



Oklahoma State  
Department of Health

**PHONE . FAX . WEB**

P 405.271.4040

F 405.271.2930

[www.health.ok.gov](http://www.health.ok.gov)

**PHYSICAL . ADDRESS**

1000 NE 10th St

OKC, OK 73117

**MAILING . ADDRESS**

Vital Records

PO Box 53551

OKC, OK 73152

**HELP . DESK**

405.271.5380

[AskROVER@health.ok.gov](mailto:AskROVER@health.ok.gov)

8:00 am to 4:30 pm

(Monday - Friday)



Registering Oklahoma Vital Event Records

## CONTACT INFORMATION

[askROVER@health.ok.gov](mailto:askROVER@health.ok.gov)

**ROVER help desk: 405-271-5380**

**Joesph Phillips**  
(Program Manager)  
[JoesphP@health.ok.gov](mailto:JoesphP@health.ok.gov)  
(405) 271-9444 ext. 56140

**Christen Johnston**  
(Field Service Representative)  
[ChristenJ@health.ok.gov](mailto:ChristenJ@health.ok.gov)  
(405) 271-9444 ext. 31261

**Denae Brown**  
(Field Service Representative)  
[DenaeB@health.ok.gov](mailto:DenaeB@health.ok.gov)  
(405) 271-9444 ext. 56133

**Cause of Death?  
Nosology Questions?**  
(405) 271-5380

**Death Registration Unit**  
(405) 271-5108

<https://rover.health.ok.gov:7001/rover>



## **Table of Contents**

Log In Steps.....	3-4
Starting a New Birth Record .....	5
Entering Case Information (TABS 1-13) .....	6-20
Print Options.....	21-23
Submitted Printed Forms .....	23
Checking on Submitted Forms .....	24
Logout.....	25
Still Birth .....	26

# Welcome to ROVER!

A username, temporary password and instructions for the initial login process have been sent to an email address that only you can access. When you click on the link provided in the email, the log in screen (below) should appear. Select **LOGIN**.



Oklahoma State  
Department of Health

**HELP . DESK**  
405.271.5380  
askrover@health.ok.gov  
8:00 - 5:00 pm  
(Mon - Fri)

**F A X**  
405.271.2930 (birth)  
405.271.2899 (death)

**MAILING . ADDRESS**  
Vital Records  
PO Box 53551  
OKC, OK 73152

**PHYSICAL . ADDRESS**  
1000 NE 10th St  
OKC, OK 73117



## REGISTERING OKLAHOMA VITAL EVENT RECORDS

The purpose of the Registering Oklahoma Vital Event Records (ROVER) database is to support the needs of the Oklahoma State Department of Health and other users such as Funeral Directors, Attending Physicians, Medical Examiners and Delivering Hospitals. This database may be used only for the purpose for which it is provided. Any attempt to file fraudulent Certificates of Birth, Death or Stillbirth is punishable in accordance with Oklahoma Statutes.

By accessing this system, I agree to use this system only for the purpose of filing a Certificate of Birth, Death or Stillbirth where that vital event has occurred in the State of Oklahoma.

I understand that failure to adhere to the above agreement will result in loss of access to OSDH Internet databases, and I may be subject to legal penalties.

LOGIN

BIOMETRIC

After selecting LOGIN, a new window will appear, allowing you to enter your credentials in the **Username** and **Password** fields. Follow the emailed instructions for initial login (*on the next page for your convenience.*)



**WARNING:**

The purpose of the Registering Oklahoma Vital Event Records (ROVER) database is to support the needs of the Oklahoma State Department of Health and other users such as Funeral Directors, Attending Physicians, Medical Examiners and Delivering Hospitals. This database may be used only for the purpose for which it is provided. Any attempt to file fraudulent Certificates of Birth, Death or Stillbirth is punishable in accordance with Oklahoma Statutes.

By accessing this system, I agree to use this system only for the purpose of filing a Certificate of Birth, Death or Stillbirth where that vital event has occurred in the State of Oklahoma.

I understand that failure to adhere to the above agreement will result in loss of access to OSDH Internet databases, and I may be subject to legal penalties.

Username:

Password:

Log In

Reset

## ROVER Initial Login Process

**Link to ROVER:** <https://rover.health.ok.gov:7001/rover/gui/login/welcomeOK.jsp>

*(Please remember it works best in Internet Explorer)*

### Steps for initial login:

1. Open the ROVER web page and enter the username and password listed in your email.
2. Click on **LOGIN**.
3. You will now be prompted to change your password.
4. In the 'original password' field, enter the temporary password that was provided by ROVER Staff.
5. Now, create a new password; must be at least **8 characters long** and contain each of the following:
  - A. Upper Case letter
  - B. Lower Case letter
  - C. A Number
  - D. Symbol/Special Character
6. Retype the password you created to confirm.
7. Enter a personal security question and answer. The question and answer can be anything you wish.

