

VERIFY PRESENCE OF WATERMARK

HOLD TO LIGHT TO VIEW

The Commonwealth of Massachusetts

CT 0490826

COPY OF RECORD OF BIRTH

REGISTERED NUMBER: [REDACTED]
STATE FILE NUMBER: [REDACTED]

CHILD

NAME: [REDACTED] PLURALITY: SINGLE
SEX: [REDACTED] TIME: [REDACTED]
DATE OF BIRTH: [REDACTED]
PLACE OF BIRTH: [REDACTED]

MOTHER/PARENT

NAME: [REDACTED]
SURNAME AT BIRTH OR ADOPTION: [REDACTED]
BIRTHPLACE: [REDACTED]
DATE OF BIRTH: [REDACTED]

FATHER/PARENT

NAME: MICHAEL [REDACTED]
SURNAME AT BIRTH OR ADOPTION: [REDACTED]
BIRTHPLACE: [REDACTED]
DATE OF BIRTH: [REDACTED]
AT-BIRTH RESIDENCE: [REDACTED]
DATE OF RECORD: [REDACTED]

DATE ISSUED: [REDACTED]

I, the undersigned, hereby certify that I am the Clerk of the City of Haverhill; that as such I have custody of the records of birth, marriage, and death required by law to be kept in my office; and I do hereby certify that the above is a true copy from said records as held in the Commonwealth's central vital records information repository.

Clerk
City of Haverhill

ILLEGAL TO ALTER OR REPRODUCE

YOUR WATERMARK COPY IS ALTERED OR ERASED