

CERTIFICATE OF VITAL RECORD

VERIFY PRESENCE OF WATERMARK

HOLD TO LIGHT TO VIEW

The Commonwealth of Massachusetts

DEPARTMENT OF PUBLIC HEALTH
REGISTRY OF VITAL RECORDS AND STATISTICS

R0030809

1 PLACE OF BIRTH

County of Middlesex

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

Cambridge

(City or town)

260

RETURN OF A BIRTH

City or Town of Cambridge

No. 60 Webster Ave. St. Ward
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

Registered No. 1997

(If child is not yet named, make supplemental report, as directed)

2 FULL NAME OF CHILD Alice Mello

3 Sex of Child F

4 Twin, triplet or other? --
(Answer only in event of plural births)

5 Born alive or stillborn Alive

6 Date of birth Jan. 25, 1922.
(Month) (Day) (Year)

7 FULL NAME

FATHER
William Mello

8 PRESENT NAME AND MAIDEN NAME

MOTHER
Olive Farrarie

9 RESIDENCE No. 60 Webster Ave. St. ---

Cambridge
(City or town)

10 RESIDENCE No. 60 Webster Ave. St. ---

Cambridge
(City or town)

11 COLOR OR RACE W **AGE** 24 **YEARS**

12 COLOR OR RACE W **AGE** 22 **YEARS**

13 BIRTHPLACE Portugal
(City or town) (State or country)

14 BIRTHPLACE Portugal
(City or town) (State or country)

15 OCCUPATION Machinist

16 OCCUPATION Housewife

17 Signature of Attendant at birth Adeline F. Dunham, M. D.
(Name) (Physician, parent or other, etc.)

Address No. --- St. ---
(City or town)

Dated Jan. 27, 1922 **Did above-named personally attend the birth?** Yes
(Month) (Day) (Year)

18 Received at office of city or town clerk Jan. 27, 1922.
(Month) (Day) (Year)

19 A true copy.

Attest: [Signature] **REGISTRAR**



JUN 6 2013 Registrar of Vital Records and Statistics

I, the above-signed, hereby certify that I am the Registrar of Vital Records and Statistics; that as such I have custody of the records of birth, marriage, and death required by law to kept in my office; and I do hereby certify that the above is a true copy from said records.

VOID WITHOUT WATERMARK OR IF ALTERED OR ERASED

VOID IF ALTERED OR ERASED

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