The answer must be 5 or more characters long and is case sensitive. (Example : Question=favorite color? Answer=green)

The security question and answer will be used to electronically sign/certify cases.
8. Click Continue.

# Starting a New Birth Record

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

Logged in as:  
Bambi BirthClerk  
at Vital Records Birthing Center [change]  
Unit: Vital Records Birthing Center



**Main**  
Birth | Fetal Death | System

[Birth Cases \(77\)](#) | [SB Open Cases \(25\)](#) | [SB Review Cases \(5\)](#) | [SB Review Cases \(9\)](#) | [SB Print Permit \(3\)](#)

Task Description	Date Created		Refresh
Pending Record for null STERLING	2016/05/02	<a href="#">Details</a>	<a href="#">Process</a>
Pending Record for null STERLING	2016/05/02	<a href="#">Details</a>	<a href="#">Process</a>
Pending Record for OLIVIA KNOTTS	2016/03/30	<a href="#">Details</a>	<a href="#">Process</a>
Pending Record for MISSY SMITH	2015/11/09	<a href="#">Details</a>	<a href="#">Process</a>
Pending Record for TOM JONES	2015/10/27	<a href="#">Details</a>	<a href="#">Process</a>
Pending Record for TEST BIRTH	2015/10/26	<a href="#">Details</a>	<a href="#">Process</a>
Pending Record for SHARED SCREEN	2015/10/26	<a href="#">Details</a>	<a href="#">Process</a>
Pending Record for BRAD PITT	2015/10/26	<a href="#">Details</a>	<a href="#">Process</a>
Pending Record for FATHER NINES	2015/10/23	<a href="#">Details</a>	<a href="#">Process</a>

Click on **New Live Birth**.

Logged in as:  
Bambi BirthClerk  
at Vital Records Birthing Center [change]  
Unit: Vital Records Birthing Center



**Main -- Birth**  
New Live Birth | Search | Print

[Birth Cases \(77\)](#) | [SB Open Cases \(25\)](#) | [SB Review Cases \(5\)](#) | [SB Review Cases \(9\)](#) | [SB Print Permit \(3\)](#)

Task Description	Date Created		Refresh
Pending Record for null STERLING	2016/05/02	<a href="#">Details</a>	<a href="#">Process</a>
Pending Record for null STERLING	2016/05/02	<a href="#">Details</a>	<a href="#">Process</a>
Pending Record for OLIVIA KNOTTS	2016/03/30	<a href="#">Details</a>	<a href="#">Process</a>
Pending Record for MISSY SMITH	2015/11/09	<a href="#">Details</a>	<a href="#">Process</a>
Pending Record for TOM JONES	2015/10/27	<a href="#">Details</a>	<a href="#">Process</a>
Pending Record for TEST BIRTH	2015/10/26	<a href="#">Details</a>	<a href="#">Process</a>
Pending Record for SHARED SCREEN	2015/10/26	<a href="#">Details</a>	<a href="#">Process</a>
Pending Record for BRAD PITT	2015/10/26	<a href="#">Details</a>	<a href="#">Process</a>
Pending Record for FATHER NINES	2015/10/23	<a href="#">Details</a>	<a href="#">Process</a>
Pending Record for MOTHER NINES	2015/10/23	<a href="#">Details</a>	<a href="#">Process</a>
Pending Record for BABYFIRST BABYLAST	2015/10/05	<a href="#">Details</a>	<a href="#">Process</a>
Pending Record for NEWBIRTH NEWTEST	2015/10/01	<a href="#">Details</a>	<a href="#">Process</a>
Pending Record for FATHER NINES	2015/09/30	<a href="#">Details</a>	<a href="#">Process</a>

Then click on **Create Record**.

Logged in as:  
Bambi BirthClerk  
at Vital Records Birthing Center [change]  
Unit: Vital Records Birthing Center



**Main -- Birth -- New Live Birth**  
Create Record | Update Record | Add Multiple Birth | Cancel Record

[Birth Cases \(77\)](#) | [SB Open Cases \(25\)](#) | [SB Review Cases \(5\)](#) | [SB Review Cases \(9\)](#) | [SB Print Permit \(3\)](#)

