



# VITAL RECORDS

## **Electronic Vital Event Registration System (EVERS)**

### **Handbook for Birth Registration**



**Version 1.0**

**Last Updated 1/1/2026**

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## Overview

The EVERS birth registration system was implemented on January 1, 2006, by the North Dakota Department of Health, Division of Vital Records. This implementation gave the opportunity to take the step forward to electronic registration of births and advancing to the 2003 US Standard Certificate of Birth.

Vital Records provides birthing facilities two worksheets for birth data collection. The first worksheet is called the parent's worksheet and should be given to the mother prior to delivery, if she is able, to complete. The parent's worksheet is used to collect demographic information about the mother, father, and the newborn child. The primary importance of this data worksheet is to accurately collect the full names of mother, father, and newborn child and the paternity of that child. All the data on this worksheet is required to be completed based on state law NDCC 23-02.1-13 to properly register the birth record. The second worksheet is called the certifier's worksheet, and it can be gleaned from the medical record or from the medical provider who certifies the birth. Again, all the data on these worksheets is required.

This handbook provides instruction and guidance on completing the North Dakota Certificate of Birth within the Electronic Vital Event Registration System called EVERS. As a birth record is a legal document, accuracy is important. Pictures of the data entry screens are provided for reference.

## PARENT'S WORKSHEET FOR COMPLETING THE NORTH DAKOTA BIRTH CERTIFICATE

The Parent's Worksheet for Completing the North Dakota Certificate of Birth is to be provided to the mother of the child to complete. Birthing facility staff may assist in this process and must verify that all questions on the worksheet have been completed. All information on this form is required by North Dakota Century Code 23-02.1-13. Vital Records requires this form to be uploaded into the EVERS system should it be needed for verification. All items should be printed clearly. Please make sure it is understood by the mother that this information is being used to create a legal birth record for her newborn child.

The Parent's Worksheet must be signed by the mother or father who completes this record. It is to certify the information given is correct to the best of this person's knowledge. In the case of either of the parents being unable to sign the worksheet, only a person acting as their personal representative should.

## CERTIFIER'S WORKSHEET FOR COMPLETING THE NORTH DAKOTA BIRTH CERTIFICATE

This Certifier's worksheet is to be completed by the facility using the prenatal record, mother's medical records and the labor and delivery records. If the mother's prenatal care record is not in her hospital chart, please contact her prenatal care provider to obtain the record or a copy of the prenatal care information. Please do not provide information from sources other than those listed.

**This worksheet should not be completed by the parents except in the case of a home birth. In the case of a home birth, this worksheet should be completed by the certifier (person delivering the child) or the mother.**

## Starting a Birth Record

In order to start a new birth record, under the birth menu drop down, you simply select Single Birth or Multiple Birth from the menu depending on the circumstances of the delivery.



Depending on your selection, you should see one of two screens, either the Single Birth Record Event or the Multiple Birth Record Event. The user is starting the record with limited information, including the Mother's Current Legal First and Last Name, whether this birth event involves a Surrogate, the name of the facility should default based on your user account and then in a multiple event, the number of fetal deaths and live births.

### START SINGLE BIRTH RECORD

Mother's First Name \*      Mother's Last Name \*

Was there a Surrogate  
No

Delivery Facility \*

Continue

OR

### START MULTIPLE BIRTH RECORD

Mother's First Name \*      Mother's Last Name \*

Was there a Surrogate  
No

Delivery Facility \*

Number of Fetuses \*  
0

Number of Births \*  
1

Continue

Once this limited information is entered, hit “CONTINUE” to access the Edit Birth Record.

Edit Birth Record: IN STATE - SINGLE BIRTH

Certificate Type: IN STATE - SINGLE BIRTH	Status: DRAFT	Comments:	
Mother's Details: JANE DOE			
<b>Mother</b>			
<b>Father</b>			
<b>Child</b>			
<b>Mother Prenatal</b>			
<b>Mother Labor and Delivery</b>			
<b>Paternity</b>			
<b>Upload Documents</b>			
<a href="#">Review Birth Record</a>			
<b>Mother / Parent</b>			
First Name *	Middle	Last Name *	Suffix
JANE		DOE	
Maiden First Name *	Maiden Middle	Maiden Last Name *	
Residence Address			
Address 1:			
City, County, State:			
Zip:			
<a href="#">Search for Address</a>			
Apt No			

The data entry is driven through the labeled tabs on the left of the screen. Each tab section contains information related to the birth record and all tabs must be completed and show a green checkmark to indicate that all required fields are completed on that tab.

