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: 374 - 70

CHILD

3. PLACE OF BIRTH
3C. CITY/TOWN: NEWBURYPORT
3B. COUNTY: ESSEX
3A. FACILITY NAME-IF NOT IN FACILITY, NUMBER AND STREET: ANNA JAQUES HOSPITAL

NAME — 4A. FIRST: JOHN — 4B. MIDDLE: MARTIN — 4C. LAST: GRANEY, III

5. SEX	6A. PLURALITY	6B. BIRTH ORDER	7. TIME	8. DATE OF BIRTH (Month, Day, Year)
MALE	SINGLE	---	5:07 PM	JUNE 27,2004

CERTIFIER

9A. NAME: ERIKA L SHEEHAN
9B. TITLE: CNM.
9C. CERTIFIER TYPE: AT-BIRTH
9D. LICENSE NUMBER: 226807
9E. NUMBER AND STREET: 2 WATER ST
9F. CITY/TOWN: HAVERHILL
9G. STATE: MA
9H. ZIP CODE: 01830

MOTHER

NAME — 10A. FIRST: PEGGY — 10B. MIDDLE: ANNE — 10C. LAST: GRANEY — 10D. MAIDEN SURNAME: CONNOLLY

BIRTHPLACE — 11A. CITY/TOWN: NEW BRITAIN — 11B. STATE/COUNTRY: CONNECTICUT — 12. DATE OF BIRTH (Month, Day, Year): SEPTEMBER 14,1966

RESIDENCE (Do not use mailing address) — 13A. NUMBER AND STREET: 400 COLONIAL DR #2 — 13B. CITY/TOWN: IPSWICH — 13C. COUNTY: ESSEX — 13D. STATE: MA — 13E. ZIP CODE: 01938

FATHER

NAME — 14A. FIRST: JOHN — 14B. MIDDLE: MARTIN — 14C. LAST: GRANEY, II

BIRTHPLACE — 15A. CITY/TOWN: WAKEFIELD — 15B. STATE/COUNTRY: MASSACHUSETTS — 16. DATE OF BIRTH (Month, Day, Year): JUNE 2,1967

INFORMANT

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)	17D. MAILING ADDRESS (If different from item # 13 above) NUMBER AND STREET	CITY	STATE	ZIP CODE
JUNE 26,2004				

CLERK

18. DATE OF RECORD (Month, Day, Year)	19. SUPPLEMENT FILED (Month, Day, Year)	20. CLERK/REGISTRAR
July 12, 2004	August 17, 2004	

21. DPH USE ONLY