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: 707

CHILD

3. PLACE OF BIRTH
3C. CITY/TOWN: METHUEN
3B. COUNTY: ESSEX
3A. FACILITY NAME-IF NOT IN FACILITY, NUMBER AND STREET: CARITAS HOLY FAMILY HOSPITAL AND MEDICAL CENTER

NAME — 4A. FIRST: BRITNEY | 4B. MIDDLE: DEBRA | 4C. LAST: FENTRESS

5. SEX	6A. PLURALITY	6B. BIRTH ORDER	7. TIME	8. DATE OF BIRTH (Month, Day, Year)
FEMALE	SINGLE	---	6:07 PM	JULY 8,2005

CERTIFIER

9A. NAME: MICHEL LIRETTE
9B. TITLE: MD
9C. CERTIFIER TYPE: AT-BIRTH
9D. LICENSE NUMBER: 76941
9E. NUMBER AND STREET: 203 TURNPIKE ST
9F. CITY/TOWN: NORTH ANDOVER
9G. STATE: MA
9H. ZIP CODE: 01845

MOTHER

NAME — 10A. FIRST: JAIME-LEE | 10B. MIDDLE: YOLANDA | 10C. LAST: FENTRESS
10D. MAIDEN SURNAME: DIFRANCO

BIRTHPLACE — 11A. CITY/TOWN: CAMBRIDGE | 11B. STATE/COUNTRY: MASSACHUSETTS
12. DATE OF BIRTH (Month, Day, Year): JULY 25,1980

RESIDENCE (Do not use mailing address) — 13A. NUMBER AND STREET: 47 WORCESTER ST | 13B. CITY/TOWN: METHUEN | 13C. COUNTY: ESSEX | 13D. STATE: MA | 13E. ZIP CODE: 01844

FATHER

NAME — 14A. FIRST: RICHARD | 14B. MIDDLE: CHARLES | 14C. LAST: FENTRESS

BIRTHPLACE — 15A. CITY/TOWN: MALDEN | 15B. STATE/COUNTRY: MASSACHUSETTS
16. DATE OF BIRTH (Month, Day, Year): APRIL 19,1978

INFORMANT

17A. I (WE) CERTIFY THAT THE PERSONAL INFORMATION APPEARING ABOVE IS TRUE AND CORRECT.: Jaime Fentress
17B. RELATIONSHIP TO CHILD: MOTHER
17C. DATE SIGNED (Month, Day, Year): JULY 9,2005
17D. MAILING ADDRESS (If different from item # 13 above) — NUMBER AND STREET | CITY: --- | STATE | ZIP CODE

CLERK

18. DATE OF RECORD (Month, Day, Year): July 13, 2005
19. SUPPLEMENT FILED (Month, Day, Year)
20. CLERK/REGISTRAR: Christine R Tournai-Conway
21. DPH USE ONLY

A TRUE COPY ATTEST
Christine R Tournai-Conway
CITY CLERK