TOWN OF WINCHESTER

Commonwealth of Massachusetts

I, Carolyn Ward, 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 Births, 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

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: 1395

NAME	4A. FIRST	4B. MIDDLE	4C. LAST
	KATHLEEN	ELISE	BRENNAN

5. SEX	6A. PLURALITY	6B. BIRTH ORDER	7. TIME	8. DATE OF BIRTH (Month, Day, Year)
FEMALE	SINGLE	---	08:40 AM	AUGUST 6,1996

9A. SIGNATURE (I Certify that the Child was Born Alive at Date and Time and Place Stated.)	9B. TYPE OR PRINT NAME	9C. LICENSE NUMBER
Donald J Druga	DONALD J DRUGA	54023

9D. NO. & STREET	9E. CITY/TOWN	9F. STATE	9G. ZIP CODE	9H. DATE SIGNED (Month, Day, Year)
955 MAIN ST	WINCHESTER	MA	01890	AUGUST 9,1996

9I. TYPE	9J. TITLE
AT-BIRTH	MD

NAME	10A. FIRST	10B. MIDDLE	10C. LAST	10D. MAIDEN SURNAME
	DONNA	MARIE	BRENNAN	HAVERTY

BIRTHPLACE	11A. CITY/TOWN	11B. STATE/COUNTRY	12. DATE OF BIRTH (Month, Day, Year)
	WOBURN	MASSACHUSETTS	JULY 20,1966

RESIDENCE (Do not use mailing address)	13A. NUMBER AND STREET	13B. CITY/TOWN	13C. COUNTY	13D. STATE	13E. ZIP CODE
	20 LOCUST ST	WOBURN	MIDDLESEX	MA	01801

NAME	14A. FIRST	14B. MIDDLE	14C. LAST
	PAUL	THOMAS	BRENNAN

BIRTHPLACE	15A. CITY/TOWN	15B. STATE/COUNTRY	16. DATE OF BIRTH (Month, Day, Year)
	BOSTON	MASSACHUSETTS	SEPTEMBER 6,1965

17A. I (WE) CERTIFY THAT THE PERSONAL INFORMATION APPEARING ABOVE IS TRUE AND CORRECT.
Donna M Brennan

17B. RELATIONSHIP TO CHILD: MOTHER

17C. DATE SIGNED (Month, Day, Year)	17D. MAILING ADDRESS (If different from item # 13 above) NUMBER AND STREET	CITY	STATE	ZIP CODE
AUGUST 9,1996				

18. DATE OF RECORD (Month, Day, Year)	19. SUPPLEMENT FILED (Month, Day, Year)	20. CLERK/REGISTRAR
SEP - 9 1996		Carolyn Ward

. DPH USE ONLY

Witness my hand and the Seal of the Town of Winchester SEP 12 1996 Carolyn Ward

TOWN CLERK