CERTIFICATE OF VITAL RECORD

VERIFY PRESENCE OF WATERMARK HOLD TO LIGHT TO VIEW

The Commonwealth of Massachusetts

DEPARTMENT OF PUBLIC HEALTH
REGISTRY OF VITAL RECORDS AND STATISTICS

141782

COPY OF RECORD OF BIRTH

REGISTERED NUMBER: 1039

CHILD

Name: **NATHANIAL ROBERT GRIDELLI**
Date of BIRTH: **MAY 31, 2002** Time: **4:01 AM**
Sex: **MALE** Plurality: **SINGLE**
Place of Birth: **WINCHESTER, MA**

MOTHER

Name: **JENNIFER MARIE GRIDELLI**
Maiden surname: **GRIDELLI** Date of BIRTH: **AUGUST 30, 1979**
Birthplace: **STONEHAM, MASSACHUSETTS**
Residence: **WOBURN, MA**

Date of RECORD: **JUNE 28, 2002**

WITNESS my hand and the SEAL OF THE DEPARTMENT OF PUBLIC HEALTH at Boston on this 31st day of AUGUST 2004.

Stanley E. Nyberg

Registrar of Vital Records and Statistics

I, the undersigned, hereby certify that I am the Registrar of Vital Records and Statistics; that as such I have custody of the records of birth, marriage, and death required by law to be kept in my office; and I do hereby certify that the above is a true copy from said records.