

CERTIFICATION OF VITAL RECORD

State of New Hampshire

CERTIFICATE OF BIRTH

2003009719

FULL NAME	CAMERON MICHAEL EDWARDS		
DATE OF BIRTH	SEPTEMBER 04, 2003	TIME OF BIRTH	10:48 PM
SEX	MALE		
BIRTHPLACE	ELLIOT HOSPITAL		
CITY/TOWN	MANCHESTER		
FATHER/PARENT'S NAME	MICHAEL CHARLES EDWARDS	MAIDEN	
DATE OF BIRTH	AUGUST 04, 1967		
FATHER/PARENT'S BIRTHPLACE	MASSACHUSETTS		
MOTHER/PARENT'S NAME	DEBRA ANN EDWARDS	MAIDEN	DAUPHINAIS
DATE OF BIRTH	FEBRUARY 13, 1967		
MOTHER/PARENT'S BIRTHPLACE	MASSACHUSETTS		
DATE RECORD FILED	SEPTEMBER 15, 2003		
MARGINAL NOTES			

1480445

I HEREBY CERTIFY THIS IS A TRUE COPY ISSUED FROM THE OFFICIAL RECORDS ON FILE AT THIS OFFICE AND SHALL BE RECEIVED AS EVIDENCE WITH THE SAME EFFECT AS THE ORIGINAL.

ATTEST:

Matthew Hammond

STATE/LOCAL REGISTRAR

John M. White
Acting State Registrar

March 16, 2009

MANCHESTER

DATE ISSUED:

STATE/CITY/TOWN OF:

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