REGISTRY DIVISION OF THE CITY OF BOSTON

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

Certificate R Nº 7057

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

PLACE OF BIRTH
3C. CITY/TOWN: BOSTON
3B. COUNTY: SUFFOLK
3A. FACILITY NAME-IF NOT IN FACILITY, NUMBER AND STREET: BETH ISRAEL DEACONESS MEDICAL CENTER
3D. REGISTERED NUMBER: 16373

NAME: 4A. FIRST: BRIDGET; 4B. MIDDLE: ELIZABETH; 4C. LAST: JOHNSON

5. SEX: FEMALE | 6A. PLURALITY: SINGLE | 6B. BIRTH ORDER: --- | 7. TIME: 09:58 AM | 8. DATE OF BIRTH (Month, Day, Year): SEPTEMBER 12,2003

CERTIFIER

9A. NAME: MARTHA K. RICHARDSON | 9B. TITLE: MD
9C. CERTIFIER TYPE: AT-BIRTH | 9D. LICENSE NUMBER: 41943
9E. NUMBER AND STREET: 185 DARTMOUTH ST | 9F. CITY/TOWN: BOSTON | 9G. STATE: MA | 9H. ZIP CODE: 02116

MOTHER

NAME: 10A. FIRST: ANNE MARIE; 10B. MIDDLE: LYNN; 10C. LAST: JOHNSON; 10D. MAIDEN SURNAME: SPARANO

BIRTHPLACE: 11A. CITY/TOWN: BRIDGEPORT; 11B. STATE/COUNTRY: CONNECTICUT | 12. DATE OF BIRTH (Month, Day, Year): JUNE 27,1968

RESIDENCE (Do not use mailing address): 13A. NUMBER AND STREET: 11 FAIRVIEW RD; 13B. CITY/TOWN: WOBURN; 13C. COUNTY: MIDDLESEX; 13D. STATE: MA; 13E. ZIP CODE: 01801

FATHER

NAME: 14A. FIRST: EDWARD; 14B. MIDDLE: FRANCIS; 14C. LAST: JOHNSON, JR.

BIRTHPLACE: 15A. CITY/TOWN: FORT CAMPBELL; 15B. STATE/COUNTRY: KENTUCKY | 16. DATE OF BIRTH (Month, Day, Year): JANUARY 14,1968

INFORMANT

17A. I (WE) CERTIFY THAT THE PERSONAL INFORMATION APPEARING ABOVE IS TRUE AND CORRECT: Anne Marie Johnson Edward F J
17B. RELATIONSHIP TO CHILD: parents
17C. DATE SIGNED (Month, Day, Year): SEPTEMBER 14,2003
17D. MAILING ADDRESS (If different from item # 13 above): NUMBER AND STREET: --- | CITY | STATE | ZIP CODE

CLERK

18. DATE OF RECORD (Month, Day, Year): SEP 3 0 2003
19. SUPPLEMENT FILED (Month, Day, Year):
20. CLERK/REGISTRAR: Judith A. McCarthy
21. DPH USE ONLY