G. L. Ch. 46 Sec. 30. Whoever falsely makes, alters, forges, counterfeits, or procures or assists another to falsely make, forge, counterfeit, a copy of a record of birth, marriage or death, or whoever forges or without authority uses the signature, facsimile of the signature or validation signature stamp of a city or town clerk, or the secretary of state upon a genuine or falsely made, altered, forged or counterfeited copy of such a record, or whoever utters, publishes as true or in any way makes use of a falsely made, altered, forged or counterfeited copy of a record of the birth or marriage of a person other than himself, shall be punished by a fine of not more than five hundred dollars or by imprisonment for not more than six months in a house of correction. (Chap. 310 of 1964)

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

STATE USE ONLY

3D. REGISTERED NUMBER: 175

CHILD

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

NAME 4A. FIRST	4B. MIDDLE	4C. LAST
CHARLOTTE	RUTH	DORCHAK

5. SEX	6A. PLURALITY	6B. BIRTH ORDER	7. TIME	8. DATE OF BIRTH (Month, Day, Year)
FEMALE	SINGLE	---	5:50 PM	JANUARY 23,2005

CERTIFIER

9A. NAME: DIANE E TARR
9B. TITLE: M.D.
9C. CERTIFIER TYPE: AT-BIRTH
9D. LICENSE NUMBER: MA 74674
9E. NUMBER AND STREET: 195 WORCESTER ST
9F. CITY/TOWN: WELLESLEY
9G. STATE: MA
9H. ZIP CODE: 02481

MOTHER

NAME 10A. FIRST	10B. MIDDLE	10C. LAST	10D. MAIDEN SURNAME
KRISTIN	MICHELLE	KEEGAN	KEEGAN

BIRTHPLACE 11A. CITY/TOWN	11B. STATE/COUNTRY	12. DATE OF BIRTH (Month, Day, Year)
ALBANY	NEW YORK	FEBRUARY 25,1970

RESIDENCE (Do not use mailing address) 13A. NUMBER AND STREET	13B. CITY/TOWN	13C. COUNTY	13D. STATE	13E. ZIP CODE
8 MONTCLAIR AV	WALTHAM	MIDDLESEX	MA	02451

FATHER

NAME 14A. FIRST	14B. MIDDLE	14C. LAST
GREGORY	DOUGLAS	DORCHAK

BIRTHPLACE 15A. CITY/TOWN	15B. STATE/COUNTRY	16. DATE OF BIRTH (Month, Day, Year)
DENVER	COLORADO	JUNE 20,1969

INFORMANT

17A. I (WE) CERTIFY THAT THE PERSONAL INFORMATION APPEARING ABOVE IS TRUE AND CORRECT.
Kristin Michelle Keegan
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
JANUARY 24,2005		---		

CLERK

18. DATE OF RECORD (Month, Day, Year)	19. SUPPLEMENT FILED (Month, Day, Year)	20. CLERK/REGISTRAR
JAN 27 2005		Edward H. English

21. DPH USE ONLY