TOWN OF WINCHESTER

Commonwealth of Massachusetts

I, Mary Ellen Lannon, the undersigned, hereby certify that I hold the Office of Town Clerk of the Town of Winchester in the County of Middlesex, and the Commonwealth of Massachusetts; that the Records of Birth, Marriages and Deaths are in my custody and that the following is a true copy from the records, as certified by me.

The Commonwealth of Massachusetts
DEPARTMENT OF PUBLIC HEALTH
REGISTRY OF VITAL RECORDS AND STATISTICS
STANDARD CERTIFICATE OF LIVE BIRTH

STATE USE ONLY

CHILD

3. PLACE OF BIRTH
3C. CITY/TOWN: WINCHESTER
3B. COUNTY: MIDDLESEX
3A. FACILITY NAME-IF NOT IN FACILITY, NUMBER AND STREET: WINCHESTER HOSPITAL
3D. REGISTERED NUMBER: 36

NAME — 4A. FIRST: SARA — 4B. MIDDLE: OLIVIA — 4C. LAST: ABREU

5. SEX	6A. PLURALITY	6B. BIRTH ORDER	7. TIME	8. DATE OF BIRTH (Month, Day, Year)
FEMALE	SINGLE	---	6:03 PM	JANUARY 7,2004

CERTIFIER

9A. NAME: ANNE KUBIK — 9B. TITLE: MD
9C. CERTIFIER TYPE: AT-BIRTH — 9D. LICENSE NUMBER: 153713
9E. NUMBER AND STREET: 107 WOBURN ST — 9F. CITY/TOWN: READING — 9G. STATE: MA — 9H. ZIP CODE: 01867

MOTHER

NAME — 10A. FIRST: ERIN — 10B. MIDDLE: CHRISTINE — 10C. LAST: ABREU — 10D. MAIDEN SURNAME: MCGRATH

BIRTHPLACE — 11A. CITY/TOWN: CAMBRIDGE — 11B. STATE/COUNTRY: MASSACHUSETTS — 12. DATE OF BIRTH (Month, Day, Year): AUGUST 5,1975

RESIDENCE (Do not use mailing address) — 13A. NUMBER AND STREET: 1 FLORENCE TE — 13B. CITY/TOWN: WOBURN — 13C. COUNTY: MIDDLESEX — 13D. STATE: MA — 13E. ZIP CODE: 01801

FATHER

NAME — 14A. FIRST: DAVID — 14B. MIDDLE: MICHAEL — 14C. LAST: ABREU

BIRTHPLACE — 15A. CITY/TOWN: CAMBRIDGE — 15B. STATE/COUNTRY: MASSACHUSETTS — 16. DATE OF BIRTH (Month, Day, Year): DECEMBER 7,1972

INFORMANT

17A. I (WE) CERTIFY THAT THE PERSONAL INFORMATION APPEARING ABOVE IS TRUE AND CORRECT.
Erin Abreu
17B. RELATIONSHIP TO CHILD: MOTHER
17C. DATE SIGNED (Month, Day, Year): JANUARY 8,2004
17D. MAILING ADDRESS (If different from item # 13 above) — NUMBER AND STREET — CITY: --- — STATE — ZIP CODE

CLERK

18. DATE OF RECORD (Month, Day, Year): JANUARY 20, 2004
19. SUPPLEMENT FILED (Month, Day, Year)
20. CLERK/REGISTRAR: Carolyn Ward
21. DPH USE ONLY

Mary Ellen Lannon
TOWN CLERK

Witness my hand and the Seal of the Town of Winchester

OCTOBER 13, 2006