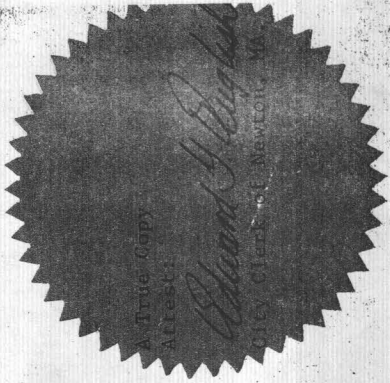




G. L. Ch. 46 Sec. 30. Whoever falsely makes, alters, forges, counterfeits, or procures or assists another to falsely make, forge, counterfeit, a copy of a record of birth, marriage or death, or who forges or without authority uses the signature, facsimile of the signature or validation signature stamp 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	
C H I L D	3C. CITY/TOWN NEWTON					3D. REGISTERED NUMBER 175	
	3B. COUNTY MIDDLESEX						
		3A. FACILITY NAME-IF NOT IN FACILITY, NUMBER AND STREET NEWTON WELLESLEY HOSPITAL					
	NAME 4A. FIRST CHARLOTTE		4B. MIDDLE RUTH		4C. LAST DORCHAK		
	5. SEX FEMALE	6A. PLURALITY SINGLE	6B. BIRTH ORDER ---	7. TIME 5:50 PM	8. DATE OF BIRTH (Month, Day, Year) JANUARY 23, 2005		
C E R T I F I C A T E	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	
M O T H E R	NAME 10A. FIRST KRISTIN		10B. MIDDLE MICHELLE		10C. LAST KEEGAN		
	10D. MAIDEN SURNAME KEEGAN						
	BIRTHPLACE 11A. CITY/TOWN ALBANY		11B. STATE/COUNTRY NEW YORK		12. DATE OF BIRTH (Month, Day, Year) FEBRUARY 25, 1970		
F A T H E R	RESIDENCE 13A. NUMBER AND STREET (Do not use mailing address) 8 MONTCLAIR AV		13B. CITY/TOWN WALTHAM		13C. COUNTY MIDDLESEX	13D. STATE MA	
	13E. ZIP CODE 02451						
	NAME 14A. FIRST GREGORY		14B. MIDDLE DOUGLAS		14C. LAST DORCHAK		
I N F O R M A N T	BIRTHPLACE 15A. CITY/TOWN DENVER		15B. STATE/COUNTRY COLORADO		16. DATE OF BIRTH (Month, Day, Year) JUNE 20, 1969		
	17A. I (WE) CERTIFY THAT THE PERSONAL INFORMATION APPEARING ABOVE IS TRUE AND CORRECT.				17B. RELATIONSHIP TO CHILD MOTHER		
	17C. DATE SIGNED (Month, Day, Year) JANUARY 24, 2005		17D. MAILING ADDRESS (If different from item # 13 above) ---		CITY ---	STATE ---	
C L E R K	18. DATE OF RECORD (Month, Day, Year) JAN 27 2005		19. SUPPLEMENT FILED (Month, Day, Year) ---		20. CLERK/REGISTRAR Edward H. English		
	21. DPH USE ONLY						