Task Description	Date Created		Refresh
Pending Record for null STERLING	2016/05/02	<a href="#">Details</a>	<a href="#">Process</a>
Pending Record for null STERLING	2016/05/02	<a href="#">Details</a>	<a href="#">Process</a>
Pending Record for OLIVIA KNOTTS	2016/03/30	<a href="#">Details</a>	<a href="#">Process</a>
Pending Record for MISSY SMITH	2015/11/09	<a href="#">Details</a>	<a href="#">Process</a>
Pending Record for TOM JONES	2015/10/27	<a href="#">Details</a>	<a href="#">Process</a>
Pending Record for TEST BIRTH	2015/10/26	<a href="#">Details</a>	<a href="#">Process</a>
Pending Record for SHARED SCREEN	2015/10/26	<a href="#">Details</a>	<a href="#">Process</a>
Pending Record for BRAD PITT	2015/10/26	<a href="#">Details</a>	<a href="#">Process</a>
Pending Record for FATHER NINES	2015/10/23	<a href="#">Details</a>	<a href="#">Process</a>
Pending Record for MOTHER NINES	2015/10/23	<a href="#">Details</a>	<a href="#">Process</a>
Pending Record for BABYFIRST BABYLAST	2015/10/05	<a href="#">Details</a>	<a href="#">Process</a>
Pending Record for NEWBIRTH NEWTEST	2015/10/01	<a href="#">Details</a>	<a href="#">Process</a>
Pending Record for FATHER NINES	2015/09/30	<a href="#">Details</a>	<a href="#">Process</a>

## TAB 1 Child

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

The screenshot shows a software interface for entering birth information. At the top, there's a navigation bar with tabs: 1 Child, 2 Mother (Parent I)/Request SSN, 3 Mother (Parent I) History, 6 Husband Info (Denial), 7 Birthplace, 8 Attendant/Certifier, 9 Mother Info, 10 Pregnancy Info, 11 Child Medical Info, 12 Anomalies, and 13 Record Actions. The '1 Child' tab is active. Below the navigation bar, there's a 'Definition of Live Birth' section with a text box containing a legal definition. To the right, there are fields for '2 Date of Birth' (07/01/2014), '3 Time of Birth' (18:00), and '4 Sex' (MALE). Below these are fields for 'Mother (Parent I) Maiden Name (Item 12b)' (MAIDEN) and '23 Mother's Medical Record Number' (123456). At the bottom, there are 'Previous', 'Next', and 'Cancel' buttons. A yellow callout bubble points to the 'Next' button with the text 'Click Here'. A black arrow points from the 'Foundling' checkbox to the text below.

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 the 'TAB 2 Mother' form with the following sections and data:

- 12a Mother (Parent I) Legal Name:** First: MOTHER, Middle: (empty), Last: BIRTH, Suffix: Select.
- 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): 01/01/1970, Calculated age: 44.
- 12d Mother (Parent I) Birthplace:** Country: UNITED STATES, State/province: OKLAHOMA.
- 19 Marital Status:** Married at conception, birth or between conception and birth?: Yes, Is the husband the father?: No. Includes checkboxes for 'Print Affidavit Acknowledging Paternity' and 'Refuses to give husband's information'.
- Clear All Father (Parent II) Information:** Enable clear of father/parent II's info: Select.
- Clear All Husband (Denial) Information:** Enable clear of husband info: Select.
- 13 Mother (Parent I) Residence Address:** Address: 123 MAIN ST, Apartment number: (empty), Country: UNITED STATES, State/province: OKLAHOMA, County: CLEVELAND, City list: MOORE, City or town: MOORE, Zip code: 73160. Includes a 'Validate' button and checkboxes for 'Accept address without validation', 'Inside city or town limits: Yes', and 'Address validated: N'.
- 14 Mother (Parent I) Mailing Address:** Same as residence: checked. Address: 123 MAIN ST, Apartment number: (empty), Country: UNITED STATES, State/province: OKLAHOMA, County list: Select, County: CLEVELAND, City list: Select, City or town: MOORE, Zip code: 73160.
- 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.

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 First (MOTHER), Middle, Last (BIRTH), and Suffix (Select). Below it is the '12b Mother (Parent I) Maiden Surname' section with the field 'Last name prior to first marriage' containing MAIDEN.

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)' as 01/01/1970 and 'Calculated age' as 44. Below it is the '12d Mother (Parent I) Birthplace' section with 'Country' as UNITED STATES and 'State/province' as 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? Select Is the husband the father? Select

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.*

1 Child | 2 Mother (Parent I)/Request SSN | 3 Mother (Parent I) 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

**12a Mother (Parent I) Legal Name**

First: MOTHER  
Middle: \_\_\_\_\_  
Last: BIRTH  
Suffix: Select

**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): 01/01/1970  
Calculated age: 44

**12d Mother (Parent I) Birthplace**

Country: UNITED STATES  
State/province: OKLAHOMA

**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 Father (Parent II) Information**

Enable clear of father/parent II's info Select

**Clear All Husband (Denial) Information**

Enable clear of husband info Select

**13 Mother (Parent I) Residence Address**

Address: 123 MAIN ST  
Apartment number: \_\_\_\_\_  
Country: UNITED STATES  
State/province: OKLAHOMA  
County: CLEVELAND  
City list: MOORE  
City or town: MOORE  
Zip code: 73160  
Validate

