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

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: 1768

NAME — 4A. FIRST: CLARK — 4B. MIDDLE: DAVID — 4C. LAST: DIONNE

5. SEX	6A. PLURALITY	6B. BIRTH ORDER	7. TIME	8. DATE OF BIRTH (Month, Day, Year)
MALE	TWIN	FIRST	11:13 AM	SEPTEMBER 26,2002

CERTIFIER

9A. NAME: STUART PESIN
9B. TITLE: MD
9C. CERTIFIER TYPE: AT-BIRTH
9D. LICENSE NUMBER: 37127
9E. NUMBER AND STREET: 63 SHORE RD
9F. CITY/TOWN: WINCHESTER
9G. STATE: MA
9H. ZIP CODE: 01890

MOTHER

NAME — 10A. FIRST: MICHELLE — 10B. MIDDLE: LYNN — 10C. LAST: DIONNE — 10D. MAIDEN SURNAME: CLARK

BIRTHPLACE — 11A. CITY/TOWN: WOBURN — 11B. STATE/COUNTRY: MASSACHUSETTS — 12. DATE OF BIRTH (Month, Day, Year): JANUARY 26,1970

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

FATHER

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

BIRTHPLACE — 15A. CITY/TOWN: WINCHESTER — 15B. STATE/COUNTRY: MASSACHUSETTS — 16. DATE OF BIRTH (Month, Day, Year): NOVEMBER 11,1968

INFORMANT

17A. I (WE) CERTIFY THAT THE PERSONAL INFORMATION APPEARING ABOVE IS TRUE AND CORRECT.: Michelle Dionne
17B. RELATIONSHIP TO CHILD: MOTHER
17C. DATE SIGNED (Month, Day, Year): SEPTEMBER 29,2002
17D. MAILING ADDRESS (If different from item # 13 above) — NUMBER AND STREET: --- — CITY: --- — STATE: --- — ZIP CODE: ---

CLERK

18. DATE OF RECORD (Month, Day, Year): OCT - 2 2002
19. SUPPLEMENT FILED (Month, Day, Year):
20. CLERK/REGISTRAR: Carolyn Ward
21. DPH USE ONLY

Witness my hand and the Seal of the Town of Winchester

Carolyn Ward