

## U.S. Standard Certificates of Live Birth (Student Version)

Is this a Certificate of Live Birth for a baby born to a Springfield, Massachusetts, teenager during 2001?

U.S. STANDARD CERTIFICATE OF LIVE BIRTH				
1. CHILD'S NAME (First, Middle, Last, Suffix) Victoria Worth				
2. TIME OF BIRTH 20:47 (24hr)		3. SEX F		4. DATE OF BIRTH (Month/Day/Year) 2 / 13 / 01
5. FACILITY NAME (If not institution, give street and number) Holyoke Hospital		6. CITY, TOWN, OR LOCATION OF BIRTH Holyoke		7. COUNTY OF BIRTH Hampden
8a. MOTHER'S CURRENT LEGAL NAME (First, Middle, Last, Suffix) Lynn Worth		8b. DATE OF BIRTH (Month/Day/Year) 01 / 09 / 84		
8c. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last, Suffix) Lynn Marsh		8d. BIRTHPLACE (State, Territory, or Foreign Country) New Jersey		
9a. RESIDENCE OF MOTHER-STATE Massachusetts		9b. COUNTY Hampden		9c. CITY, TOWN, OR LOCATION Springfield
9d. STREET AND NUMBER 73 Northern Boulevard		9e. APT. NO. 18	9f. ZIP CODE 01199	
9g. INSIDE CITY LIMITS? <input checked="" type="radio"/> Yes <input type="radio"/> No				
10a. FATHER'S CURRENT LEGAL NAME (First, Middle, Last, Suffix) Gerald Adam Worth		10b. DATE OF BIRTH (Month/Day/Year) 06 / 11 / 81		10c. BIRTHPLACE (State, Territory, or Foreign Country) Massachusetts

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U.S. STANDARD CERTIFICATE OF LIVE BIRTH					
<b>CHILD</b>		1. CHILD'S NAME (First, Middle, Last, Suffix) Tara Nadia Ruben		2. TIME OF BIRTH 7:32 (24hr)	3. SEX F
		4. DATE OF BIRTH (Mo/Day/Yr) 04 / 19 / 01			
		5. FACILITY NAME (If not available, give street and number) Mercy Medical Center		6. CITY, TOWN, OR LOCATION OF BIRTH Springfield	
		7. COUNTY OF BIRTH Hampshire			
<b>MOTHER</b>		8a. MOTHER'S CURRENT LEGAL NAME (First, Middle, Last, Suffix) Keely Leah Darwin		8b. DATE OF BIRTH (Mo/Day/Yr) 01 / 28 / 86	
		8c. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last, Suffix) Keely Leah Darwin		8d. BIRTHPLACE (State, Territory, or Foreign Country) Massachusetts	
		9a. RESIDENCE OF MOTHER STATE Massachusetts		9b. COUNTY Hampden	
		9c. CITY, TOWN, OR LOCATION Springfield			
		9d. STREET AND NUMBER 589 Pine St		9e. APT. NO. -	
		9f. ZIP CODE 01102		9g. INSIDE CITY LIMITS? <input checked="" type="radio"/> Yes <input type="radio"/> No	
<b>FATHER</b>		10a. FATHER'S CURRENT LEGAL NAME (First, Middle, Last, Suffix) Percy Ried Ruben		10b. DATE OF BIRTH (Mo/Day/Yr) 03 / 03 / 85	
		10c. BIRTHPLACE (State, Territory, or Foreign Country) Massachusetts			

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U.S. STANDARD CERTIFICATE OF LIVE BIRTH					
<b>CHILD</b>		1. CHILD'S NAME (First, Middle, Last, Suffix) Jacqueline Stella Dean		2. TIME OF BIRTH 13:45 (24hr)	3. SEX F
		4. DATE OF BIRTH (Mo/Day/Yr) 11 / 04 / 01			
		5. FACILITY NAME (If not available, give street and number) Mercy Medical Center		6. CITY, TOWN, OR LOCATION OF BIRTH Springfield	7. COUNTY OF BIRTH Hampshire
<b>MOTHER</b>		8a. MOTHER'S CURRENT LEGAL NAME (First, Middle, Last, Suffix) Naomi Heather Dean		8b. DATE OF BIRTH (Mo/Day/Yr) 05 / 27 / 85	
		8c. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last, Suffix) Naomi Heather Reed		8d. BIRTHPLACE (State, Territory, or Foreign Country) Massachusetts	
		9a. RESIDENCE OF MOTHER STATE Massachusetts	9b. COUNTY Hampden	9c. CITY, TOWN, OR LOCATION Springfield	
		9d. STREET AND NUMBER 97 Law Rd	9e. APT. NO. -	9f. ZIP CODE 01102	9g. INSIDE CITY LIMITS? <input checked="" type="radio"/> Yes <input type="radio"/> No
<b>FATHER</b>		10a. FATHER'S CURRENT LEGAL NAME (First, Middle, Last, Suffix) Caleb Samuel Dean		10b. DATE OF BIRTH (Mo/Day/Yr) 02 / 14 / 83	10c. BIRTHPLACE (State, Territory, or Foreign Country) Massachusetts

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U.S. STANDARD CERTIFICATE OF LIVE BIRTH			
<b>CHILD</b>		<b>MOTHER</b>	
1. CHILD'S NAME (First, Middle, Last, Suffix) Dale Emery Prancen	2. TIME OF BIRTH 01:54 (4hr)	3. SEX M	4. DATE OF BIRTH (Mo/Day/Yr) 12 / 17 / 01
5. FACILITY NAME (If not available, give street and number) Mercy Medical Center	6. CITY, TOWN, OR LOCATION OF BIRTH Springfield	7. COUNTY OF BIRTH Hampshire	
8a. MOTHER'S CURRENT LEGAL NAME (First, Middle, Last, Suffix) Nina Olqa Prancen	8b. DATE OF BIRTH (Mo/Day/Yr) 06 / 28 / 84		
9a. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last, Suffix) Nina Olqa Larken	9b. BIRTHPLACE (State, Territory, or Foreign Country) Massachusetts		
10a. RESIDENCE OF MOTHER STATE Massachusetts	10b. COUNTY Hampden	10c. CITY, TOWN, OR LOCATION Springfield	
11a. STREET AND NUMBER 27 Maple Ave	11b. APT. NO. -	11c. ZIP CODE 01102	11d. INSIDE CITY LIMITS? <input checked="" type="radio"/> Yes <input type="radio"/> No
<b>FATHER</b>			
12a. FATHER'S CURRENT LEGAL NAME (First, Middle, Last, Suffix) Dylan Calvin Davis	12b. DATE OF BIRTH (Mo/Day/Yr) 03 / 15 / 83	12c. BIRTHPLACE (State, Territory, or Foreign Country) Massachusetts	

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U.S. STANDARD CERTIFICATE OF LIVE BIRTH			
<b>CHILD</b>		<b>BIRTH NUMBER:</b>	
1. CHILD'S NAME (First, Middle, Last, Suffix)	2. TIME OF BIRTH (24hr)	3. SEX	4. DATE OF BIRTH (Mo/Day/Yr)
Kendra Wilkins	20:51	F	03/21/01
5. FACILITY NAME (If not available, give street and number)	6. CITY, TOWN, OR LOCATION OF BIRTH	7. COUNTY OF BIRTH	
Mercy Medical Center	Springfield	Hampden	
<b>MOTHER</b>		<b>DATE OF BIRTH (Mo/Day/Yr)</b>	
8a. MOTHER'S CURRENT LEGAL NAME (First, Middle, Last, Suffix)	8b. DATE OF BIRTH (Mo/Day/Yr)		
Juanita Jose	02/05/81		
9a. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last, Suffix)	9b. BIRTHPLACE (State, Territory, or Foreign Country)		
Juanita Jose	New Mexico		
10a. RESIDENCE OF MOTHER STATE	10b. COUNTY	10c. CITY, TOWN, OR LOCATION	
Massachusetts	Hampden	Springfield	
11a. STREET AND NUMBER	11b. APT. NO.	11c. ZIP CODE	11d. INSIDE CITY LIMITS?
5387 Jones Street		01102	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>FATHER</b>		<b>DATE OF BIRTH (Mo/Day/Yr)</b>	
12a. FATHER'S CURRENT LEGAL NAME (First, Middle, Last, Suffix)	12b. DATE OF BIRTH (Mo/Day/Yr)		
Robert Wilkins	03/13/80		
13a. BIRTHPLACE (State, Territory, or Foreign Country)		13b. DATE OF BIRTH (Mo/Day/Yr)	
Massachusetts			