### Mother's Information

The information on the mother tab pertains to the mother alone and all the questions are required to be answered except for the mother's email and phone number, which are voluntary.

### Mother's Names

Mother's current legal name – The mother's legal name on the first line below could be her current married name, her previous married name after divorce, her legal name based on a court order name change, but typically it is her current legal name presently on her driver's license or other legal form of ID.

Mother's full name prior to first marriage – The name we are attempting to collect on the second line below is the mother's maiden full name, which in most cases is the mother's full name when she was born or the name on her own birth record.

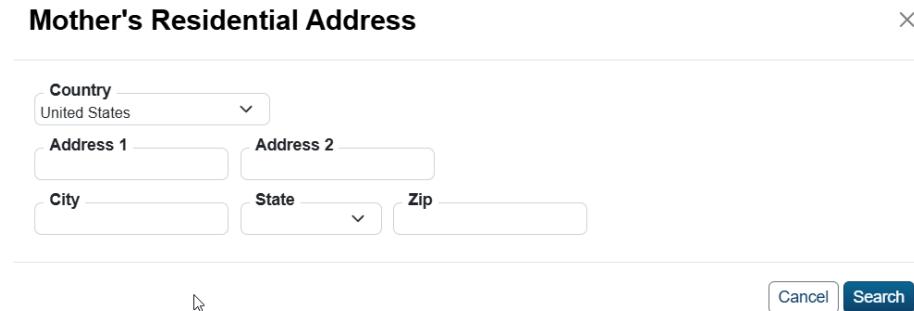
**Mother / Parent**

First Name *	Middle	Last Name *	Suffix
Maiden First Name *	Maiden Middle	Maiden Last Name *	

## Mother's Addresses

The mother's current resident address follows her name. This process is completed by clicking on the **SEARCH FOR ADDRESS** button which opens a window to add, search and verify the address supplied.

**Mother's Residential Address**



Country  
United States

Address 1      Address 2

City      State      Zip

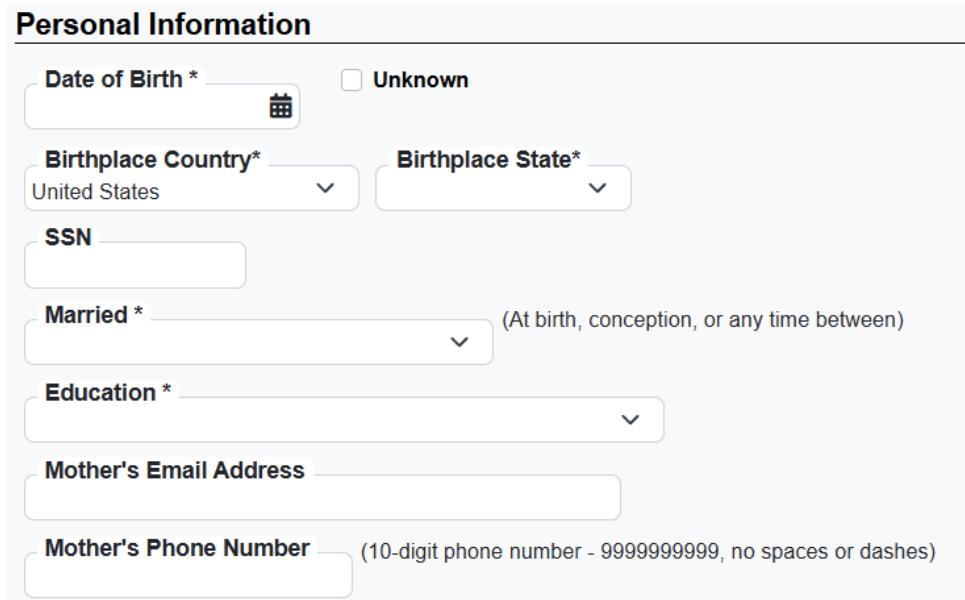
Cancel      Search

After the address has been searched and the verified address is displayed, you simply hit the **SELECT VERIFIED** button to add the address to the record. You will be given the option to **SELECT AS ENTERED** if you don't accept the verified address. If the mailing address is the same, you simply need to click on the "Auto fill with residential address" link and it will copy the residential address information into the mailing address fields. If that answer is No, then the mailing address must be entered separately using the same process as the residential address.

