The Commonwealth of Massachusetts
DEPARTMENT OF PUBLIC HEALTH
REGISTRY OF VITAL RECORDS AND STATISTICS
STANDARD CERTIFICATE OF LIVE BIRTH

STATE USE ONLY

3D. REGISTERED NUMBER: 1067 189

CHILD

3 PLACE OF BIRTH
3C. CITY/TOWN: MELROSE
3B. COUNTY: MIDDLESEX
3A. FACILITY NAME-IF NOT IN FACILITY, NUMBER AND STREET: MELROSE-WAKEFIELD HOSPITAL

NAME 4A. FIRST	4B. MIDDLE	4C. LAST
GENNA	ROSE	TITCOMB

5. SEX	6A. PLURALITY	6B. BIRTH ORDER	7. TIME	8. DATE OF BIRTH (Month, Day, Year)
FEMALE	SINGLE	—	02:58 AM	JUNE 27,2000

CERTIFIER

9A. NAME: BRIAN W O'CONNOR
9B. TITLE: MD
9C. CERTIFIER TYPE: AT-BIRTH
9D. LICENSE NUMBER: 72453
9E. NUMBER AND STREET: 50 ROWE ST
9F. CITY/TOWN: MELROSE
9G. STATE: MA
9H. ZIP CODE: 02176

MOTHER

NAME 10A. FIRST	10B. MIDDLE	10C. LAST	10D. MAIDEN SURNAME
MICHELE	MARIE	TITCOMB	GIARDINA

BIRTHPLACE 11A. CITY/TOWN	11B. STATE/COUNTRY	12. DATE OF BIRTH (Month, Day, Year)
BROOKLINE	MASSACHUSETTS	JULY 10,1967

RESIDENCE (Do not use mailing address) 13A. NUMBER AND STREET	13B. CITY/TOWN	13C. COUNTY	13D. STATE	13E. ZIP CODE
2 TURNBULL AV	WAKEFIELD	MIDDLESEX	MA	01880

FATHER

NAME 14A. FIRST	14B. MIDDLE	14C. LAST
DOUGLAS	RICHARD	TITCOMB

BIRTHPLACE 15A. CITY/TOWN	15B. STATE/COUNTRY	16. DATE OF BIRTH (Month, Day, Year)
SOMERVILLE	MASSACHUSETTS	SEPTEMBER 14,1966

INFORMANT

17A. I (WE) CERTIFY THAT THE PERSONAL INFORMATION APPEARING ABOVE IS TRUE AND CORRECT. Michele Titcomb
17B. RELATIONSHIP TO CHILD: MOTHER

17C. DATE SIGNED (Month, Day, Year)	17D. MAILING ADDRESS (If different from item # 13 above) NUMBER AND STREET	CITY	STATE	ZIP CODE
JUNE 29,2000	—			

CLERK

18. DATE OF RECORD (Month, Day, Year)	19. SUPPLEMENT FILED (Month, Day, Year)	20. CLERK/REGISTRAR
JUL 13 2000		Margaret R. O'Connell

21. DPH USE ONLY

A TRUE COPY ATTEST:
Mary K. Galvin
Town Clerk
TOWN OF WAKEFIELD