NOTE: THESE SUMMARIES ARE PREPARED BY THE STAFF OF THE SOUTH CAROLINA HOUSE OF REPRESENTATIVES AND ARE NOT THE EXPRESSION OF THE HOUSE LEGISLATIVE OVERSIGHT COMMITTEE OR THE HOUSE OF REPRESENTATIVES. THEY ARE STRICTLY FOR THE INTERNAL USE AND BENEFIT OF MEMBERS OF THE HOUSE OF REPRESENTATIVES AND ARE NOT TO BE CONSTRUED BY A COURT OF LAW AS AN EXPRESSION OF LEGISLATIVE INTENT.

STEPS FOR REMOVAL OF DECEASED INDIVIDUALS FROM S.C. ACTIVE VOTER LIST

While the following process flow charts were created by House Legislative Oversight Committee staff in conjunction with, and confirmed as accurate as of 6/24/21, by personnel at Department of Health and Environmental Control; Department of Motor Vehicles; and State Election Commission¹, the material reflects Committee staff's initial understanding of the process and is subject to change as additional information is obtained.

Historical information (i.e., excel data from 2010 to present) pertaining to voting offenses was obtained by House Legislative Oversight Staff from personnel with the Judicial Department's Court Administration and is accurate as of 6/18/21. This reports includes historical data (2010 – 2021) on CDR codes² with an offense description beginning with the prefix "Voting." Historical data, requested by Committee staff, includes: number of cases filed, disposition information, and originating county. Report includes data from general sessions, magistrates, and approximately 30% of municipalities (i.e., municipalities participating in the statewide case management system³). Visualization of the excel data was developed by House Legislative Oversight Committee staff.

Additionally, historical information on deaths and population in South Carolina was obtained through review of online publications from the Department of Health and Environmental Control.⁴ South Carolina publishes statistics on deaths but not personally identifiable information. Historical information on deaths in the nation was obtained through review of online publications from the U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Health Statistics⁵.

⁴ South Carolina Department of Health and Environmental Control, South Carolina Vital and Morbidity Statistics 2019, see page 9, <u>https://scdhec.gov/sites/default/files/media/document/Vital-Morbidity-Statistics_2019.pdf</u> (accessed June 25, 2021).

¹ On page 2, State Election Commission personnel have confirmed information relating to Steps 1 - 3 and note the agency's main participation in the process of removing deceased individuals from the state's active voter rolls occurs in Step. 3.

² CDR codes are four digit numerical codes which represent criminal offenses and are used by court officials and staff in processing a case.

³There are 54 municipalities participating in the statewide case management system - **Allendale County**: Fairfax; **Anderson County**: Anderson, Belton, Honea Path, Pendleton, West Pelzer, and Williamston; **Barnwell County**: Barnwell, Blackville, and Williston; **Beaufort County**: Beaufort and Bluffton; **Cherokee County**: Blacksburg; **Colleton County**: Walterboro; **Dillon County**: Dillon; **Dorchester County**: Harleyville, Ridgeville, and Summerville; **Fairfield County**: Winnsboro; **Georgetown County**: Andrews, Georgetown, and Pawleys Island; **Greenville County**: Fountain Inn, Greenville, Greer, and Travelers Rest; **Horry County**: Atlantic Beach, Aynor, Conway, Loris, Myrtle Beach, North Myrtle Beach, and Surfside; **Jasper County**: Hardeeville and Ridgeland; **Laurens County**: Gray Court; **Lee County**: Lynchburg; **Lexington County**: Chapin; **Oconee County**: West Union and Westminster; **Pickens County**: Central and Clemson; **Richland County**: Columbia; **Saluda County**: Ridge Springs (reported under county) and Saluda; **Spartanburg County**: Cowpens, Duncan, and Woodruff; **Sumter County**: Sumter; and **York County**: Clover, Fort Mill, and Tega Cay.

*Created by House Legislative Oversight Committee; confirmed accurate as of 6/24/21 by personnel at State Election Commission; DHEC: and DMV

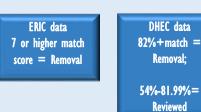
Death in S.C. Death in Another State Step 1: **CONFIRM DEATH (DHEC)** A death is confirmed and recorded in the • state where it occurred - not in the state NAPHSIS'* where the decedent was a resident. Other States' Agency DHEC registered to vote, or had a photograph STEVE (Death Certifying) (S.C. Dept. of Health and identification (e.g., driver's license) (State and Territorial **Environmental Control**) Data submission to STEVE is optional and Exchange of Vital varies by state **Events** System) Step 2: TRANSMIT DEATH INFORMATION **SSA** (Federal Social Security Administration) (Various Agencies - DMV, DHEC, PEBA, etc.) SSA's website notes its records are "not a ٠ comprehensive record of all deaths in the country" (Source: **AAMVA* SSOLV** ERIC* https://www.ssa.gov/dataexchange/request dmf.html (American Association of Motor (Electronic Registration - accessed 6.23.21) Vehicle Administrators) Information Center) Transmittal of death information to SSA is . incentivized but optional ERIC shares death data with its member states (30 states and D.C. as of 3.20.21 DHEC only provides SEC and DMV data on deaths DMV Other States' Agency in S.C., but could transmit data on out of state (S.C. Dept. of Motor Vehicles) deaths if deemed necessary/pertinent and (Motor Vehicle) appropriate agreements were updated

Step 3: UPDATE ACTIVE VOTER ROLL (SEC)

- SEC must remove names of deceased electors from the active voter roll, but is not the state agency tasked with confirming deaths
- SEC operates VREMS (custom created in 2011 and housed at the Department of Administration's Division of Technology Office)
- When DHEC or ERIC information is downloaded to VREMS, the logic program (i.e., algorithm built into VREMS when system created) automatically compares it with the following information about registered voters in VREMS: a. Name; b. Social Security Number; and c. Date of Birth
- Voter registration and DHEC data matches: voter removed if 82% and above match; 54%-81.999% SEC personnel review; 53.999% and below not removed
- Voter registration and ERIC data matches: voter removed if 7 or higher match score on 1-10 scale



(S.C. State Election Commission's Voter Registration and Election Management System)



ADMINISTER ELECTION LAWS (SEC and Locals)

At least 16,316,672[^] votes cast between 2010 - 2020

(* Source: general and primary elections data from the State Election Commission website [https://www.scvotes.gov/data/voter-history.html – accessed 6.23.21], which is not inclusive of all county and municipal elections)

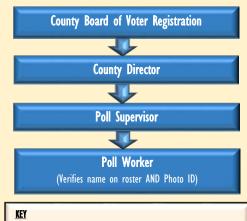
- County board members are recommended by their respective county legislative delegation, appointed by the Governor, and trained by the SEC
- SEC sends voter rolls with names of active voters to the county boards on average about 10 days before
 each election

ENFORCE ELECTION LAWS (Public and Criminal Justice System)

At least 36^{^^} enforcement actions occurred between 2010 - 2021

(^^Source: data from the Judicial Department's statewide case management system, which includes information pertaining to general sessions, magistrates, and about 30% of the municipalities; enforcement action refers to a filing or some type of disposition during the timeframe)

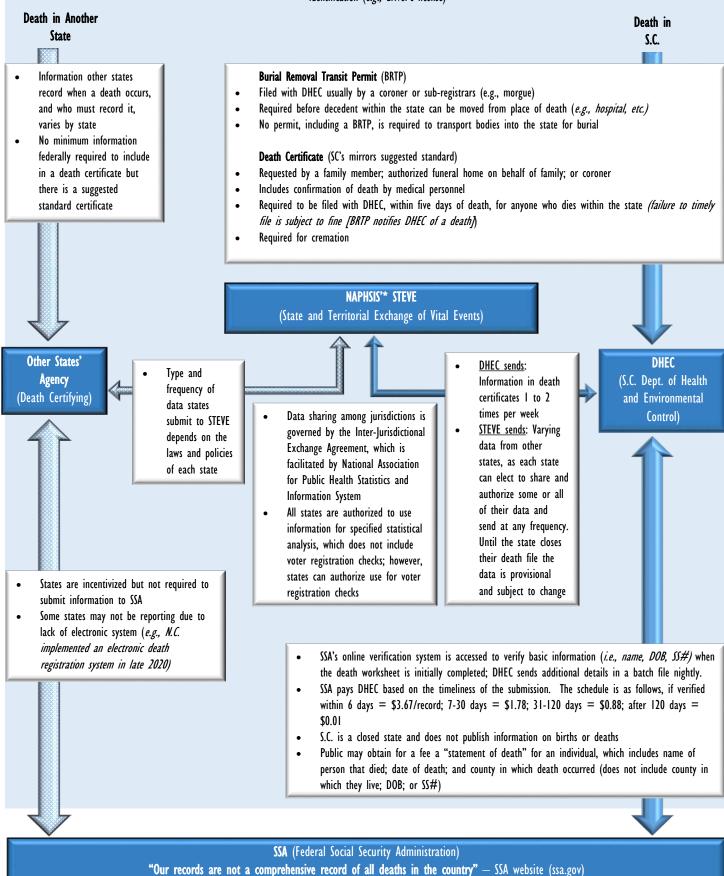
- Individuals report suspected violations to law enforcement for investigation
 - Additionally, DMV reports suspected efforts to fraudulently obtain credentials to law enforcement
- Click here to view criminal justice system flow charts