## Mother's Personal Information

The information in this section is relatively straightforward. Again, all fields are required with the exception of the mother's email address and phone number.

**Personal Information**



Date of Birth \*   Unknown

Birthplace Country\*  Birthplace State\*

SSN

Married \*  (At birth, conception, or any time between)

Education \*

Mother's Email Address

Mother's Phone Number  (10-digit phone number - 9999999999, no spaces or dashes)

The question regarding the mother's marital status pertains to the paternity tab. This is her marital status at the time of birth, at the time of conception or at any time during the pregnancy.

### Mother's Ethnicity and Ancestry

These two sections are simply check-box fields based on the mother's answers regarding her race and ancestry. It also includes the question related to her Hispanic Origin.

### Mother's Alcohol and Tobacco Use

Alcohol and tobacco use questions are related to the mother's use during her pregnancy.

**Note: If alcohol use is marked No, the number of drinks will be set to zero (0). If it is Yes, the number of drinks must be added between 1 and 99.**

Tobacco and E-Nicotine usage must be entered as the number of cigarettes or the number of times the mother used a vaping product each day

### General

This section is sort of a catch all for the more general questions we need answered by the mother. The SSN Yes/No question determines whether Vital Records requests a Social Security Number on behalf of these parents. The insurance payment, parenting and WIC questions are additional selections the mother must provide an answer for.

### Surrogate

If a surrogate mother is delivering the child, the "SURROGATE MOTHER" tab will appear on the left side of the data entry screen. In these cases, the tab is completed from the Surrogate Worksheet, the same way the Mother's information is completed for non-surrogate births. The Surrogate Worksheet would be required to be uploaded.

### Father/Parent's Information

The information on the father/parent tab pertains to the father or second parent if the parents are same sex. All the questions are required to be answered and are basically the same questions we ask of the mother, as it pertains to their name, SSN, date of birth, birthplace, education level, race, ethnicity and Hispanic origin. If the father is not known, simply check the Unknown/Not Provided box and save the page.

**Father / Parent**

Name \*

First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last Name \_\_\_\_\_ Suffix \_\_\_\_\_

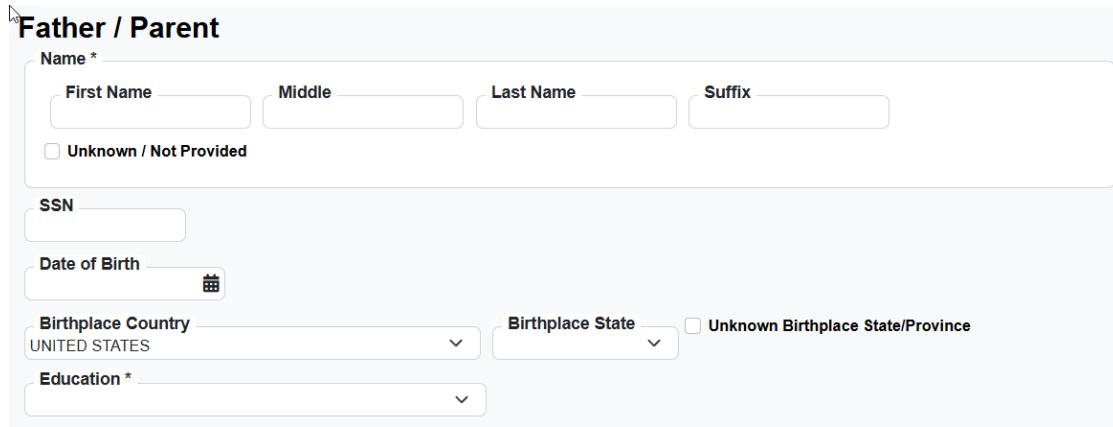
Unknown / Not Provided

SSN \_\_\_\_\_

Date of Birth \_\_\_\_\_

Birthplace Country  UNITED STATES  Birthplace State  Unknown Birthplace State/Province

Education \*



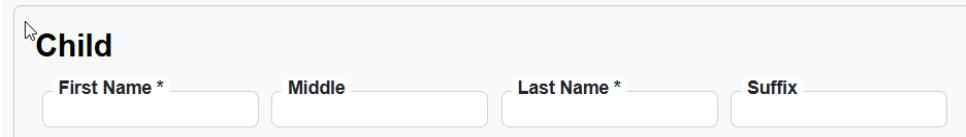
### Child's Information

This is the legal name the parents give to the newborn child, as well as all the medical facts of birth as it relates to the child.

