REGISTRY DIVISION OF THE CITY OF BOSTON

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

Certificate R Nº 54942

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

3. PLACE OF BIRTH
3C. CITY/TOWN: BOSTON
3B. COUNTY: SUFFOLK
3A. FACILITY NAME-IF NOT IN FACILITY, NUMBER AND STREET: CARITAS ST. ELIZABETH'S MEDICAL CENTER OF BOSTON
3D. REGISTERED NUMBER: 5303

NAME — 4A. FIRST: JORDAN — 4B. MIDDLE: MARIE — 4C. LAST: LAVEY

5. SEX	6A. PLURALITY	6B. BIRTH ORDER	7. TIME	8. DATE OF BIRTH (Month, Day, Year)
FEMALE	SINGLE	---	11:18 PM	MARCH 26,2004

CERTIFIER

9A. NAME: MARIA D FALZON — 9B. TITLE: M.D.
9C. CERTIFIER TYPE: AT-BIRTH — 9D. LICENSE NUMBER: 41507
9E. NUMBER AND STREET: 11 NEVINS ST — 9F. CITY/TOWN: BOSTON — 9G. STATE: MA — 9H. ZIP CODE: 02135

MOTHER

NAME — 10A. FIRST: SANDRA — 10B. MIDDLE: LEE — 10C. LAST: LAVEY — 10D. MAIDEN SURNAME: GERA

BIRTHPLACE — 11A. CITY/TOWN: ARLINGTON — 11B. STATE/COUNTRY: MASSACHUSETTS — 12. DATE OF BIRTH (Month, Day, Year): SEPTEMBER 19,1972

RESIDENCE (Do not use mailing address) — 13A. NUMBER AND STREET: 8 HART PL — 13B. CITY/TOWN: WOBURN — 13C. COUNTY: MIDDLESEX — 13D. STATE: MA — 13E. ZIP CODE: 01801

FATHER

NAME — 14A. FIRST: SCOTT — 14B. MIDDLE: STEPHEN — 14C. LAST: LAVEY

BIRTHPLACE — 15A. CITY/TOWN: STONEHAM — 15B. STATE/COUNTRY: MASSACHUSETTS — 16. DATE OF BIRTH (Month, Day, Year): FEBRUARY 10,1973

INFORMANT

17A. I (WE) CERTIFY THAT THE PERSONAL INFORMATION APPEARING ABOVE IS TRUE AND CORRECT. Jordan L. Lavey — 17B. RELATIONSHIP TO CHILD: MOTHER

17C. DATE SIGNED (Month, Day, Year): MARCH 29,2004 — 17D. MAILING ADDRESS (If different from Item # 13 above) — NUMBER AND STREET — CITY: --- — STATE — ZIP CODE

CLERK

18. DATE OF RECORD (Month, Day, Year): APR 12 2004 — 19. SUPPLEMENT FILED (Month, Day, Year) — 20. CLERK/REGISTRAR: Judith A. McCarthy

21. DPH USE ONLY

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urther hereby certify that by annex-
n, the Records of the following-
ed cities and towns are in the
ody of the City Registrar of
on:—

	Annexed
Boston	1637
h Boston	1804
bury	1868
chester	1870
rlestown, hton, t Roxbury	1874
e Park	1912

WITNESS my hand and the SEAL of the CITY REGISTRAR

on this AUG 10 2004 Day of ..... A.D. .....

Judith A. McCarthy

..... *City Registrar*

By Chapter 314 of the Acts of 1892, "the certificates or attestations of the Assistant City Registrars shall have the same force and effect as that of the City Registrar."