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U.S. STANDARD CERTIFICATE OF LIVE BIRTH					
<b>CHILD</b>		1. CHILD'S NAME (First, Middle, Last, Suffix) Dinah Cerise Milton		2. TIME OF BIRTH 24:00 (24hr)	3. SEX F
4. DATE OF BIRTH (Mo/Day/Yr) 09 / 14 / 01		5. FACILITY NAME (If not available, give street and number) Mercy Medical Center		6. CITY, TOWN, OR LOCATION OF BIRTH Springfield	7. COUNTY OF BIRTH Hampshire
<b>MOTHER</b>		8a. MOTHER'S CURRENT LEGAL NAME (First, Middle, Last, Suffix) Cerise Dana Milton		8b. DATE OF BIRTH (Mo/Day/Yr) 03 / 19 / 82	
9c. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last, Suffix) Cerise Dana Ranch		9d. BIRTHPLACE (State, Territory, or Foreign Country) Massachusetts			
9a. RESIDENCE OF MOTHER STATE Massachusetts		9b. COUNTY Hampden		9c. CITY, TOWN, OR LOCATION Springfield	
9d. STREET AND NUMBER 78 Walnut Ave		9e. APT. NO. 9	9f. ZIP CODE 01102	9g. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>FATHER</b>		10a. FATHER'S CURRENT LEGAL NAME (First, Middle, Last, Suffix) Baxter Alex Milton		10b. DATE OF BIRTH (Mo/Day/Yr) 08 / 30 / 84	10c. BIRTHPLACE (State, Territory, or Foreign Country) Massachusetts

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U.S. STANDARD CERTIFICATE OF LIVE BIRTH					
<b>CHILD</b>		1. CHILD'S NAME (First, Middle, Last, Suffix) Carlton William Preston		2. TIME OF BIRTH 17:38 (24hr)	3. SEX M
		4. DATE OF BIRTH (Mo/Day/Yr) 07 / 16 / 01			
		5. FACILITY NAME (If not available, give street and number) Mercy Medical Center		6. CITY, TOWN, OR LOCATION OF BIRTH Springfield	7. COUNTY OF BIRTH Hampden
<b>MOTHER</b>		8a. MOTHER'S CURRENT LEGAL NAME (First, Middle, Last, Suffix) Amelia Carmen Preston		8b. DATE OF BIRTH (Mo/Day/Yr) 11 / 29 / 84	
		9c. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last, Suffix) Amelia Carmen Banks		9d. BIRTHPLACE (State, Territory, or Foreign Country) Massachusetts	
		9a. RESIDENCE OF MOTHER STATE Massachusetts		9b. COUNTY Hampden	
		9c. CITY, TOWN, OR LOCATION Springfield			
		9d. STREET AND NUMBER 7 Highland Park		9e. APT. NO. 32	9f. ZIP CODE 01102
				9g. INSIDE CITY LIMITS? <input checked="" type="radio"/> Yes <input type="radio"/> No	
<b>FATHER</b>		10a. FATHER'S CURRENT LEGAL NAME (First, Middle, Last, Suffix) Henry James Preston		10b. DATE OF BIRTH (Mo/Day/Yr) 02 / 16 / 84	10c. BIRTHPLACE (State, Territory, or Foreign Country) Massachusetts

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U.S. STANDARD CERTIFICATE OF LIVE BIRTH					
LOCAL FILE NO.		BIRTH NUMBER		8	
<b>CHILD</b>	1. CHILD'S NAME (First, Middle, Last, Suffix) Jina Kim	2. TIME OF BIRTH (24hr) 14:50	3. SEX F	4. DATE OF BIRTH (Mo/Day/Yr) 04 / 30 / 01	
5. FACILITY NAME (If not institution, give street and number) Marv Lane Hospital		6. CITY, TOWN, OR LOCATION OF BIRTH Ware		7. COUNTY OF BIRTH Hampshire	
<b>MOTHER</b>	8a. MOTHER'S CURRENT LEGAL NAME (First, Middle, Last, Suffix) Mu Lan Lee	8b. DATE OF BIRTH (Mo/Day/Yr) 11 / 13 / 88			
8c. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last, Suffix) Mu Lan Lee		8d. BIRTHPLACE (State, Territory, or Foreign Country) China			
9a. RESIDENCE OF MOTHER, STATE Massachusetts		9b. COUNTY Hampden		9c. CITY, TOWN, OR LOCATION Palmer	
9d. STREET AND NUMBER 1241 West Broad Street		9e. APT. NO. 3	9f. ZIP CODE 01069	9g. INSIDE CITY LIMITS? <input checked="" type="radio"/> Yes <input type="radio"/> No	
<b>FATHER</b>	10a. FATHER'S CURRENT LEGAL NAME (First, Middle, Last, Suffix) Lee Kim	10b. DATE OF BIRTH (Mo/Day/Yr) 03 / 18 / 86		10c. BIRTHPLACE (State, Territory, or Foreign Country) China	



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U.S. STANDARD CERTIFICATE OF LIVE BIRTH					
<b>CHILD</b>		1. CHILD'S NAME (First, Middle, Last, Suffix) Lucas Eugene Carine		2. TIME OF BIRTH 21:02 (24hr)	3. SEX M
		4. DATE OF BIRTH (Mo/Day/Yr) 01 / 21 / 01			
		5. FACILITY NAME (If not available, give street and number) Mercy Medical Center		6. CITY, TOWN, OR LOCATION OF BIRTH Springfield	7. COUNTY OF BIRTH Hampden
<b>MOTHER</b>		8a. MOTHER'S CURRENT LEGAL NAME (First, Middle, Last, Suffix) Naomi Clark		8b. DATE OF BIRTH (Mo/Day/Yr) 12 / 12 / 84	
		8c. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last, Suffix) Naomi Clark		8d. BIRTHPLACE (State, Territory, or Foreign Country) Massachusetts	
		9a. RESIDENCE OF MOTHER STATE Massachusetts		9b. COUNTY Hampden	
		9c. CITY, TOWN, OR LOCATION Springfield			
		9d. STREET AND NUMBER 76 Springfield Rd		9e. APT. NO. 2	9f. ZIP CODE 01102
				9g. INSIDE CITY LIMITS? <input checked="" type="radio"/> Yes <input type="radio"/> No	
<b>FATHER</b>		10a. FATHER'S CURRENT LEGAL NAME (First, Middle, Last, Suffix) Matthew Colin Carine		10b. DATE OF BIRTH (Mo/Day/Yr) 08 / 30 / 85	10c. BIRTHPLACE (State, Territory, or Foreign Country) Massachusetts

