The Commonwealth of Massachusetts
City of Melrose
Office of the City Clerk

Certification of Vital Record

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

STATE USE ONLY

1. RECORD NUMBER: **300468**

1A. CERTIFICATE NUMBER (DPH USE ONLY):

2. FACILITY NUMBER: **2058**

CHILD

3. PLACE OF BIRTH
3C. CITY/TOWN: **MELROSE**
3B. COUNTY: **MIDDLESEX**
3A. FACILITY NAME-IF NOT IN FACILITY, NUMBER AND STREET: **MELROSE-WAKEFIELD HOSPITAL**
3D. REGISTERED NUMBER: 812

NAME: 4A. FIRST **NICHOLAS** 4B. MIDDLE **ROBERT** 4C. LAST **MERCER**

5. SEX: **MALE** | 6A. PLURALITY: **SINGLE** | 6B. BIRTH ORDER: — | 7. TIME: **12:39 AM** | 8. DATE OF BIRTH (Month, Day, Year): **JUNE 20,2003**

CERTIFIER

9A. NAME: **STEVEN J DAKOYANNIS** 9B. TITLE: **MD**
9C. CERTIFIER TYPE: **AT-BIRTH** 9D. LICENSE NUMBER: **80648**
9E. NUMBER AND STREET: **280 BEACH ST** 9F. CITY/TOWN: **REVERE** 9G. STATE: **MA** 9H. ZIP CODE: **02151**

MOTHER

NAME: 10A. FIRST **KRISTIN** 10B. MIDDLE **EMMA** 10C. LAST **MERCER** 10D. MAIDEN SURNAME **ROTHMANN**
BIRTHPLACE: 11A. CITY/TOWN **CAMBRIDGE** 11B. STATE/COUNTRY **MASSACHUSETTS** 12. DATE OF BIRTH (Month, Day, Year): **FEBRUARY 18,1969**
RESIDENCE (Do not use mailing address): 13A. NUMBER AND STREET **12 SCOTT ST** 13B. CITY/TOWN **WOBURN** 13C. COUNTY **MIDDLESEX** 13D. STATE **MA** 13E. ZIP CODE **01801**

FATHER

NAME: 14A. FIRST **ROBERT** 14B. MIDDLE **DANA** 14C. LAST **MERCER**
BIRTHPLACE: 15A. CITY/TOWN **MELROSE** 15B. STATE/COUNTRY **MASSACHUSETTS** 16. DATE OF BIRTH (Month, Day, Year): **MAY 20,1968**

22A. SOCIAL SECURITY CARD: **YES**

INFORMANT

INITIALS: KEM
17A. I (WE) CERTIFY THAT THE PERSONAL INFORMATION APPEARING ABOVE IS TRUE AND CORRECT. Kristin Mercer
17B. RELATIONSHIP TO CHILD: **MOTHER**

22B. RESIDENT COPY
17C. DATE SIGNED (Month, Day, Year): **JUNE 23,2003**
17D. MAILING ADDRESS (If different from item # 13 above) NUMBER AND STREET — CITY — STATE — ZIP CODE

CLERK

INITIALS
18. DATE OF RECORD (Month, Day, Year): **JUL 10 2003**
19. SUPPLEMENT FILED (Month, Day, Year):
20. CLERK/REGISTRAR: Mary Rita O'Shea
21. DPH USE ONLY

2. OCCURRENCE

R-101 • 130M • 4-02

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

Mary Rita O'Shea

Mary Rita O'Shea
City Clerk