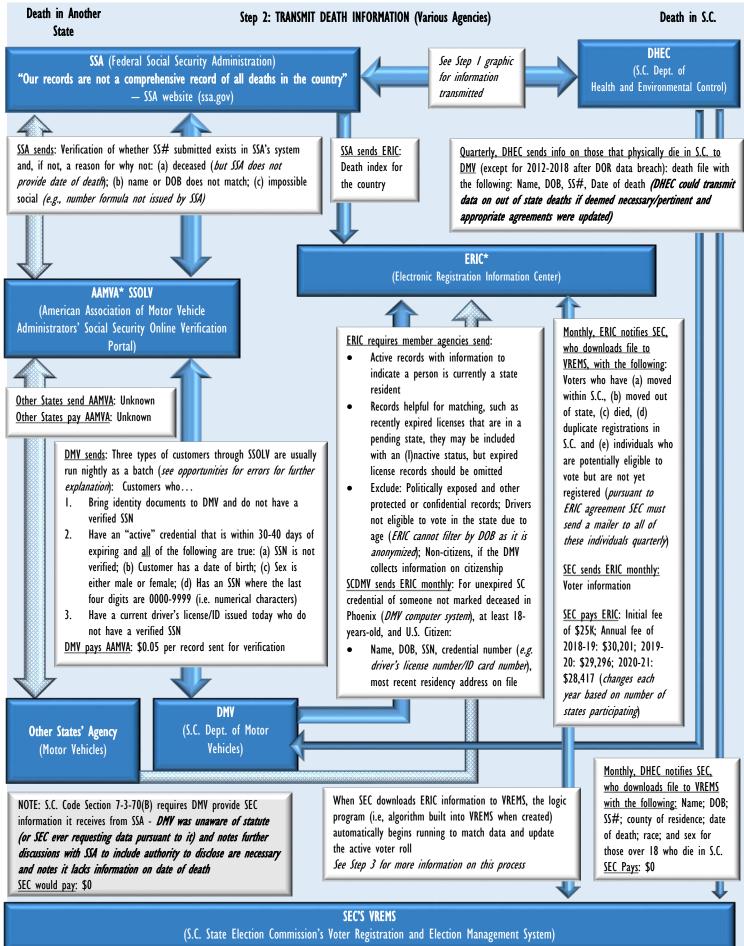


Double arrow: Information exchanged between the entities Dotted arrow6.30cc2dintyleetintyle Peactkiefor Praignett Ansferred Asterisk: Entity is not state or federal agency (e.g., nonprofit) *Created by House Legislative Oversight Committee; confirmed accurate as of 6/24/21 by personnel at State Election Commission; DHEC: and DMV

Step I: CONFIRM DEATH (DHEC)

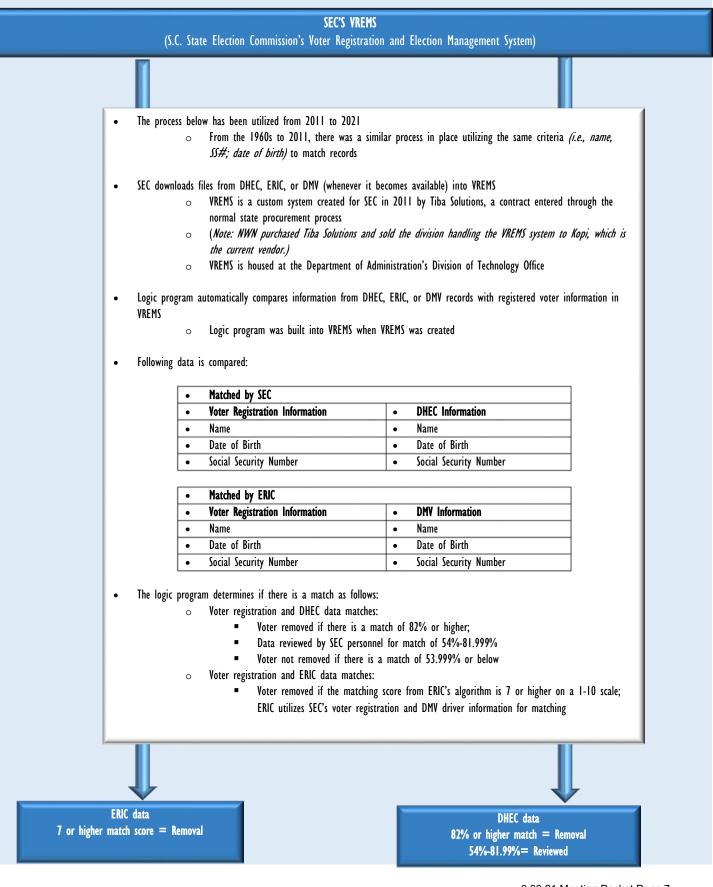
A death is confirmed and recorded in the state where it occurred - not in the state where the decedent was a resident, registered to vote, or had a photograph identification (*e.g., driver's license*)





Step 3: UPDATE OF ACTIVE VOTER ROLL (SEC)

When DHEC or ERIC information is downloaded to VREMS, the logic program (i.e., algorithm built into VREMS when VREMS first created) automatically compares it with information about registered voters to determine ones to remove



Opportunities for Errors in Data

Opportunity for errors in information the State Election Commission receives from other entities and utilizes to match with information in the voter roll....

DHEC	Error in data matching
DILC	 Individual submitting death worksheet may not know the decedent's SS# or DOB (e.g., if submitted by a
	coroner for decedent without a family to verify information)
	 Individual submitting death worksheet may inadvertently types the decedent's name, SSN or DOB
	incorrectly
	 Sometimes multiple certificates can be started and even filed for a single individual, which may not be
	discovered until the final closeout of the year
	 Voter registration address may not be the address where the decedent resided at the time of death
	(e.g., decedent died in a nursing home or assisted care facility and voter registration address not
	updated)
	Will not have all data
	Other states are not required to provide information on residents of S.C. that die in their state
DMV (If DMV	Will not have all data
begins providing	If a person's SSN is already verified in DMV's system, DMV does not run it again
the data)	• There is an opportunity for a person to have a verified SSN and have died, but DMV would not see a
	report with the person listed as "deceased" since it didn't run the person's SSN again through SSOLV
	Other Information Provided by DMV:
	• South Carolina has not made REAL ID mandatory (56-1-87(C)). There are opportunities where licenses
	and IDs are issued to individuals who do not have verified SSNs.
	In these situations, the uset metality of CCNIs and up being usuified in the supervisitet process poted in
	• In these situations, the vast majority of SSNs end up being verified in the overnight process noted in
	Step 2 of the process flow chart. There are situations, however, where a person can be issued a non-
	REAL ID from DMV and be returned as having a non-verified SSN the next day.
	• The vast majority of non-verified SSNs are due to date of birth or name discrepancies between
	what the customer has told DMV and what the SSA has on file. In the instance of name
	discrepancies, most frequently, these are women who have changed their name (potentially, not
	through the process outlined in Chapter 49, Title 15) and have something different on file with us
	than with SSA (e.g., Betty at SSA versus Elizabeth with us, etc.).
	• Note: Some transactions require a verified SSN before a license/ID can be issued:
	All commercial cards (licenses and learner's permit) and REAL IDs require that the person
	have a verified SSN in order to leave the office with one in hand. In these instances, the
	customer service representative runs the SSN through SSOLV while the customer is
	standing in front of him or her in DMV branches before printing the card.
	As of June 24, 2021, DMV has 4,365,429 active driver's licenses and identification cards of
	all types
	3,404,722 total verified SSNs
	960,707 non verified SSNs
SEC	Error in matching data
	Voter registration information may have been inadvertently keyed incorrectly
	• Data entry error in voter registration system where correct social security number was not provided
	 Name in the voter registration record is "Christopher," but DHEC or ERIC record says "Chris"
	Will not have all data
	<u>Will not have all data</u>
	Sometimes files ERIC receives from the SSA do not contain all of the records

Opportunities for further cooperation among state agencies

The following is a result of initial inquiry by the House Legislative Oversight Committee.

- The Committee's review prompted DHEC to research if it could provide data on out of state deaths to SEC. DHEC has met with NAPHSIS and determined an efficient way to transmit and receive data from other states for updating voter registrations of deceased individuals if deemed necessary/pertinent and the appropriate agreements between DHEC and SEC are updated.
 - STEVE member states can configure their setup to transmit data for specific purposes, such as voter registration.

NOTE: Completeness and frequency of data from other states will depend on the information the other states transmit to STEVE.

Additional potential opportunities for error include:

(a) Individual may have dual residences or have an error in their address which may lead to transmission to a state other than where they are registered to vote. There is no option on the death certificate to include multiple residences;

(b) Other states may elect not to send a large enough data set to identify records.

- DHEC has the capability and authority to download the files submitted by other states and transmit those files to SEC.
- DHEC would like to establish a specific data sharing agreement with SEC that specifies the terms as well as the frequency of data transmission and some reimbursement to help cover the costs of staff time and resources required to transmit the data. An informal, preliminary estimate is about \$2000 per year.

SCDMV – Additional information

Reports of suspected efforts to fraudulently obtain credentials to law enforcement

According to DMV personnel, there were ten cases related to SSN verification and seven of those were due to a record coming back as deceased. So, these are instances where the agency issued a credential and the next day, the report has shown not verified or deceased from SSOLV.

DMV Fraud (Inspector General's Office) maintains the report and the communication with SLED.

FY2018

-2 Cases sent to SLED (Date of Birth Discrepancy)

-1 Case not sent to SLED (Incorrect Social Security Number)

FY2019

None

FY2020 -3 Cases not sent to SLED (Deceased)

FY2021

-4 Cases not sent to SLED (Deceased)

The cases not sent to SLED were because the SCDMV was not able to identify a suspect. However, agency personnel met internally on 6.24.21 and are going to report them to SLED.