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U.S. STANDARD CERTIFICATE OF LIVE BIRTH			
<b>CHILD</b>		<b>BIRTH NUMBER:</b>	
1. CHILD'S NAME (First, Middle, Last, Suffix)	2. TIME OF BIRTH (24hr)	3. SEX	4. DATE OF BIRTH (Mo/Day/Yr)
Sophia Darlene Clemens	13:43	F	04 / 12 / 01
5. FACILITY NAME (If not available, give street and number)	6. CITY, TOWN, OR LOCATION OF BIRTH	7. COUNTY OF BIRTH	
Mercy Medical Center	Springfield	Hampden	
<b>MOTHER</b>		<b>DATE OF BIRTH (Mo/Day/Yr)</b>	
8a. MOTHER'S CURRENT LEGAL NAME (First, Middle, Last, Suffix)	8b. DATE OF BIRTH (Mo/Day/Yr)		
Eve Jennifer Clemens	06 / 13 / 84		
9a. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last, Suffix)	9b. BIRTHPLACE (State, Territory, or Foreign Country)		
Eve Jennifer Robinson	Massachusetts		
10a. RESIDENCE OF MOTHER STATE	10b. COUNTY	10c. CITY, TOWN, OR LOCATION	
Massachusetts	Hampden	Springfield	
11a. STREET AND NUMBER	11b. APT. NO.	11c. ZIP CODE	11d. INSIDE CITY LIMITS?
32 Montague Pl	-	01102	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>FATHER</b>		<b>DATE OF BIRTH (Mo/Day/Yr)</b>	
12a. FATHER'S CURRENT LEGAL NAME (First, Middle, Last, Suffix)	12b. DATE OF BIRTH (Mo/Day/Yr)		
Thomas Tony Clemens	05 / 13 / 85		
13a. FATHER'S BIRTHPLACE (State, Territory, or Foreign Country)		13b. BIRTHPLACE (State, Territory, or Foreign Country)	
Massachusetts		Massachusetts	

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U.S. STANDARD CERTIFICATE OF LIVE BIRTH					
<b>CHILD</b>		1. CHILD'S NAME (First, Middle, Last, Suffix) DaShaun Drew Davis		2. TIME OF BIRTH 09:18 (24hr)	3. SEX M
		4. DATE OF BIRTH (Mo/Day/Yr) 09 / 15 / 01			
		5. FACILITY NAME (If not available, give street and number) Mercy Medical Center		6. CITY, TOWN, OR LOCATION OF BIRTH Springfield	7. COUNTY OF BIRTH Hampshire
<b>MOTHER</b>		8a. MOTHER'S CURRENT LEGAL NAME (First, Middle, Last, Suffix) Rose Rachel Davis		8b. DATE OF BIRTH (Mo/Day/Yr) 10 / 21 / 81	
		8c. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last, Suffix) Rose Rachel Matthews		8d. BIRTHPLACE (State, Territory, or Foreign Country) Massachusetts	
		9a. RESIDENCE OF MOTHER STATE Massachusetts		9b. COUNTY Hampden	
		9c. CITY, TOWN, OR LOCATION Springfield			
		9d. STREET AND NUMBER 1 Michaels Lane		9e. APT. NO. -	9f. ZIP CODE 01102
				9g. INSIDE CITY LIMITS? <input checked="" type="radio"/> Yes <input type="radio"/> No	
<b>FATHER</b>		10a. FATHER'S CURRENT LEGAL NAME (First, Middle, Last, Suffix) Dylan Calvin Davis		10b. DATE OF BIRTH (Mo/Day/Yr) 11 / 02 / 81	10c. BIRTHPLACE (State, Territory, or Foreign Country) Massachusetts

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U.S. STANDARD CERTIFICATE OF LIVE BIRTH					
1. LOCAL FILE NO.		2. TIME OF BIRTH (24hr)		3. SEX	4. DATE OF BIRTH (Mo/Day/Yr)
CHILD		Stephanie Massi		F	8 / 22 / 01
5. FACILITY NAME (If not Institution, give street and number)		6. CITY, TOWN, OR LOCATION OF BIRTH		7. COUNTY OF BIRTH	
Mercy Medical Center		Springfield		Hampden	
8a. MOTHER'S CURRENT LEGAL NAME (First, Middle, Last, Suffix)		8b. DATE OF BIRTH (Mo/Day/Yr)			
MOTHER		Sharon Massi		01 / 09 / 84	
8c. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last, Suffix)		8d. BIRTHPLACE (State, Territory, or Foreign Country)			
Sharon Wilson		Massachusetts			
9a. RESIDENCE OF MOTHER STATE		9b. COUNTY		9c. CITY, TOWN, OR LOCATION	
Massachusetts		Hampden		Pittsfield	
9d. STREET AND NUMBER		9e. APT. NO.	9f. ZIP CODE	9g. INSIDE CITY LIMITS? <input checked="" type="radio"/> Yes <input type="radio"/> No	
5 Third Avenue		18	01201		
10a. FATHER'S CURRENT LEGAL NAME (First, Middle, Last, Suffix)		10b. DATE OF BIRTH (Mo/Day/Yr)	10c. BIRTHPLACE (State, Territory, or Foreign Country)		
FATHER		Stephan Massi		06 / 11 / 81 Massachusetts	

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U.S. STANDARD CERTIFICATE OF LIVE BIRTH					
<b>CHILD</b>		1. CHILD'S NAME (First, Middle, Last, Suffix) Akron Bailey Williams		2. TIME OF BIRTH 22:19 (24hr)	3. SEX M
		4. DATE OF BIRTH (Mo/Day/Yr) 09 / 07 / 01			
		5. FACILITY NAME (If not available, give street and number) Mercy Medical Center		6. CITY, TOWN, OR LOCATION OF BIRTH Springfield	7. COUNTY OF BIRTH Hampshire
<b>MOTHER</b>		8a. MOTHER'S CURRENT LEGAL NAME (First, Middle, Last, Suffix) Shosannah Victoria Williams		8b. DATE OF BIRTH (Mo/Day/Yr) 05 / 18 / 85	
		8c. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last, Suffix) Shosannah Victoria Gracev		8d. BIRTHPLACE (State, Territory, or Foreign Country) Massachusetts	
		9a. RESIDENCE OF MOTHER STATE Massachusetts		9b. COUNTY Hampden	
		9c. CITY, TOWN, OR LOCATION Springfield			
		9d. STREET AND NUMBER 1387 Harvest St		9e. APT. NO. 67	9f. ZIP CODE 01102
				9g. INSIDE CITY LIMITS? <input checked="" type="radio"/> Yes <input type="radio"/> No	
<b>FATHER</b>		10a. FATHER'S CURRENT LEGAL NAME (First, Middle, Last, Suffix) Akin Axel Williams		10b. DATE OF BIRTH (Mo/Day/Yr) 01 / 08 / 84	10c. BIRTHPLACE (State, Territory, or Foreign Country) Massachusetts

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U.S. STANDARD CERTIFICATE OF LIVE BIRTH					
<b>CHILD</b>		1. CHILD'S NAME (First, Middle, Last, Suffix) Orli Hasina Pasture		2. TIME OF BIRTH 03:45 (24hr)	3. SEX F
		4. DATE OF BIRTH (Mo/Day/Yr) 03 / 14 / 01			
		5. FACILITY NAME (If not available, give street and number) Mercy Medical Center		6. CITY, TOWN, OR LOCATION OF BIRTH Springfield	7. COUNTY OF BIRTH Hampden
<b>MOTHER</b>		8a. MOTHER'S CURRENT LEGAL NAME (First, Middle, Last, Suffix) Terry Judith Pasture		8b. DATE OF BIRTH (Mo/Day/Yr) 09 / 17 / 83	
		9c. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last, Suffix) Terry Judith Klien		9d. BIRTHPLACE (State, Territory, or Foreign Country) Massachusetts	
		9a. RESIDENCE OF MOTHER STATE Massachusetts	9b. COUNTY Hampden	9c. CITY, TOWN, OR LOCATION Springfield	
		9d. STREET AND NUMBER 1 Larkin Rd		9e. APT. NO. -	9f. ZIP CODE 01102
				9g. INSIDE CITY LIMITS? <input checked="" type="radio"/> Yes <input type="radio"/> No	
<b>FATHER</b>		10a. FATHER'S CURRENT LEGAL NAME (First, Middle, Last, Suffix) DeJuan Dillon Pasture		10b. DATE OF BIRTH (Mo/Day/Yr) 05 / 13 / 84	10c. BIRTHPLACE (State, Territory, or Foreign Country) Massachusetts

