Commonwealth of Massachusetts
CITY OF LOWELL

CERTIFICATE RECORD OF BIRTH
** Copy of Record of Birth **

Office of the City Clerk: **Richard C. Johnson**

Registered Number: **498-2005**

Date of Record: **April 05, 2005**

CHILD

Name: **MICHAEL PATRICK MAHONEY**

Date of Birth: **March 18, 2005**

Time: **---**

Sex: **Male**

Place of Birth: **LOWELL, MA**

MOTHER

Name: **KELLEY ANN MAHONEY**

Maiden Surname: **RING**

Date of Birth: **April 20, 1970**

Place of Birth: **CAMBRIDGE, MA**

Residence: **WOBURN ,MA**

FATHER

Name: **BARRY PAUL MAHONEY JR**

Date of Birth: **August 09, 1972**

Place of Birth: **MELROSE, MA**

I, the undersigned, hereby certify that I am the Clerk of the City of Lowell; that as such I have custody of the records of births required by law to be kept in my offices; I do hereby certify that the above is a true copy from said records.

WITNESS my hand and the SEAL OF THE CITY OF LOWELL at Lowell on this Thursday, April 06, 2006.

Richard C. Johnson
CITY CLERK OF LOWELL