROR contact the Birth Clerk immediately for a correction to the information. This facility bears no liability for incorrect information. If the Certificate of Birth is placed on file with a misspelling or incorrect information it is between you and the Division of Vital Records to have the correction made. Please note the Division of Vital Records may require a court order to correct an item, therefore it is imperative you review this information carefully for accuracy.

Child's Full Name: TRAINING BIRTH Sex of Child: Female
Child's Date of Birth: 01/01/2020 Child's Time of Birth: 13.00 Child's Place of Birth: OKLAHOMA CITY
Mother's Current Legal Name: MOTHER BIRTH Mother's Date of Birth: 01/01/1984
Mother's Last Name Prior to First Marriage: MAIDEN Mother's Place of Birth: OKLAHOMA
Mother's Physical Address: 123 MAIN STREET OKLAHOMA CITY OKLAHOMA 73162 County: OKLAHOMA
Mother's Mailing Address: 123 MAIN STREET OKLAHOMA CITY OKLAHOMA 73162 County: OKLAHOMA
Father's Current Legal Name: FATHER BIRTH Father's Date of Birth: 01/01/1984
Father's Last Name Prior to First Marriage: BIRTH Father's Place of Birth: OKLAHOMA
Facility: BIRTHCLERK HOSPITAL Certifier Name: BIRTHCLERK WEBINAR

| | |
|--|-----|
| Permission given to provide the Social Security Administration with the necessary information to issue a Social Security Number? | Yes |
| Permission given to provide Oklahoma State Department of Health registries (such as Newborn Screening and Immunization) with information necessary to protect and promote the health of Oklahoma citizens? | Yes |

I certify that the personal information provided on this form is correct to the best of my knowledge and belief. I further acknowledge that this is the information that will be used to create a Certificate of Live Birth for my child by the Oklahoma State Department of Health Division of Vital Records.

Signature of Parent: _____ REFUSED

Print Options (Continued....)

Once you have printed the document, you would press the **CONTINUE** button to move to the next page you opted to print. And you would keep going until you were out of things to print.

Report - Confirm

Print Signature Page

Generate Document

Click Here

Continue

And again you can print the next document, which is the Denial of Paternity. You will click **GENERATE DOCUMENT** and a PDF will launch for you to print.

Report - Confirm

Print Denial of Paternity

Generate Document

Continue

https://rovertrn.health.ok.gov/rover/servelet/pe/print?action_print=submit - Internet Explorer

OKLAHOMA DEPARTMENT OF HUMAN SERVICES

Denial of Paternity

This is a legal document. **Type or print in ink by pressing hard.** No cross outs, correction fluid, or alterations allowed.

Complete this form only when the child is born during the marriage or within 300 days after the marriage is terminated and the presumed father is **NOT** the natural father. The person that needs to sign this Denial of Paternity form is the presumed father, as described on the back of this form. The presumed father agrees that he is not the natural father of the child. The child must be less than two years old.

Completion of this Denial of Paternity by the presumed father **AND** Form 03PA209E, Acknowledgment of Paternity, by the natural father, allows the child's birth certificate to include the natural father's name.

Section I. Child's information as it now appears on birth certificate

| | | | | |
|---------------------------|----------------|-----------|----------|--|
| Child's name | First | Middle | Last | Sex, check one |
| TRAINING BIRTH | | | | <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female |
| Date of birth (mo/day/yr) | Place of birth | City | County | State |
| 01/01/2020 | OKLAHOMA CITY | CLEVELAND | OKLAHOMA | |

Section II. Mother's information

| | | | | |
|---------------|-------|--------|------|-------------|
| Mother's name | First | Middle | Last | Maiden name |
| MOTHER BIRTH | | | | MAIDEN |

Section III. Presumed father's information

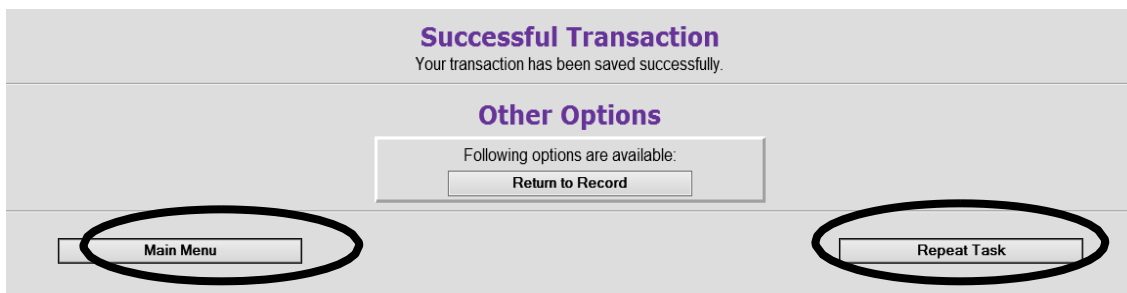
| | | | | |
|------------------------|---------------------------|----------------------|----------|--------|
| Presumed father's name | First | Middle | Last | Suffix |
| HUSBAND INFO | | | | |
| Social Security number | Date of birth (mo/day/yr) | Daytime phone number | | |
| 486-25-3212 | 01/02/1984 | | | |
| Present address | City | State | Zip code | |

Section IV. Presumed father's signature

By signing below, I declare under penalty of perjury that I have read and understand this Denial of Paternity. I declare the information in this Denial is true and:

Print Options (Continued....)