**NOTE: If the mother is unmarried between conception and birth, or if the mother refuses to provide the father's information, the child must be given the mother's legal surname at the time of birth unless an acknowledgement of paternity is completed.**

**Child**

First Name \* \_\_\_\_\_ Middle \_\_\_\_\_ Last Name \* \_\_\_\_\_ Suffix \_\_\_\_\_



### Medical Information

After selecting the Certifier and Attendant from the drop-down list of facility doctors or manually entering a doctor that is not in the drop down, you will begin adding all of the required medical information as it pertains to the child. This information is either collected on the certifier's worksheet or some other form used by your facility and is shown in the image on the following page:

**Medical**

Child's Medical Record Number \*

Child Date of Birth \*  Time (military) \*

Sex \*

Birthweight \*  
 pounds  ounces  OR grams

Obstetric estimate of gestation \*

Facility \*

City, County, State of Birth \*  
 Bismarck, Burleigh County, North Dakota

Place where Birth occurred \*  If other, specify

Birth Order \*

Number of live births during this delivery (including this one)

Number of fetal deaths during this delivery (including this one)

Is Child living at the time of report \*

Is Child being breastfed at discharge \*

Was child transferred within 24 hours of delivery \*  If yes, name of facility child transferred to

APGAR score at 5 minutes

APGAR score at 10 minutes

Fetal Presentation at birth \*

Final route and method of delivery \*

Abnormal conditions of the newborn \*  
 Fetal Alcohol Syndrome  
 Assisted ventilation required immediately after delivery  
 Assisted ventilation required for more than 6 hours  
 NICU admission  
 Newborn given surfactant replacement therapy  
 Antibiotics received by the newborn for suspected neonatal sepsis  
 Seizure or serious neurologic dysfunction  
 Significant birth injury (skeletal fracture(s), peripheral nerve injury, and/or soft tissue/solid organ hemorrhage which requires intervention)  
 None of the conditions listed above

Congenital anomalies of the newborn \*  
 Acyanotic congenital heart disease  
 Microcephaly  
 None of the anomalies listed above

Some additional notes from the Child's information:

- 1) Time of birth must be entered in military time or a 24-hour clock. The pop-up clock allows the user to select time in hours and minutes and is a very handy alternative to entering this manually. If it is entered manually, you must separate the hour and minute with a colon (:).
- 2) Birth weight can be entered as pounds and ounces **OR** grams. The system will calculate the other value.
- 3) Place where birth occurred must be selected as Hospital or Clinic/Doctor's Office. Default is Hospital.
- 4) Birth order is usually one (1) for most deliveries, except when entering for twins, triplets, etc.
- 5) If the APGAR score at 5 minutes is 7 or higher, the 10-minute score is not required.

## Mother Prenatal

**Mother Prenatal**

Medical Record Number \*

Date of first prenatal care visit \*   Unknown  No Care

Total number of prenatal visits for this pregnancy \*

Transferred for maternal medical or fetal indications for delivery: \*

If yes, name of facility mother transferred from:  If other, specify

Height \*   
Feet  Inches

Pre-Pregnancy Weight \* (pounds)

Weight at delivery \* (pounds)

Number of previous live births now living \*

Number of previous live births now dead \*

Date of last live birth \* (mm/yyyy) (Does not include current pregnancy)

Number of other pregnancy outcomes \* (Fetal losses at any age, spontaneous or induced, and/or ectopic pregnancies)

Date of last other pregnancy outcome \* (mm/yyyy) (Does not include current pregnancy)

Date last normal menses began \* (mm/dd/yyyy) (Enter 99 for unknown portion of date, 9999 for unknown year)

The information on the Mother's Prenatal tab is related to prenatal care and information prior to the delivery of the child. It is straightforward, with a few exceptions:

- 1) If there was prenatal care but the details are unknown, check the UNKNOWN box next to the date field. If there was no prenatal care, the NO CARE box.
- 2) Previous live births now living (living children the mother currently has) and Previous live births now dead (children that this mother delivered but are now deceased) do not include the current birth child. If these are both zero (0), the date of last live birth will force 88/8888.
- 3) Other pregnancy outcomes are miscarriages, fetal loss, abortions, or ectopic pregnancies. If this is zero (0), the date of last other pregnancy outcome will force 88/8888.
- 4) Date of last known menses may have portions of the date entered as unknown. For example, the mother may remember the month and year which would be entered as 05/99/2024 or she might only remember the year entered as 99/99/2024 or it might be 99/99/9999 if it is all unknown.