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U.S. STANDARD CERTIFICATE OF LIVE BIRTH					
LOCAL FILE NO.		BIRTH NUMBER:		15	
<b>CHILD</b>	1. CHILD'S NAME (First, Middle, Last, Suffix) Gabriel Hakeen James		2. TIME OF BIRTH 02:13 (24hr)	3. SEX F	4. DATE OF BIRTH (Mo/Day/Yr) 12 / 25 / 01
	5. FACILITY NAME (If not voluntary, give street and number) Mercy Medical Center		6. CITY, TOWN, OR LOCATION OF BIRTH Springfield	7. COUNTY OF BIRTH Hampden	
<b>MOTHER</b>	8a. MOTHER'S CURRENT LEGAL NAME (First, Middle, Last, Suffix) Christina Jani James		9. DATE OF BIRTH (Mo/Day/Yr) 07 / 08 / 84		
	8c. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last, Suffix) Christina Jani Roth		8b. BIRTHPLACE (State, Territory, or Foreign Country) Massachusetts		
<b>FATHER</b>	9a. RESIDENCE OF MOTHER STATE Massachusetts		9b. COUNTY Hampden		9c. CITY, TOWN, OR LOCATION Springfield
	9d. STREET AND NUMBER 18 Pine St		9e. APT. NO. 9	9f. ZIP CODE 01102	9g. INSIDE CITY LIMITS? <input checked="" type="radio"/> Yes <input type="radio"/> No
	10a. FATHER'S CURRENT LEGAL NAME (First, Middle, Last, Suffix) Haidar James		10b. DATE OF BIRTH (Mo/Day/Yr) 02 / 18 / 84		10c. BIRTHPLACE (State, Territory, or Foreign Country) Massachusetts

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U.S. STANDARD CERTIFICATE OF LIVE BIRTH									
LOCAL FILE NO.		1. CHILD'S NAME (First, Middle, Last, Suffix)		2. TIME OF BIRTH		3. SEX		4. DATE OF BIRTH (Mo/Day/Yr)	
CHILD		Bryson Tyler		4:13 (AM/PM)		M		02 / 28 / 01	
		5. FACILITY NAME (If not applicable, give street and number)		6. CITY, TOWN, OR LOCATION OF BIRTH		7. COUNTY OF BIRTH			
		Springfield Children's Hospital		Springfield		Hampshire			
MOTHER		8a. MOTHER'S CURRENT LEGAL NAME (First, Middle, Last, Suffix)		8b. DATE OF BIRTH (Mo/Day/Yr)					
		Kristen Galt Tyler		11 / 02 / 87					
		8c. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last, Suffix)		8d. BIRTHPLACE (State, Territory, or Foreign Country)					
		Kristen Galt Tyler		Massachusetts					
		8e. RESIDENCE OF MOTHER-STATE		8f. COUNTY		8g. CITY, TOWN, OR LOCATION			
		Massachusetts		Hampden		Springfield			
		8h. STREET AND NUMBER		8i. APT. NO.		8j. ZIP CODE		8k. INSIDE CITY LIMITS?	
		120 Christopher Avenue		18		01102		<input checked="" type="radio"/> Yes <input type="radio"/> No	
FATHER		10a. FATHER'S CURRENT LEGAL NAME (First, Middle, Last, Suffix)		10b. DATE OF BIRTH (Mo/Day/Yr)		10c. BIRTHPLACE (State, Territory, or Foreign Country)			
		Leonard Christian Dunn		03 / 03 / 80		Massachusetts			



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U.S. STANDARD CERTIFICATE OF LIVE BIRTH					
<b>CHILD</b>		1. CHILD'S NAME (First, Middle, Last, Suffix) Kameko Jade Kim		2. TIME OF BIRTH 02:13 (24hr)	3. SEX F
		4. DATE OF BIRTH (Mo/Day/Yr) 09 / 11 / 01			
		5. FACILITY NAME (If not available, give street and number) Mercy Medical Center		6. CITY, TOWN, OR LOCATION OF BIRTH Springfield	7. COUNTY OF BIRTH Hampden
<b>MOTHER</b>		8a. MOTHER'S CURRENT LEGAL NAME (First, Middle, Last, Suffix) Nora Nita Kim		8b. DATE OF BIRTH (Mo/Day/Yr) 09 / 01 / 86	
		8c. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last, Suffix) Nora Nita McDonald		8d. BIRTHPLACE (State, Territory, or Foreign Country) Massachusetts	
		9a. RESIDENCE OF MOTHER STATE Massachusetts		9b. COUNTY Hampden	
		9c. CITY, TOWN, OR LOCATION Springfield			
		9d. STREET AND NUMBER 45 Orange Ave		9e. APT. NO. 3	9f. ZIP CODE 01102
				9g. INSIDE CITY LIMITS? <input checked="" type="radio"/> Yes <input type="radio"/> No	
<b>FATHER</b>		10a. FATHER'S CURRENT LEGAL NAME (First, Middle, Last, Suffix) Rei Kevin Kim		10b. DATE OF BIRTH (Mo/Day/Yr) 12 / 12 / 83	10c. BIRTHPLACE (State, Territory, or Foreign Country) Massachusetts

**Is this a Certificate of Live Birth for a baby born to a Springfield, Massachusetts, teenager during 2001?**

U.S. STANDARD CERTIFICATE OF LIVE BIRTH			
<b>CHILD</b>		<b>BIRTH NUMBER:</b>	
1. CHILD'S NAME (First, Middle, Last, Suffix)	2. TIME OF BIRTH (24hr)	3. SEX	4. DATE OF BIRTH (Mo/Day/Yr)
Lux Rory Carp	11:11	F	11 / 11 / 01
5. FACILITY NAME (If not available, give street and number)	6. CITY, TOWN, OR LOCATION OF BIRTH	7. COUNTY OF BIRTH	
Mercy Medical Center	Springfield	Hampden	
<b>MOTHER</b>		<b>DATE OF BIRTH (Mo/Day/Yr)</b>	
8a. MOTHER'S CURRENT LEGAL NAME (First, Middle, Last, Suffix)	8b. DATE OF BIRTH (Mo/Day/Yr)		
Julia Stella Carp	11 / 13 / 85		
9a. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last, Suffix)	9b. BIRTHPLACE (State, Territory, or Foreign Country)		
Julia Stella Diyan	Massachusetts		
10a. RESIDENCE OF MOTHER STATE	10b. COUNTY	10c. CITY, TOWN, OR LOCATION	
Massachusetts	Hampden	Springfield	
11a. STREET AND NUMBER	11b. APT. NO.	11c. ZIP CODE	11d. INSIDE CITY LIMITS?
139 Chestnut St	-	01102	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>FATHER</b>		<b>DATE OF BIRTH (Mo/Day/Yr)</b>	
12a. FATHER'S CURRENT LEGAL NAME (First, Middle, Last, Suffix)	12b. DATE OF BIRTH (Mo/Day/Yr)		
Benton Hayden Carp	03 / 06 / 85		
13a. BIRTHPLACE (State, Territory, or Foreign Country)		13b. BIRTHPLACE (State, Territory, or Foreign Country)	
Massachusetts		Massachusetts	

