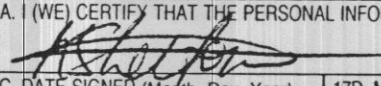
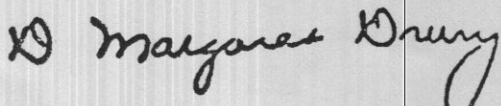
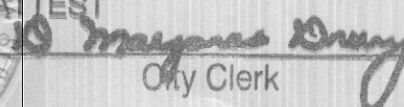


1 NUMBER	C H I L D	3C. CITY/TOWN CAMBRIDGE	 The Commonwealth of Massachusetts DEPARTMENT OF PUBLIC HEALTH REGISTRY OF VITAL RECORDS AND STATISTICS STANDARD CERTIFICATE OF LIVE BIRTH		STATE USE ONLY	
		3B. COUNTY MIDDLESEX			3D. REGISTERED NUMBER 1952	
		3A. FACILITY NAME-IF NOT IN FACILITY, NUMBER AND STREET CAMBRIDGE HOSPITAL				
NAME		4A. FIRST SOPHIE	4B. MIDDLE OLIVIA	4C. LAST SHELTON		
5. SEX FEMALE	6A. PLURALITY SINGLE	6B. BIRTH ORDER ---		7. TIME 06:43 AM	8. DATE OF BIRTH (Month, Day, Year) JULY 20, 2005	
C E R T I F I C A T E	9A. NAME ELLEN LAPOWSKY				9B. TITLE CNM.	
	9C. CERTIFIER TYPE AT-BIRTH				9D. LICENSE NUMBER 166225	
	9E. NUMBER AND STREET 1493 CAMBRIDGE ST	9F. CITY/TOWN CAMBRIDGE	9G. STATE MA	9H. ZIP CODE 02139		
	NAME	10A. FIRST JOANNE	10B. MIDDLE FRANCES	10C. LAST SHELTON	10D. MAIDEN SURNAME FARMER	
M O T H E R	BIRTHPLACE	11A. CITY/TOWN CRAIGAVON CO. ARMAGH	11B. STATE/COUNTRY NORTHERN IRELAND		12. DATE OF BIRTH (Month, Day, Year) SEPTEMBER 3, 1973	
	RESIDENCE (Do not use mailing address)	13A. NUMBER AND STREET 28 MICHIGAN AV	13B. CITY/TOWN SOMERVILLE	13C. COUNTY MIDDLESEX	13D. STATE MA	13E. ZIP CODE 0214
	NAME	14A. FIRST KURT	14B. MIDDLE GARRETT	14C. LAST SHELTON		
CARD	BIRTHPLACE	15A. CITY/TOWN KINGSTON	15B. STATE/COUNTRY JAMAICA		16. DATE OF BIRTH (Month, Day, Year) MARCH 26, 1971	
I N F O R M A N T	17A. (WE) CERTIFY THAT THE PERSONAL INFORMATION APPEARING ABOVE IS TRUE AND CORRECT. 				17B. RELATIONSHIP TO CHILD Father	
	17C. DATE SIGNED (Month, Day, Year) JULY 22, 2005	17D. MAILING ADDRESS (If different from item # 13 above)	NUMBER AND STREET ---	CITY ---	STATE	ZIP CODE
C L E R K	18. DATE OF RECORD (Month, Day, Year) July 27, 2005		19. SUPPLEMENT FILED (Month, Day, Year)		20. CLERK/REGISTRAR 	
	21. DPH USE ONLY					



SEP 01 2005

A TRUE COPY
ATTEST


City Clerk