CHILD

3 PLACE OF BIRTH

3C. CITY/TOWN: CAMBRIDGE

3B. COUNTY: MIDDLESEX

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: 1378

3A. FACILITY NAME-IF NOT IN FACILITY, NUMBER AND STREET: CAMBRIDGE HOSPITAL

NAME	4A. FIRST	4B. MIDDLE	4C. LAST
	NICOLE	AIMARA	VERA

5. SEX	6A. PLURALITY	6B. BIRTH ORDER	7. TIME	8. DATE OF BIRTH (Month, Day, Year)
FEMALE	SINGLE	---	11:57 PM	APRIL 11,2003

CERTIFIER

9A. NAME	9B. TITLE
BONITA STEUER	CNM.

9C. CERTIFIER TYPE	9D. LICENSE NUMBER
AT-BIRTH	159664

9E. NUMBER AND STREET	9F. CITY/TOWN	9G. STATE	9H. ZIP CODE
1493 CAMBRIDGE ST	CAMBRIDGE	MA	02139

MOTHER

NAME	10A. FIRST	10B. MIDDLE	10C. LAST	10D. MAIDEN SURNAME
	KARINA	LEONOR	VERA	AVILA

BIRTHPLACE	11A. CITY/TOWN	11B. STATE/COUNTRY	12. DATE OF BIRTH (Month, Day, Year)
	SAN JUAN	ARGENTINA	AUGUST 19,1978

RESIDENCE (Do not use mailing address)	13A. NUMBER AND STREET	13B. CITY/TOWN	13C. COUNTY	13D. STATE	13E. ZIP CODE
	63 MIDDLE ST 2	WOBURN	MIDDLESEX	MA	01801

FATHER

NAME	14A. FIRST	14B. MIDDLE	14C. LAST
	JOSE	ALEJANDRO	VERA

BIRTHPLACE	15A. CITY/TOWN	15B. STATE/COUNTRY	16. DATE OF BIRTH (Month, Day, Year)
	SAN JUAN	ARGENTINA	OCTOBER 3,1979

INFORMANT

17A. I (WE) CERTIFY THAT THE PERSONAL INFORMATION APPEARING ABOVE IS TRUE AND CORRECT.

José Alejandro Vera

17B. RELATIONSHIP TO CHILD: PARENTS

17C. DATE SIGNED (Month, Day, Year)	17D. MAILING ADDRESS (If different from item # 13 above) NUMBER AND STREET	CITY	STATE	ZIP CODE
JUNE 13, 2003		---		

18. DATE OF RECORD (Month, Day, Year)	19. SUPPLEMENT FILED (Month, Day, Year)	20. CLERK/REGISTRAR
JUNE 13, 2003		M. Margaret Drury

21. DPH USE ONLY

CIVICO REGIMINE DONATA A.D. 1846 — CANTABRIGIA CONDITA A.D. 1638 — LITERIS ANTIQVIS NOVIS INSTITVTIS DECORA

JUN 13 2003

A TRUE COPY
ATTEST

M. Margaret Drury

City Clerk