Accept address without validation

Inside city or town limits: Yes

Address validated: N

**14 Mother (Parent I) Mailing Address**

Same as residence

Address: 123 MAIN ST  
Apartment number: \_\_\_\_\_  
Country: UNITED STATES  
State/province: OKLAHOMA  
County list: Select  
County: CLEVELAND  
City list: Select  
City or town: MOORE  
Zip code: 73160

**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

(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*.*



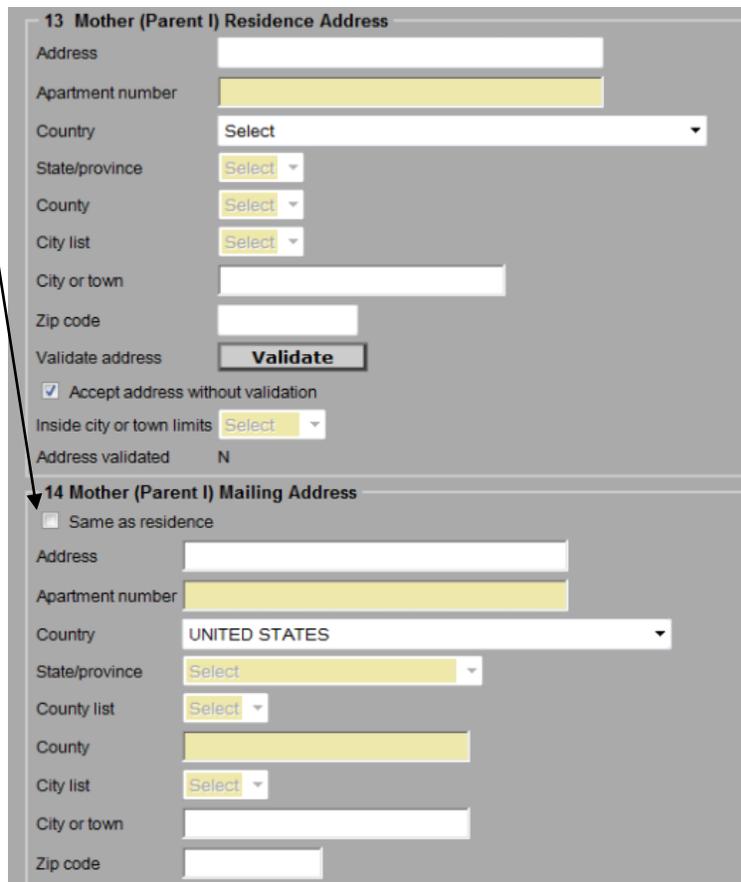
16 Permission Given to Request Social Security No Issuance

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

Apartment number

Country Select

State/province Select

County Select

City list Select

City or town

Zip code

Validate address Validate

Accept address without validation

Inside city or town limits Select

Address validated N

14 Mother (Parent I) Mailing Address

Same as residence

Address

Apartment number

Country UNITED STATES

State/province Select

County list Select

County

City list Select

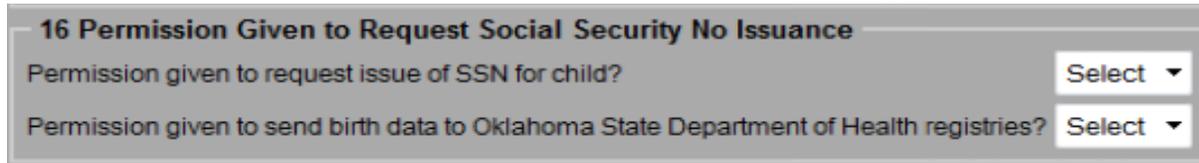
City or town

Zip code

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

## TAB 2 Mother-(continued)

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



The screenshot shows a form section with a title bar that reads "16 Permission Given to Request Social Security No Issuance". Below the title bar are two rows of text, each followed by a dropdown menu labeled "Select". The first row is "Permission given to request issue of SSN for child?" and the second row is "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*

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.

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

**15a Father (Parent II) Legal Name**

First: FATHER  
Middle:   
Last: BIRTH  
Suffix: Select

**15b Father (Parent II) Date of Birth**

Date of birth (mm/dd/yyyy): 01/01/1970  
Calculated age: 44

**15c Father (Parent II) Birthplace**

Country: UNITED STATES  
State/province: OKLAHOMA

**PA Father (Parent II) Contact Information**

Daytime phone number: (405) 123-4567  
 Copy mother's residence address  
Father's street address: 123 MAIN ST  
Father's apartment number:   
Father's state: OKLAHOMA  
Father's city list: Select  
Father's city: MOORE  
Father's zip code: 73160

**PA Genetic Testing**

Have you taken a genetic test to determine paternity of this child? No  
If yes, did the test result show that you are the father of this child? Select

Previous Next Finish Cancel

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.

