



# REGISTRY DIVISION OF THE CITY OF BOSTON

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

Certificate R No 06280

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.

| CITY OF BOSTON                                                                                                                    |  | The Commonwealth of Massachusetts                           |  | STATE USE ONLY                                   |  |
|-----------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------|--|--------------------------------------------------|--|
| DEPARTMENT OF PUBLIC HEALTH                                                                                                       |  | REGISTRY OF VITAL RECORDS AND STATISTICS                    |  | STANDARD CERTIFICATE OF LIVE BIRTH               |  |
| 3C. CITY/TOWN<br>BOSTON                                                                                                           |  | 3B. COUNTY<br>SUFFOLK                                       |  | 3D. REGISTERED NUMBER<br>1669                    |  |
| 3A. FACILITY NAME-IF NOT IN FACILITY, NUMBER AND STREET<br>BETH ISRAEL DEACONESS MEDICAL CENTER                                   |  |                                                             |  |                                                  |  |
| NAME 4A. FIRST<br>HEATHER                                                                                                         |  | 4B. MIDDLE<br>FRANCES                                       |  | 4C. LAST<br>CRANN                                |  |
| 5. SEX<br>FEMALE                                                                                                                  |  | 6A. PLURALITY<br>SINGLE                                     |  | 6B. BIRTH ORDER<br>---                           |  |
| 7. TIME<br>1:53 PM                                                                                                                |  | 8. DATE OF BIRTH (Month, Day, Year)<br>FEBRUARY 2, 2000     |  |                                                  |  |
| 9A. NAME<br>DAVID B. GOLDWASSER                                                                                                   |  |                                                             |  | 9B. TITLE<br>MD                                  |  |
| 9C. CERTIFIER TYPE<br>AT-BIRTH                                                                                                    |  |                                                             |  | 9D. LICENSE NUMBER<br>42140                      |  |
| 9E. NUMBER AND STREET<br>1611 CAMBRIDGE ST                                                                                        |  | 9F. CITY/TOWN<br>CAMBRIDGE                                  |  | 9G. STATE<br>MA                                  |  |
| 9H. ZIP CODE<br>02138                                                                                                             |  |                                                             |  |                                                  |  |
| NAME 10A. FIRST<br>ELAINE                                                                                                         |  | 10B. MIDDLE<br>THERESA                                      |  | 10C. LAST<br>CRANN                               |  |
| 10D. MAIDEN SURNAME<br>DYNAN                                                                                                      |  |                                                             |  |                                                  |  |
| BIRTHPLACE 11A. CITY/TOWN<br>CAMBRIDGE                                                                                            |  | 11B. STATE/COUNTRY<br>MASSACHUSETTS                         |  |                                                  |  |
| 12. DATE OF BIRTH (Month, Day, Year)<br>AUGUST 14, 1966                                                                           |  |                                                             |  |                                                  |  |
| RESIDENCE 13A. NUMBER AND STREET<br>(Do not use mailing address) 19 A LILLIAN ST                                                  |  | 13B. CITY/TOWN<br>WOBURN                                    |  | 13C. COUNTY<br>MIDDLESEX                         |  |
| 13D. STATE<br>MA                                                                                                                  |  | 13E. ZIP CODE<br>01801                                      |  |                                                  |  |
| NAME 14A. FIRST<br>PATRICK                                                                                                        |  | 14B. MIDDLE<br>---                                          |  | 14C. LAST<br>CRANN                               |  |
| BIRTHPLACE 15A. CITY/TOWN<br>WINCHESTER                                                                                           |  | 15B. STATE/COUNTRY<br>MASSACHUSETTS                         |  |                                                  |  |
| 16. DATE OF BIRTH (Month, Day, Year)<br>JANUARY 23, 1968                                                                          |  |                                                             |  |                                                  |  |
| 17A. I (WE) CERTIFY THAT THE PERSONAL INFORMATION APPEARING ABOVE IS TRUE AND CORRECT.<br><i>Clare Crann</i> <i>Patrick Crann</i> |  |                                                             |  | 17B. RELATIONSHIP TO CHILD<br>PARENTS            |  |
| 17C. DATE SIGNED (Month, Day, Year)<br>FEBRUARY 3, 2000                                                                           |  | 17D. MAILING ADDRESS<br>(If different from item # 13 above) |  | 17E. CITY<br>---                                 |  |
| 17F. STATE<br>---                                                                                                                 |  | 17G. ZIP CODE<br>---                                        |  |                                                  |  |
| 18. DATE OF RECORD (Month, Day, Year)<br>FEB 16 2000                                                                              |  | 19. SUPPLEMENT FILED (Month, Day, Year)                     |  | 20. CLERK/REGISTRAR<br><i>Judith A. McCarthy</i> |  |
| 21. DPH USE ONLY                                                                                                                  |  |                                                             |  |                                                  |  |

I further hereby certify that by annexation, the Records of the following-named cities and towns are in the custody of the City Registrar of Boston:—

ANNEXED  
East Boston.....1637  
South Boston.....1804

WITNESS my hand and the SEAL of the CITY REGISTRAR

on this MAR 09 2000 Day of ..... A.D.

*A. D. McCarthy*