| 1. RECORD NUMBER | | The state of the s | * | |
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| 203409 | С | | th of Massachusett of Public Health secords and Statistics sicate of Live Birth | |
| 1A. CERTIFICATE NUMBER (D' E ONLY) | ı | STANDARD CERTIFICATION OF THE STANDA | ICATE OF LIVE BIRTH | 8 |
| | ١, | 4A. FIRST | 4C. LA | ST |
| 2. FACILITY NUMBER | ٦ | Thadryan 48. MIDDLE | | Sweeney |
| 2120 | D | 5. SEX 6A. PLURALITY JOET | 7. TIME 8. | DATE OF BIRTH (Month, Day, Year) |
| | ۲ | NAME 9A FIRST. (Specify Single, Twin, etc.) Specify Order First, Second, etc.) | 7:30P M | November 10, 1987 |
| | M | 9A. FIRST 9B. MIDDLE | | RNAME AT MOTHER'S BIRTH |
| | 0 T | Pamela Bixby 90. LAST BIRTHPLACE 10A CITY/TOWN Sweeney | | Bixby |
| | Ь | 100 CTTYTOWN | | DATE OF BIRTH (Month, Day Year) |
| | E | RESIDENCE 12A. NUMBER AND STREET (Do not use 12A. NUMBER AND STREET | | 12D. STATE 12E. ZIP CODE |
| | R | (Do not use mailing address) Constitution 12B. CITY/TOWN | 12C. COUNTY | MA G1355 |
| 3 222. | F | NAME 13A. FIRST | Franklin | TIA 0 202 |
| œ | ΙА. | 120 1100 | | |
| CLERK 🐇 | Ť | Timothy 13B. MIDDLE | | |
| 4/8 | T H F | BIRTHPLACE 144 CITY/TOWN Joel | Sweeney | 5. DATE OF BIRTH (Month, Day Year) |
| OF 😤 | THER | BIRTHPLACE 14A. CITY/TOWN 14B. STATE/COUNTRY Athol | Sweeney 15 | 5. DATE OF BIRTH (Month, Day Year) January 27, 1961 |
| | E | BIRTHPLACE 14A. CITY/TOWN 14B. STATE/COUNTRY Athol Massachusetts 16A. I (WE) CERTIFY MAD THE INFORMATION APPEARING ABOVE IS TRUE AND CORRECT | Sweeney 15 | January 27, 1961 BB. RELATIONSHIP |
| OF EN RESIDENCE | E | BIRTHPLACE 14A. CITY/TOWN 14B. STATE/COUNTRY Athol Massachusetts 16A. I (WE) CERTIFY THAT THE INFORMATION APPEARING ABOVE IS TRUE AND CORRECT (Signatures(s)) | Sweeney 15 | January 27, 1961 BB. RELATIONSHIP MATA |
| OF 😤 | E | BIRTHPLACE 14A. CITY/TOWN 14B. STATE/COUNTRY Athol Nessachusetts 16A. I (WE) CERTIFY IAAD THE INFORMATION APPEARING ABOVE IS TRUE AND CORRECT (Signatures(s)) 16C. DATE SIGNED (Month, Day, Year) 16D. MAILING ADDRESS NUMBER AND STREET (If different from | Sweeney 15 | January 27, 1961 BB. RELATIONSHIP |
| OF EN RESIDENCE | ER INFORMANT | BIRTHPLACE 14A. CITY/TOWN 14B. STATE/COUNTRY Athol Nasachusetts 16A. I (WE) CERTIFY THAT THE INFORMATION APPEARING ABOVE IS TRUE AND CORRECT (Signatures(s)) 16C. DATE SIGNED (Month, Day, Year) 16D. MAILING ADDRESS NUMBER AND STREET (If different from item#12 above) NOVEMBER 13, 1987 | Sweeney 15 | January 27, 1961 BB. RELATIONSHIP MATA |
| OF EN RESIDENCE | E | BIRTHPLACE 14A. CITY/TOWN Athol 16A. I (WE) CERTIFY THAT THE INFORMATION APPEARING ABOVE IS TRUE AND CORRECT (Signatures(s)) 16C. DATE SIGNED (Month, Day, Year) November 13, 1987 16D. MAILING ADDRESS NUMBER AND STREET (if different from item#12 above) 17A. TYPE 17B. TITLE | Sweeney 15 | January 27, 1961 BB. RELATIONSHIP ATT / ZIP CODE |
| OF EN RESIDENCE | ER INFORMANT | BIRTHPLACE 14A. CITY/TOWN Athol 16A. I (WE) CERTIFY THAT THE INFORMATION APPEARING ABOVE IS TRUE AND CORRECT (Signatures(s)) 16C. DATE SIGNED (Month, Day, Year) 16D. MAILING ADDRESS NUMBER AND STREET (If different from item#12 above) 17A. TYPE AT-BIRTH POST-NATAL CERTIFIER ONLY 17B. TITLE MD/DO CNM 17C. SIGNATURE 17D TYPE OR PRINT | Sweeney 15 16 CITY ST | January 27, 1961 SB. RELATIONSHIP TATE ZIP CODE THER 17E. LICENSE NUMBER |
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| OF RESIDENCE W82 | ER -NEORMANT CERTIFIER CLURK | BIRTHPLACE 14A. CITY/TOWN Athol 16A. I (WE) CERTIFY I HAD THE INFORMATION APPEARING ABOVE IS TRUE AND CORRECT (Signatures(s)) 16C. DATE SIGNED (Month, Day, Year) November 13, 1987 17A. TYPE AT-BIRTH POST-NATAL CERTIFIER ONLY 17B. TITLE MD/DO CNM 17C. SIGNATURE 17G. CITY/TOWN 17H. STATE | OTH. RN MIDWIFE OT NAME (CH 46, SEC 389) C. McGitter, M.D. 171, ZIP CODE 17 O1301 20. CLERK/REGISTRAR | Jamuary 27, 1961 SB. RELATIONSHIP TATE ZIP CODE THER 17E. LICENSE NUMBER 45734 TJ. DATE SIGNED (Month, Day, Year) |