When you do run out of things to print, you will be given a few options to select from. If you had a Plurality of more than 1, you will see an option to enter another birth and it would start a record with much of the information entered for you.

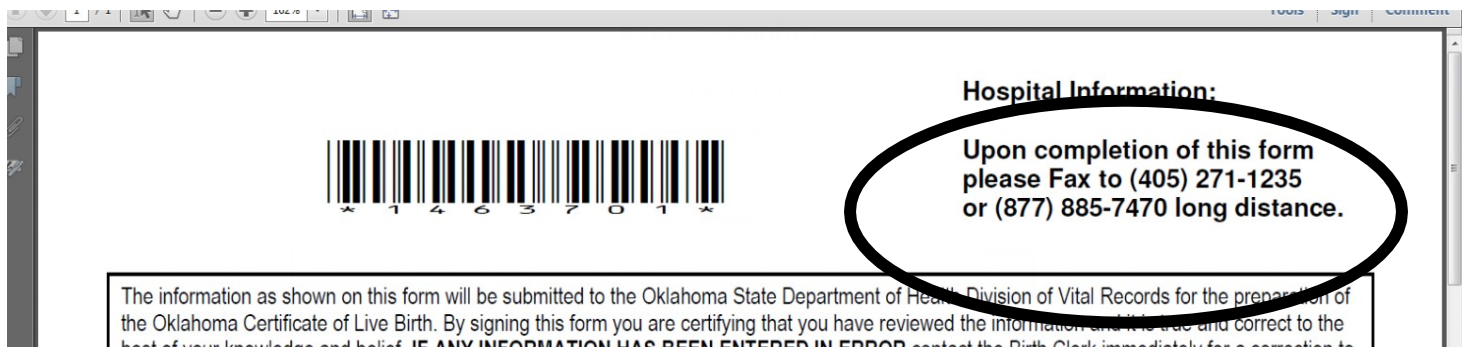


Usually you would either click **Main Menu** to be all done, or **Repeat Task** to enter the next birth in your work load.

Submitted Printed Forms

Once printed take the **Signature Page** and **Acknowledgement of Paternity** to the mother and have her proof all the information. If all the information is correct, have the mother sign.

Fax completed signed **Signature Page**, **Acknowledgement of Paternity** and/or **Denial of Paternity** to the BIRTHFAX line. This number can also be found on the top right hand corner of the Signature Page.
(405) 271-1235 or long distance at (877) 885-7470

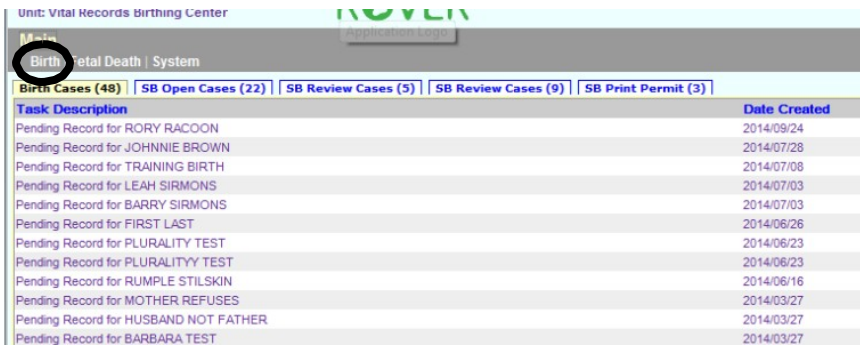


If you encounter any issues with the BIRTHFAX line, email - BirthFaxHelp@health.ok.gov or call the **New Birth Department** at (405) 271-4212.

Note: Please ensure the barcode at the top of the form is legible and note that every page sent is it's own document. If a fax is sent with a cover letter explain something, we won't know which document it belongs with.

Checking on Submitted Faxes

From the main page you can also check on the status of the signature pages you fax into us. By clicking on **Birth**.



Then Click **Search**.



Inside here, you would enter a date range to search. Enter the past 2 weeks to pull up your birth records.