SCDMV – Additional information

Verification information pertaining to types of customers SCDMV runs through SSOLV nightly as a batch

Processed Year/Month	SSA notes Deceased	Not Verified SSN	Verified SSN
2019/01	364	827	26,765
2019/02	1	392	13,472
2019/03	5	535	17,565
2019/04	5	479	15,278
2019/05	5	434	15,400
2019/06	19	467	18,210
2019/07	36	494	19,158
2019/08	27	562	21,912
2019/09	65	370	18,096
2019/10	237	578	24,956
2019/11	228	533	24,176
2019/12	218	483	24,229
2020/01	261	603	27,193
2020/02	240	572	25,922
2020/03	194	416	17,943
2020/04	378	460	27,520
2020/05	245	422	26,678
2020/06	264	616	29,915
2020/07	316	619	30,881
2020/08	360	581	29,129
2020/09	407	658	26,340
2020/10	276	571	22,139
2020/11	230	516	17,158
2020/12	339	560	18,566
2021/01	271	596	17,697
2021/02	244	464	13,924
2021/03	317	323	12,753
2021/04	271	308	12,185
2021/05	280	317	12,402
2021/06	254	279	10,655
SUMMARY	6,357	15,035	618,217

ENFORCE ELECTION LAWS

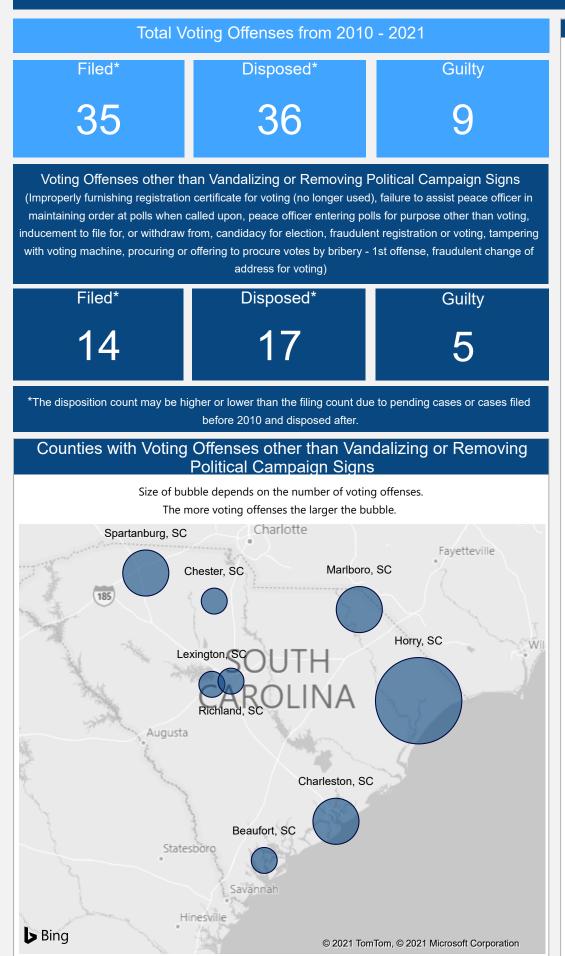
	Offense	Offense	Penalty
Offense Description from Court Administration	Туре	Statutes	Statutes
Voting / Willful violation of duties by election manager	Μ	07-25-0160	07-25-0160
Voting / Willful neglect or corrupt conduct by officers other than election managers	Μ	07-25-0170	07-25-0170
Voting / Voting more than once at elections	Μ	07-25-0110	07-25-0110
Voting / Violation of oath by printer of ballots, other than intentional	Μ	07-13-0420	07-13-0420
Voting / Violation of oath by printer of ballots, intentional	F	07-13-0420	16-09-0010
Voting / Vandalizing or removing political campaign sign	Μ	07-25-0210	07-25-0210
Voting / Unlawful distribution of campaign literature within 200 feet of polling place	F	07-25-0180	07-25-0190
Voting / Threatening, intimidating, or abusing voters	F	07-25-0080	07-25-0080
Voting / Tampering with voting machine	Μ	07-13-1910	07-13-1920
Voting / Receiving or using illegal registration certificate for voting (CDR Code no longer used)	Μ	07-25-0040	07-25-0040
Voting / Procuring or offering to procure votes by threats	Μ	07-25-0070	07-25-0070
Voting / Procuring or offering to procure votes by bribery (CDR Code no longer used)(see 2375, 0487)	F	07-25-0060	07-25-0060
Voting / Procuring or offering to procure votes by bribery - 2nd or sub. offense	F	07-25-0060	07-25-0060
Voting / Procuring or offering to procure votes by bribery - 1st offense	F	07-25-0060	07-25-0060
Voting / Possession of voting machine key by unauthorized persons	Μ	07-13-1910	07-13-1910
Voting / Peace officer entering polls for purpose other than voting	F	07-13-0160	07-25-0190
Voting / Inducement to file for, or withdraw from, candidacy for election	Μ	07-25-0200(A)	07-25-0200(A)
Voting / Improperly furnishing registration certificate for voting (CDR Code no longer used)	Μ	07-25-0030	07-25-0030
Voting / Impersonating a voter	Μ	07-25-0120	07-25-0120
Voting / Fraudulent voter registration application	Μ	07-05-0170	16-09-0010
Voting / Fraudulent registration or voting	Μ	07-25-0020	07-25-0020
Voting / Fraudulent change of address for voting	М	07-05-0325	07-05-0325; 07-25-0010
Voting / Fraud or corruption in management of election by election manager	Μ	07-25-0160	07-25-0160
Voting / False swearing in applying for registration, election laws	Μ	07-25-0010	07-25-0010
Voting / Failure to assist peace officer in maintaining order at polls when called upon	Μ	07-13-0150	07-13-0150
Voting / Failure of peace officer to arrest person for impersonating voter	F	07-25-0130	07-25-0190
Voting / Elector voting contrary to election laws	F	07-19-0080	17-25-0190
Voting / Elections, violation of election laws generally	F	07-25-0190	07-25-0190
Voting / Election manager fails to provide sub. ballots as required, general and special elections	Μ	07-13-0430(B)	07-13-0430(B)
Voting / Election manager failing to provide substitute ballots as required, primary elections	Μ	07-13-0620(B)	07-13-0620(B)
Voting / Bribery at elections (CDR Code no longer used)(see 2374, 0407)		07-25-0050	07-25-0050
Voting / Bribery at elections - 2nd & sub. offense	F	07-25-0050	07-25-0050
Voting / Bribery at elections - 1st offense	F	07-25-0050	07-25-0050
		07-25-0100(A);	
Voting / Allowing ballot to be seen, removing ballot, improper assistance	Μ	07-25-0100(B)	07-25-0100(C)

Key: M denotes a misdemeanor offense. F denotes a felony offense. Bold indicates some enforcement activity is reflected in historical data (2010 – 2021) from Court Administration.

Source: A report (6.18.21) from Court Administration about historical data (2010 – 2021) on CDR codes with an offense description beginning with the prefix "Voting." CDR codes are four digit numerical codes which represent criminal offenses and are used by court officials and staff in processing a case. Historical information includes: number of cases filed, disposition information, and originating county. Report includes data from general sessions, magistrates, and approximately 30% of municipalities (i.e., municipalities participating in the statewide case management system). A disclaimer in the report notes the data in the report is reliant upon information maintained and transmitted at the local level. 6.30.21 Meeting Packet Page 12

Historical Data on Enforcement of Election Laws

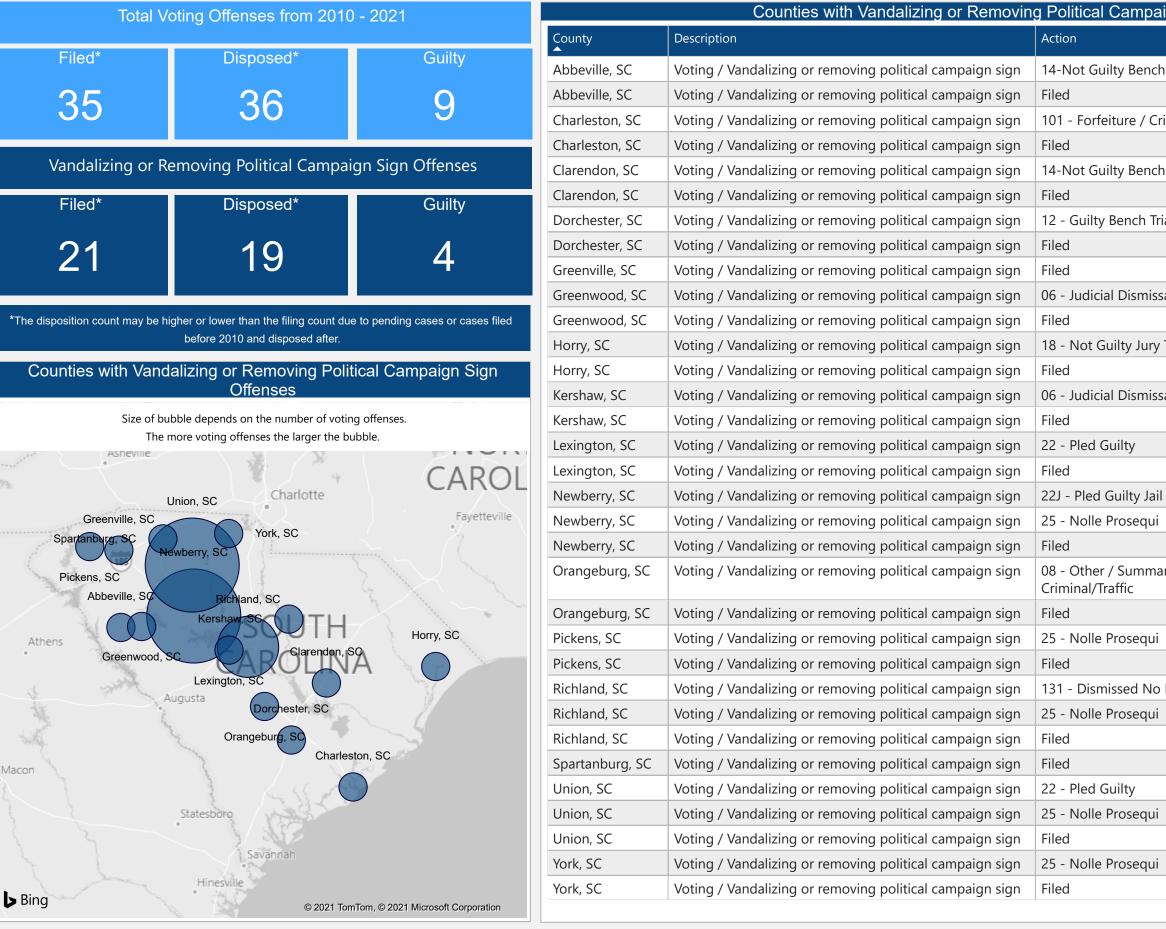
Source is a report (6.18.21) from Court Administration about historical data (2010 – 2021) on CDR codes with an offense description beginning with the prefix "Voting." Historical information includes: number of cases filed, disposition information, and originating county. Report includes data from general sessions, magistrates, and approximately 30% of municipalities (i.e., municipalities participating in the statewide case management system). Disclaimer in original report notes data is reliant upon information maintained and transmitted at local level.



