



CITY OF MELROSE

OFFICE OF THE CITY CLERK

MARY-RITA O'SHEA
City Clerk

BOX C
Melrose, Massachusetts 02176
Telephone - (781) 979-4114
Fax - (781) 665-6877

Copy of record of the City of Melrose, in the County of Middlesex and Commonwealth of Massachusetts relating to Vital Statistics (births, deaths and marriages)

1. RECORD NUMBER 282151	C H I L D R E G I S T R A R Y	3C. CITY/TOWN MELROSE	 The Commonwealth of Massachusetts DEPARTMENT OF PUBLIC HEALTH REGISTRY OF VITAL RECORDS AND STATISTICS STANDARD CERTIFICATE OF LIVE BIRTH		STATE USE ONLY	
1A. CERTIFICATE NUMBER (DPH USE ONLY)		3B. COUNTY MIDDLESEX			3D. REGISTERED NUMBER 284	
2. FACILITY NUMBER 2058		3A. FACILITY NAME-IF NOT IN FACILITY, NUMBER AND STREET MELROSE-WAKEFIELD HOSPITAL				
		NAME 4A. FIRST EMILY	4B. MIDDLE ANGELA	4C. LAST VENEZIA		
		5. SEX FEMALE	6A. PLURALITY SINGLE	6B. BIRTH ORDER ---	7. TIME 9:06 PM	8. DATE OF BIRTH (Month, Day, Year) MARCH 3, 2003
	C E R T I F I C A T E R E G I S T R A R Y M O T H E R F A T H E R I N F O R M A N T C L E R K	9A. NAME BRIAN W O'CONNOR			9B. TITLE MD	
		9C. CERTIFIER TYPE AT-BIRTH			9D. LICENSE NUMBER 72453	
		9E. NUMBER AND STREET 50 ROWE ST			9F. CITY/TOWN MELROSE	9G. STATE MA
					9H. ZIP CODE 02176	
		NAME 10A. FIRST PATRICIA			10B. MIDDLE ANN	10C. LAST VENEZIA
					10D. MAIDEN SURNAME BURKE	
		BIRTHPLACE 11A. CITY/TOWN LYNN			11B. STATE/COUNTRY MASSACHUSETTS	
					12. DATE OF BIRTH (Month, Day, Year) AUGUST 28, 1970	
		RESIDENCE 13A. NUMBER AND STREET (Do not use mailing address) 201 MAIN ST			13B. CITY/TOWN WOBURN	13C. COUNTY MIDDLESEX
					13D. STATE MA	13E. ZIP ---
		NAME 14A. FIRST WILLIAM			14B. MIDDLE ---	14C. LAST VENEZIA
22A. SOCIAL SECURITY CARD YES		BIRTHPLACE 15A. CITY/TOWN STONHAM			15B. STATE/COUNTRY MASSACHUSETTS	
INITIALS ---					16. DATE OF BIRTH (Month, Day, Year) OCTOBER 17, 1967	
22B. RESIDENT COPY		17A. I (WE) CERTIFY THAT THE PERSONAL INFORMATION APPEARING ABOVE IS TRUE AND CORRECT. <i>Patricia A Venezia</i>			17B. RELATIONSHIP TO CHILD MOTHER	
INITIALS		17C. DATE SIGNED (Month, Day, Year) MARCH 5, 2003	17D. MAILING ADDRESS (If different from item # 13 above)		CITY ---	STATE ---
2. OCCURRENCE		18. DATE OF RECORD (Month, Day, Year) MAR 17 2003		19. SUPPLEMENT FILED (Month, Day, Year)		20. CLERK/REGISTRAR <i>Mary Rita O'Shea</i>
		21. DPH USE ONLY				

R-101 • 130M • 4-02

I, Mary Rita O' Shea, City Clerk of the City of Melrose, do certify that the above is a true extract from the Register of Vital Statistics of said city, which register is in the custody of the City Clerk

Mary Rita O'Shea

Mary Rita O' Shea
City Clerk

IT IS ILLEGAL TO ALTER OR REPRODUCE THIS DOCUMENT IN ANY MANNER