**Is this a Certificate of Live Birth for a baby born to a Springfield, Massachusetts, teenager during 2001?**

U.S. STANDARD CERTIFICATE OF LIVE BIRTH					
<b>CHILD</b>		1. CHILD'S NAME (First, Middle, Last, Suffix) Charles Wiggins, Jr.		2. TIME OF BIRTH 12:35 (24hr)	3. SEX M
		4. DATE OF BIRTH (Mo/Day/Yr) 06/08/01			
		5. FACILITY NAME (If not available, give street and number) Mercy Medical Center		6. CITY, TOWN, OR LOCATION OF BIRTH Springfield	7. COUNTY OF BIRTH Hampshire
<b>MOTHER</b>		8a. MOTHER'S CURRENT LEGAL NAME (First, Middle, Last, Suffix) Shakira Anna Brown		8b. DATE OF BIRTH (Mo/Day/Yr) 11 / 22 / 87	
		8c. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last, Suffix) Shakira Anna Brown		8d. BIRTHPLACE (State, Territory, or Foreign Country) Massachusetts	
		9a. RESIDENCE OF MOTHER STATE Massachusetts		9b. COUNTY Hampshire	
		9c. CITY, TOWN, OR LOCATION Springfield			
		9d. STREET AND NUMBER 125 Lexington Ave		9e. APT. NO. 22	9f. ZIP CODE 01102
				9g. INSIDE CITY LIMITS? <input checked="" type="radio"/> Yes <input type="radio"/> No	
<b>FATHER</b>		10a. FATHER'S CURRENT LEGAL NAME (First, Middle, Last, Suffix) Charles Wiggins		10b. DATE OF BIRTH (Mo/Day/Yr) 06 / 09 / 81	10c. BIRTHPLACE (State, Territory, or Foreign Country) Massachusetts

**Is this a Certificate of Live Birth for a baby born to a Springfield, Massachusetts teenager during 2001?**

U.S. STANDARD CERTIFICATE OF LIVE BIRTH					
LOCAL FILE NO.	1. CHILD'S NAME (First, Middle, Last, Suffix)		2. TIME OF BIRTH	3. SEX	4. DATE OF BIRTH (Month/Day/Year)
<b>CHILD</b>	Ronald Schoen		17:01 (24hr)	M	06 / 25 / 01
	5. FACILITY NAME (If not available, give street and number)	6. CITY, TOWN, OR LOCATION OF BIRTH		7. COUNTY OF BIRTH	
	Mercy Medical Center	Springfield		Hampden	
<b>MOTHER</b>	8a. MOTHER'S CURRENT LEGAL NAME (First, Middle, Last, Suffix)		8b. DATE OF BIRTH (Month/Day/Year)		
	Clair Schoen		01 / 09 / 84		
	8c. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last, Suffix)		8d. BIRTHPLACE (State, Territory, or Foreign Country)		
	Clair Johnson		Massachusetts		
	9a. RESIDENCE OF MOTHER, STATE	9b. COUNTY	9c. CITY, TOWN, OR LOCATION		
	Massachusetts	Hampden	Northampton		
	9d. STREET AND NUMBER	9e. APF NO.	9f. ZIP CODE	9g. INSIDE CITY LIMITS?	
	412 Adams Boulevard	18	01060	<input checked="" type="radio"/> Yes <input type="radio"/> No	
<b>FATHER</b>	10a. FATHER'S CURRENT LEGAL NAME (First, Middle, Last, Suffix)		10b. DATE OF BIRTH (Month/Day/Year)		10c. BIRTHPLACE (State, Territory, or Foreign Country)
	Jason Schoen		09 / 17 / 80		Massachusetts

**Is this a Certificate of Live Birth for a baby born to a Springfield, Massachusetts, teenager during 2001?**

U.S. STANDARD CERTIFICATE OF LIVE BIRTH					
21					
LOCAL FILE NO.					
<b>CHILD</b>	1. CHILD'S NAME (First, Middle, Last, Suffix) Amanda Elizabeth Johnson		2. TIME OF BIRTH 23:16 (24hr)	3. SEX F	4. DATE OF BIRTH (Mo/Day/Yr) 08/27/01
	5. FACILITY NAME (Inpatient/outpatient, give street and number) Mercy Medical Center		6. CITY, TOWN, OR LOCATION OF BIRTH Springfield		7. COUNTY OF BIRTH Hampshire
<b>MOTHER</b>	8a. MOTHER'S CURRENT LEGAL NAME (First, Middle, Last, Suffix) Christina Lewis		8b. DATE OF BIRTH (Mo/Day/Yr) 12/25/83		
	8c. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last, Suffix) Christina Lewis		8d. BIRTHPLACE (State, Territory, or Foreign Country) Massachusetts		
	9a. RESIDENCE OF MOTHER-STATE Massachusetts	9b. COUNTY Hampshire	9c. CITY, TOWN, OR LOCATION Springfield		
	9d. STREET AND NUMBER 10 Alpine Pike		9e. APT. NO. 22	9f. ZIP CODE 01102	9g. INSIDE CITY LIMITS? <input checked="" type="radio"/> Yes <input type="radio"/> No
<b>FATHER</b>	10a. FATHER'S CURRENT LEGAL NAME (First, Middle, Last, Suffix) Matthew Carl Johnson		10b. DATE OF BIRTH (Mo/Day/Yr) 10/13/80		10c. BIRTHPLACE (State, Territory, or Foreign Country) Massachusetts

**Is this a Certificate of Live Birth for a baby born to a Springfield, Massachusetts, teenager during 2001?**

U.S. STANDARD CERTIFICATE OF LIVE BIRTH					
LOCAL FILE NO.		BIRTH NUMBER:			
<b>CHILD</b>	1. CHILD'S NAME (First, Middle, Last, Suffix)	2. TIME OF BIRTH (24hr)	3. SEX	4. DATE OF BIRTH (Mo/Day/Yr)	
	Carmine Abraham Stein	13:19	M	04/15/01	
<b>MOTHER</b>	5. FACILITY NAME (If not available, give street and number)	6. CITY, TOWN, OR LOCATION OF BIRTH		7. COUNTY OF BIRTH	
	Mercy Medical Center	Springfield		Hampshire	
	8a. MOTHER'S CURRENT LEGAL NAME (First, Middle, Last, Suffix)	9. DATE OF BIRTH (Mo/Day/Yr)			
	Louisa Stein	03/28/82			
<b>FATHER</b>	8c. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last, Suffix)	8e. BIRTHPLACE (State, Territory, or Foreign Country)			
	Louisa Matthews	Massachusetts			
	9a. RESIDENCE OF MOTHER STATE	9b. COUNTY	9c. CITY, TOWN, OR LOCATION		
	Massachusetts	Hampshire	Springfield		
	9d. STREET AND NUMBER	9e. APT. NO.	9f. ZIP CODE	9g. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
10a. FATHER'S CURRENT LEGAL NAME (First, Middle, Last, Suffix)	10b. DATE OF BIRTH (Mo/Day/Yr)	10c. BIRTHPLACE (State, Territory, or Foreign Country)			
Jude Stein	05/01/82	New York			

