VITAL RECORDS IN HAWAII

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Although registration has been approximately complete only in recent years, nearly a million records are now on file, some of them dating back over a hundred years. The oldest marriage records were filed in 1841; the oldest death records in 1853; and the oldest birth records in 1853.

A local registrar in each county is responsible for supervising the registration system within his area and for collecting and forwarding certificates to the Bureau of Health Statistics. In the counties of Hawaii, Kauai and Maui, the county health officer acts as the local registrar; in Honolulu, the local registrar is a full-time employee within the Bureau of Health Statistics.

Beginning in 1901, government physicians served as local registrars. In 1950, a change was made to county health officers and the Bureau of Health Statistics’ employee on Oahu, thereby reducing the number of registrars from 35 to four. Since the central office can deal more easily with four officials than with a larger number, this reduction greatly simplified administration of the system. With present-day communication facilities, the reduction in number of registrars does not inconvenience the public.

The Health Department, through the Bureau of Health Statistics, also maintains agents in each county who issue marriage licenses to applicants meeting the necessary legal requirements. With the exception of one civil service employee within the Bureau, the agents are appointed by the President of the Board of Health. There are 28 of them distributed throughout the Territory.

The Uses of Vital Records

In addition to supplying certified information to individuals and families for personal use, the Bureau of Health Statistics also uses vital records to assist other agencies. For example, the Federal Bureau of Investigation and the Bureau of Internal Revenue sometimes receive assistance in searching for addresses and other information needed to locate individuals; title searching agencies are assisted by tracing genealogies; upon request, welfare agencies and the juvenile courts receive verifications of age; immigration officials obtain information regarding citizenship; newspapers get lists of current births, deaths and marriages for their columns; periodically, county clerks are furnished notices of deceased persons twenty-one years of age and over for purging voter lists; and, foreign consulates get notice of the deaths of their nationals.
Within the Health Department, the Bureaus of Maternal and Child Health and Crippled Children receive data on congenital malformations, birth injuries, premature births and maternal deaths; the Accident Committee gets details regarding fatal accidents; the Bureau of Epidemiology receives information promptly on deaths from communicable disease; similarly, the Bureaus of Tuberculosis, Cancer and Venereal Disease Control receive data relative to their specialties.

Of equal importance with non-statistical uses enumerated above is the production of vital statistics from vital records, such as birth and death rates, tabulations showing the causes of death, the weights of infants at birth, marriage and divorce rates, etc.

The use of vital statistics in public health may be summarized by the statement that they point out health problems and measure the results of public health work. It is because of the need for them in public health that vital records are centralized in the Department of Health.

In addition to public health use, vital statistics are of great value in other fields, such as medical science, population estimating, housing programs, social security plans, studies on fertility and life insurance, and consumer research. Eventually the use of this class of statistics in public health work will probably be overshadowed by their more general use in other lines of endeavor.

Confidential Nature

Despite the very wide use of vital records, a high degree of confidentiality is maintained with regard to them. The files are not open to public inspection; applicants for certified copies must show a legitimate right to them; and statistics produced from the records never identify individuals. In the case of legitimations and adoptions, where new certificates are made out, the old ones are sealed in envelopes that can be opened only upon court order.

The Bureau frequently receives such queries as the following: “We want to know Johnny Smith’s birthdate for planning a surprise party,” or “I am most anxious to know what my neighbor died of last week.” These are not acceptable reasons for disclosing information from vital records.

Record Forms

In cooperation with other agencies, the National Office of Vital Statistics, Public Health Service, recommends standard forms for certificates of birth, death, fetal death, marriage and divorce. States and territories use all of the items in this standard form for their own certificates, but they are not obligated to follow the same arrangement or exact wording as the standard form, and they can and do include additional information.

In the Territory of Hawaii, the law states that certificates shall contain as a minimum all items recommended in the standard form of the National Office of Vital Statistics, qualified by the provision that the Board of Health shall approve the items. Additional items desired by health and medical agencies are added and arrangement follows a unique pattern. All additional items in the birth, death and fetal death certificates are approved by committees of the Hawaii Medical Association before they are adopted.

Major items on certificate forms should be substantially the same in all areas of the country. This is desirable for the production of national vital statistics and for securing comparability of data among the states and territories. Without considerable uniformity in the content of certificate forms, we could not have national vital statistics or compare the health situation in one state with that in another. Moreover, due to the efforts of international organizations, certificate forms are becoming increasingly uniform even among various countries of the world.

