

CERTIFICATION OF VITAL RECORD

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

COPY OF CERTIFICATE OF BIRTH *State of Rhode Island*

Name of Child Joseph George Maynard		
Sex Male	Date of Birth October 30, 1930	Local or State File Number 28/281
Place of Birth (Name of Hospital or Street Address) 36 Constitution	City or Town Providence	County RHODE ISLAND
Father's Name Joseph E		
Father's Birthplace Fall River Mass	Father's Date of Birth _____	Father's Age 37
Mother's Maiden Name Eva Boucher		
Mother's Birthplace Fall River Mass	Mother's Date of Birth _____	Mother's Age 25
Usual Residence of Mother _____		Filing Date November 1930

VS/BC Rev.3/90

I hereby certify that this is a true and exact copy of the document officially registered and placed on file in the issuing office.

98109260

Issuing Office **City Registrar Providence**

Date of Issuance **AUG - 5 1999**

Signature of Registrar _____

Claudia A. Belluscio Acting Registrar

THIS COPY VALID ONLY IF ISSUED ON PAPER WITH ENGRAVED BORDER DISPLAYING RAISED SEAL AND SIGNATURE OF STATE OR LOCAL REGISTRAR.

VS-81