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: CAMBRIDGE
3B. COUNTY: MIDDLESEX
3A. FACILITY NAME-IF NOT IN FACILITY, NUMBER AND STREET: CAMBRIDGE HOSPITAL
3D. REGISTERED NUMBER: 731

NAME — 4A. FIRST: JOSEPH — 4B. MIDDLE: SEVERINO — 4C. LAST: RODRIGUES

5. SEX: MALE
6A. PLURALITY: SINGLE
6B. BIRTH ORDER: ---
7. TIME: 12:15 PM
8. DATE OF BIRTH (Month, Day, Year): APRIL 6,2005

CERTIFIER

9A. NAME: SARAH CRANE
9B. TITLE: M.D.
9C. CERTIFIER TYPE: AT-BIRTH
9D. LICENSE NUMBER: 78936
9E. NUMBER AND STREET: 1493 CAMBRIDGE ST
9F. CITY/TOWN: CAMBRIDGE
9G. STATE: MA
9H. ZIP CODE: 02139

MOTHER

NAME — 10A. FIRST: SIMONE — 10B. MIDDLE: MARIA — 10C. LAST: SEVERINO RODRIGUES
10D. MAIDEN SURNAME: SEVERINO
BIRTHPLACE — 11A. CITY/TOWN: CAPITOLIO MG — 11B. STATE/COUNTRY: BRAZIL
12. DATE OF BIRTH (Month, Day, Year): MARCH 7,1974
RESIDENCE (Do not use mailing address) — 13A. NUMBER AND STREET: 13 NORTH WARREN ST 2 — 13B. CITY/TOWN: WOBURN — 13C. COUNTY: MIDDLESEX — 13D. STATE: MA — 13E. ZIP CODE: 01801

FATHER

NAME — 14A. FIRST: MARCO — 14B. MIDDLE: ANTONIO — 14C. LAST: RODRIGUES
BIRTHPLACE — 15A. CITY/TOWN: ITUACU GOIAS — 15B. STATE/COUNTRY: BRAZIL
16. DATE OF BIRTH (Month, Day, Year): JULY 25,1969

INFORMANT

17A. I (WE) CERTIFY THAT THE PERSONAL INFORMATION APPEARING ABOVE IS TRUE AND CORRECT.
Simone Maria Severino Rodrigues
17B. RELATIONSHIP TO CHILD: Mother
17C. DATE SIGNED (Month, Day, Year): APRIL 8,2005
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 15 2005
19. SUPPLEMENT FILED (Month, Day, Year)
20. CLERK/REGISTRAR: D Margaret Drury
21. DPH USE ONLY

OCT 6 2005
A TRUE COPY
ATTEST
D Margaret Drury
City Clerk