

DEPARTMENT OF HEALTH
VERMONT CERTIFICATE OF LIVE BIRTH

144

LOCAL FILE NUMBER

STATE FILE NUMBER

CHILD

TYPE OR
 PRINT IN
 PERMANENT
 BLACK INK

1. CHILD'S NAME - (FIRST, MIDDLE, LAST, SUFFIX)		2a. DATE OF BIRTH - (MONTH, DAY, YEAR)	2b. TIME OF BIRTH
3. SEX	4a. PLURALITY - SINGLE, TWIN, ETC. (SPECIFY)	4b. IF NOT SINGLE BIRTH - BORN FIRST, SECOND, ETC. (SPECIFY)	5a. PLACE OF BIRTH
5b. CITY OR TOWN OF BIRTH		5c. FACILITY NAME - (IF NOT IN FACILITY, GIVE STREET ADDRESS AND NUMBER)	

PARENTS

6. NAME - (FIRST, MIDDLE, LAST, SUFFIX)		7. DATE OF BIRTH - (MONTH, DAY, YEAR)	
8. LAST NAME AT BIRTH		9. BIRTHPLACE - (STATE OR FOREIGN COUNTRY)	
10a. RESIDENCE - STREET AND NUMBER		10b. CITY OR TOWN	10c. STATE
11. NAME - (FIRST, MIDDLE, LAST, SUFFIX)		12. DATE OF BIRTH - (MONTH, DAY, YEAR)	
13. BIRTHPLACE - (STATE OR FOREIGN COUNTRY)			

CERTIFIER

14a. CERTIFIER'S NAME	14b. TITLE	14c. DATE CERTIFIED - (MONTH, DAY, YEAR)
15a. ATTENDANT'S NAME - (IF OTHER THAN CERTIFIER)	15b. TITLE	

REGISTRAR

16a. REGISTRAR - SIGNATURE		16b. DATE RECEIVED BY LOCAL REGISTRAR - (MONTH, DAY, YEAR)
17a. TRUE COPY - CLERK SIGNATURE	17b. TOWN	17c. DATE - (MONTH, DAY, YEAR)
ATTEST		

TO BE SIGNED
 BY THE
 REGISTRAR
 ON COPY
 ONLY