County	Description	Action	Number Filed	Number Disposed
Beaufort, SC	Voting / Improperly furnishing registration certificate for voting (no longer used)	04I-Nolle Prosequi		1
Beaufort, SC	Voting / Improperly furnishing registration certificate for voting (no longer used)	Filed	1	
Charleston, SC	Voting / Failure to assist peace officer in maintaining order at polls when called upon	01 - Pled Guilty		1
Charleston, SC	Voting / Peace officer entering polls for purpose other than voting	04I - Nolle Prosequi		1
Charleston, SC	Voting / Failure to assist peace officer in maintaining order at polls when called upon	Filed	1	
Charleston, SC	Voting / Peace officer entering polls for purpose other than voting	Filed	1	
Chester, SC	Voting / Inducement to file for, or withdraw from, candidacy for election	06 - Judicial Dismissal		1
Chester, SC	Voting / Inducement to file for, or withdraw from, candidacy for election	Filed	1	
Horry, SC	Voting / Bribery at elections - 1st offense	043 - Nolle Prosequi Indicted		3
Horry, SC	Voting / Fraudulent registration or voting	043 - Nolle Prosequi Indicted		3
Horry, SC	Voting / Inducement to file for, or withdraw from, candidacy for election	110 - Preliminary Hearing Bound Over		1
Horry, SC	Voting / Fraudulent registration or voting	Filed	3	
Horry, SC	Voting / Inducement to file for, or withdraw from, candidacy for election	Filed	1	
Lexington, SC	Voting / Tampering with voting machine	12J - Guilty Bench Trial Credit Time Served		1
Lexington, SC	Voting / Tampering with voting machine	Filed	1	
Marlboro, SC	Voting / Procuring or offering to procure votes by bribery - 1st offense	04I - Nolle Prosequi		2
Marlboro, SC	Voting / Procuring or offering to procure votes by bribery - 1st offense	Filed	2	
Richland, SC	Voting / Improperly furnishing registration certificate for voting (no longer used)	01 - Pled Guilty		1
Richland, SC	Voting / Fraudulent change of address for voting	Filed	1	
Spartanburg, SC	Voting / Improperly furnishing registration certificate for voting (no longer used)	01 - Pled Guilty		1
Spartanburg, SC	Voting / Procuring or offering to procure votes by bribery - 1st offense	125 - Guilty Bench Trial Fine Suspended		1
Spartanburg, SC	Voting / Improperly furnishing registration certificate for voting (no longer used)	Filed	1	
Spartanburg, SC	Voting / Procuring or offering to procure votes by bribery - 1st offense	Filed	1	

Historical Data on Enforcement of Election Laws

Source is a report (6.18.21) from Court Administration about historical data (2010 - 2021) on CDR codes with an offense description beginning with the prefix "Voting." Historical information includes: number of cases filed, disposition information, and originating county. Report includes data from general sessions, magistrates, and approximately 30% of municipalities (i.e., municipalities participating in the statewide case management system). Disclaimer in original report notes data is reliant upon information maintained and transmitted at local level.



ign Sign Offe	enses	
	Number Filed	Number Disposed
n Trial		1
	1	
iminal Traffic		1
	1	
n Trial		1
	1	
ial		1
	1	
	1	
al		1
	1	
Trial		1
	1	
al		1
	1	
		1
	1	
Time Served		1
		2
	3	
iry		1
	1	
		1
	1	
Prosecution		1
		1
	2	
	1	
		1
		2
	3	
		1
	1	
	0.00.04 Ma. "	

6.30.21 Meeting Packet Page 14

At Least 16,316,672 Votes Cast between 2010 - 2020

Reflects data for most major elections (general and primary) from the State Election Commission website (https://www.scvotes.gov/data/voter-history.html) (accessed 6.23.21)

		Number of V	otes Cast by County			
County	2010	2012	2014	2016	2018	2020
Abbeville, SC	11,249	17,336	9,848	17,995	11,595	17,734
Aiken, SC	71,100	98,265	60,830	123,736	75,924	121,664
Allendale, SC	4,073	4,374	3,932	5,225	4,077	5,270
Anderson, SC	78,902	110,092	63,409	146,845	86,144	138,436
Bamberg, SC	7,525	8,225	7,084	11,053	6,960	12,232
Barnwell, SC	9,580	12,792	9,000	15,516	9,720	17,111
Beaufort, SC	72,218	107,244	62,573	136,975	97,577	145,264
Berkeley, SC	82,003	91,531	60,074	127,026	89,665	156,348
Calhoun, SC	8,843	10,149	6,966	13,775	8,155	12,352
Charleston, SC	151,403	215,134	127,854	294,703	198,510	352,056
Cherokee, SC	25,123	28,841	18,988	37,074	26,109	34,985
Chester, SC	13,525	17,359	12,375	24,397	15,082	23,848
Chesterfield, SC	15,665	22,888	19,327	26,304	18,926	25,485
Clarendon, SC	17,467	19,265	13,854	30,239	17,259	27,741
Colleton, SC	17,091	26,876	14,713	29,626	18,417	31,980
Darlington, SC	29,579	46,161	23,616	54,980	29,475	51,359
Dillon, SC	15,774	19,231	10,849	24,843	11,880	22,333
Dorchester, SC	54,750	82,565	45,495	108,478	68,534	117,797
Edgefield, SC	12,163	14,962	10,673	19,966	12,724	21,061
Fairfield, SC	14,611	19,845	10,856	22,555	13,577	21,681
Florence, SC	57,207	78,375	48,689	100,813	61,236	103,791
Georgetown, SC	31,007	49,481	24,947	54,122	35,227	58,572
Greenville, SC	204,746	294,517	168,500	380,275	246,742	379,395
Greenwood, SC	30,933	45,151	23,104	54,207	30,961	49,955
Hampton, SC	12,210	13,480	11,232	17,443	10,403	15,703
Horry, SC	101,399	179,532	91,411	222,859	143,946	258,182
Jasper, SC	10,946	17,489	10,783	23,625	13,975	24,707
Kershaw, SC	37,620	37,505	29,695	46,493	36,271	49,434
Lancaster, SC	27,272	43,237	25,718	60,903	40,617	71,885
Laurens, SC	26,961	38,967	20,561	49,805	28,015	48,821
Lee, SC	11,853	14,087	8,973	16,709	9,156	14,187
Lexington, SC	126,559	168,273	105,246	218,193	136,557	208,595
Marion, SC	15,233	24,505	13,470	30,773	15,167	26,994
Marlboro, SC	11,488	13,538	10,380	20,096	10,268	18,685
Mccormick, SC	6,160	7,258	4,721	10,946	6,227	9,818
Newberry, SC	17,767	20,856	14,612	29,201	17,128	27,462
Oconee, SC	36,123	45,077	27,069	58,490	38,776	59,605
Orangeburg, SC	43,162	58,679	36,839	68,695	43,608	71,922
Pickens, SC	48,930	69,095	40,112	92,292	52,624	85,842
Richland, SC	177,861	196,389	148,996	301,445	202,499	312,431
Saluda, SC	10,350	12,057	8,308	15,795	10,024	14,085
Spartanburg, SC	114,624	155,659	83,472	201,727	129,452	205,738
Sumter, SC	44,878	68,879	39,475	78,950	44,239	78,281
Union, SC	15,464	15,737	12,185	20,081	13,350	22,247
Williamsburg, SC	19,273	26,389	17,238	30,065	19,322	29,205
York, SC	91,022	134,761	72,208	185,808	116,858	184,253
Total	2,043,692	2,802,108	1,690,260	3,661,122		3,786,532 21 Meeting Packet Page 15

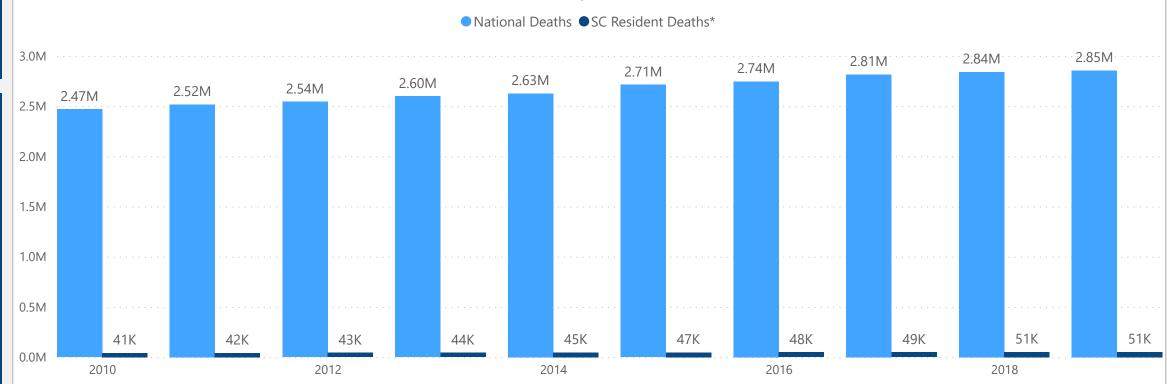


National and SC Death Rates 2010 - 2019

Historical information on deaths and population in South Carolina was obtained through review of online publications from the Department of Health and Environmental Control. South Carolina publishes statistics on deaths but not personally identifiable information. Historical information on deaths in the nation was obtained through review of online publications from the U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Health Statistics.

om	Year	National Deaths	SC Resident Deaths*	SC Population
	2010	2,468,435	41,489	4,625,364
	2011	2,515,458	41,949	4,679,230
	2012	2,543,279	42,879	4,723,723
	2013	2,596,993	44,415	4,774,839
	2014	2,626,418	45,401	4,832,482
	2015	2,712,630	47,182	4,896,146
	2016	2,744,248	48,151	4,961,119
	2017	2,813,503	49,408	5,024,369
from	2018	2,839,205	50,633	5,084,127
	2019	2,854,838	50,954	5,148,714
	Total	26,715,007	462,461	48,750,113

*Includes S.C. residents that die in the state and outside the state. Member states of the National Association for Public Health Statistics and Information System share mortality information for statistical purposes through the State and Territorial Exchange of Vital Events as part of the Inter-Jurisdictional Exchange Agreement. Use of mortality information for voter registration checks is not standard; however, states can authorize use for this purpose.



