

1. RECORD NUMBER

097210

1A. CERTIFICATE NUMBER
(DPH USE ONLY)The Commonwealth of Massachusetts
DEPARTMENT OF PUBLIC HEALTH
REGISTRY OF VITAL RECORDS AND STATISTICS
STANDARD CERTIFICATE OF LIVE BIRTH

3D. REGISTERED NUMBER

962

2. FACILITY NUMBER

2094

C H I L D C E R T I F I C A T E 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	3C. CITY/TOWN WINCHESTER	3A. FACILITY NAME-IF NOT IN FACILITY, NUMBER AND STREET WINCHESTER HOSPITAL			
	3B. COUNTY MIDDLESEX				
	NAME 4A. FIRST ARIANA	4B. MIDDLE LEE	4C. LAST ZELAYA		
	5. SEX FEMALE	6A. PLURALITY SINGLE	6B. BIRTH ORDER	7. TIME 10:02 PM	8. DATE OF BIRTH (Month, Day, Year) JUNE 7, 2003
	9A. NAME MICHELE P JOHNSON				9B. TITLE MD
	9C. CERTIFIER TYPE AT-BIRTH				9D. LICENSE NUMBER 49865
	9E. NUMBER AND STREET 20 POND MEADOW DR		9F. CITY/TOWN READING	9G. STATE MA	9H. ZIP CODE 01867
	NAME 10A. FIRST BRENDA	10B. MIDDLE LEE	10C. LAST ZELAYA		
	10D. MAIDEN SURNAME MORALES				
	BIRTHPLACE 11A. CITY/TOWN JERSEY CITY		11B. STATE/COUNTRY NEW JERSEY		
RESIDENCE 13A. NUMBER AND STREET (Do not use mailing address) 103 BLOOMINGDALE ST #1		13B. CITY/TOWN CHELSEA		13C. COUNTY SUFFOLK	
13D. STATE MA		13E. ZIP CODE 02150			
NAME 14A. FIRST RODOLFO		14B. MIDDLE ALBERTO		14C. LAST ZELAYA	
BIRTHPLACE 15A. CITY/TOWN JUTICALPA		15B. STATE/COUNTRY HONDURAS		16. DATE OF BIRTH (Month, Day, Year) APRIL 20, 1979	
17A. I (WE) CERTIFY THAT THE PERSONAL INFORMATION APPEARING ABOVE IS TRUE AND CORRECT.				17B. RELATIONSHIP TO CHILD MOTHER	
17C. DATE SIGNED (Month, Day, Year) JUNE 9, 2003		17D. MAILING ADDRESS (If different from item # 13 above)		17E. CITY STATE ZIP CODE	
18. DATE OF RECORD (Month, Day, Year) JUNE 19, 2003		19. SUPPLEMENT FILED (Month, Day, Year)		20. CLERK/REGISTRAR Carolyn Ward	
21. DPH USE ONLY					

22A. SOCIAL SECURITY CARD

YES

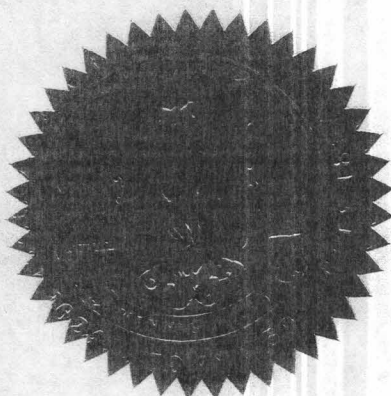
INITIALS

22B. RESIDENT COPY

INITIALS

3.
RESIDENT

R-101 • 130M • 4-01

CHELSEA, SUFFOLK, MA
MAR 20 2007

A TRUE COPY ATTEST:

CITY CLERK

VALID ONLY IF STAMPED WITH CITY SEAL