REGISTRY DIVISION OF THE CITY OF BOSTON

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

Certificate R № 69616

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

3D. REGISTERED NUMBER: 11181

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

NAME 4A. FIRST: ALISON 4B. MIDDLE: JANE 4C. LAST: MCELENEY

5. SEX: FEMALE | 6A. PLURALITY: SINGLE | 6B. BIRTH ORDER: --- | 7. TIME: 04:40 AM | 8. DATE OF BIRTH (Month, Day, Year): JULY 3,2004

CERTIFIER

9A. NAME: LEILA M SCHUELER 9B. TITLE: MD
9C. CERTIFIER TYPE: AT-BIRTH 9D. LICENSE NUMBER: 71756
9E. NUMBER AND STREET: 1153 CENTRE ST 9F. CITY/TOWN: BOSTON 9G. STATE: MA 9H. ZIP CODE: 02130

MOTHER

NAME 10A. FIRST: JENNIFER 10B. MIDDLE: LEE 10C. LAST: MCELENEY 10D. MAIDEN SURNAME: BERG
BIRTHPLACE 11A. CITY/TOWN: HOLLISTON 11B. STATE/COUNTRY: MASSACHUSETTS 12. DATE OF BIRTH (Month, Day, Year): APRIL 2,1972
RESIDENCE (Do not use mailing address) 13A. NUMBER AND STREET: 111 DEVIR ST #202 13B. CITY/TOWN: MALDEN 13C. COUNTY: MIDDLESEX 13D. STATE: MA 13E. ZIP CODE: 02148

FATHER

NAME 14A. FIRST: BRIAN 14B. MIDDLE: JAMES 14C. LAST: MCELENEY
BIRTHPLACE 15A. CITY/TOWN: WINCHESTER 15B. STATE/COUNTRY: MASSACHUSETTS 16. DATE OF BIRTH (Month, Day, Year): NOVEMBER 15,1971

INFORMANT

17A. I (WE) CERTIFY THAT THE PERSONAL INFORMATION APPEARING ABOVE IS TRUE AND CORRECT. Brian McEleney
17B. RELATIONSHIP TO CHILD: Father
17C. DATE SIGNED (Month, Day, Year): JULY 4,2004
17D. MAILING ADDRESS (If different from item # 13 above) NUMBER AND STREET: --- CITY: --- STATE: --- ZIP CODE: ---

CLERK

18. DATE OF RECORD (Month, Day, Year): JUL 14 2004
19. SUPPLEMENT FILED (Month, Day, Year):
20. CLERK/REGISTRAR: Judith A. McCarthy
21. DPH USE ONLY

I further hereby certify that by annexation, the Records of the following-named cities and towns are in the custody, of the City Registrar of Boston:—

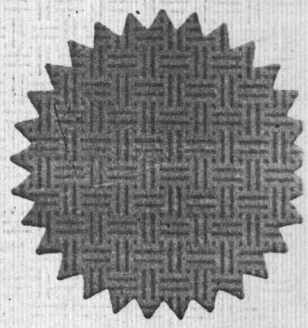
	ANNEXED
East Boston	1637
South Boston	1804
Roxbury	1868
Dorchester	1870
Charlestown, Brighton, West Roxbury	1874
Hyde Park	1912

WITNESS my hand and the SEAL of the CITY REGISTRAR

on this OCT 15 2004 Day of ..... A.D. .....

Judith A. McCarthy
..... City Registrar

By Chapter 314 of the Acts of 1892, "the certificates or attestations of the Assistant City Registrars shall have the same force and effect as that of the City Registrar."



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