Average National Deaths from 2010 - 2019

2,671,501

Average SC Resident Deaths from 2010 - 2019

46,246

Portion of National Deaths made up by SC Resident Deaths from 2010 - 2019



Portion of National Deaths made up by SC Resident Deaths from 2010 - 2019

6.30.21 Meeting Packet Page 16

		STATE	BIRTH NUMBER		Depar		Health and	OF DEAT		trol		STATE FILE NUMBER
Demographi			1. DECEDENT'S LEGAL	NAME (Include	AKAs, if any)			01 02/11	•	2. SEX 3	3. SOCIAL	SECURITY NUMBER
Information			4a. AGE-Last Birthday (Years)	4b. UNDER 1 Months		4c. UNDER Hours	1 DAY Minutes	5. DATE OF (MM/DD/YY)		6. BIRTHPLACE (Ci	ty and Stat	te or Foreign Country)
		TOR	7a. RESIDENCE-STATE		7b. COUNT	Y	•		7c. CITY	OR TOWN		
		DIREC	7d. STREET AND NUMB	ER				7e. APT. NO.	7f. ZIP C	DDE	7	g. INSIDE CITY LIMITS?
		RALE	8. EVER IN US ARMED FORCES?	9. MARITAL ST			TH 10. S	URVIVING SPOU	JSE'S NAM	IE (If wife, give name	prior to firs	
		FUNE	Yes No	Divorced	Never Marrie		iown				The Maria	10 - L O
		ed By:	11. FATHER'S NAME (Fi	rst, Middle, Last)		12. N	IOTHER'S NAME	PRIOR TO	D FIRST MARRIAGE (First, Midd	ile, Last)
		Be Completed/Verified By: FUNERAL DIRECTOR	13a. INFORMANT'S NAM				ISHIP TO DECE	DENT 13c. M	AILING AI	DRESS (Street and	Number,	City, State, Zip Code)
		omple	IF DEATH OCCURRED I			IF (DEATH OCCUP			R THAN A HOSPITAL		spice facility
		o Be C	Inpatient Emergency I5. FACILITY NAME (If n					ng term care facilit OWN, STATE A				COUNTY OF DEATH
	ution	23c To										
	NAME OF DECEDENT For use by physician or institution	Items 1-23c	18. METHOD OF DISPO				19. PLACE OF	DISPOSITION	Name of c	emetery, crematory, ot	her place)	
	CEDE cian o	1 at	Other (Specify) 20. LOCATION-CITY, TO	WN, AND STAT	E		21. NAME AN					
	F DE		22. SIGNATURE OF FI	INERAL SERV		SEE OR OT	OF FUNERA		NUMBER	(Of Licensee)		
	AE O use by											
	NAN For L		23a. EMBALMER (Signat	ture)			23b. E	EMBALMER LICI	ENSE NUM	BER 23c. L	ICENSE	NUMBER (Of Facility)
Medical			ITEMS 24-28 MUST BE O WHO PRONOUNCES OF				24. DATE PRO	NOUNCED DEA	D (MM/DD	/YYYY) 25. TI	ME PROP	NOUNCED DEAD
Information	n		26. SIGNATURE OF PEF			TH (Only wh	en applicable)	27. LICENSE	NUMBER	28. DATE SIGNED	(MM/DD/	YYYY)
mormatio	11		29. ACTUAL OR PRESU	MED DATE OF	DEATH (Spel	I Month)	30. ACTUA		D TIME OF	DEATH 31, WAS O		R OR MEDICAL
						-		s and examples)				CTED? Yes No
			32. PART I. Enter the chai cardiac arrest, respiratory a	in of events-disea	Ises, injuries, o	r DEATH (or complication	ons-that directly on the etiology	aused the death.	DO NOT en	ter terminal events such	as Add	Approximate interval: Onset to death
			additional lines if necessary IMMEDIATE CAUSE (Final	/.		ntiout shown	ng the cablegy.		ATE. EIIO	only one cause on a nin	6. Add	
			disease or condition				Due to (or a	s a consequence	of):			
			Sequentially list conditions, any, leading to the cause	if b				s a consequence				
		R.	Sequentially list conditions, any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that	C				s a consequence				
		RTIFIE	initiated the events resulting in death) LAST	^g d								
		IL CEI	PART II. Enter other signific	cant conditions co	ntributing to de	ath but not re	sulting in the und	erlying cause giver	in PART I.	33. WAS AN AUTO	PSY PERFO	ORMED?
		2						•		34. WERE AUTOPS	Y FINDING	S AVAILABLE TO
										COMPLETE THE CA	USE OF DE	EATH? 🗌 Yes 🗌 No 📗
		3y: MED	35. DID TOBACCO USE	CONTRIBUTE	36. IF FE				37.	COMPLETE THE CA MANNER OF DEATH		
		eted By: MED	35. DID TOBACCO USE TO DEATH?		Not pr	egnant within ant at time of	f death			MANNER OF DEATH	□ Ho	omicide
		completed By: MEDICAL CERTIFIER	TO DEATH?	bly	Not pr Pregn	egnant withir ant at time of egnant, but p egnant, but p	f death oregnant within 4 regnant 43 days f	o one year before	doath	MANNER OF DEATH Autural Accident	Ho Pe	omicide ending investigation
		b Be Completed By: MED	TO DEATH?	bly	Not pr Pregn	regnant withir ant at time of regnant, but p egnant, but p own if pregna	f death pregnant within 4 regnant 43 days f int within the pas	to one year before t year	death	MANNER OF DEATH Natural Accident Suicide	Ho Pe	omicide ending investigation ould not be determined
		To Be Co	TO DEATH? Yes Probal No Unkno 38. DATE OF INJURY (Sp	ell Month) 39.1	Not pr Pregn	regnant withir ant at time of regnant, but p egnant, but p own if pregna	f death pregnant within 4 regnant 43 days f int within the pas CE OF INJURY	to one year before t year (e.g., Decedent's	death	MANNER OF DEATH Natural Accident Suicide	Hc Pe Cc rooded area	omicide ending investigation
		To Be Co	TO DEATH?	ell Month) 39.1	Not pr Pregn	regnant withir ant at time of regnant, but p egnant, but p own if pregna	f death pregnant within 4 regnant 43 days f int within the pas	to one year before t year (e.g., Decedent's	death home, const	MANNER OF DEATH Natural Accident Suicide ruction site, restaurant, w	Ho Ho Ho Co Co County:	ending investigation build not be determined build 1. INJURY AT WORK? Yes No
		Items 24-49 To Be Completed By: MED	TO DEATH? Yes Probal No Unkno 38. DATE OF INJURY (Sp 42. LOCATION OF INJU Street & Number;	bly wn ell Month) 39.1 RY: State:	Not pr Pregn Not pr Not pr Not pr Unknot pr Unknot pr Unknot pr Not pr Unknot pr Not pr Notp	regnant withir ant at time of regnant, but p egnant, but p own if pregna	f death pregnant within 4 regnant 43 days f int within the pas CE OF INJURY	to one year before t year (e.g., Decedent's	death home, const	MANNER OF DEATH Natural Accident Suicide ruction site, restaurant, w umber:	Hc Pe Cc vooded area County: Zip Code	ending investigation build not be determined b) 41. INJURY AT WORK? Yes No
		To Be Co	TO DEATH?	bly wn ell Month) 39.1 RY: State:	Not pr Pregn Not pr Not pr Not pr Unknot pr Unknot pr Unknot pr Not pr Unknot pr Not pr Notp	regnant withir ant at time of regnant, but p egnant, but p own if pregna	f death pregnant within 4 regnant 43 days f int within the pas CE OF INJURY	to one year before t year (e.g., Decedent's	death home, const partment N 44.	MANNER OF DEATH Natural Accident Suicide United Structure Statements Number: IF TRANSPORTATION Driver/Operator Ped	Ho De Co rooded area County: Zip Code INJURY, S lestrian	ending investigation build not be determined b) 41. INJURY AT WORK? Yes No
		To Be Co	TO DEATH? Yes Probal No Unkno 38. DATE OF INJURY (Sp 42. LOCATION OF INJU Street & Number: 43. DESCRIBE HOW INJ	ell Month) 39. T RY: State:	Not pr Pregn Not pr Not pr Not pr Unknot pr Unknot pr Unknot pr Not pr Unknot pr Not pr Notp	regnant withir ant at time of regnant, but p egnant, but p own if pregna	f death pregnant within 4 regnant 43 days f int within the pas CE OF INJURY	to one year before t year (e.g., Decedent's	death home, const partment N 44.	MANNER OF DEATH Natural Accident Suicide uruction site, restaurant, w umber: IF TRANSPORTATION	Ho De Co rooded area County: Zip Code INJURY, S lestrian	ending investigation build not be determined b) 41. INJURY AT WORK? Yes No
		To Be Co	TO DEATH? Yes Probal No Unkno 38. DATE OF INJURY (Sp 42. LOCATION OF INJU Street & Number: 43. DESCRIBE HOW INJ 45. CERTIFIER (Check o Certifying physician-To	ell Month) 39. T RY: State: URY OCCURRI nly one) the best of my kr	Not pr Pregn Not pr Not pr District for the second	regnant within ant at time of egnant, but p egnant, but p own if pregna RY 40. PLA	f death oregnant within 4 regnant 43 days I nt within the pas CE OF INJURY City or To City or To	to one year before t year (e.g., Decedent's wm: A s) and manner sta	death home, const partment N 44. C F F ted.	MANNER OF DEATH Natural Accident Suicide United Suicide United Subscription Network Subscription Network Subscription Network Subscription Network Subscription Network Subscription Subscription Network Subscription Network Subscription Sub	Hc Pe Cc county: Zip Code INJURY, S lestrian Specify)	ending investigation build not be determined b) 41. INJURY AT WORK? Yes No
		To Be Co	TO DEATH? Ves Probal No Unkno 38. DATE OF INJURY (Sp 42. LOCATION OF INJU Street & Number. 43. DESCRIBE HOW INJ 45. CERTIFIER (Check o	bly wn ell Month) 39. 7 RY: State: URY OCCURRI nly one) the best of my kn gphysician-To th	ED:	egnant within ant at time of egnant, but p egnant, but p wm if pregnant RY 40. PLA:	I geath oregnant within 4 days int within the pas CE OF INJURY City or To Use to the cause(o occurred at the t	to one year before t year (e.g., Decedent's wm: Aj	death home, const partment N 44. C F ted. a, and due to	MANNER OF DEATH Natural Accident Suicide ruction site, restaurant, w Umber: IF TRANSPORTATION Nriver/Operator Ped assenger Other (S	Hcc Pe Cc County: Zip Code INJURY, S estrian specify) stated.	ending investigation build not be determined 1) 41. INJURY AT WORK? DY Yes No SPECIFY:
