REGISTRY DIVISION OF THE CITY OF BOSTON

COUNTY OF SUFFOLK, COMMONWEALTH OF MASSACHUSETTS, UNITED STATES OF AMERICA

Certificate R Nº 029236

I, the undersigned, hereby certify that I hold the office of ..... City Registrar of the City of Boston and I certify the following facts appear on the records of Births, Marriages and Deaths kept in said City as required by law.

STATE USE ONLY

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

3D. REGISTERED NUMBER: 14256

CHILD

3C. CITY/TOWN (PLACE OF BIRTH): BOSTON
3B. COUNTY: SUFFOLK
3A. FACILITY NAME-IF NOT IN FACILITY, NUMBER AND STREET: MASSACHUSETTS GENERAL HOSPITAL

NAME 4A. FIRST	4B. MIDDLE	4C. LAST
KATHERINE	GRACE	KELLY-COVIELLO

5. SEX	6A. PLURALITY	6B. BIRTH ORDER	7. TIME	8. DATE OF BIRTH (Month, Day, Year)
FEMALE	SINGLE	---	7:04 PM	AUGUST 13,2001

CERTIFIER

9A. NAME: NANCY MYSLIWY
9B. TITLE: CNM.
9C. CERTIFIER TYPE: AT-BIRTH
9D. LICENSE NUMBER: 151114
9E. NUMBER AND STREET: 55 FRUIT ST
9F. CITY/TOWN: BOSTON
9G. STATE: MA
9H. ZIP CODE: 02114

MOTHER

NAME 10A. FIRST	10B. MIDDLE	10C. LAST	10D. MAIDEN SURNAME
JENNIFER	KATHLEEN	KELLY	KELLY

BIRTHPLACE 11A. CITY/TOWN	11B. STATE/COUNTRY	12. DATE OF BIRTH (Month, Day, Year)
ROCHESTER	NEW YORK	AUGUST 21,1973

RESIDENCE (Do not use mailing address) 13A. NUMBER AND STREET	13B. CITY/TOWN	13C. COUNTY	13D. STATE	13E. ZIP CODE
424 ASHMONT ST #2	BOSTON	SUFFOLK	MA	02125

FATHER

NAME 14A. FIRST	14B. MIDDLE	14C. LAST
JOHN	FRANK	COVIELLO

BIRTHPLACE 15A. CITY/TOWN	15B. STATE/COUNTRY	16. DATE OF BIRTH (Month, Day, Year)
BOSTON	MASSACHUSETTS	JUNE 12,1959

INFORMANT

17A. I (WE) CERTIFY THAT THE PERSONAL INFORMATION APPEARING ABOVE IS TRUE AND CORRECT. Jennifer Kathleen Kelly John Frank Coviello
17B. RELATIONSHIP TO CHILD: PARENTS
17C. DATE SIGNED (Month, Day, Year): August 15 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): AUG 22 2001
19. SUPPLEMENT FILED (Month, Day, Year):
20. CLERK/REGISTRAR: Judith A. McCarthy
21. DPH USE ONLY