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: 1952

CHILD

PLACE OF BIRTH
3C. CITY/TOWN: CAMBRIDGE
3B. COUNTY: MIDDLESEX
3A. FACILITY NAME-IF NOT IN FACILITY, NUMBER AND STREET: CAMBRIDGE HOSPITAL

NAME 4A. FIRST	4B. MIDDLE	4C. LAST
SOPHIE	OLIVIA	SHELTON

5. SEX	6A. PLURALITY	6B. BIRTH ORDER	7. TIME	8. DATE OF BIRTH (Month, Day, Year)
FEMALE	SINGLE	---	06:43 AM	JULY 20,2005

CERTIFIER

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

MOTHER

NAME 10A. FIRST	10B. MIDDLE	10C. LAST	10D. MAIDEN SURNAME
JOANNE	FRANCES	SHELTON	FARMER

BIRTHPLACE 11A. CITY/TOWN	11B. STATE/COUNTRY	12. DATE OF BIRTH (Month, Day, Year)
CRAIGAVON CO.ARMAGH	NORTHERN IRELAND	SEPTEMBER 3,1973

RESIDENCE (Do not use mailing address) 13A. NUMBER AND STREET	13B. CITY/TOWN	13C. COUNTY	13D. STATE	13E. ZIP CODE
28 MICHIGAN AV	SOMERVILLE	MIDDLESEX	MA	0214

FATHER

NAME 14A. FIRST	14B. MIDDLE	14C. LAST
KURT	GARRETT	SHELTON

BIRTHPLACE 15A. CITY/TOWN	15B. STATE/COUNTRY	16. DATE OF BIRTH (Month, Day, Year)
KINGSTON	JAMAICA	MARCH 26,1971

INFORMANT

17A. (WE) CERTIFY THAT THE PERSONAL INFORMATION APPEARING ABOVE IS TRUE AND CORRECT.
17B. RELATIONSHIP TO CHILD: father

17C. DATE SIGNED (Month, Day, Year)	17D. MAILING ADDRESS (If different from item # 13 above) NUMBER AND STREET	CITY	STATE	ZIP CODE
JULY 22,2005		---		

CLERK

18. DATE OF RECORD (Month, Day, Year)	19. SUPPLEMENT FILED (Month, Day, Year)	20. CLERK/REGISTRAR
July 27, 2005		D Margaret Drury

21. DPH USE ONLY

SEP 01 2005
A TRUE COPY
ATTEST
D Margaret Drury
City Clerk