Following the practice of the National Office of Vital Statistics, territorial forms are revised every ten years. Current forms were introduced in 1949 and normally the next revision would be in 1959. Due to the desirability of introducing revised forms nearer the middle of the decennial census period, it is proposed to revise the forms in 1955 for use starting in January, 1956 and every ten years thereafter.

One advantage of introducing new forms earlier is that reporting difficulties will be adjusted before the next census. Soon after new population data become available is the time when best use can be made of them in the computation of rates.

The most radical change in any certificate form will be in the medical certification of the causes of fetal death. The new certification will be similar to the certification arrangement now in use on the death certificate, with which physicians are already familiar.

It will provide a way for determining the physician’s judgment as to the underlying cause and increases the possibilities for studying causes of fetal death as an integrated pattern—i.e., the relationship of maternal and fetal causes.

A second major change pertains to supplementary information related to pregnancy, labor and delivery on both the live birth and fetal death certificates. Although few new data will be requested, nearly all items will be arranged in check list form. It is believed that this will be more objective and require less effort on the part of the physician.

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Birth

The births that occur in the state or in hospitals or other institutions are recorded.

In Nevada, the law states that the more that occur within a city, the more the health officer shall require all the information on the birth certificate that he can get. The certificate is sent to him in duplicate.

If a certified copy of birth certificate is required by any individual, he sends the request to the registrar.

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The real test outside the census is the birth certificate. The requirement for the birth certificate is in the law that every birth must be registered. Almost every state requires later in life.

If a child is born during a period, the registrar is required to register it by birth certificate, and certain health regulations must be observed.

After the Hawaian Registration laws are enacted, the basis of registration is the child’s birth or the birth of the mother. The Territory
Birth Reporting

The attending physician or midwife must report births to the local registrar within seven days after they occur. If neither was in attendance, a parent or other person must report.

In practice, a hospital where a birth occurs assumes the responsibility for reporting it. Since more than 95% of all births occur in hospitals, this is the usual procedure.

A nurse or clerk in the hospital fills in the certificate form and gets the mother to sign it. Then the attending physician enters certain medical data and affixes his signature. Finally, the hospital sends the completed certificate to the local registrar.

If any question arises relative to items in the certificate, the registrar usually asks the hospital about it rather than the attending physician. Nevertheless, the legal responsibility for reporting a birth remains with the physician.

It was not until 1929 that birth registration became sufficiently complete in the Territory to permit its admittance to the U. S. birth registration area maintained by the Bureau of the Census. This meant that registration was at least 90% complete and that birth data from Hawaii would be included in national statistics.

In 1930, a test in connection with the decennial census indicated a completeness of more than 99%. This is better than the national average.

The requirement of a birth certificate throughout the country to show citizenship, during World War II, gave a great impetus to the completeness of registration. This and other factors have made a birth certificate the principal document an American citizen uses to prove legal facts about himself.

Almost every parent knows that a baby must be registered soon after birth, not only to meet requirements of the law, but to protect the child later in life.

If a child is not registered within the legal period, the Bureau of Health Statistics can still register it any time up to one year from date of birth provided the certificate is marked "delayed" and certain documentary proofs are offered.

After one year, a birth can be registered only in the Hawaiian birth certificate section of the office of the Secretary of Hawaii. For the most part, registrations there are of older people who were born when current birth registration was less nearly complete than today.

To secure a "Hawaiian birth certificate" a magistrate's hearing may be required at which witnesses testify, or the certificate may be issued on the basis of documentary evidence.

The Territory of Hawaii is the only registration area of the United States in which birth registration duties are divided between two governmental agencies and, with the exception of Massachusetts, the only area where entire authority for birth registration is not vested in the Health Department.

Death Reporting

The undertaker, or persons acting as such, must report a death within three days to the local registrar, using the certificate form authorized by the Board of Health. The undertaker fills in personal particulars of the deceased and the attending physician certifies to the best of his knowledge the cause of death. If no regular physician is in attendance, the coroner's physician certifies the cause of death.

As soon as the local registrar receives a death certificate, he issues a burial or transit permit. It is a serious offense to dispose of a body or ship it without this permit which shows that a certificate is on file identifying the dead person and indicating the cause of death.

The medical certification form in the death certificate follows the international recommendation of the World Health Assembly made in Geneva in 1948. It has been accepted in all states and territories of this country and in many countries of the world.

Because the underlying or fundamental cause of death is basic in mortality tabulations, the most important feature of the certification form is its emphasis on the underlying cause as determined by the attending physician to the best of his knowledge and belief. Thus, the physician has a responsibility and a great opportunity to make mortality statistics reflect the true frequencies of the underlying causes of death.