The screenshot shows a software interface for 'Father (Parent II) History'. At the top, there is a navigation bar with tabs for various sections: 1 Child, 2 Mother (Parent I)/Request SSN, 3 Mother (Parent I) History, 4 Father (Parent II), 5 Father (Parent II) History (which is highlighted), 6 Husband Info (Denial), 7 Birthplace, 8 Attendant/Certifier, 9 Mother Info, 10 Pregnancy Info, 11 Child Medical Info, and 12 Anomalies. Below the navigation bar, there are four main sections labeled A, B, C, and D:

- A. 17a Father (Parent II) Education:** Contains a dropdown menu for 'Highest degree or level of school' and a dropdown for 'Verification required'.
- B. 17b Father (Parent II) Race:** Contains multiple checkboxes for race categories: White, Black or African American, American Indian or Alaskan Native (with sub-sections for Indian tribe list and Specify first/second tribe), Asian (with sub-sections for Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese, and Other Asian), Pacific Islander (with sub-sections for Native Hawaiian, Guamanian or Chamorro, Samoan, and Other Pacific Islander), Other race (with sub-sections for Specify first/second other race), Unknown, Not obtainable, and Refused. There are also text input fields for specifying other Asian and Pacific Islander details.
- C. 17c Father (Parent II) Hispanic Origin:** Contains checkboxes for 'No, not Spanish/Hispanic/Latino', 'Yes, Mexican, Mexican American, Chicano', 'Yes, Puerto Rican', 'Yes, Cuban', 'Yes, Other Spanish/Hispanic/Latino', 'Specify other', 'Unknown if Spanish/Hispanic/Latino', 'Not obtainable', and 'Refused'.
- D. 17d Father (Parent II) Social Security Number:** Contains a text input field for the SSN.

At the bottom of the form, there are four buttons: 'Previous', 'Next', 'Finish', and 'Cancel'.

**(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.

The screenshot shows a web-based form for entering husband information. The tabs at the top are: 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.

**Legal Name**  
 First: [Text Field] Middle: [Text Field]  
 Last: [Text Field] Suffix: [Select]

**Date of Birth**  
 Date of birth: [Text Field] Calculated age: [Text Field]

**Birthplace**  
 Country: [Select] State/province: [Select]

**Education**  
 Highest degree or level of school: [Select]

**Race - Select at least one for finished record**

- White
- Black or African American
- American Indian or Alaskan Native
  - Indian tribe list: [Select]
  - .....Specify first tribe: [Text Field]
  - Indian tribe list: [Select]
  - .....Specify second tribe: [Text Field]
- Asian
  - Asian Indian
  - Chinese
  - Filipino
  - Japanese
  - Korean
  - Vietnamese
  - Other Asian
- Pacific Islander
  - Native Hawaiian
  - Guamanian or Chamorro
  - Samoan
  - Other Pacific Islander
- Other race
  - .....Specify first other race: [Text Field]
  - .....Specify second other race: [Text Field]
- Unknown
- Not obtainable
- Refused

**Hispanic origin - Select at least one for finished record**

- No, not Spanish/Hispanic/Latino
- Yes, Mexican, Mexican American, Chicano
- Yes, Puerto Rican
- Yes, Cuban
- Yes, Other Spanish/Hispanic/Latino
- .....Specify other: [Text Field]
- Unknown if Spanish/Hispanic/Latino
- Not obtainable
- Refused

**Social Security Number**  
 SSN: [Text Field]

[Previous] [Next] [Finish] [Cancel]

*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.

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

5b Place of Birth

Place of birth: Hospital

Specify location: [Text Input]

Planned to deliver at home?: Select

5a, 6, 7 Facility Name and Address

Registering facility: VITAL RECORDS BIRTHING CENTER - OKLAHOMA CITY

Facility list: Select

Facility name: VITAL RECORDS BIRTHING CENTER

Address: 1000 NE 10TH STREET

Apartment number: [Text Input]

Country: UNITED STATES

State/province: OKLAHOMA

County list: Select

County: OKLAHOMA

City list: Select

City or town: OKLAHOMA CITY

Zip code: 73117

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.*

The screenshot shows a software interface for entering birth record information. The current tab is '8 Attendant/Certifier'. The form is divided into two main sections: '8a Attendant's Name and Title' and '11 Certifier's Name and Title'. Section 8a includes fields for Name list (DOCTOR DELLA 9999), First (DELLA), Middle, Last (DOCTOR), Suffix (Select), National provider ID (3213216546), Title (DO), and Other title. Section 8b Attendant's Mailing Address includes Address (1000 NE 10TH STREET), Apartment number, Country (UNITED STATES), State/province (OKLAHOMA), City list (OKLAHOMA CITY), City (OKLAHOMA CITY), and Zip code (73117). Section 11 Certifier's Name and Title includes a checkbox for 'Certifier is attendant', Certifier list (TRAINING, BIRTH), First (BIRTH), Middle, Last (TRAINING), Suffix (Select), National provider ID, Title (Other), and Other title (BIRTH CLERK). Navigation buttons 'Previous', 'Next', 'Finish', and 'Cancel' are at the bottom.

