REGISTRY DIVISION OF THE CITY OF BOSTON

COUNTY OF SUFFOLK, COMMONWEALTH OF MASSACHUSETTS, UNITED STATES OF AMERICA

Certificate R Nº 001157

I, the undersigned, hereby certify that I hold the office of ..... City Registrar of the City of Boston and I certify the following facts appear on the records of Births, Marriages and Deaths kept in said City as required by law.

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

STATE USE ONLY

CHILD

3C. CITY/TOWN: BOSTON
3B. COUNTY: SUFFOLK
3. PLACE OF BIRTH
3A. FACILITY NAME-IF NOT IN FACILITY, NUMBER AND STREET: BRIGHAM AND WOMENS HOSPITAL
3D. REGISTERED NUMBER: 7700

NAME — 4A. FIRST: MARIA — 4B. MIDDLE: AGUSTINA — 4C. LAST: CAGLIERO

5. SEX: FEMALE | 6A. PLURALITY: SINGLE | 6B. BIRTH ORDER: --- | 7. TIME: 9:10 PM | 8. DATE OF BIRTH (Month, Day, Year): MAY 3,2001

CERTIFIER

9A. NAME: CHANA S. WASSERMAN | 9B. TITLE: MD
9C. CERTIFIER TYPE: AT-BIRTH | 9D. LICENSE NUMBER: 154463
9E. NUMBER AND STREET: 77 MASSACHUSETTS AV | 9F. CITY/TOWN: CAMBRIDGE | 9G. STATE: MA | 9H. ZIP CODE: 02139

MOTHER

NAME — 10A. FIRST: MONICA — 10B. MIDDLE: DEL VALLE — 10C. LAST: CAGLIERO — 10D. MAIDEN SURNAME: FLORES
BIRTHPLACE — 11A. CITY/TOWN: CORDOBA — 11B. STATE/COUNTRY: ARGENTINA | 12. DATE OF BIRTH (Month, Day, Year): MAY 22,1970
RESIDENCE (Do not use mailing address) — 13A. NUMBER AND STREET: 1260 MASSACHUSETTS AV #9 ARLINGTON — 13B. CITY/TOWN — 13C. COUNTY: MIDDLESEX — 13D. STATE: MA — 13E. ZIP CODE: 02476

FATHER

NAME — 14A. FIRST: LEANDRO — 14B. MIDDLE: ROBERTO — 14C. LAST: CAGLIERO
BIRTHPLACE — 15A. CITY/TOWN: CORDOBA — 15B. STATE/COUNTRY: ARGENTINA | 16. DATE OF BIRTH (Month, Day, Year): MARCH 6,1970

INFORMANT

17A. I (WE) CERTIFY THAT THE PERSONAL INFORMATION APPEARING ABOVE IS TRUE AND CORRECT. Leandro Cagliero | 17B. RELATIONSHIP TO CHILD: father
17C. DATE SIGNED (Month, Day, Year): MAY 4,2001 | 17D. MAILING ADDRESS (If different from item # 13 above) — NUMBER AND STREET — CITY: --- — STATE — ZIP CODE

CLERK

18. DATE OF RECORD (Month, Day, Year): MAY 2 3 2001
19. SUPPLEMENT FILED (Month, Day, Year)
20. CLERK/REGISTRAR: Judith A. McCarthy
21. DPH USE ONLY

I further hereby certify that by annexation, the Records of the following-named cities and towns are in the custody of the City Registrar of Boston:—

	ANNEXED
East Boston	1637
South Boston	1804
Roxbury	1868

WITNESS my hand and the SEAL of the CITY REGISTRAR

on this MAY 3 1 2001 Day of ..... A.D. .....

Judith A. McCarthy
..... City Registrar