REGISTRY DIVISION OF THE CITY OF BOSTON

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

Certificate R Nº 008852

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: 18488

NAME: 4A. FIRST: CAMERON; 4B. MIDDLE: JOSEPH; 4C. LAST: PRATT

5. SEX: MALE | 6A. PLURALITY: SINGLE | 6B. BIRTH ORDER: --- | 7. TIME: 05:24 AM | 8. DATE OF BIRTH (Month, Day, Year): OCTOBER 16,2002

CERTIFIER

9A. NAME: LORNA A WILKERSON | 9B. TITLE: M.D.
9C. CERTIFIER TYPE: AT-BIRTH | 9D. LICENSE NUMBER: 153594
9E. NUMBER AND STREET: 26 CITY HALL MALL | 9F. CITY/TOWN: MEDFORD | 9G. STATE: MA | 9H. ZIP CODE: 02155

MOTHER

NAME: 10A. FIRST: PATRICIA | 10B. MIDDLE: BROOKE | 10C. LAST: EDWARDS-PRATT | 10D. MAIDEN SURNAME: EDWARDS
BIRTHPLACE: 11A. CITY/TOWN: BOSTON | 11B. STATE/COUNTRY: MASSACHUSETTS | 12. DATE OF BIRTH (Month, Day, Year): FEBRUARY 24,1966
RESIDENCE (Do not use mailing address): 13A. NUMBER AND STREET: 6 RICHMOND PK APT.2 | 13B. CITY/TOWN: WOBURN | 13C. COUNTY: MIDDLESEX | 13D. STATE: MA | 13E. ZIP CODE: 01801

FATHER

NAME: 14A. FIRST: CHRISTOPHER | 14B. MIDDLE: --- | 14C. LAST: PRATT
BIRTHPLACE: 15A. CITY/TOWN: BOSTON | 15B. STATE/COUNTRY: MASSACHUSETTS | 16. DATE OF BIRTH (Month, Day, Year): NOVEMBER 4,1969

INFORMANT

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

CLERK

18. DATE OF RECORD (Month, Day, Year): OCT 28 2002 | 19. SUPPLEMENT FILED (Month, Day, Year) | 20. CLERK/REGISTRAR: Judith A. McCarthy
21. DPH USE ONLY

I further hereby certify that by annexation, the Records of the following-named cities and towns are in the custody of the City Registrar of Boston:—

	ANNEXED
East Boston	1637
South Boston	1804
Roxbury	1868
Dorchester	1870
Charlestown, Brighton, West Roxbury	1874
Hyde Park	1912

WITNESS my hand and the SEAL of the CITY REGISTRAR

on this ..... Day of FEB 26 2004 ..... 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."