**Is this a Certificate of Live Birth for a baby born to a Springfield, Massachusetts, teenager during 2001?**

U.S. STANDARD CERTIFICATE OF LIVE BIRTH					
<b>CHILD</b>		1. CHILD'S NAME (First, Middle, Last, Suffix) Ivy Joyce O'Brien		2. TIME OF BIRTH 05:32 (24hr)	3. SEX F
		4. DATE OF BIRTH (Mo/Day/Yr) 07 / 30 / 01			
		5. FACILITY NAME (If not available, give street and number) Mercy Medical Center		6. CITY, TOWN, OR LOCATION OF BIRTH Springfield	7. COUNTY OF BIRTH Hampden
<b>MOTHER</b>		8a. MOTHER'S CURRENT LEGAL NAME (First, Middle, Last, Suffix) Hallie Isabel O'Brien		8b. DATE OF BIRTH (Mo/Day/Yr) 04 / 12 / 84	
		8c. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last, Suffix) Hallie Isabel Trump		8d. BIRTHPLACE (State, Territory, or Foreign Country) Massachusetts	
		9a. RESIDENCE OF MOTHER STATE Massachusetts		9b. COUNTY Hampden	
		9c. CITY, TOWN, OR LOCATION Springfield			
		9d. STREET AND NUMBER 12 Inwood Rd		9e. APT. NO. 9	9f. ZIP CODE 01102
				9g. INSIDE CITY LIMITS? <input checked="" type="radio"/> Yes <input type="radio"/> No	
<b>FATHER</b>		10a. FATHER'S CURRENT LEGAL NAME (First, Middle, Last, Suffix) Joseph Jude O'Brien		10b. DATE OF BIRTH (Mo/Day/Yr) 07 / 29 / 83	10c. BIRTHPLACE (State, Territory, or Foreign Country) Massachusetts

**Is this a Certificate of Live Birth for a baby born to a Springfield, Massachusetts, teenager during 2001?**

U.S. STANDARD CERTIFICATE OF LIVE BIRTH			
<b>CHILD</b>		<b>BIRTH NUMBER:</b>	
1. CHILD'S NAME (First, Middle, Last, Suffix)	2. TIME OF BIRTH (24hr)	3. SEX	4. DATE OF BIRTH (Mo/Day/Yr)
Jenna Sasha Williams	16:33	F	03/01/01
5. FACILITY NAME (If not available, give street and number)	6. CITY, TOWN, OR LOCATION OF BIRTH	7. COUNTY OF BIRTH	
Fairview Hospital Center	Great Barrington	Berkshire	
<b>MOTHER</b>		<b>DATE OF BIRTH (Mo/Day/Yr)</b>	
8a. MOTHER'S CURRENT LEGAL NAME (First, Middle, Last, Suffix)	8b. DATE OF BIRTH (Mo/Day/Yr)		
Jennifer Copeland	07/04/81		
9c. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last, Suffix)		9d. BIRTHPLACE (State, Territory, or Foreign Country)	
Jennifer Copeland		California	
9a. RESIDENCE OF MOTHER STATE	9b. COUNTY	9c. CITY, TOWN, OR LOCATION	
Massachusetts	Berkshire	Great Barrington	
9d. STREET AND NUMBER	9e. APT. NO.	9f. ZIP CODE	9g. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
16 Fairview Way		01230	
<b>FATHER</b>		<b>DATE OF BIRTH (Mo/Day/Yr)</b>	
10a. FATHER'S CURRENT LEGAL NAME (First, Middle, Last, Suffix)	10b. DATE OF BIRTH (Mo/Day/Yr)		
Michael Williams	09/28/82		
10c. BIRTHPLACE (State, Territory, or Foreign Country)			
Massachusetts			



**Is this a Certificate of Live Birth for a baby born to a Springfield, Massachusetts, teenager during 2001?**

U.S. STANDARD CERTIFICATE OF LIVE BIRTH					
<b>CHILD</b>		1. CHILD'S NAME (First, Middle, Last, Suffix) Patsy Briar Rose		2. TIME OF BIRTH 10:12 (24hr)	3. SEX F
		4. DATE OF BIRTH (Mo/Day/Yr) 06/26/01			
		5. FACILITY NAME (If not available, give street and number) Mercy Medical Center		6. CITY, TOWN, OR LOCATION OF BIRTH Springfield	
		7. COUNTY OF BIRTH Hampden			
<b>MOTHER</b>		8a. MOTHER'S CURRENT LEGAL NAME (First, Middle, Last, Suffix) Molly Rose		8b. DATE OF BIRTH (Mo/Day/Yr) 01/30/87	
		8c. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last, Suffix) Molly Hamer		8d. BIRTHPLACE (State, Territory, or Foreign Country) Massachusetts	
		9a. RESIDENCE OF MOTHER STATE Massachusetts		9b. COUNTY Hampden	
		9c. CITY, TOWN, OR LOCATION Springfield			
		9d. STREET AND NUMBER 3476 Washington Drive		9e. APT. NO. 01102	
		9f. ZIP CODE 01102		9g. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>FATHER</b>		10a. FATHER'S CURRENT LEGAL NAME (First, Middle, Last, Suffix) Carlton Rose		10b. DATE OF BIRTH (Mo/Day/Yr) 11/18/85	
		10c. BIRTHPLACE (State, Territory, or Foreign Country) Massachusetts			

**Is this a Certificate of Live Birth for a baby born to a Springfield, Massachusetts, teenager during 2001?**

U.S. STANDARD CERTIFICATE OF LIVE BIRTH					
<b>CHILD</b>		1. CHILD'S NAME (First, Middle, Last, Suffix) James Smith		2. TIME OF BIRTH 13:18 (24hr)	3. SEX M
		4. DATE OF BIRTH (Mo/Day/Yr) 06/26/01			
		5. FACILITY NAME (If not available, give street and number) Mercy Medical Center		6. CITY, TOWN, OR LOCATION OF BIRTH Springfield	7. COUNTY OF BIRTH Hampden
<b>MOTHER</b>		8a. MOTHER'S CURRENT LEGAL NAME (First, Middle, Last, Suffix) Alexis May		8b. DATE OF BIRTH (Mo/Day/Yr) 12/15/83	
		8c. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last, Suffix) Alexis May		8d. BIRTHPLACE (State, Territory, or Foreign Country) Massachusetts	
		9a. RESIDENCE OF MOTHER STATE Massachusetts		9b. COUNTY Hampden	
		9c. CITY, TOWN, OR LOCATION Springfield			
		9d. STREET AND NUMBER 2727 Detroit Street		9e. APT. NO. 01102	9f. ZIP CODE 01102
				9g. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>FATHER</b>		10a. FATHER'S CURRENT LEGAL NAME (First, Middle, Last, Suffix) Michael Smith		10b. DATE OF BIRTH (Mo/Day/Yr) 10/17/83	10c. BIRTHPLACE (State, Territory, or Foreign Country) Massachusetts

**Is this a Certificate of Live Birth for a baby born to a Springfield, Massachusetts, teenager during 2001?**

U.S. STANDARD CERTIFICATE OF LIVE BIRTH					
<b>CHILD</b>		1. CHILD'S NAME (First, Middle, Last, Suffix) Julie Adam		2. TIME OF BIRTH 21:11 (24hr)	3. SEX F
		4. DATE OF BIRTH (Mo/Day/Yr) 05/16/01			
		5. FACILITY NAME (If not available, give street and number) Mercy Medical Center		6. CITY, TOWN, OR LOCATION OF BIRTH Springfield	7. COUNTY OF BIRTH Hampden
<b>MOTHER</b>		8a. MOTHER'S CURRENT LEGAL NAME (First, Middle, Last, Suffix) Mavis Beacon		8b. DATE OF BIRTH (Mo/Day/Yr) 03/05/81	
		8c. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last, Suffix) Mavis Beacon		8d. BIRTHPLACE (State, Territory, or Foreign Country) Massachusetts	
		9a. RESIDENCE OF MOTHER STATE Massachusetts		9b. COUNTY Hampden	
		9c. CITY, TOWN, OR LOCATION Springfield			
		9d. STREET AND NUMBER 777 Lake Drive		9e. APT. NO. 01102	9f. ZIP CODE 01102
		9g. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
<b>FATHER</b>		10a. FATHER'S CURRENT LEGAL NAME (First, Middle, Last, Suffix) Christopher Adam		10b. DATE OF BIRTH (Mo/Day/Yr) 09/09/79	10c. BIRTHPLACE (State, Territory, or Foreign Country) Massachusetts