## Mother Labor and Delivery

The information on this tab relates to the risk factors, infections, obstetric procedures, maternal morbidity and characteristics of the labor and delivery related to the current birth.

Each section within this tab must be reviewed and completed and only the checkbox options on this tab are required. There is no OTHER option for any section, so, if none of the choices are applicable in a section, select None of the Above for that section.

## Paternity

The **NEW** paternity tab for each birth, asks more specific questions related to the paternity of the child. If the child was conceived through assisted reproduction, you will answer YES and then the parents. If not, then enter NO.

**Paternity**

Was the child conceived through medically assisted reproduction?

Marital Status Clarification

Has Acknowledgment of Paternity been signed? \*

Has husband signed Denial of Paternity? \*

The marital status clarification options are related to the married question from the mother's tab.

- If Yes, the mother is married, you will clarify her status from the available option:
  - o For a heterosexual couple, it will be:
    - Husband is the Father of the child.
    - No paternity acknowledgement is needed.
    - Entry should follow as:

## Paternity

Was the child conceived through medically assisted reproduction? \_\_\_\_\_  
No

Marital Status Clarification  
Husband is the Father of Child

Has Acknowledgment of Paternity been signed ? \*  
Not Applicable

Has husband signed Denial of Paternity? \*  
Not Applicable

- Mother Married, but not to the Father
- Mother, Father and Husband of the Mother need to complete the SFN 8195 – ND Acknowledgment of Paternity form. All three must sign for the form to be valid.
- Entry should follow as:

## Paternity

Was the child conceived through medically assisted reproduction? \_\_\_\_\_  
No

Marital Status Clarification  
Mother is not Married to Father

Has Acknowledgment of Paternity been signed ? \*  
Yes

Has husband signed Denial of Paternity? \*  
Yes

- For a same-sex couple, you would select Same-Sex Couple,
  - Mother is married to another female
  - Parents must complete will complete form SFN 62275 – ND Assisted Reproduction Consent
  - Both questions related to the Acknowledgement will be Not Applicable
  - Entry should follow as:

**Paternity**

Was the child conceived through medically assisted reproduction?

Marital Status Clarification

Has Acknowledgment of Paternity been signed? \*

Has husband signed Denial of Paternity? \*

- If No, the mother is not married, it is presumed that the Mother is single and the Mother and Father will need to complete a ND Acknowledgement of Paternity Form (SFN 8195).
  - If Mother and Father complete the form, then the data entry should be as follows:

**Paternity**

Was the child conceived through medically assisted reproduction?

Marital Status Clarification

Has Acknowledgment of Paternity been signed? \*

Has husband signed Denial of Paternity? \*

- If Mother and Father do not complete the form, then the data entry should be as follows:

**Paternity**

Was the child conceived through medically assisted reproduction?

Marital Status Clarification

Has Acknowledgment of Paternity been signed? \*

Has husband signed Denial of Paternity? \*

## Documents

This new tab requires each birthing facility to upload the paper documents that relate to each birth. These documents vary from birth to birth, but are listed below:

