I, the undersigned, hereby certify that I hold the office of .....

Certificate R № 1

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.

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

STATE USE ONLY

CHILD

3. PLACE OF BIRTH
3C. CITY/TOWN: BOSTON
3B. COUNTY: SUFFOLK
3A. FACILITY NAME-IF NOT IN FACILITY, NUMBER AND STREET: BRIGHAM AND WOMEN'S HOSPITAL
3D. REGISTERED NUMBER: 14929

NAME: 4A. FIRST: ARIANNA; 4B. MIDDLE: REINE; 4C. LAST: LANGFORD

5. SEX: FEMALE
6A. PLURALITY: SINGLE
6B. BIRTH ORDER: ---
7. TIME: 5:25 PM
8. DATE OF BIRTH (Month, Day, Year): AUGUST 31, 2004

CERTIFIER

9A. NAME: MARY E BAKER
9B. TITLE: CNM.
9C. CERTIFIER TYPE: AT-BIRTH
9D. LICENSE NUMBER: 200739
9E. NUMBER AND STREET: 75 FRANCIS ST
9F. CITY/TOWN: BOSTON
9G. STATE: MA
9H. ZIP CODE: 02115

MOTHER

NAME: 10A. FIRST: AMEENA; 10B. MIDDLE: MARIE; 10C. LAST: LANGFORD; 10D. MAIDEN SURNAME: SHACK

BIRTHPLACE: 11A. CITY/TOWN: BEIRUT; 11B. STATE/COUNTRY: LEBANON

RESIDENCE (Do not use mailing address): 13A. NUMBER AND STREET: 17 B VALLEY RD
13B. CITY/TOWN: WOBURN
13C. COUNTY: MIDDLESEX
13D. STATE: MA
13E. ZIP CODE: 01801
12. DATE OF BIRTH (Month, Day, Year): OCTOBER 15, 1976

FATHER

NAME: 14A. FIRST: NICHOLAS; 14B. MIDDLE: CHARLES; 14C. LAST: LANGFORD

BIRTHPLACE: 15A. CITY/TOWN: BOSTON; 15B. STATE/COUNTRY: MASSACHUSETTS

16. DATE OF BIRTH (Month, Day, Year): JANUARY 22, 1969

INFORMANT

17A. I (WE) CERTIFY THAT THE PERSONAL INFORMATION APPEARING ABOVE IS TRUE AND CORRECT.
17C. DATE SIGNED (Month, Day, Year): SEPTEMBER 1, 2004
17D. MAILING ADDRESS (If different from item # 13 above): NUMBER AND STREET; CITY; STATE; ZIP CODE
17B. RELATIONSHIP TO CHILD: Parents

CLERK

18. DATE OF RECORD (Month, Day, Year): SEP 09 2004
19. SUPPLEMENT FILED (Month, Day, Year)
20. CLERK/REGISTRAR: Judith A. McCurdy
21. DPH USE ONLY

rther hereby certify that by annex-
, the Records of the following-
d cities and towns are in the
dy of the City Registrar of
:—

ANNEXED

WITNESS my hand and the SEAL of the CITY REGISTRAR

oston..