		To Be Co	TO DEATH? Yes Probal No Unkno 38. DATE OF INJURY (Sp 42. LOCATION OF INJURY (Sp 42. LOCATION OF INJURY (Sp 43. DESCRIBE HOW INJ 45. CERTIFIER (Check o Pronouncing and Certifyii Coroner/Medical Examin Signature of certifier	bly wn eil Month) 39 RY: State: URY OCCURRI IURY OCCURRI INY one) the best of my kn ng physician-To the er-On the basis of er r:	ED:	egnant within an at time of egnant, but p egnant, but p egnant, but p egnant, but p egnant, but p www.if.pregna RY 40. PLA 40. PLA	I geath regnant 43 days i nt within 4 days i nt within the pass CE OF INJURY City or To City or To ue to the cause(n occurred at the t n, in my opinion, d	to one year before t year (e.g., Decedent's wm: A(A) s) and manner sta ime, date, and place eath occurred at the	death home, const partment N 44. C F F ted. 2, and due to time, date, ar	MANNER OF DEATH Natural Accident Suicide ruction site, restaurant, w umber: IFTRANSPORTATION Priver/Operator Ped Passenger Other (S the cause(s) and manner d place, and due to the cau	Hot Pe Co Co County: Zip Code INJURY, S lestrian specify) stated. use(s) and m	anner stated.
		To Be Co	TO DEATH? Yes Probal No Unkno 38. DATE OF INJURY (Sp 42. LOCATION OF INJU Street & Number 43. DESCRIBE HOW INJ 45. CERTIFIER (Check o Certifying physician-To Pronouncing and Certifyi Coroner/Medical Examin	bly wn eil Month) 39 RY: State: URY OCCURRI IURY OCCURRI INY one) the best of my kn ng physician-To the er-On the basis of er r:	ED:	egnant within an at time of egnant, but p egnant, but p egnant, but p egnant, but p egnant, but p www.if.pregna RY 40. PLA 40. PLA	I geath regnant 43 days i nt within 4 days i nt within the pass CE OF INJURY City or To City or To ue to the cause(n occurred at the t n, in my opinion, d	to one year before t year (e.g., Decedent's wm: A(A) s) and manner sta ime, date, and place eath occurred at the	death home, const Dartment N 44. C F ted. a, and due to time, date, ar c) 46a.	MANNER OF DEATH Natural Accident Suicide ruction site, restaurant, w umber: IFTRANSPORTATION Priver/Operator Ped Passenger Other (S the cause(s) and manner d place, and due to the cau	Hot Pe Co Co County: Zip Code INJURY, S lestrian specify) stated. use(s) and m	ending investigation build not be determined 1) 41. INJURY AT WORK? DY Yes No SPECIFY:
		To Be Co	TO DEATH? Yes Probal No Unkno 38. DATE OF INJURY (Sp 42. LOCATION OF INJURY (Sp 42. LOCATION OF INJURY (Sp 43. DESCRIBE HOW INJ 45. CERTIFIER (Check o Pronouncing and Certifyii Coroner/Medical Examin Signature of certifier	bly wn ell Month) 39. T RY: State: URY OCCURRI URY OCCURRI URY OCCURRI IURY OCCURRI nly one) the best of my kn ng physician- To the er-On the basis of e r: ND ZIP CODE (ED:	egnant within an at time of egnant, but regrant, but regrant, but personal, but personal, but personal, but personal, but personal, but personal pe	I geath regnant 43 days i nt within 4 days i ce OF INJURY City or To City or To ue to the cause(h occurred at the t n, n my opinion, d	io one year before t year (e.g., Decedent's wn: Ar s) and manner sta ime, date, and place eath occurred at the DEATH (Item 32	death home, const coartment N 44. C F ted. a, and due to time, date, ar CER ⁻	MANNER OF DEATH Natural Accident Suicide Nucleon site, restaurant, w Mumber: HF TRANSPORTATION Vriver/Operator Ped Passenger Other (S Accident of the cause(s) and manner Ad place, and due to the cau NAME OF ATTENDIN IFIFIER	Hcc Pe County: Zip Code INJURY, S isestrian specify) stated. stated. Ise(6) and m	anner stated.
		To Be Co	TO DEATH? Yes Probal No Unkno Street & Number Label Control of INJURY (Sp Label Cont	bly wn ell Month) 39. T RY: State: URY OCCURRI URY OCCURRI IURY OCCURRI nly one) the best of my kn ng physician-To the er-On the basis of e r:	ED:	egnant within an at time of egnant, but regrant, but regrant, but personal, but personal, but personal, but personal, but personal, but personal pe	I geath regnant 43 days i nt within 4 days i ce OF INJURY City or To City or To ue to the cause(h occurred at the t n, n my opinion, d	io one year before t year (e.g., Decedent's wn: Ar s) and manner sta ime, date, and place eath occurred at the DEATH (Item 32	death home, const bartment N 44. C F ted. a, and due to time, date, ar CER D/YYYY)	MANNER OF DEATH Natural Accident Suicide Nutricition site, restaurant, w Umber: Umber: Noriver/Operator Ped Passenger Other (S	Htc Pe County: Zip Code INJURY, S isestrian specify) stated. sse(s) and m IG PHYSI	omicide ending investigation build not be determined 1) 41. INJURY AT WORK? Yes No 3: SPECIFY: anner stated. CIAN IF OTHER THAN TE FILED (MM/DD/YYYY)
Demographi	ic	To Be Co	TO DEATH? Yes Probal No Unkno 38. DATE OF INJURY (Sp 42. LOCATION OF INJURY (Sp 42. LOCATION OF INJURY (Sp 43. DESCRIBE HOW INJ 45. CERTIFIER (Check o Certifying physician-To Coroner/Medical Examin Signature of certifier 46. NAME, ADDRESS, AI 47. TITLE OF CERTIFIE 51. DECEDENT'S EDUC the box that best describer	bly wn ell Month) 39. 1 RY: State: URY OCCURRI URY OCCURRI URY OCCURRI nly one) the best of my kn ng physician-To th er-On the basis of er r: ND ZIP CODE C R 44 CATION-Check s the highest	Not pr Pregn Not pr	egnant within an at time of egnant, but p egnant, but p wm if pregnant RY 40. PLA: 40. PLA: 4	I geath regnant 43 days i regnant 43 days i rt within 4 days i rt within the pass CE OF INJURY City or To Use to the cause(n occurred at the t n, n my opinion, d USE OF 49. DATE CEI ISPANIC ORIG	io one year before t year (e.g., Decedent's wn: Ar s) and manner sta ime, date, and place eath occurred at the DEATH (Item 32	death home, const bartment N 44. C F ted. a, and due to time, date, ar CER [*] D/YYYY) ox 53.	MANNER OF DEATH Natural Accident Suicide Unternet Statement of the stateme	Hcc Pe County: Zip Code TNJURY, S lestrian specify) stated. Jise(s) and m TG PHYSI ONLY-DAT Check one	omicide ending investigation build not be determined 1) 41. INJURY AT WORK? Yes No 3: SPECIFY: anner stated. CIAN IF OTHER THAN TE FILED (MM/DD/YYYY)
• •		Items 24-49 To Be C	TO DEATH? Ves Probal No Unkno Steet & Number. Location OF INJURY (Sp Location OF INJURY (Sp Location OF INJURY (Sp Locatifying physician-To Pronouncing and Certifyin Signature of certified Coroner/Medical Examin Signature of certified Locatifying ADDRESS, AI To TITLE OF CERTIFIE	bly wn ell Month) 39. 1 RY: State: URY OCCURRI URY OCCURRI URY OCCURRI nly one) the best of my kn ng physician-To th er-On the basis of er r: ND ZIP CODE C R 44 CATION-Check s the highest	Not pr Pregn Not pr Dr	egnant within an at time of egnant, but regonant, but rego	I geath regnant 43 days i nt within 4 days i nt within the pas CE OF INJURY City or To City or To ue to the cause(n occurred at the t n, in my opinion, d NG CAUSE OF 49. DATE CEI ISPANIC ORIG tether the decei	to one year before t year (e.g., Decedent's wm: A) s) and manner stat me, date, and place eath occurred at the DEATH (Item 32 RTIFIED (MM/D IN?-Check the b	death home, const boartment N 44. C F ted. , and due to time, date, ar CER D/YYYY)	MANNER OF DEATH Natural Accident Suicide Natural Suicide Unuction site, restaurant, w Unuber: IF TRANSPORTATION Driver/Operator Ped Ped Passenger Other (S Drivers) on manner of place, and we to the cause NAME OF ATTENDIN TIFIER DECEDENT'S RACE- Cate what the decedent Inhite Iack or African American	Hcc Pe County: Zip Code INJURY, S iestrian specify) stated. IG PHYSI GonLY-DAT Check one considered	omicide ending investigation build not be determined b) 41. INJURY AT WORK? DYES No example for the second
• •		Items 24-49 To Be C	TO DEATH? Yes Probal No Unkno Steet & Numbers L. LOCATION OF INJURY (Sp L. LOCATION OF INJURY	bly wn ell Month) 39. T RY: State: URY OCCURRI INP OCCURRI INP OCCURRI INP OCCURRI INP OCCURRI ND ZIP CODE C R 44 ATION-Check s the highest ompleted at the	A local Pregn Pregn Not pr	egnant within an at time of egnant, but r egnant, but r egnant, but r egnant, but r with the second second second second second second second second h occurred d wiedge, deatt /or investigatic COMPLETIN NUMBER DENT OF H lescribes wt .atino/Latina sh/Hispanic/	for each regnant 43 days i net within 4 days i net within the pass CE OF INJURY City or To city or To ue to the cause(n occurred at the t n, in my opinion, d lisPANIC ORIG lether the decei . Check the "Nk Latino/Latina.	to one year before t year (e.g., Decedent's wm: A s) and manner sta mre, date, and piace eath occurred at the A DEATH (Item 32 RTIFIED (MM/D iN?-Check the b dent is Spanish/ o'' box if deceden	death home, const partment N 44. C , and due to time, date, ar D/YYYY) D/YYYY) indicit Is Dx 53. indicit W B	MANNER OF DEATH Natural Accident Suicide Number: NAMEOFATION Nriver/Operator Ped Sassenger Other (S Sassenger Other (S Sassenger Other (S Sassenger Sassenge	Htc Pe County: Zip Code INJURY, S istated. stated. stated. IG PHYSI ONLY-DA1 Check one considered a Native	omicide ending investigation build not be determined 1) 41. INJURY AT WORK? 2: SPECIFY: anner stated. CIAN IF OTHER THAN TE FILED (MW/DD/YYYY) e or more races to d himself or herself to be)
