

3ER	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			STATE USE ONLY	
		3A. FACILITY NAME-IF NOT IN FACILITY, NUMBER AND STREET MOUNT AUBURN HOSPITAL	3D. REGISTERED NUMBER 1229			
		NAME 4A. FIRST MORGAN	4B. MIDDLE MARY	4C. LAST WARWICK		
	D	5. SEX FEMALE	6A. PLURALITY SINGLE	6B. BIRTH ORDER ---	7. TIME 09:50 AM	8. DATE OF BIRTH (Month, Day, Year) MAY 24, 2003
C E R T I F I C A T E		9A. NAME MAUREEN COOK				9B. TITLE M.D.
		9C. CERTIFIER TYPE AT-BIRTH			9D. LICENSE NUMBER 71087	
		9E. NUMBER AND STREET 330 MT. AUBURN ST	9F. CITY/TOWN CAMBRIDGE	9G. STATE MA	9H. ZIP CODE 02238	
M O T H E R		NAME 10A. FIRST DINA	10B. MIDDLE M	10C. LAST WARWICK	10D. MAIDEN SURNAME MARTIN	
		BIRTHPLACE 11A. CITY/TOWN BOSTON	11B. STATE/COUNTRY MASSACHUSETTS			12. DATE OF BIRTH (Month, Day, Year) JULY 13, 1968
		RESIDENCE 13A. NUMBER AND STREET (Do not use mailing address) 363 LEXINGTON ST	13B. CITY/TOWN WOBURN	13C. COUNTY MIDDLESEX	13D. STATE MA	13E. ZIP CODE 0180
F A T H E R		NAME 14A. FIRST CHRISTOPHER	14B. MIDDLE JOHN	14C. LAST WARWICK		
		BIRTHPLACE 15A. CITY/TOWN DETROIT	15B. STATE/COUNTRY MICHIGAN			16. DATE OF BIRTH (Month, Day, Year) JANUARY 1, 1963
		17A. I (WE) CERTIFY THAT THE PERSONAL INFORMATION APPEARING ABOVE IS TRUE AND CORRECT. <i>Sina H. Warwick</i>				17B. RELATIONSHIP TO CHILD MOTHER
I N F O R M A N T		17C. DATE SIGNED (Month, Day, Year) MAY 25, 2003	17D. MAILING ADDRESS (If different from item # 13 above)	NUMBER AND STREET	CITY	STATE ZIP CODE
		18. DATE OF RECORD (Month, Day, Year) June 5, 2003		19. SUPPLEMENT FILED (Month, Day, Year)		20. CLERK/REGISTRAR <i>Margaret Drury</i>
		21. DPH USE ONLY				

JUL 0 8 2003

A TRUE COPY
ATTEST

Margaret Drury
City Clerk

