TOWN OF WINCHESTER

Commonwealth of Massachusetts

I, Carolyn Ward, the undersigned, hereby certify that I hold the Office of Town Clerk of the Town of Winchester in the County of Middlesex, and the Commonwealth of Massachusetts; that the Records of Births, Marriages and Deaths are in my custody and that the following is a true copy from the records, as certified by me.

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

STATE USE ONLY

CHILD

PLACE OF BIRTH
3C. CITY/TOWN: WINCHESTER
3B. COUNTY: MIDDLESEX
3A. FACILITY NAME-IF NOT IN FACILITY, NUMBER AND STREET: WINCHESTER HOSPITAL
3D. REGISTERED NUMBER: 1754

NAME: 4A. FIRST: CHARLES | 4B. MIDDLE: FREDERICK | 4C. LAST: GREENE, IV

5. SEX	6A. PLURALITY	6B. BIRTH ORDER	7. TIME	8. DATE OF BIRTH (Month, Day, Year)
MALE	SINGLE	---	7:06 PM	SEPTEMBER 17,2001

CERTIFIER

9A. NAME: MARYANN L MILLAR
9B. TITLE: MD
9C. CERTIFIER TYPE: AT-BIRTH
9D. LICENSE NUMBER: 75885
9E. NUMBER AND STREET: 955 MAIN ST
9F. CITY/TOWN: WINCHESTER
9G. STATE: MA
9H. ZIP CODE: 01890

MOTHER

NAME: 10A. FIRST: DEBORAH | 10B. MIDDLE: ANN | 10C. LAST: GREENE | 10D. MAIDEN SURNAME: MAIDA

BIRTHPLACE: 11A. CITY/TOWN: WINCHESTER | 11B. STATE/COUNTRY: MASSACHUSETTS
12. DATE OF BIRTH (Month, Day, Year): AUGUST 28,1968

RESIDENCE (Do not use mailing address): 13A. NUMBER AND STREET: 10-A PLAYSTEAD AV | 13B. CITY/TOWN: WOBURN | 13C. COUNTY: MIDDLESEX | 13D. STATE: MA | 13E. ZIP CODE: 01801

FATHER

NAME: 14A. FIRST: CHARLES | 14B. MIDDLE: FREDERICK | 14C. LAST: GREENE, III

BIRTHPLACE: 15A. CITY/TOWN: NASHUA | 15B. STATE/COUNTRY: NEW HAMPSHIRE
16. DATE OF BIRTH (Month, Day, Year): JULY 24,1968

INFORMANT

17A. I (WE) CERTIFY THAT THE PERSONAL INFORMATION APPEARING ABOVE IS TRUE AND CORRECT.: Deborah Greene
17B. RELATIONSHIP TO CHILD: MOTHER
17C. DATE SIGNED (Month, Day, Year): SEPTEMBER 19,2001
17D. MAILING ADDRESS (If different from item # 13 above): NUMBER AND STREET | CITY: --- | STATE | ZIP CODE

CLERK

18. DATE OF RECORD (Month, Day, Year): SEP 2 8 2001
19. SUPPLEMENT FILED (Month, Day, Year)
20. CLERK/REGISTRAR: Carolyn Ward
21. DPH USE ONLY

Witness my hand and the Seal of the Town of Winchester

Carolyn Ward
TOWN CLERK

NOVEMBER 21, 2001