**Is this a Certificate of Live Birth for a baby born to a Springfield, Massachusetts, teenager during 2001?**

U.S. STANDARD CERTIFICATE OF LIVE BIRTH				28
<b>CHILD</b>	1. CHILD'S NAME (First, Middle, Last, Suffix) Mary Catherine Lynch		2. TIME OF BIRTH 13:38 (city)	3. SEX F
	4. DATE OF BIRTH (Mo/Day/Yr) 10/30/01			
<b>MOTHER</b>	5. FACILITY NAME (If not translation, give street and number) Mercy Medical Center		6. CITY, TOWN, OR LOCATION OF BIRTH Springfield	
	7. COUNTY OF BIRTH Hampden			
	8a. MOTHER'S CURRENT LEGAL NAME (First, Middle, Last, Suffix) Margaret Catherine Lynch		8b. DATE OF BIRTH (Mo/Day/Yr) 06/23/82	
	8c. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last, Suffix) Mary Catherin Ambrose		8d. BIRTHPLACE (State, Territory, or Foreign Country) Massachusetts	
<b>FATHER</b>	8e. RESIDENCE OF MOTHER (State) Massachusetts		8f. COUNTY Hampden	
	8g. CITY, TOWN, OR LOCATION Springfield			
	8h. STREET AND NUMBER 234 East Street		8i. APT. NO. 01102	
	8j. ZIP CODE 01102		8k. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>FATHER</b>	10a. FATHER'S CURRENT LEGAL NAME (First, Middle, Last, Suffix) Alexander Lynch		10b. DATE OF BIRTH (Mo/Day/Yr) 10/10/83	
	10c. BIRTHPLACE (State, Territory, or Foreign Country) Maryland			

**Is this a Certificate of Live Birth for a baby born to a  
Springfield, Massachusetts, teenager during 2001?**

U.S. STANDARD CERTIFICATE OF LIVE BIRTH				29
<b>CHILD</b>	1. CHILD'S NAME (First, Middle, Last, Suffix) Amy Peterson		2. TIME OF BIRTH 4:57 (day)	3. SEX F
	4. DATE OF BIRTH (Mo/Day/Yr) 07/04/01			
<b>MOTHER</b>	5. FACILITY NAME (If not institution, give street and number) Mercy Medical Center		6. CITY, TOWN, OR LOCATION OF BIRTH Springfield	
	7. COUNTY OF BIRTH Hampden			
	8a. MOTHER'S CURRENT LEGAL NAME (First, Middle, Last, Suffix) Lynn Hyatt		8b. DATE OF BIRTH (Mo/Day/Yr) 12/16/82	
	8c. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last, Suffix) Lynn Hvatt		8d. BIRTHPLACE (State, Territory, or Foreign Country) Pennsylvania	
	8e. RESIDENCE OF MOTHER-STATE Massachusetts	8f. COUNTY Hampden	8g. CITY, TOWN, OR LOCATION Springfield	
<b>FATHER</b>	8h. STREET AND NUMBER 1653 Carlise Ave.		8i. APT. NO. 01102	8j. ZIP CODE 01102
	10a. FATHER'S CURRENT LEGAL NAME (First, Middle, Last, Suffix) Matthew Peterson		10b. DATE OF BIRTH (Mo/Day/Yr) 05/19/84	
	10c. BIRTHPLACE (State, Territory, or Foreign Country) Maryland			
	10d. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

**Is this a Certificate of Live Birth for a baby born to a Springfield, Massachusetts, teenager during 2001?**

U.S. STANDARD CERTIFICATE OF LIVE BIRTH					
<b>CHILD</b>		1. CHILD'S NAME (First, Middle, Last, Suffix) Andrea Murphy		2. TIME OF BIRTH 6:22 (24hr)	3. SEX F
		4. DATE OF BIRTH (Mo/Day/Yr) 01/01/01			
		5. FACILITY NAME (If not available, give street and number) Mercy Medical Center		6. CITY, TOWN, OR LOCATION OF BIRTH Springfield	7. COUNTY OF BIRTH Hampden
<b>MOTHER</b>		8a. MOTHER'S CURRENT LEGAL NAME (First, Middle, Last, Suffix) Carla Murphy		8b. DATE OF BIRTH (Mo/Day/Yr) 06/13/81	
		8c. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last, Suffix) Carla Winston		8d. BIRTHPLACE (State, Territory, or Foreign Country) Massachusetts	
		9a. RESIDENCE OF MOTHER STATE Massachusetts		9b. COUNTY Hampden	
		9c. CITY, TOWN, OR LOCATION Springfield			
		9d. STREET AND NUMBER 3967 West End Drive		9e. APT. NO. 01102	9f. ZIP CODE 01102
		9g. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
<b>FATHER</b>		10a. FATHER'S CURRENT LEGAL NAME (First, Middle, Last, Suffix) James Murphy		10b. DATE OF BIRTH (Mo/Day/Yr) 11/13/80	10c. BIRTHPLACE (State, Territory, or Foreign Country) Maryland

**Is this a Certificate of Live Birth for a baby born to a Springfield, Massachusetts, teenager during 2001?**

U.S. STANDARD CERTIFICATE OF LIVE BIRTH					
<b>CHILD</b>	1. CHILD'S NAME (First, Middle, Last, Suffix)		2. TIME OF BIRTH (Gmt)	3. SEX	4. DATE OF BIRTH (Mo/Day/Yr)
	Diedre Downey		8:30	F	10/11/01
<b>MOTHER</b>	5. FACILITY NAME (If not Institution, give street and number)		6. CITY, TOWN, OR LOCATION OF BIRTH		7. COUNTY OF BIRTH
	Mercy Medical Center		Springfield		Hampden
	8a. MOTHER'S CURRENT LEGAL NAME (First, Middle, Last, Suffix)		8b. DATE OF BIRTH (Mo/Day/Yr)		
	Michelle Donnelly		11/17/87		
	8c. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last, Suffix)		8d. BIRTHPLACE (State, Territory, or Foreign Country)		
Michelle Downey		New York			
<b>FATHER</b>	9a. RESIDENCE OF MOTHER STATE	9b. COUNTY	9c. CITY, TOWN, OR LOCATION		
	Massachusetts	Hampden	Springfield		
	9d. STREET AND NUMBER		9e. APT. NO.	9f. ZIP CODE	9g. INSIDE CITY LIMITS?
	7653 Brookdale Blvd			01102	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
10a. FATHER'S CURRENT LEGAL NAME (First, Middle, Last, Suffix)		10b. DATE OF BIRTH (Mo/Day/Yr)	10c. BIRTHPLACE (State, Territory, or Foreign Country)		
Moses Downey		02/21/83	Massachusetts		

**Is this a Certificate of Live Birth for a baby born to a Springfield, Massachusetts, teenager during 2001?**

U.S. STANDARD CERTIFICATE OF LIVE BIRTH					
<b>CHILD</b>		1. CHILD'S NAME (First, Middle, Last, Suffix) Dexter Lopina		2. TIME OF BIRTH 13:13 (24hr)	3. SEX M
		4. DATE OF BIRTH (Mo/Day/Yr) 10/11/01			
		5. FACILITY NAME (If not available, give street and number) Mercy Medical Center		6. CITY, TOWN, OR LOCATION OF BIRTH Springfield	
<b>MOTHER</b>		7. COUNTY OF BIRTH Hampden			
		8a. MOTHER'S CURRENT LEGAL NAME (First, Middle, Last, Suffix) Julia Lopina		8b. DATE OF BIRTH (Mo/Day/Yr) 03/03/81	
		8c. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last, Suffix) Julia Donovan		8d. BIRTHPLACE (State, Territory, or Foreign Country) New York	
		9a. RESIDENCE OF MOTHER STATE Massachusetts		9b. COUNTY Hampden	
		9c. CITY, TOWN, OR LOCATION Springfield			
		9d. STREET AND NUMBER 237 Hesper Drive		9e. APT. NO. 01102	
		9f. ZIP CODE 01102		9g. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>FATHER</b>		10a. FATHER'S CURRENT LEGAL NAME (First, Middle, Last, Suffix) Huxley Lopina		10b. DATE OF BIRTH (Mo/Day/Yr) 04/26/82	
		10c. BIRTHPLACE (State, Territory, or Foreign Country) Massachusetts			