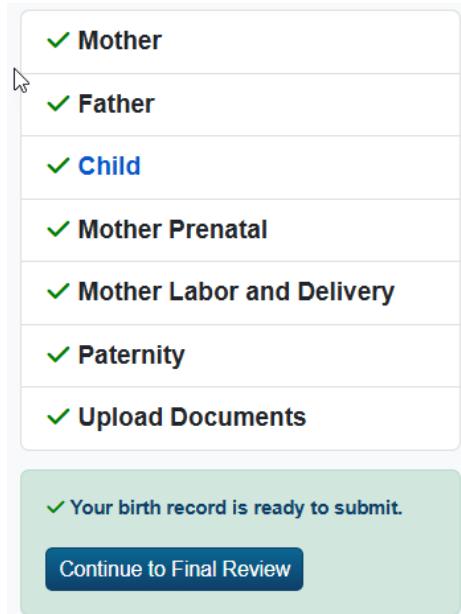
- 1) Parent's Worksheet – Every parent must complete this document, and it is the only document that must be uploaded for every birth.
- 2) Acknowledgement of Paternity (SFN 8195) – The paternity document should be uploaded for every birth where the parents are not married or when a husband is not the father of the child. **(This original of this document must still be mailed to the Vital Records office after delivery.)**
- 3) Assisted Reproduction (SFN 62275) – The assisted reproduction document must be uploaded when a birth involved some form of assisted reproduction. **(This original of this document must still be mailed to the Vital Records office after delivery.)**
- 4) Surrogate Worksheet – Similar to the parent's worksheet, this document records the information normally collected for the mother, including all medical information. It should only be uploaded if the birth involves a surrogate mother.
- 5) Court Orders – These documents are typically used when a same-sex couple is having a surrogate mother carry and deliver the child. These order direct who should be listed on the birth records as the parents and should be uploaded only in these specific situations. **(The original certified copy of the court order must still be mailed to the Vital Records office after delivery.)**

## Submitting Birth Records

The EVERS Birth Registration module always requires at least two hospital employees to enter and submit a birth record to Vital Records. Typically, staff are assigned security roles as a data entry person or a submitter. Staff can have both data entry and submitter security roles, but the system still requires two separate employees to process a single record. Normally, a data entry person completes the record and submits it for review. Next, a submitter reviews each record in the birth work queue for completeness and submits the record to Vital Records.

## Data Entry – Submit for Review

Once the data entry person has completed each tab on the birth and received all green checkmarks on each tab, they are ready to submit the record for review by another staff member. The left side of the screen should display like this, you should click on the "Continue to Final Review" button.



The data entry person will be taken to the 'Final Review' page to submit the record for review by the facility submitter. If there are errors on the record, they will display on this page below and you will be able to jump back to the record to correct those before final submission.

### IN STATE - SINGLE BIRTH - Final Review

Status: DRAFT	Mother's Details: ABC DEF	Child's Details: XYZ DEF
No warnings or errors found.		
Comments: <input type="text"/>		
<input type="button" value="Cancel"/> <input type="button" value="Edit"/> <input type="button" value="Submit for Review"/>		

## Submitter – Submit to Vital Records

Once the data entry person has submitted the birth record for review, the submitter can review each record on the birth queue that is ready for Final Review. Simply click on the “VIEW”, ensure all the green checkmarks are on each tab. You should see a screen that looks like this:

**View Birth Record: IN STATE - SINGLE BIRTH**

<b>Certificate Type:</b> IN STATE - SINGLE BIRTH	<b>Status:</b> PENDING REVIEW	<b>Comments:</b>
<b>Mother's Details:</b> ABC DEF	<b>Child's Details:</b> XYZ DEF	

**Please select a section on the left to view.**

Icons display the status for the section:

- ✓ indicates that the section is complete.
- ▲ indicates that the section has some information entered but is not yet complete.
- △ indicates that the section has not been started.
- ✖ indicates that the section has some information which requires validation across another section which is not yet complete.

✓ Mother  
✓ Father  
✓ Child  
✓ Mother Prenatal  
✓ Mother Labor and Delivery  
✓ Paternity  
✓ Upload Documents

✓ Your birth record is ready to submit.

**Continue to Final Review**

If the record is ready, the submitter would then click on the “Continue to Final Review” button to be taken to this last “Final Review” page below.

**IN STATE - SINGLE BIRTH - Final Review**

<b>Status:</b> PENDING REVIEW	<b>Mother's Details:</b> ABC DEF	<b>Child's Details:</b> XYZ DEF
----------------------------------	-------------------------------------	------------------------------------

No warnings or errors found.

**Comments:** \_\_\_\_\_

**Cancel** **Return** **Submit to Vital Records**

The submitter can type any noteworthy comments in the comments field if necessary, and then click on the “Submit to Vital Records” button for final submission. Once the record is submitted to Vital Records, the newly submitted record should now appear in the “Submitted during the last 30 days queue”, and the record should be complete.