

DEPARTMENT OF HEALTH
VERMONT CERTIFICATE OF LIVE BIRTH

LOCAL FILE NUMBER

STATE FILE NUMBER

TYPE OR
PRINT IN
PERMANENT
BLACK INK

CHILD			
1. CHILD'S NAME - (FIRST, MIDDLE, LAST, SUFFIX) Regina Megan Testnewlabels		2a. DATE OF BIRTH - (MONTH, DAY, YEAR) November 01, 2012	2b. TIME OF BIRTH 5:45 AM
3. SEX Female	4a. PLURALITY - SINGLE, TWIN, ETC. (SPECIFY) Single	4b. IF NOT SINGLE BIRTH - BORN FIRST, SECOND, ETC. (SPECIFY)	5a. PLACE OF BIRTH Hospital
5b. CITY OR TOWN OF BIRTH Burlington		6a. FACILITY NAME - (IF NOT IN FACILITY, GIVE STREET ADDRESS AND NUMBER) FAHC	
PARENTS			
6. NAME - (FIRST, MIDDLE, LAST, SUFFIX) Polly Anna Testnewlabels		7. DATE OF BIRTH - (MONTH, DAY, YEAR) July 09, 1985	
8. LAST NAME AT BIRTH Glousten		9. BIRTHPLACE - (STATE OR FOREIGN COUNTRY) New York	
10a. RESIDENCE - STREET AND NUMBER 108 Cherry Street		10b. CITY OR TOWN Burlington	10c. STATE Vermont
11. NAME - (FIRST, MIDDLE, LAST, SUFFIX) Gregory John Testnewlabels		12. DATE OF BIRTH - (MONTH, DAY, YEAR) August 27, 1985	
13. BIRTHPLACE - (STATE OR FOREIGN COUNTRY) Tennessee			
CERTIFIER			
14a. CERTIFIER'S NAME Ninya Bella		14b. TITLE DO	14c. DATE CERTIFIED - (MONTH, DAY, YEAR) November 01, 2012
15a. ATTENDANT'S NAME - (IF OTHER THAN CERTIFIER) Peter Bowl		15b. TITLE DO	
REGISTRAR			
16a. REGISTRAR - SIGNATURE NOT AN OFFICIAL BIRTH CERTIFICATE		16b. DATE RECEIVED BY LOCAL REGISTRAR - (MONTH, DAY, YEAR)	
17a. TRUE COPY - CLERK SIGNATURE ATTEST		17b. TOWN	17c. DATE - (MONTH, DAY, YEAR)

TO BE SIGNED
BY THE
REGISTRAR
ON COPY
ONLY

DRAFT ONLY

VOID