VERMONT CERTIFICATE OF LIVE BIRTH

1442023-004041
STATE FILE NUMBER

Child's Name: Hudson Michael Westcom

Date of Birth: November 01, 2023 **Time of Birth:** 10:59 pm **Sex:** Female
Plurality: Single **Birth Order:**

Type of Birthplace: Hospital **City or Town of Birth:** St. Albans City
Facility Name ***(if not in facility, street address and number):*** Northwestern Medical Center

Parent's Name: Kayla Marie Lumbra **Date of Birth:** January 20, 1991
Last Name at Birth: Lumbra **Birthplace:** Georgia

Residence Address: 381 US Route 7
City or Town: Swanton **State:** Vermont

Parent's Name: **Date of Birth:**
Birthplace:

Certifier: Wendy Conway **Title:** MD
Date Certified: November 01, 2023
Attendant: Wendy Conway **Title:** MD

Registration: Jean DeCell Jean DeCell, State Registrar **Date Registered:** November 06, 2023

physical address is Highgate

11-7-23 Thank you

Wendi Dusablon
Highgate Town Clerk
2996 VT Route 78
PO Box 189
Highgate Center, VT 05459