

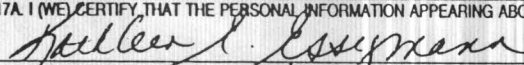
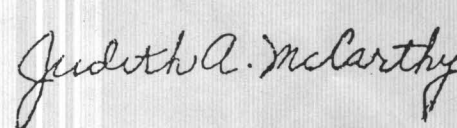


REGISTRY DIVISION OF THE CITY OF BOSTON

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

Certificate R N° 08302

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	
C H I L D	3C. CITY/TOWN BOSTON					3D. REGISTERED NUMBER 940	
	3B. COUNTY SUFFOLK						
	3A. FACILITY NAME-IF NOT IN FACILITY, NUMBER AND STREET BETH ISRAEL DEACONESS MEDICAL CENTER						
D	NAME 4A. FIRST AMANDA	4B. MIDDLE CATHERINE	4C. LAST ESSIGMANN				
	5. SEX FEMALE	6A. PLURALITY SINGLE	6B. BIRTH ORDER ---	7. TIME 08:57 AM	8. DATE OF BIRTH (Month, Day, Year) JANUARY 17, 2002		
C E R T I F I E R	9A. NAME MARC H. KOBELIN					9B. TITLE MD	
	9C. CERTIFIER TYPE AT-BIRTH			9D. LICENSE NUMBER 76934			
	9E. NUMBER AND STREET 482 BEDFORD ST		9F. CITY/TOWN LEXINGTON		9G. STATE MA	9H. ZIP CODE 02420	
M O T H E R	NAME 10A. FIRST KATHLEEN	10B. MIDDLE ELIZABETH	10C. LAST ESSIGMANN		10D. MAIDEN SURNAME DOHERTY		
	BIRTHPLACE 11A. CITY/TOWN MEDFORD		11B. STATE/COUNTRY MASSACHUSETTS		12. DATE OF BIRTH (Month, Day, Year) JULY 19, 1960		
	RESIDENCE 13A. NUMBER AND STREET (Do not use mailing address) 273 WASHINGTON ST		13B. CITY/TOWN WOBURN	13C. COUNTY MIDDLESEX	13D. STATE MA	13E. ZIP CODE 01801	
F A T H E R	NAME 14A. FIRST JOHN	14B. MIDDLE WILLIAM	14C. LAST ESSIGMANN, JR.				
	BIRTHPLACE 15A. CITY/TOWN WINCHESTER		15B. STATE/COUNTRY MASSACHUSETTS		16. DATE OF BIRTH (Month, Day, Year) JUNE 14, 1961		
I N F O R M A N T	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) JANUARY 18, 2002		17D. MAILING ADDRESS (If different from item # 13 above)		CITY ---	STATE ---	ZIP CODE ---
C L E R K	18. DATE OF RECORD (Month, Day, Year) JAN 29 2002		19. SUPPLEMENT FILED (Month, Day, Year)		20. CLERK/REGISTRAR 		
	21. DPH USE ONLY						