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 sections and data:

- 20 Mother's Height:** Mother's height (feet) 5, Mother's height (inches) 10, Verification of height Select.
- 21 Mother's Pre-Pregnancy Weight:** Pre-pregnancy weight (pounds) 180, Verification of pre-pregnancy weight Select.
- 22 WIC:** Did mother receive WIC food for herself? No.
- 24 Pregnancy History (Number of Previous Live Births):** Number now living 1, Number now dead 0, Date of last live birth (mm/dd/yyyy) 01/01/2010.
- 24 Pregnancy History (Number of Other Pregnancy Outcomes):** Number of induced AB 0, Number of spontaneous AB 0, Other outcomes 0, Date of last other pregnancy outcome (mm/dd/yyyy) 08/08/8888.
- 25 Cigarette Smoking:** Did mother smoke three months before or during pregnancy? No. Three months before pregnancy - average # of cigarettes, OR - average # of packs. First three months of pregnancy - average # of cigarettes, OR - average # of packs. Second three months of pregnancy - average # of cigarettes, OR - average # of packs. Last three months of pregnancy - average # of cigarettes, OR - average # of packs.
- 26 Date Last Menses:** Date last normal menses began (mm/dd/yyyy) 09/15/2013.
- 27 Obstetric Procedures (Check all that apply):** Cervical cerclage, External cephalic version, Tocolysis, Successful, None listed (checked), Failed.
- 28-30 Prenatal Care:** Prenatal care? Yes. Date of first prenatal care visit (mm/dd/yyyy) 11/01/2013, Date of last prenatal care visit (mm/dd/yyyy) 04/01/2014, Number of prenatal care visits 3, Verification of number of prenatal care visits Select.

**(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.

The screenshot displays the 'Pregnancy Info' tab with the following sections and fields:

- 31 Risk Factors in this Pregnancy (Check all that apply)**: Includes checkboxes for Diabetes (Prepregnancy, Gestational), Hypertension (Prepregnancy, Gestational, Eclampsia), Previous preterm birth, Other previous poor outcome, Vaginal bleeding, Pregnancy from infertility treatment, Fertility-enhancing drugs, Assisted reproductive technology, and Mother had a previous cesarean delivery. A dropdown for 'If yes, how many?' is highlighted in yellow.
- 32 Infections Present and/or Treated (Check all that apply)**: Includes checkboxes for Gonorrhea, Syphilis, Chlamydia, Hepatitis B, Hepatitis C, Herpes simplex virus (HSV), CMV, Toxoplasmosis, Rubella, and Group B strep. 'None listed' is checked.
- 33 Method of Delivery**: Labeled 'A.'. Fields include 'Forceps attempted but unsuccessful?' (No), 'Vacuum extraction attempted but unsuccessful?' (No), 'Fetal presentation at delivery' (Cephalic), 'Final route and method' (Vaginal/spontaneous), and 'If cesarean, was a trial of labor attempted?' (Not applicable).
- 34 Maternal Morbidity (Check all that apply)**: Includes checkboxes for Maternal transfusion, Ruptured uterus, Admission to intensive care unit, Third or fourth degree perineal laceration, and Unplanned hysterectomy. 'None listed' is checked.
- 35 Characteristics of Labor and Delivery (Check all that apply)**: Includes checkboxes for Induction of labor, Augmentation of labor, Non-vertex presentation, Steroids received, Antibiotics received, Clinical chorioamnionitis/maternal temp >= 38C, Moderate/heavy meconium staining, Fetal intolerance of labor, and Epidural or spinal anesthesia during labor. 'None listed' is checked.
- 36 Mother Transfer Info**: Includes 'Mother transferred in for delivery?' (Select), 'Transferred from this facility' (Select), and 'Transferred from name' (Select). The facility and name fields are highlighted in yellow.
- 37 Mother's Delivery Weight**: Labeled 'B.'. Fields include 'Weight at delivery (pounds)' (input field) and 'Verification required' (Select). The weight field is highlighted in yellow.
- 38 Source of Payment**: Labeled 'C.'. Fields include 'Principal source of payment' (Select) and 'Other source (specify)' (input field). The principal source field is highlighted in yellow.
- 39 Onset of Labor (Check all that apply)**: Includes checkboxes for Premature rupture of membranes (>=12 hrs), Prolonged labor (>=20 hrs), and Precipitous labor (<3 hrs). 'None listed' is checked.

