REGISTRY DIVISION OF THE CITY OF BOSTON

COUNTY OF SUFFOLK, COMMONWEALTH OF MASSACHUSETTS, UNITED STATES OF AMERICA

Certificate R No 07574

I, the undersigned, hereby certify that I hold the office of ..... City Registrar of the City of Boston and I certify the following facts appear on the records of Births, Marriages and Deaths kept in said City as required by law.

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

STATE USE ONLY

CHILD

3C. CITY/TOWN: BOSTON
3B. COUNTY: SUFFOLK
3. PLACE OF BIRTH
3A. FACILITY NAME (If not in facility, number and street): BETH ISRAEL DEACONESS MEDICAL CENTER
3D. REGISTERED NUMBER: 16530

NAME — 4A. FIRST: AUTUMN | 4B. MIDDLE: FRUSSEL | 4C. LAST: COMEIRO

5. SEX	6A. PLURALITY	6B. BIRTH ORDER	7. TIME	8. DATE OF BIRTH (Month, Day, Year)
FEMALE	SINGLE	---	3:08 PM	SEPTEMBER 9, 2002

CERTIFIER

9A. NAME: SANDRA DAYARATNA
9B. TITLE: M.D.
9C. CERTIFIER TYPE: AT-BIRTH
9D. LICENSE NUMBER: 206983
9E. NUMBER AND STREET: 330 BROOKLINE AV
9F. CITY/TOWN: BOSTON
9G. STATE: MA
9H. ZIP CODE: 02215

MOTHER

NAME — 10A. FIRST: JENNIFER | 10B. MIDDLE: ANN | 10C. LAST: COMEIRO | 10D. MAIDEN SURNAME: SOUZA

BIRTHPLACE — 11A. CITY/TOWN: WINCHESTER | 11B. STATE/COUNTRY: MASSACHUSETTS | 12. DATE OF BIRTH (Month, Day, Year): AUGUST 8, 1972

RESIDENCE (Do not use mailing address) — 13A. NUMBER AND STREET: 21 FISHER TE | 13B. CITY/TOWN: WOBURN | 13C. COUNTY: MIDDLESEX | 13D. STATE: MA | 13E. ZIP CODE: 01801

FATHER

NAME — 14A. FIRST: WILLIAM | 14B. MIDDLE: FREDERICK | 14C. LAST: COMEIRO, III

BIRTHPLACE — 15A. CITY/TOWN: WOBURN | 15B. STATE/COUNTRY: MASSACHUSETTS | 16. DATE OF BIRTH (Month, Day, Year): JUNE 18, 1972

INFORMANT

17A. I (WE) CERTIFY THAT THE PERSONAL INFORMATION APPEARING ABOVE IS TRUE AND CORRECT.
William F Comeiro III
17B. RELATIONSHIP TO CHILD: Father
17C. DATE SIGNED (Month, Day, Year): SEPTEMBER 10, 200
17D. MAILING ADDRESS (If different from item # 13 above) — NUMBER AND STREET | CITY | STATE | ZIP CODE: ---

CLERK

18. DATE OF RECORD (Month, Day, Year): SEP 24 2002
19. SUPPLEMENT FILED (Month, Day, Year):
20. CLERK/REGISTRAR: Judith A. Nelson
21. DPH USE ONLY