REGISTRY DIVISION OF THE CITY OF BOSTON

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

R No. 014332

Certificate

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.

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: MASSACHUSETTS GENERAL HOSPITAL
3D. REGISTERED NUMBER: 3124

NAME — 4A. FIRST: PAMELA — 4B. MIDDLE: KATERINA — 4C. LAST: LIBRIZZO

5. SEX	6A. PLURALITY	6B. BIRTH ORDER	7. TIME	8. DATE OF BIRTH (Month, Day, Year)
FEMALE	SINGLE	---	9:46 PM	FEBRUARY 20,2004

CERTIFIER

9A. NAME: LAURA RILEY — 9B. TITLE: MD
9C. CERTIFIER TYPE: AT-BIRTH — 9D. LICENSE NUMBER: 70691
9E. NUMBER AND STREET: 55 FRUIT STREET — 9F. CITY/TOWN: BOSTON — 9G. STATE: MA — 9H. ZIP CODE: 02114

MOTHER

NAME — 10A. FIRST: KATERINA — 10B. MIDDLE: --- — 10C. LAST: LIBRIZZO — 10D. MAIDEN SURNAME: MASSOURAS

BIRTHPLACE — 11A. CITY/TOWN: BOSTON — 11B. STATE/COUNTRY: MASSACHUSETTS — 12. DATE OF BIRTH (Month, Day, Year): MARCH 9,1974

RESIDENCE (Do not use mailing address) — 13A. NUMBER AND STREET: 49 SYLVANUS WOOD LANE — 13B. CITY/TOWN: WOBURN — 13C. COUNTY: MIDDLESEX — 13D. STATE: MA — 13E. ZIP CODE: 01801

FATHER

NAME — 14A. FIRST: JAMES — 14B. MIDDLE: CHRISTOPHER — 14C. LAST: LIBRIZZO

BIRTHPLACE — 15A. CITY/TOWN: BOSTON — 15B. STATE/COUNTRY: MASSACHUSETTS — 16. DATE OF BIRTH (Month, Day, Year): NOVEMBER 17,1972

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): February 22, 2004 — 17D. MAILING ADDRESS (If different from item # 13 above): NUMBER AND STREET: --- — CITY: --- — STATE: — ZIP CODE:

CLERK

18. DATE OF RECORD (Month, Day, Year): MAR 05 2004
19. SUPPLEMENT FILED (Month, Day, Year):
20. CLERK/REGISTRAR: Judith A. McCarthy
21. DPH USE ONLY