• •		Items 24-49 To Be C	TO DEATH? Yes Probal No Unkno State TO FINJURY (Sp Control of INJURY (Sp Control of INJURY (Sp Control of INJURY (Sp Control of INJURY (Sp Control of Control of INJURY Control of Control	bly wn ell Month) 39. T RY: State: URY OCCURRI INP OCCURRI INP OCCURRI INP OCCURRI INP OCCURRI R ATION-Check s the highest ompleted at the loma	A local Pregn Pregn Not pr	egnant within an at time of egnant, but r egnant, but r eg	I geath regnant 43 days i regnant 43 days i rt within 4 days i rt within the pass CE OF INJURY City or To City or To U U U U U U U U U U U U U U U U U U U	to one year before t year (e.g., Decedent's wm: A s) and manner sta mre, date, and piace eath occurred at the DEATH (Item 32 RTIFIED (MM/D iN?-Check the b dent is Spanish/ ob x if deceden ttina	death home, const adartment N 44., C r ted. a, and due to cER [*] D/YYYY) indic ox f3.; indic ox f3.; indic ox f3.; indic ox f3.; indic ox f4	MANNER OF DEATH Autural Accident Suicide Natural Suicide Unturners Natural Unturners Natural Natural NAME OF ATTENDIN TIFIER So. FOR REGISTRAR DECEDENT'S RACE-tate what the decedent Nature of the enrolled or sian Indian American Indian American Suicide Nature of Matter Suice	Htc Pe County: Zip Code INJURY, S istated. stated. stated. IG PHYSI ONLY-DA1 Check one considered a Native	omicide ending investigation build not be determined 1) 41. INJURY AT WORK? 2: SPECIFY: anner stated. CIAN IF OTHER THAN TE FILED (MW/DD/YYYY) e or more races to d himself or herself to be)
• •		Items 24-49 To Be C	TO DEATH? Yes Probal No Unkno State Control of INJURY (Sp Control of Control of INJURY Control of	bly wn ell Month) 39. T RY: State: URY OCCURRI INP OCCURRI INP OCCURRI INP OCCURRI INP OCCURRI R 44 CATION-Check s the highest ompleted at the loma or GED complete	A local Pregn Pregn Not pr	egnant within an at time of egnant, but r egnant, but r with foregnant, but r with the second second and the second second second second second h occurred d wiedge, deati /or investigation COMPLETIN NUMBER DENT OF H lescribes with attinol/Latina sh/Hispanic/ Spanish/Hisp	for each regnant 43 days i net within 4 days i net within the pase CE OF INJURY City or To Use to the cause(n occurred at the t n, in my opinion, d USE CAUSE OF 49. DATE CEI IISPANIC ORIG tether the deceet. Check the "NoLatino/Latina. panic/Latino/Latina/Lat	to one year before t year (e.g., Decedent's wm: A s) and manner sta mre, date, and piace eath occurred at the DEATH (Item 32 RTIFIED (MM/D iN?-Check the b dent is Spanish/ ob x if deceden ttina	death home, const partment N 44. C , and due to time, date, ar thed. CER* D/YYYY) t is A A A A C C	MANNER OF DEATH Natural Accident Suicide Natural Suicide Unction site, restaurant, w Unber: IF TRANSPORTATION Oriver/Operator Ped Passenger Other (S the cause(s) and manner of place, and due to the cau NAME OF ATTENDIN FIFIER So. FOR REGISTRAR DECEDENT'S RACE-1 ate what the decedent I/hite Iack or African American merican Indian or Alask Vame of the enrolled or sian Indian	Htc Pe County: Zip Code INJURY, S istated. stated. stated. IG PHYSI ONLY-DA1 Check one considered a Native	omicide ending investigation build not be determined 1) 41. INJURY AT WORK? 2: SPECIFY: anner stated. CIAN IF OTHER THAN TE FILED (MW/DD/YYYY) e or more races to d himself or herself to be)
• •		Items 24-49 To Be C	TO DEATH? Yes Probal No Unkno State TO FINJURY (Sp Control of INJURY (Sp Control of INJURY (Sp Control of INJURY (Sp Control of INJURY (Sp Control of Control of INJURY Control of Control	bly wn ell Month) 39. T RY: State: URY OCCURRI INP OCURRI INP OCURR	A local control of the second se	egnant within an Lt time of egnant, but p egnant, but p wm if pregna RY 40. PLA: h occurred d wiedge, deatl /or investigatic COMPLETIN NUMBER DENT OF H lescribes wt. .atino/Latina hh/Hispanic/ Spanish/His xxican, Mexic	for each regnant 43 days i net within 4 days i net within the pase CE OF INJURY City or To Use to the cause(n occurred at the t n, in my opinion, d USE CAUSE OF 49. DATE CEI IISPANIC ORIG tether the deceet. Check the "NoLatino/Latina. panic/Latino/Latina/Lat	to one year before t year (e.g., Decedent's wm: A s) and manner sta mre, date, and piace eath occurred at the DEATH (Item 32 RTIFIED (MM/D iN?-Check the b dent is Spanish/ ob x if deceden ttina	death home, const partment N 44., C r r c c c c c c c death c	MANNER OF DEATH Natural Accident Suicide Natural Unternet Suicide Natural Natural Suicide Natural NATE OF ATTENDIN NIFER NAME OF ATTENDIN NIFIER So. FOR REGISTRAR DECEDENT'S RACE-tate what the decedent Natural the decedent Natural the decedent Natural the decedent Natural Suite Suite Suite Suite Natural Suite Suite Suite Natural Suite Suite Natural Suite Natural Suite Natural Suite Suite Natural Suite Natural Suite Natural Suite Natural Suite Sui	Htc Pe County: Zip Code INJURY, S istated. stated. stated. IG PHYSI ONLY-DA1 Check one considered a Native	omicide ending investigation build not be determined 1) 41. INJURY AT WORK? 2: SPECIFY: anner stated. CIAN IF OTHER THAN TE FILED (MW/DD/YYYY) e or more races to d himself or herself to be)
• •		Items 24-49 To Be C	TO DEATH? Yes Probal No Unkno State Control of INJURY (Sp Control of Control of INJURY Control of	bly wn ell Month) 39. T RY: State: URY OCCURRE URY OCCURRE IND OP) the best of my kn hyp hysician-To the er-On the basis of e r: CATION-Check s the highest ompleted at the loma or GED complete ut no degree ., AA, AS)	Not pri Pregn Not pri Not	egnant within an at time of egnant, but p egnant, but p wm if pregnant RY 40. PLA: 40. PLA: 4	regrant within 4 regnant 43 days i nt within the pass CE OF INJURY City or To city or To ue to the cause(h occurred at the t n, in my opinion, d NG CAUSE OF ISPANIC ORIG ISPANIC ORIG ISPANIC ORIG Ispanic/Latino/Latina. spanic/Latino/Latina.	to one year before t year (e.g., Decedent's wm: A) s) and manner sta me, date, and place eath occurred at the DEATH (Item 32 RTIFIED (MM/D IN?-Check the b dent is Spanish/ "box if deceden titna iicano/Chicana	death home, const 44. C 44. C F ted. a, and due to time, date, ar D/YYYY) indic CER D/YYYY) indic C <th>MANNER OF DEATH Autural Accident Suicide Natural Suicide Umber: IF TRANSPORTATION Nriver/Operator Ped assenger Other (s assenger Other (s assenger Other (s based other (s)) Autural (s) other (s) Comparison of the cause(s) and manner the cause(s) and manner the cause(s) and manner the cause(s) and manner DECEDENT'S RACE- Autural (s) other (s) Comparison of the enrolled or sian Indian Summer (an Indian or Alask Name of the enrolled or sian Indian Summers (s) other (s) Summers (s) o</th> <th>Hcc Pe County: Zip Code INJURY, S iestrian specify) stated. IG PHYSI GonLY-DAT Check one considered a Native principal tril</th> <th>omicide ending investigation build not be determined 1) 41. INJURY AT WORK? 2: SPECIFY: anner stated. CIAN IF OTHER THAN TE FILED (MW/DD/YYYY) e or more races to d himself or herself to be)</th>	MANNER OF DEATH Autural Accident Suicide Natural Suicide Umber: IF TRANSPORTATION Nriver/Operator Ped assenger Other (s assenger Other (s assenger Other (s based other (s)) Autural (s) other (s) Comparison of the cause(s) and manner the cause(s) and manner the cause(s) and manner the cause(s) and manner DECEDENT'S RACE- Autural (s) other (s) Comparison of the enrolled or sian Indian Summer (an Indian or Alask Name of the enrolled or sian Indian Summers (s) other (s) Summers (s) o	Hcc Pe County: Zip Code INJURY, S iestrian specify) stated. IG PHYSI GonLY-DAT Check one considered a Native principal tril	omicide ending investigation build not be determined 1) 41. INJURY AT WORK? 2: SPECIFY: anner stated. CIAN IF OTHER THAN TE FILED (MW/DD/YYYY) e or more races to d himself or herself to be)
