STATE OF VERMONT

045862

DEPARTMENT OF HEALTH

VERMONT CERTIFICATE OF LIVE BIRTH

947

STATE FILE NUMBER

	CHILD		and the second second	THE RESERVE OF THE PERSON NAMED IN	
TYPE OR PRINT IN PERMANENT BLACK INK	1. CHILD'S NAME - (FIF Leila Joseph	rst, middle, last, suffix) nine Flanagan		June 04, 2009	26. TIME OF BIRTH 10:46 A.N
	3. SEX	4a. PLURALITY - SINGLE, TWIN, ETC. (SPECIFY)	4b. IF NOT SINGLE BIRTH - BORN FIRST, SECOND, ETC. (SPECIFY)	5a, PLACE OF BIRTH	
	Female	Single	EIG. (SPEGIFI)	Hospital	

COPY SENT

5c. FACILITY NAME - (IF NOT IN FACILITY, GIVE STREET ADDRESS AND NUMBER)
Fletcher Allen Health Care /Medical Ctr Campus ib. CITY OR TOWN OF BIRTH Burlington

PARENTS	A STATE OF THE STA			
S. MOTHER'S NAME - (FIRST, MIDDLE, LAST, SUFFIX)	7. DATE OF BIRTH - (M	TH, DAY, YEAR)		
Nancy Jude Flanagan	March 05, 19	73		
B. MOTHER'S BIRTH NAME - (LAST NAME ONLY)	9. MOTHER'S BIRTHPLACE - (STATE OR FOREIGN COUNTRY)			
du Mont	Massachusetts			
10a. RESIDENCE OF MOTHER - STREET AND NUMBER	10b. CITY OR TOWN	10c. STATE		
361 Gilcrist Road	Stowe	Vermont		
11. FATHER'S NAME - (FIRST, MIDDLE, LAST, SUFFIX)	12. DATE OF BIRTH - (12. DATE OF BIRTH - (MONTH, DAY, YEAR)		
Edward Farrell Flanagan	March 09, 19	71		

13. FATHER'S BIRTHPLACE - (STATE OR FOREIGN COUNTRY)

David Erbes		
	Hospital Administrator	June 11, 2009
15a. ATTENDANT'S NAME - (IF OTHER THAN CERTIFIER)	156. TITLE	

Vital Records Clerk

16b, DATE RECEIVED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) June 12, 2009 7c. DATE - (MONTH, DAY, YEAR) JUN 1 2 2009

Burlington

THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY REGISTERED AND PLACED ON FILE IN THIS OFFICE.

PLACE ISSUED

Stowe, Vermont

ATTEST: Quison Ollaisa

DATE ISSUED:

January 18, 2011

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