Fetal Death* Reporting

The registration of all fetal deaths (stillbirths) is important not only because of the great loss of human life occurring in the prenatal and natal periods, but also on account of the relationship between fetal deaths and maternal morbidity and mortality. To minimize such deaths, medical and health agencies must know the magnitude of the problem and its causes.

The mechanism of fetal death reporting is similar to that for deaths except that a dead fetus of less than sixteen weeks of gestation requires no burial or disposal permit. The attending physician is responsible for completing the medical part of the fetal death certificate, while the undertaker or other person in charge of the body fills in other particulars and files the certificate with the local registrar.

* Conforming to recommendations of the World Health Organization, the term "fetal death" is used in place of "stillbirth."
Since registration is by no means complete, the attending physician is urged to report fetal deaths direct to the local registrar in cases where no undertaker is employed.

According to the definition generally accepted in this country, any fetal death regardless of gestation period is reportable. This definition incorporated in Territorial law is as follows:

Fetal death is death prior to the complete expulsion or extraction from its mother of a product of conception, irrespective of the duration of pregnancy, that did not, after complete separation from the mother, breathe or show any other evidence of life such as beating of the heart, pulsation of the umbilical cord or movement of voluntary muscle.

Marriage and Divorce Reporting

The minister or other person legally authorized by the Department of Health to perform the marriage ceremony must report each marriage promptly to the local registrar. This is done by making the proper entries in a marriage certificate and sending it to the registrar.

Before marriage, the prospective bride and groom must secure a license from one of the marriage license agents. They carry this to the minister or whoever is to marry them.

Actually, the license and marriage certificate are combined in one form. Consequently, the person performing the ceremony reports the event by sending both the original license and the marriage certificate to the registrar.

Divorces and annulments are reported to the local registrar by the clerk of the circuit court in each county within ten days after decrees become final. These reports have been made only since 1951.

Certified Copies of Certificates

All original certificates are filed in the Bureau of Health Statistics. The registrars in outlying counties keep lists of events reported to them, but not complete copies. Consequently, certified copies of certificates can be obtained only in the Bureau of Health Statistics. However, the outlying counties issue free verifications of registration for school entrance and for other purposes where a certified copy is not required.

In addition to certified copies of birth, death, fetal death, marriage and divorce records, the Bureau of Health Statistics also issues birth and marriage registration cards. Containing less information than complete copies, these cards are convenient to carry for identification purposes. Since the information is certified, they are often used in place of complete certificate copies.

The Bureau also issues "verifications" of certain items on birth certificates for entrance to school and work permits. No charge is made for this service.

Except to veterans and certain government agencies, a fee of $1.00 is charged for each certified copy of a record, including birth and marriage registration cards. This makes an income sufficient to defray more than half of the Bureau's overall expenses. However, it is not used directly, but goes into the general fund of the Territory. The Bureau then operates on a budget passed by the legislature and approved by the Governor.

Summary

In addition to the production of vital statistics for use in public health work, the Bureau of Health Statistics of the Territorial Department of Health maintains a registration system for the collection of birth, death, fetal death, marriage and divorce records. Copies of these records are available to those who need them for proving personal and property rights. The Bureau receives more than 40,000 requests for them annually.

Registrars, physicians, midwives, undertakers, records personnel of hospitals, marriage license agents, ministers, and court clerks take part in the registration system. About 26,000 vital events in the Territory are registered annually.

Each vital event is registered on a certificate form. In order that the vital statistics of different areas may be comparable, all areas and territories follow recommendations of the National Office of Vital Statistics with regard to the major items in certificate forms. Revised forms for births, deaths, and fetal deaths will be introduced in January, 1956.

The attending physician or midwife is responsible for reporting births to the local registrar. In practice, hospitals report more than 95% of the total.

The undertaker, or person acting as such, is responsible for reporting all deaths. Each certificate he files must contain a statement from the attending physician or coroner certifying to the best of his knowledge the cause of death.

The mechanism for fetal death (stillbirth) reporting is similar to that for deaths, except that a dead fetus of less than 16 weeks of gestation requires no burial or disposal permit from the local registrar. All fetal deaths, regardless of the length of the gestation period, should be reported.

The minister or other person legally authorized to perform the marriage ceremony reports marriages to the local registrar.

The clerk of the circuit court in each county reports divorces and annulments.

Certified copies of certificates on file in the Bureau of Health Statistics cost $1.00 each by territorial law. Free "verifications" of certain items on birth certifications are issued for school entrance and for securing work permits.
Dr. I. Katsuki, 96-year-old father of three local physicians, was prominently mentioned in a recent article on the bubonic plague epidemic of 60 years ago.

