TOWN OF WINCHESTER

Commonwealth of Massachusetts

I, Carolyn Ward, the undersigned, hereby certify that I hold the Office of Town Clerk of the Town of Winchester in the County of Middlesex, and the Commonwealth of Massachusetts; that the Records of Births, Marriages and Deaths are in my custody and that the following is a true copy from the records, as certified by me.

The Commonwealth of Massachusetts
DEPARTMENT OF PUBLIC HEALTH
REGISTRY OF VITAL RECORDS AND STATISTICS
STANDARD CERTIFICATE OF LIVE BIRTH

STATE USE ONLY

CHILD

3. PLACE OF BIRTH
3C. CITY/TOWN: WINCHESTER
3B. COUNTY: MIDDLESEX
3A. FACILITY NAME-IF NOT IN FACILITY, NUMBER AND STREET: WINCHESTER HOSPITAL
3D. REGISTERED NUMBER: 1081

NAME: 4A. FIRST: EMMA | 4B. MIDDLE: LOUISE | 4C. LAST: BARRETT-MORSE

5. SEX	6A. PLURALITY	6B. BIRTH ORDER	7. TIME	8. DATE OF BIRTH (Month, Day, Year)
FEMALE	SINGLE	---	3:14 PM	MAY 17,2003

CERTIFIER

9A. NAME: DEBRA G KNEE | 9B. TITLE: MD
9C. CERTIFIER TYPE: AT-BIRTH | 9D. LICENSE NUMBER: 80853
9E. NUMBER AND STREET: 955 MAIN ST | 9F. CITY/TOWN: WINCHESTER | 9G. STATE: MA | 9H. ZIP CODE: 01890

MOTHER

NAME: 10A. FIRST: BARBARA | 10B. MIDDLE: LOUISE | 10C. LAST: BARRETT | 10D. MAIDEN SURNAME: BARRETT

BIRTHPLACE 11A. CITY/TOWN	11B. STATE/COUNTRY	12. DATE OF BIRTH (Month, Day, Year)
ARLINGTON	MASSACHUSETTS	JULY 30,1959

RESIDENCE (Do not use mailing address) 13A. NUMBER AND STREET	13B. CITY/TOWN	13C. COUNTY	13D. STATE	13E. ZIP CODE
32A PARK DR	WOBURN	MIDDLESEX	MA	01801

FATHER

NAME: 14A. FIRST: WARNER | 14B. MIDDLE: JAY | 14C. LAST: MORSE

BIRTHPLACE 15A. CITY/TOWN	15B. STATE/COUNTRY	16. DATE OF BIRTH (Month, Day, Year)
CHERRY POINT	NORTH CAROLINA	APRIL 6,1962

INFORMANT

17A. I (WE) CERTIFY THAT THE PERSONAL INFORMATION APPEARING ABOVE IS TRUE AND CORRECT.: Barbara L. Barrett Warner J. Morse
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 30,2003		---		

CLERK

18. DATE OF RECORD (Month, Day, Year)	19. SUPPLEMENT FILED (Month, Day, Year)	20. CLERK/REGISTRAR
JULY 14, 2003		Carolyn Ward

21. DPH USE ONLY

Witness my hand and the Seal of the Town of Winchester

Carolyn Ward
TOWN CLERK

December 3, 2003