• •		Items 24-49 To Be C	TO DEATH? Yes Probal No Unkno 38. DATE OF INJURY (Sp 42. LOCATION OF INJURY (Sp 42. LOCATION OF INJURY (Sp 43. DESCRIBE HOW INJ 43. DESCRIBE HOW INJ 45. CERTIFIER (Check o Certifying physician-To Coroner/Medical Examin Signature of certifier 46. NAME, ADDRESS, AI 47. TITLE OF CERTIFIE 51. DECEDENT'S EDUC the box that best describer degree or level of school c time of death. 51. DECEDENT'S EDUC the box that best describer degree or level of school c time of death. 51. DECEDENT'S EDUC the box that best describer degree or level of school c time of death. 51. DECEDENT'S EDUC the box that best describer degree or level of school c time of death. 51. DECEDENT'S EDUC the box that best describer degree or level of school c time of death. 51. DECEDENT'S EDUC the box that best describer degree (e.g., 53. Bachelor's degree (e.g., 54. Master's degree (e.g.	bly wn ell Month) 39, 1 ell Month, 1 ell Month	A Start Sector Sec	egnant within an at time of egnant, but regnant, but regn	for each regnant 43 days i net within 4 days i net within the pase CE OF INJURY City or To Use to the cause(n occurred at the t n, in my opinion, d USE CAUSE OF 49. DATE CEI IISPANIC ORIG tether the deceet. Check the "NoLatino/Latina. panic/Latino/Latina/Lat	to one year before t year (e.g., Decedent's wm: A) s) and manner sta me, date, and place eath occurred at the DEATH (Item 32 RTIFIED (MM/D IN?-Check the b dent is Spanish/ "box if deceden titna iicano/Chicana	death home, const boartment N 44. C F ted. , and due to time, date, ar CER D/YYYY) to A CCR D/YYYY) G C C C C C C C C C C C C C C C C C C	MANNER OF DEATH Natural Accident Suicide Natural Suicide Umber: Umber: HTRANSPORTATION Driver/Operator Ped Passenger Other (S Comparison of the cause(s) and manner dy place, and due to the cause(s) and manner NAME OF ATTENDIN TIFIER So. FOR REGISTRAR DECEDENT'S RACE- that the decedent thit and the decedent ther Asian (Specify) the awaiian ative Hawaiian to C hamoro	Hcc Pe County: Zip Code Tooded area County: Zip Code TINJURY, S testrian specify) stated. use(s) and m TG PHYSI Check one considered a Native principal tril	omicide ending investigation build not be determined 1) 41. INJURY AT WORK? 2: SPECIFY: anner stated. CIAN IF OTHER THAN TE FILED (MW/DD/YYYY) e or more races to d himself or herself to be)
• •	L	Be Completed By: FUNERAL DIRECTOR Items 24:49 To Be C	TO DEATH? Yes Probal No Unkno State TO FINJURY (Sp Control of INJURY (Sp Control of INJURY (Sp Control of INJURY (Sp Control of INJURY (Sp Control of Certifying physician-To Conter/Medical Examin Signature of certifier Signature of certi	bly wn ell Month) 39. T RY: State: URY OCCURRI INP OCURRI IN	Not pri Pregn Not pri Not	egnant within an at time of egnant, but regnant, but regn	regrant within 4 regnant 43 days i nt within the pass CE OF INJURY City or To city or To ue to the cause(h occurred at the t n, in my opinion, d NG CAUSE OF ISPANIC ORIG ISPANIC ORIG ISPANIC ORIG Ispanic/Latino/Latina. spanic/Latino/Latina.	to one year before t year (e.g., Decedent's wm: A) s) and manner sta me, date, and place eath occurred at the DEATH (Item 32 RTIFIED (MM/D IN?-Check the b dent is Spanish/ "box if deceden titna iicano/Chicana	death home, const adartment N 44., C r r and due to a, and due to cER* D/YYYY) indic D/YYYYY) indic B A CE D/YYYYY) indic B A C F J; X C C C C C D/YYYY) I X Q X C C C C N C N C N C N C N C N C	MANNER OF DEATH Autural Accident Suicide Natural Suicide Unternet Staturant, w Unternet	Htc Pe County: Zip Code INJURY, S lestrian specify) stated. ses(s) and m GONLY-DAT Conclete one considered a Native principal tril	omicide ending investigation build not be determined 1) 41. INJURY AT WORK? 2: SPECIFY: anner stated. CIAN IF OTHER THAN TE FILED (MW/DD/YYYY) e or more races to d himself or herself to be)
• •		55 To Be Completed By: FUNERAL DIRECTOR Items 24:49 To Be C.	TO DEATH? Yes Probal No Unkno Steet & Number. L. LOCATION OF INJURY (Sp L. LOCATION OF INJURY	bly wm ell Month) 39. T	A local press Press Press Not pr N	egnant within an at time of egnant, but p egnant, but p wm if pregnan RY 40. PLA: h occurred d wiedge, deatt for investigatic COMPLETIN DENT OF H lescribes wt atino/Latina sh/Hispanic/ Spanish/His panish/His panish/Hispanic/ y)	regnant within 4 regnant 43 days int within the pass CE OF INJURY City or To ue to the cause(h occurred at the t n, in my opinion, d NG CAUSE OF ISPANIC ORIG ISPANIC ORIG ISPANIC ORIG Ispanic/Latino/Latina. ispanic/Latino/Latino Hispanic/Latino	to one year before t year (e.g., Decedent's wm: A) s) and manner sta me, date, and place ath occurred at the DEATH (Item 32 RTIFIED (MM/D IN?-Check the b dent is Spanish/ "Nox if deceden tina hicano/Chicana	death home, const 44., C 44., F ted. a, and due to cER* D/YYYY) indic D/YYYYY) indic B A (f B A (f B A (f B CER* D/YYYYY) CER*	MANNER OF DEATH Autural Accident Suicide Natural Suicide Unction site, restaurant, w Unber: IF TRANSPORTATION Driver/Operator Ped assenger Other (s Assenger Other (s Assenger Other (s Son FOR REGISTRAR Son FOR REGISTRAR DECEDENT'S RACE-t ate what the decedent Ante of ATTENDIN TIFIER Son FOR REGISTRAR DECEDENT'S RACE-t ate what fulle enrolled or sinninge hilpino apanese orean ative Hawaiian or Chamoro amoan ther Pacific Islander (S;	Hcc Pee County: Zip Code INJURY, S lestrian specify) stated. Ise(s) and m GONLY-DAT Considered a Native principal tril pecify)	anner stated.
• •	L	55 To Be Completed By: FUNERAL DIRECTOR Items 24:49 To Be C.	TO DEATH? Yes Probal No Unkno State of INJURY (Sp Calculate and the second sec	bly wm ell Month) 39. T	A local press Press Press Not pr N	egnant within an at time of egnant, but p egnant, but p wm if pregnan RY 40. PLA: h occurred d wiedge, deatt for investigatic COMPLETIN DENT OF H lescribes wt atino/Latina sh/Hispanic/ Spanish/His panish/His panish/Hispanic/ y)	regnant within 4 regnant 43 days int within the pass CE OF INJURY City or To ue to the cause(h occurred at the t n, in my opinion, d NG CAUSE OF ISPANIC ORIG ISPANIC ORIG ISPANIC ORIG Ispanic/Latino/Latina. ispanic/Latino/Latino Hispanic/Latino	to one year before t year (e.g., Decedent's wm: A) s) and manner sta me, date, and place ath occurred at the DEATH (Item 32 RTIFIED (MM/D IN?-Check the b dent is Spanish/ "Nox if deceden tina hicano/Chicana	death home, const 44., C 44., F ted. a, and due to cER* D/YYYY) indic D/YYYYY) indic B A (f B A (f B A (f B CER* D/YYYYY) CER*	MANNER OF DEATH Autural Accident Suicide Natural Suicide Unction site, restaurant, w Unber: IF TRANSPORTATION Driver/Operator Ped assenger Other (s Assenger Other (s Assenger Other (s Son FOR REGISTRAR Son FOR REGISTRAR DECEDENT'S RACE-t ate what the decedent Ante of ATTENDIN TIFIER Son FOR REGISTRAR DECEDENT'S RACE-t ate what fulle enrolled or sinninge hilpino apanese orean ative Hawaiian or Chamoro amoan ther Pacific Islander (S;	Hcc Pee County: Zip Code INJURY, S lestrian specify) stated. Ise(s) and m GONLY-DAT Considered a Native principal tril pecify)	anner stated.
Demographi	L	To Be Completed By: FUNERAL DIRECTOR	TO DEATH? Yes Probal No Unkno Steet & Number. L. LOCATION OF INJURY (Sp L. LOCATION OF INJURY	bly wn ell Month) 39. T RY: State: URY OCCURRI IURY OCCURRI IURY OCCURRI IND 2IP CODE C R 44 ATION-Check s the highest ompleted at the loma or GED complete ut no degree , AA, AS) g, BA, AB, BS) MA, MS, MEng, EdD) or s, g, MD, DDS, L OCCUPATION	A local press Press Press Not pr N	egnant within an at time of egnant, but p egnant, but p wm if pregnan RY 40. PLA: h occurred d wiedge, deatt for investigatic COMPLETIN DENT OF H lescribes wt atino/Latina sh/Hispanic/ Spanish/His panish/His panish/Hispanic/ y)	regnant within 4 regnant 43 days int within the pass CE OF INJURY City or To ue to the cause(h occurred at the t n, in my opinion, d NG CAUSE OF ISPANIC ORIG ISPANIC ORIG ISPANIC ORIG Ispanic/Latino/Latina. ispanic/Latino/Latino Hispanic/Latino	to one year before t year (e.g., Decedent's wm: A) s) and manner sta me, date, and place ath occurred at the DEATH (Item 32 RTIFIED (MM/D IN?-Check the b dent is Spanish/ "Nox if deceden tina hicano/Chicana	death home, const 44., C 44., F ted. a, and due to cER* D/YYYY) indic D/YYYYY) indic B A (f B A (f B A (f B CER* D/YYYYY) CER*	MANNER OF DEATH A Natural Accident Suicide Unction site, restaurant, w Unber: IF TRANSPORTATION Oriver/Operator Ped Aassenger Other (S So. FOR REGISTRAR DECEDENT'S RACE- Atte what the decedent hile lack or African American merican Indian or Alask atame of the encided or Indian himese ther Asian (Specify) ative Hawaian uamanian or Chamoro amoan ther Pacific Islander (Sj ther (Specify) SE THE TERM "RETIF	Hcc Pee County: Zip Code Tooded areaa County: Zip Code TINJURY, S lestrian specify) stated. use(s) and m TONLY-DAT Check one considered a Native principal tril becify) RED.")	anner stated.