TOWN OF WINCHESTER

Commonwealth of Massachusetts

I, Carolyn Ward, 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 Births, 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
DEPARTMENT OF PUBLIC HEALTH
REGISTRY OF VITAL RECORDS AND STATISTICS
STANDARD CERTIFICATE OF LIVE BIRTH

STATE USE ONLY

CHILD

3C. CITY/TOWN OF BIRTH: WINCHESTER
3B. COUNTY: MIDDLESEX
3A. FACILITY NAME-IF NOT IN FACILITY, NUMBER AND STREET: WINCHESTER HOSPITAL
3D. REGISTERED NUMBER: 1588

NAME: 4A. FIRST: JACOB | 4B. MIDDLE: PATRICK | 4C. LAST: RICHARDS

5. SEX	6A. PLURALITY	6B. BIRTH ORDER	7. TIME	8. DATE OF BIRTH (Month, Day, Year)
MALE	SINGLE	---	07:13 AM	AUGUST 26,2001

CERTIFIER

9A. NAME: ANNE KUBIK
9B. TITLE: MD
9C. CERTIFIER TYPE: AT-BIRTH
9D. LICENSE NUMBER: 153713
9E. NUMBER AND STREET: 107 WOBURN ST
9F. CITY/TOWN: READING
9G. STATE: MA
9H. ZIP CODE: 01867

MOTHER

NAME: 10A. FIRST: BRENDA | 10B. MIDDLE: LIZ | 10C. LAST: PAGAN | 10D. MAIDEN SURNAME: PAGAN

BIRTHPLACE: 11A. CITY/TOWN: LOISA | 11B. STATE/COUNTRY: PUERTO RICO | 12. DATE OF BIRTH (Month, Day, Year): FEBRUARY 28,1974

RESIDENCE (Do not use mailing address): 13A. NUMBER AND STREET: 173 MAIN ST | 13B. CITY/TOWN: READING | 13C. COUNTY: MIDDLESEX | 13D. STATE: MA | 13E. ZIP CODE: 01867

FATHER

NAME: 14A. FIRST: BRYAN | 14B. MIDDLE: PETER | 14C. LAST: RICHARDS

BIRTHPLACE: 15A. CITY/TOWN: WINCHESTER | 15B. STATE/COUNTRY: MASSACHUSETTS | 16. DATE OF BIRTH (Month, Day, Year): FEBRUARY 17,1977

INFORMANT

17A. I (WE) CERTIFY THAT THE PERSONAL INFORMATION APPEARING ABOVE IS TRUE AND CORRECT: Brenda Pagan Bryan P. Richards
17B. RELATIONSHIP TO CHILD: PARENTS
17C. DATE SIGNED (Month, Day, Year): AUGUST 29,2001
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 10 2001
19. SUPPLEMENT FILED (Month, Day, Year):
20. CLERK/REGISTRAR: Carolyn Ward
21. DPH USE ONLY

Witness my hand and the Seal of the Town of Winchester

JULY 29, 2004

Carolyn Ward
TOWN CLERK