



TOWN OF WINCHESTER

Commonwealth of Massachusetts

I, Carolyn Ward, the undersigned, hereby certify that I hold the Office of Town Clerk of the Town of Winchester in the County of Middlesex, and the Commonwealth of Massachusetts; that the Records of Births, Marriages and Deaths are in my custody and that the following is a true copy from the records, as certified by me.

		The Commonwealth of Massachusetts DEPARTMENT OF PUBLIC HEALTH REGISTRY OF VITAL RECORDS AND STATISTICS STANDARD CERTIFICATE OF LIVE BIRTH		STATE USE ONLY	
C H I L D	3C. CITY/TOWN WINCHESTER				3D. REGISTERED NUMBER 552
	3B. COUNTY MIDDLESEX				
C E R T I F I C A T E	3A. FACILITY NAME-IF NOT IN FACILITY, NUMBER AND STREET WINCHESTER HOSPITAL				
	NAME 4A. FIRST KELLEN		4B. MIDDLE MICHAEL	4C. LAST RICE	
D	5. SEX MALE	6A. PLURALITY SINGLE	6B. BIRTH ORDER ---	7. TIME 08:00 AM	8. DATE OF BIRTH (Month, Day, Year) APRIL 12, 2005
	9A. NAME ANA-CRISTINA VASILESCU				9B. TITLE MD
C E R T I F I C A T E	9C. CERTIFIER TYPE AT-BIRTH		9D. LICENSE NUMBER 71607		
	9E. NUMBER AND STREET 955 MAIN ST		9F. CITY/TOWN WINCHESTER	9G. STATE MA	9H. ZIP CODE 01890
M O T H E R	NAME 10A. FIRST KAREN		10B. MIDDLE ANN	10C. LAST RICE	
	10D. MAIDEN SURNAME GOLDMAN				
F A T H E R	BIRTHPLACE 11A. CITY/TOWN FRAMINGHAM		11B. STATE/COUNTRY MASSACHUSETTS		12. DATE OF BIRTH (Month, Day, Year) DECEMBER 22, 1970
	RESIDENCE 13A. NUMBER AND STREET (Do not use mailing address) 7 THOMPSON ST		13B. CITY/TOWN WOBBURN	13C. COUNTY MIDDLESEX	13D. STATE MA
I N F O R M A N T	13E. ZIP CODE 01801				
	NAME 14A. FIRST MICHAEL		14B. MIDDLE CONWAY	14C. LAST RICE	
C E R T I F I C A T E	BIRTHPLACE 15A. CITY/TOWN CAMBRIDGE		15B. STATE/COUNTRY MASSACHUSETTS		16. DATE OF BIRTH (Month, Day, Year) MAY 4, 1969
	17A. I (WE) CERTIFY THAT THE PERSONAL INFORMATION APPEARING ABOVE IS TRUE AND CORRECT. <i>Karen A. Rice</i>				17B. RELATIONSHIP TO CHILD MOTHER
C E R T I F I C A T E	17C. DATE SIGNED (Month, Day, Year) APRIL 13, 2005		17D. MAILING ADDRESS (If different from item # 13 above)		17E. CITY STATE ZIP CODE
	18. DATE OF RECORD (Month, Day, Year) APRIL 20, 2005		19. SUPPLEMENT FILED (Month, Day, Year)		20. CLERK/REGISTRAR <i>Carolyn Ward</i>
21. DPH USE ONLY					

MAY 16, 2005

Carolyn Ward
TOWN CLERK