

# TOWN OF WINCHESTER



Commonwealth of Massachusetts

I, Mary Ellen Lannon, 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 Birth, 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<br>DEPARTMENT OF PUBLIC HEALTH<br>REGISTRY OF VITAL RECORDS AND STATISTICS<br>STANDARD CERTIFICATE OF LIVE BIRTH |                                         |                             |                                                        | STATE USE ONLY                                        |                 |
|-----------|--------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|-----------------------------|--------------------------------------------------------|-------------------------------------------------------|-----------------|
| CHILD     | 3C. CITY/TOWN<br>WINCHESTER                                                                                        |                                                                   |                                         |                             |                                                        | 3D. REGISTERED NUMBER<br><br>1563                     |                 |
|           | 3B. COUNTY<br>MIDDLESEX                                                                                            |                                                                                                                                                    |                                         |                             |                                                        |                                                       |                 |
|           | 3A. FACILITY NAME-IF NOT IN FACILITY, NUMBER AND STREET<br>WINCHESTER HOSPITAL                                     |                                                                                                                                                    |                                         |                             |                                                        |                                                       |                 |
| D         | NAME 4A. FIRST<br>NICHOLAS                                                                                         |                                                                                                                                                    | 4B. MIDDLE<br>BRANDON                   | 4C. LAST<br>PULEO           |                                                        |                                                       |                 |
|           | 5. SEX<br>MALE                                                                                                     | 6A. PLURALITY<br>SINGLE                                                                                                                            | 6B. BIRTH ORDER<br>---                  | 7. TIME<br>10:11 AM         | 8. DATE OF BIRTH (Month, Day, Year)<br>AUGUST 26, 2002 |                                                       |                 |
| CERTIFIER | 9A. NAME<br>DONALD J DRUGA                                                                                         |                                                                                                                                                    |                                         |                             |                                                        | 9B. TITLE<br>MD                                       |                 |
|           | 9C. CERTIFIER TYPE<br>AT-BIRTH                                                                                     |                                                                                                                                                    |                                         | 9D. LICENSE NUMBER<br>54023 |                                                        |                                                       |                 |
|           | 9E. NUMBER AND STREET<br>955 MAIN ST                                                                               |                                                                                                                                                    | 9F. CITY/TOWN<br>WINCHESTER             | 9G. STATE<br>MA             | 9H. ZIP CODE<br>01890                                  |                                                       |                 |
| MOTHER    | NAME 10A. FIRST<br>MICHELLE                                                                                        |                                                                                                                                                    | 10B. MIDDLE<br>DIANE                    | 10C. LAST<br>PULEO          |                                                        | 10D. MAIDEN SURNAME<br>CIAMPA                         |                 |
|           | BIRTHPLACE 11A. CITY/TOWN<br>STONEHAM                                                                              |                                                                                                                                                    | 11B. STATE/COUNTRY<br>MASSACHUSETTS     |                             |                                                        | 12. DATE OF BIRTH (Month, Day, Year)<br>JULY 28, 1966 |                 |
|           | RESIDENCE 13A. NUMBER AND STREET<br>(Do not use mailing address)<br>377 SALEM ST                                   | 13B. CITY/TOWN<br>WOBURN                                                                                                                           |                                         | 13C. COUNTY<br>MIDDLESEX    | 13D. STATE<br>MA                                       | 13E. ZIP CODE<br>01801                                |                 |
| FATHER    | NAME 14A. FIRST<br>CHARLES                                                                                         |                                                                                                                                                    | 14B. MIDDLE<br>ROCCO                    | 14C. LAST<br>PULEO          |                                                        |                                                       |                 |
|           | BIRTHPLACE 15A. CITY/TOWN<br>MELROSE                                                                               |                                                                                                                                                    | 15B. STATE/COUNTRY<br>MASSACHUSETTS     |                             |                                                        | 16. DATE OF BIRTH (Month, Day, Year)<br>MAY 9, 1959   |                 |
|           | 17A. I (WE) CERTIFY THAT THE PERSONAL INFORMATION APPEARING ABOVE IS TRUE AND CORRECT.<br><i>Mary Ellen Lannon</i> |                                                                                                                                                    |                                         |                             |                                                        | 17B. RELATIONSHIP TO CHILD<br>MOTHER                  |                 |
| INFORMANT | 17C. DATE SIGNED (Month, Day, Year)<br>AUGUST 30, 2002                                                             | 17D. MAILING ADDRESS<br>(if different from item # 13 above)                                                                                        |                                         | CITY<br>---                 |                                                        | STATE<br>---                                          | ZIP CODE<br>--- |
|           | 18. DATE OF RECORD (Month, Day, Year)<br>SEP 18 2002                                                               |                                                                                                                                                    | 19. SUPPLEMENT FILED (Month, Day, Year) |                             | 20. CLERK/REGISTRAR<br><i>Carolyn Ward</i>             |                                                       |                 |
| CLERK     | 21. DPH USE ONLY                                                                                                   |                                                                                                                                                    |                                         |                             |                                                        |                                                       |                 |

*Mary Ellen Lannon*

TOWN CLERK

Witness my hand and the Seal of the Town of Winchester