

CERTIFICATE OF BIRTH
STATE OF VERMONT STATE FILE NO. 000777

DHVS-1-11M-54

Certificate No. 44

to be completed by parent or guardian of child, or by hospital, or by a hospital.

1. NAME OF CHILD (First) (Middle) (Last) Joseph Paul Coates			2. DATE OF BIRTH (Month) (Date) (Year) Feb. 11, 1959		
3. PLACE OF BIRTH a. COUNTY Washington b. CITY OR TOWN (If rural, please state) Montpelier			4. USUAL RESIDENCE OF MOTHER (Where mother lives) a. STATE Vermont b. COUNTY Washington c. CITY OR TOWN (If rural, please state) Montpelier		
c. NAME OF HOSPITAL (If not in institution, street address was): Heston Hospital			d. STREET ADDRESS (If rural, please give location) 13 Loomis Street		
5. SEX (Check one) Male <input checked="" type="checkbox"/> Female <input type="checkbox"/> Unknown <input type="checkbox"/>		6a. THIS BIRTH (Check one) Single <input checked="" type="checkbox"/> Twin <input type="checkbox"/> Triplet <input type="checkbox"/>		6b. IF MULTIPLE BIRTH, BORN (Check one) 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> Others (Specify)	
7. FATHER'S NAME (First) (Middle) (Last) Norman Joseph Coates			8. RACE OR COLOR White		
9. AGE (at time of this birth) 27 YEARS		10. BIRTHPLACE Vermont		11. USUAL OCCUPATION Claims Adjuster Insurance	
12. MOTHER'S FULL MAIDEN NAME (First) (Middle) (Last) Louise Antoinette Marfuggi			13. RACE OR COLOR White		
14. AGE (at time of this birth) 26 YEARS		15. BIRTHPLACE Vermont		16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do not include this child) a. How many other children? <input type="checkbox"/> b. How many children born to <input type="checkbox"/> c. How many first deaths or new births? <input type="checkbox"/> d. How many still born? <input type="checkbox"/> e. How many still deaths or abortions? <input type="checkbox"/>	
17. MOTHER'S MAILING ADDRESS FOR BIRTH NOTICE (Include street or route number) 13 Loomis Street, Montpelier, Vermont					
18. DATE BIRTH THIS STATE BOOK WAS FILED (1st and 2nd year) SEP 28 1959			19. INFORMATION VERIFIED BY: (Parent or other relative) Joseph A. Coates		
I hereby certify that I attended the birth of this child who was born above at the hour of 9:03 p.m. on the date stated above.			20. ATTENDANT'S SIGNATURE <i>W. O. Sturdevant</i>		20c. TITLE M.D. M.
20b. ATTENDANT'S ADDRESS Montpelier, Vermont			20d. DATE SIGNED 2/16/59		
21. REGISTRAR'S SIGNATURE <i>M. Anne Smith, Assistant City Clerk</i>			21b. DATE RECEIVED February 18, 1959		
22. DATE ON WHICH GIVEN NAME WAS ADDED					

MONTPELIER CITY CLERK
A TRUE COPY ATTEST
ON **AUG 11 1966**

Citation:

"Vermont, United States records," images, FamilySearch (<https://www.familysearch.org/ark:/61903/3:1:3QS7-897W-W9L1-C?view=index> : Dec 23, 2025), image 2389 of 3202; Vermont State Archives and Records Administration.

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