REGISTRY DIVISION OF THE CITY OF BOSTON

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

Certificate R Nº 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

CHILD

3C. CITY/TOWN: BOSTON
3B. COUNTY: SUFFOLK
3 PLACE OF BIRTH
3D. REGISTERED NUMBER: 940
3A. FACILITY NAME-IF NOT IN FACILITY, NUMBER AND STREET: BETH ISRAEL DEACONESS MEDICAL CENTER

NAME — 4A. FIRST: AMANDA | 4B. MIDDLE: CATHERINE | 4C. LAST: ESSIGMANN

5. SEX	6A. PLURALITY	6B. BIRTH ORDER	7. TIME	8. DATE OF BIRTH (Month, Day, Year)
FEMALE	SINGLE	---	08:57 AM	JANUARY 17,2002

CERTIFIER

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

MOTHER

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 (Do not use mailing address) — 13A. NUMBER AND STREET: 273 WASHINGTON ST | 13B. CITY/TOWN: WOBURN | 13C. COUNTY: MIDDLESEX | 13D. STATE: MA | 13E. ZIP CODE: 01801

FATHER

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

INFORMANT

17A. I (WE) CERTIFY THAT THE PERSONAL INFORMATION APPEARING ABOVE IS TRUE AND CORRECT.: Kathleen E. Essigmann
17B. RELATIONSHIP TO CHILD: Mother
17C. DATE SIGNED (Month, Day, Year): JANUARY 18,2002
17D. MAILING ADDRESS (If different from item # 13 above) — NUMBER AND STREET | CITY: --- | STATE | ZIP CODE

CLERK

18. DATE OF RECORD (Month, Day, Year): JAN 29 2002
19. SUPPLEMENT FILED (Month, Day, Year):
20. CLERK/REGISTRAR: Judith A. McCarthy
21. DPH USE ONLY