Search Criteria:

- Country: UNITED STATES
- State: Oklahoma
- Date of Birth:
 - Date of birth (mm/dd/yyyy):
 - From: 01/01/2014
 - To: 02/05/2014
- Mother's name: First, Last, Maiden name
- Father's name: First, Last

Buttons: Search, Cancel

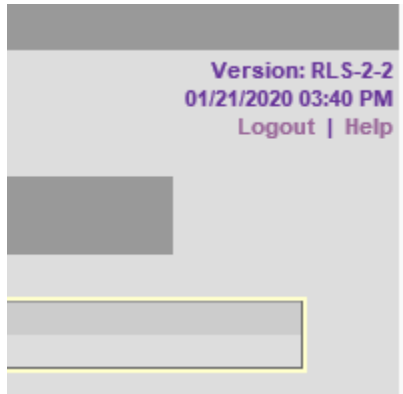
The **Record Status** will tell you if the fax was received or if it had a problem. Any record that says **NOT SUBMITTED** means we have nothing and the record needs to be checked on. Submitted for Registration and Registered records have been received. Please wait 48 hours before assuming NOT SUBMITTED records are experiencing a problem.

| Records List | | | | | | | | Status | Details |
|--------------|------------|------------|-----------------|-----|----------------------|-------------------------------|---------------|-----------------------|-------------------------|
| Last Name | First Name | Birth Date | County of Birth | Sex | Mother's Maiden Name | Facility | ICN | Status | Details |
| JONES | STEVEN | 01/01/2014 | OKLAHOMA | M | PRICE | VITAL RECORDS BIRTHING CENTER | 2014010000047 | Registered | Details |
| TEST | JOE | 01/27/2014 | OKLAHOMA | M | PROBLEM | VITAL RECORDS BIRTHING CENTER | | Not submitted | Details |
| SMOOE | JOE | 01/30/2014 | OKLAHOMA | M | SMITH | VITAL RECORDS BIRTHING CENTER | | Not submitted | Details |
| FIVE | HBC | 02/01/2014 | OKLAHOMA | M | CINCO | VITAL RECORDS BIRTHING CENTER | 2014010000005 | Registered | Details |
| FOUR | BRU | 02/01/2014 | CLEVELAND | M | QUATRO | | | Submitted for Regist. | Details |
| FOUR | HBC | 02/01/2014 | OKLAHOMA | M | QUATRO | VITAL RECORDS BIRTHING CENTER | 2014010000009 | Registered | Details |
| FOUR | HBC | 02/01/2014 | OKLAHOMA | M | QUATRO | VITAL RECORDS BIRTHING CENTER | 2014010000009 | Registered | Details |
| SEVEN | HBC | 02/01/2014 | OKLAHOMA | M | SIETE | VITAL RECORDS BIRTHING CENTER | 2014010000006 | Registered | Details |
| SEVEN | HBC | 02/01/2014 | OKLAHOMA | M | SIETE | VITAL RECORDS BIRTHING CENTER | 2014010000006 | Registered | Details |
| SEVENTWO | HBC | 02/01/2014 | OKLAHOMA | M | SIETE | VITAL RECORDS BIRTHING CENTER | 2014010000007 | Registered | Details |
| SIX | HBC | 02/01/2014 | OKLAHOMA | M | SEIS | VITAL RECORDS BIRTHING CENTER | 2014010000008 | Registered | Details |
| TEN | HBC | 02/01/2014 | OKLAHOMA | M | DEIS | VITAL RECORDS BIRTHING CENTER | | Submitted for Regist. | Details |
| THREE | HBC | 02/01/2014 | OKLAHOMA | M | TRES | VITAL RECORDS BIRTHING CENTER | 2014010000004 | Registered | Details |
| DEATH | INFANT | 02/05/2014 | OKLAHOMA | M | BIRTH | VITAL RECORDS BIRTHING CENTER | | Not submitted | Details |

Cancel

Logout

When you are finished using ROVER, click the LOGOUT in the upper right.



Stillbirth

ROVER is *not* currently able to be used to enter **stillbirths**. You will need to manually complete the paper forms for these and turn them into the state.

A stillbirth is defined as a death prior to the complete expulsion or extraction from its mother of a product of human conception after a period of gestation as prescribed by the State Board of Health. The death is indicated by the fact that, after such expulsion or extraction, the fetus does not breathe or show any other evidence of life such as beating of the heart, pulsation of the umbilical cord or definite movement of voluntary muscles.

We require stillbirths to be reported to the state if gestation is *12 weeks or more*.

On the other end, a live birth is defined as the complete expulsion or extraction from the mother of a product of human conception, irrespective of the duration of pregnancy, which, after such expulsion or extraction, breathes or shows any other evidence of life such as beating of the heart, pulsation of the umbilical cord or definite movement of voluntary muscles, whether or not the umbilical cord has been cut or the placenta is attached.