



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	
C H I L D	3C. CITY/TOWN WINCHESTER	3B. COUNTY MIDDLESEX	3A. FACILITY NAME-IF NOT IN FACILITY, NUMBER AND STREET WINCHESTER HOSPITAL	3D. REGISTERED NUMBER 902	
	NAME JUSTIN	4A. FIRST PATRICK	4B. MIDDLE SULLIVAN	4C. LAST SULLIVAN	
	5. SEX MALE	6A. PLURALITY SINGLE	6B. BIRTH ORDER ---	7. TIME 4:09 PM	8. DATE OF BIRTH (Month, Day, Year) JUNE 10, 2005
C E R T I F I C A T E	9A. NAME SHANNON FULLERTON			9B. TITLE M.D.	
	9C. CERTIFIER TYPE AT-BIRTH			9D. LICENSE NUMBER 3039	
	9E. NUMBER AND STREET 955 MAIN ST			9F. CITY/TOWN WINCHESTER	9G. STATE MA
M O T H E R	NAME JEAN	10A. FIRST MARIE	10B. MIDDLE SULLIVAN	10C. LAST GUMPPER	
	10D. MAIDEN SURNAME GUMPPER			10E. DATE OF BIRTH (Month, Day, Year) SEPTEMBER 18, 1967	
	10F. BIRTHPLACE READING			10G. STATE/COUNTRY PENNSYLVANIA	
F A T H E R	10H. RESIDENCE 13A. NUMBER AND STREET (Do not use mailing address) 1 NEWBURY ST			10I. CITY/TOWN WOBBURN	
	10J. STATE MA			10K. ZIP CODE 01801	
	10L. NAME MICHAEL			10M. FIRST JOSEPH	
I N F O R M A N T	10N. BIRTHPLACE BOSTON			10O. STATE/COUNTRY MASSACHUSETTS	
	10P. DATE OF BIRTH (Month, Day, Year) AUGUST 30, 1968			10Q. RELATIONSHIP TO CHILD MOTHER	
	10R. I (WE) CERTIFY THAT THE PERSONAL INFORMATION APPEARING ABOVE IS TRUE AND CORRECT.			10S. SIGNATURE <i>Carolyn Ward</i>	
C L E R K	10T. DATE SIGNED (Month, Day, Year) JUNE 12, 2005			10U. MAILING ADDRESS (If different from item # 13 above)	
	10V. NUMBER AND STREET ---			10W. CITY ---	
	10X. STATE ---			10Y. ZIP CODE ---	
10Z. DATE OF RECORD (Month, Day, Year) JUNE 14, 2005			10AA. SUPPLEMENT FILED (Month, Day, Year)		
10AB. DPH USE ONLY			10AC. CLERK/REGISTRAR <i>Carolyn Ward</i>		

Witness my hand and the Seal of the Town of Winchester

SEPTEMBER 8, 2005

Carolyn Ward
TOWN CLERK