**(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.** 47 Infant Transfer Info

**E.** 48 Infant Living

**(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.

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
- Meningomyelocele/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

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.

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 in forms

State Review

State review required Y

Signed by certifier

Signed by parent

Accept record

Reject/return record

Signature page revision 0

Signature Page faxed

Record not completed

Record History

Previous Next Finish Cancel

Click **FINISH** to save the record.

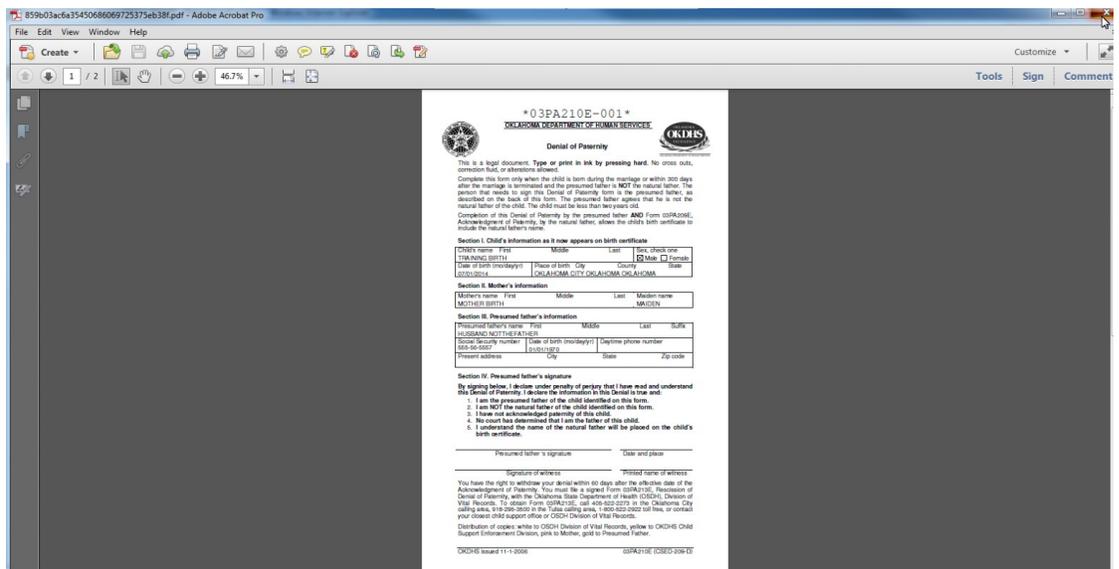


## Print Options (Continued....)

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.

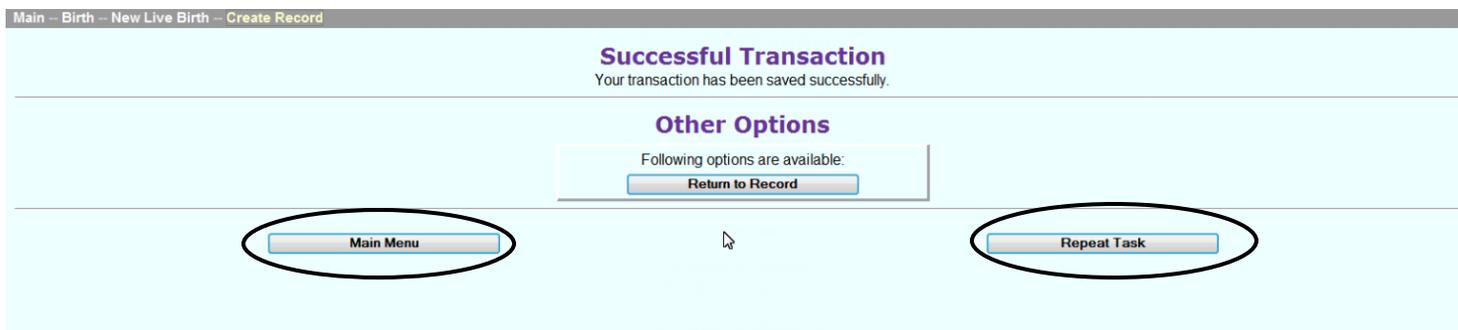


And again you can print the next document, which is the Denial of Paternity. You will click **GENERATE DOCUMENT** and a PDF will launch for you to print.