Keo Nakama’s great feat of swimming the Molokai Channel from Molokai to Oahu was helped by Drs. Corbin Watanuki and Nobuyuki Nakagone. 

Dr. William W. Le Dang was named new chairman of the executive committee of the Oahu unit of the American Cancer Society.

Dr. Fred Giles urged epileptics to stay out of the water after a recent incident in the drowning of an epileptic student.

Congratulations

It’s twin girls to Dr. and Mrs. Robert A. Nordske, and one girl to Dr. and Mrs. Donald Smith. The jackpot to Dr. Albert Ishii, a boy after three girls, and a boy to Dr. and Mrs. Nobuyuki Ishii.

To Hawaii’s pathologists who were hosts to the Pan Pacific Pathology Congress, October 8 to 14. Sessions were held at the Sheraton Meeting House and at Tripler Hospital. Some 135 attended from the mainland U. S., Canada, Australia, New Zealand, Japan, and the Philippines. Dr. G. N. Stemmermann, Secretary, Hawaii Society of Pathologists, was in charge of arrangements which received wide acclaim from the visitors. Dr. J. L. Tilden, President, said virtually all the delegates attended all the meetings instead of Waikiki Beach as a laboratory.


To Mr. and Mrs. Harry L. Arnold, Sr., who celebrated their golden wedding anniversary October 7.

Dr. Dean M. Walker, newly appointed first medical advisor to the State Workmen’s Compensation Division.

Mr. Howard W. Peerce, new executive secretary to the HCMS. He formerly served at the San Joaquin County Medical Society and comes well recommended. Good luck, Howard!

Drs. Min Kin Li and Chiashi Hayashi, directors of the new Pacific Guardian Insurance Company.

Drs. David Pang, A. Ng Kamsat, et. al., for initiative in starting the Hale Nani Nursing Home.

Obituaries

The “grim reaper” keeps taking his toll of our colleagues. We note with sadness the loss of Dr. C. J. Kusunoki (ENT), who passed away very suddenly and unexpectedly at age 51.

Maui physicians lost a dear friend and colleague with the passing of long-time practitioner and sportsman, Dr. E. S. Kushi.

Hawaii County also suffered a great loss in Dr. T. Katsumi, who after 30 years of practice, quietly passed away at The Queen’s Hospital.

Of interest to the profession here was the news of the death of Dr. E. McQuarrie of Minnesota, formerly Director of Medical Education at Children’s Hospital.

They will all be missed.

Travel News

Dr. L. C. Pang recently presented papers at the AMA meeting in New York and to the Vienna State Hospital in Austria. He also visited clinics in Germany and attended the International Ophthalmological Society meeting in Paris. His wife Tita accompanied him.

Dr. and Mrs. Bob Millard left for a three-month tour of Europe. Bob will attend meetings in Vienna.

Dr. Rodney T. West took in the Ob-Gyn meeting in New York.

Major Shigeru Hario (reserve) attended the 14th Annual Symposium on pulmonary diseases at the Fitzsimons Hospital in Denver.

Dr. and Mrs. Harold Sexton spent time in Chicago and Mexico after meetings in New York.

A tour of South America was in store for Dr. and Mrs. L. Clagett Beck. Dr. Beck served as a delegate at the general assembly of the World Medical Association.

Dr. and Mrs. H. J. Lambert left for Yosemite and some sightseeing.

New Affiliations

Dr. Harold T. Nekonishi (pediatrics) is in association with the Central Medical Clinic at 1481 So. King Street.

Dr. J. C. Carson is located in Kamehame as Dr. Fred Repp’s new associate in general practice.

Dr. Charles T. H. Ching (internal medicine) has opened his office for solo practice at 1507 So. King Street.

Drs. Wallace W. S. Loui and Florence J. Chinn have moved to 1531 So. Beretania Street.

Drs. Verne C. Waihe, R. S. Omura, and C. S. Sakai have relocated to the fifth floor at 1441 Kapiolani Blvd.

Dr. C. F. Chang and Dr. Albert K. T. Ho have also gone to 1441 Kapiolani Blvd.

The Dickson-Bell combine has made formal announcement. In their new offices on the fourth floor at 1441 Kapiolani Blvd are Drs. Dickson, Ed Cushnie, Chung-Hoon, D. B. Bell, John Bell, Oakley, Sinclair, and later, D. B. Bell II.

Dr. Anna Maria Brath has joined the Medical Department of the Straub Clinic.

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