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: 1902

NAME: 4A. FIRST: MATTHEW | 4B. MIDDLE: WILL | 4C. LAST: GOVOSTES

5. SEX	6A. PLURALITY	6B. BIRTH ORDER	7. TIME	8. DATE OF BIRTH (Month, Day, Year)
MALE	SINGLE	---	11:04 AM	NOVEMBER 10,2004

CERTIFIER

9A. NAME: MARYANN L MILLAR
9B. TITLE: MD
9C. CERTIFIER TYPE: AT-BIRTH
9D. LICENSE NUMBER: 75885
9E. NUMBER AND STREET: 7 ALFRED ST
9F. CITY/TOWN: WOBURN
9G. STATE: MA
9H. ZIP CODE: 01801

MOTHER

NAME: 10A. FIRST: ELENA | 10B. MIDDLE: JOANNE | 10C. LAST: GOVOSTES | 10D. MAIDEN SURNAME: KOURIPINES

BIRTHPLACE: 11A. CITY/TOWN: LYNN | 11B. STATE/COUNTRY: MASSACHUSETTS | 12. DATE OF BIRTH (Month, Day, Year): SEPTEMBER 30,1974

RESIDENCE (Do not use mailing address): 13A. NUMBER AND STREET: 7 FREDERICK DR | 13B. CITY/TOWN: WOBURN | 13C. COUNTY: MIDDLESEX | 13D. STATE: MA | 13E. ZIP CODE: 01801

FATHER

NAME: 14A. FIRST: JASON | 14B. MIDDLE: EARL | 14C. LAST: GOVOSTES

BIRTHPLACE: 15A. CITY/TOWN: WINCHESTER | 15B. STATE/COUNTRY: MASSACHUSETTS | 16. DATE OF BIRTH (Month, Day, Year): FEBRUARY 26,1972

INFORMANT

17A. I (WE) CERTIFY THAT THE PERSONAL INFORMATION APPEARING ABOVE IS TRUE AND CORRECT.
Della Govostes
17B. RELATIONSHIP TO CHILD: MOTHER
17C. DATE SIGNED (Month, Day, Year): NOVEMBER 12,2004
17D. MAILING ADDRESS (If different from item # 13 above): NUMBER AND STREET | CITY | STATE | ZIP CODE: ---

CLERK

18. DATE OF RECORD (Month, Day, Year): NOVEMBER 16, 2004
19. SUPPLEMENT FILED (Month, Day, Year):
20. CLERK/REGISTRAR: Carolyn Ward
21. DPH USE ONLY

Carolyn Ward
TOWN CLERK

JANUARY 11, 2005