## 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.

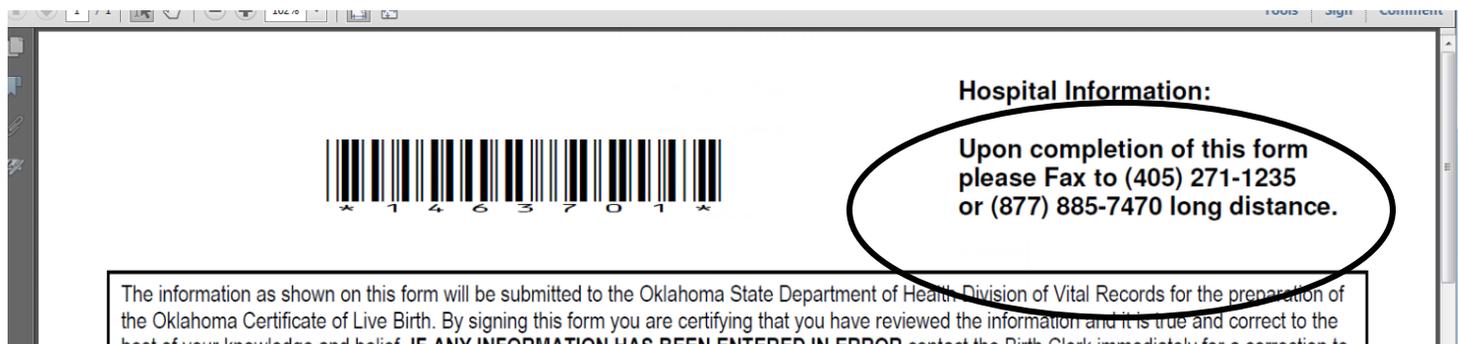


Usually you would either click **Main Menu** to be all done, or **Repeat Task** to enter the next birth in your work load.

## 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

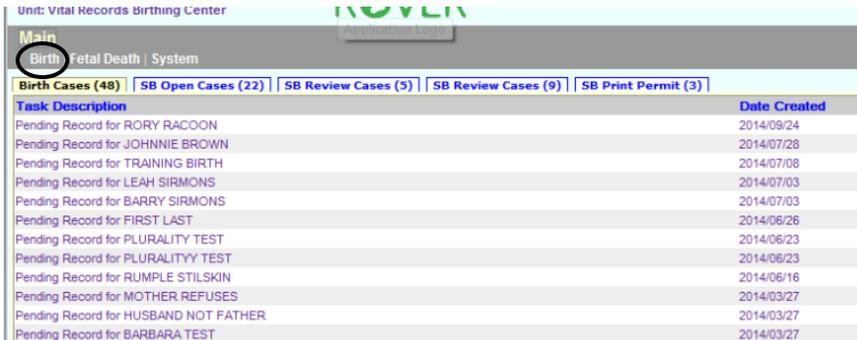


If you encounter any issues with the BIRTHFAX line, email - [BirthFaxHelp@health.ok.gov](mailto:BirthFaxHelp@health.ok.gov) or call the **New Birth Department** at (405) 271-4212.

*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.

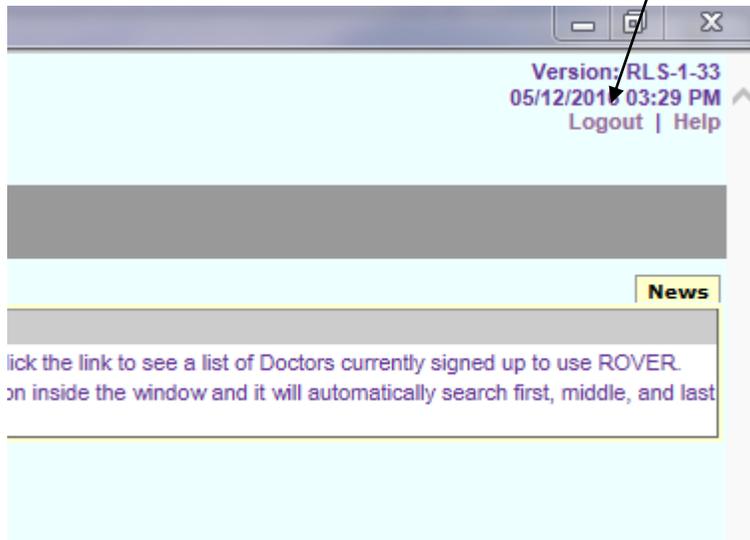
The screenshot shows the 'Main -- Birth -- Search' form. The 'Date of Birth' section is circled, showing 'From' as 01/01/2014 and 'To' as 02/06/2014. Other fields include 'Registrant' (Signature page barcode), 'Child's Name' (First, Middle, Last), 'Child's Gender' (Sex), 'Place of Birth' (Country, State), and 'Mother's name' (First, Last, Maiden name) and 'Father's name' (First, Last).

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

## 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.