**Is this a Certificate of Live Birth for a baby born to a Springfield, Massachusetts, teenager during 2001?**

U.S. STANDARD CERTIFICATE OF LIVE BIRTH					
LOCAL FILE NO.		BIRTH NUMBER:		33	
<b>CHILD</b>	1. CHILD'S NAME (First, Middle, Last, Suffix)	2. TIME OF BIRTH (24hr)	3. SEX	4. DATE OF BIRTH (Mo/Day/Yr)	
	Thomas Williams, Jr.	16:47	M	07/26/01	
<b>MOTHER</b>	5. FACILITY NAME (If not available, give street and number)	6. CITY, TOWN, OR LOCATION OF BIRTH	7. COUNTY OF BIRTH		
	Mercy Medical Center	Springfield	Hampden		
	8a. MOTHER'S CURRENT LEGAL NAME (First, Middle, Last, Suffix)	8b. DATE OF BIRTH (Mo/Day/Yr)			
	Susan McClean	05/04/86			
<b>FATHER</b>	9c. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last, Suffix)	9d. BIRTHPLACE (State, Territory, or Foreign Country)			
	Susan McClean	Massachusetts			
	9a. RESIDENCE OF MOTHER STATE	9b. COUNTY	9c. CITY, TOWN, OR LOCATION		
	Massachusetts	Hampden	Springfield		
	9d. STREET AND NUMBER	9e. APT. NO.	9f. ZIP CODE	9g. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
32 Franklin Street		01102			
10a. FATHER'S CURRENT LEGAL NAME (First, Middle, Last, Suffix)	10b. DATE OF BIRTH (Mo/Day/Yr)	10c. BIRTHPLACE (State, Territory, or Foreign Country)			
Thomas Williams, Sr.	03/14/85	Massachusetts			

**Is this a Certificate of Live Birth for a baby born to a Springfield, Massachusetts, teenager during 2001?**

U.S. STANDARD CERTIFICATE OF LIVE BIRTH			
<b>CHILD</b>		<b>BIRTH NUMBER:</b>	
1. CHILD'S NAME (First, Middle, Last, Suffix)	2. TIME OF BIRTH (24hr)	3. SEX	4. DATE OF BIRTH (Mo/Day/Yr)
Amber Campell	20:23	F	02/24/01
5. FACILITY NAME (If not available, give street and number)	6. CITY, TOWN, OR LOCATION OF BIRTH	7. COUNTY OF BIRTH	
Mercy Medical Center	Springfield	Hampden	
<b>MOTHER</b>		8. DATE OF BIRTH (Mo/Day/Yr)	
8a. MOTHER'S CURRENT LEGAL NAME (First, Middle, Last, Suffix)		8b. BIRTHPLACE (State, Territory, or Foreign Country)	
Kristina Proctor		Oklahoma	
9a. RESIDENCE OF MOTHER STATE	9b. COUNTY	9c. CITY, TOWN, OR LOCATION	
Massachusetts	Hampden	Springfield	
9d. STREET AND NUMBER	9e. APT. NO.	9f. ZIP CODE	9g. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3689 Grove Street		01102	
<b>FATHER</b>		10. BIRTHPLACE (State, Territory, or Foreign Country)	
10a. FATHER'S CURRENT LEGAL NAME (First, Middle, Last, Suffix)		10b. DATE OF BIRTH (Mo/Day/Yr)	
Brian Campell		10/07/83	
		Massachusetts	

**Is this a Certificate of Live Birth for a baby born to a Springfield, Massachusetts, teenager during 2001?**

U.S. STANDARD CERTIFICATE OF LIVE BIRTH					
<b>CHILD</b>		1. CHILD'S NAME (First, Middle, Last, Suffix) Kristen Lungren		2. TIME OF BIRTH 10:58 (24hr)	3. SEX F
		4. DATE OF BIRTH (Mo/Day/Yr) 05/20/01			
		5. FACILITY NAME (If not institution, give street and number) Holyoke Hospital		6. CITY, TOWN, OR LOCATION OF BIRTH Holyoke	
		7. COUNTY OF BIRTH Hampden			
<b>MOTHER</b>		8a. MOTHER'S CURRENT LEGAL NAME (First, Middle, Last, Suffix) Kara Jenninas		8b. DATE OF BIRTH (Mo/Day/Yr) 04/12/86	
		8c. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last, Suffix) Kara Jenninas		8d. BIRTHPLACE (State, Territory, or Foreign Country) South Dakota	
		9a. RESIDENCE OF MOTHER STATE Massachusetts		9b. COUNTY Holyoke	
		9c. CITY, TOWN, OR LOCATION Hampden			
		9d. STREET AND NUMBER 237 James Street		9e. APT. NO. 01040	
		9f. ZIP CODE 01040		9g. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>FATHER</b>		10a. FATHER'S CURRENT LEGAL NAME (First, Middle, Last, Suffix) William Michael Lungren		10b. DATE OF BIRTH (Mo/Day/Yr) 12/25/87	
		10c. BIRTHPLACE (State, Territory, or Foreign Country) Massachusetts			

**Is this a Certificate of Live Birth for a baby born to a Springfield, Massachusetts, teenager during 2001?**

U.S. STANDARD CERTIFICATE OF LIVE BIRTH					
LOCAL FILE NO.		BIRTH NUMBER:		36	
<b>CHILD</b>	1. CHILD'S NAME (First, Middle, Last, Suffix)	2. TIME OF BIRTH	3. SEX	4. DATE OF BIRTH (Mo/Day/Yr)	
	Jameson Goodley	17:18 (24hr)	M	04/08/01	
<b>MOTHER</b>	5. FACILITY NAME (If not available, give street and number)	6. CITY, TOWN, OR LOCATION OF BIRTH	7. COUNTY OF BIRTH		
	Mercy Medical Center	Springfield	Hampden		
	8a. MOTHER'S CURRENT LEGAL NAME (First, Middle, Last, Suffix)	9. DATE OF BIRTH (Mo/Day/Yr)			
	Sarah Goodley	03/30/83			
<b>FATHER</b>	8c. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last, Suffix)	9c. BIRTHPLACE (State, Territory, or Foreign Country)			
	Sarah Baur	Massachusetts			
	9a. RESIDENCE OF MOTHER STATE	9b. COUNTY	9c. CITY, TOWN, OR LOCATION		
	Massachusetts	Hampden	Springfield		
	9d. STREET AND NUMBER	9e. APT. NO.	9f. ZIP CODE	9g. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
743 Lincoln Parkway		01102			
10a. FATHER'S CURRENT LEGAL NAME (First, Middle, Last, Suffix)	10b. DATE OF BIRTH (Mo/Day/Yr)	10c. BIRTHPLACE (State, Territory, or Foreign Country)			
Samuel Goodley	06/30/83	Massachusetts			

**Is this a Certificate of Live Birth for a baby born to a Springfield, Massachusetts, teenager during 2001?**

U.S. STANDARD CERTIFICATE OF LIVE BIRTH					
<b>CHILD</b>		1. CHILD'S NAME (First, Middle, Last, Suffix) Henry Jameson		2. TIME OF BIRTH 12:26 (24hr)	3. SEX M
		4. DATE OF BIRTH (Mo/Day/Yr) 04/27/01			
		5. FACILITY NAME (If not available, give street and number) Mercy Medical Center		6. CITY, TOWN, OR LOCATION OF BIRTH Springfield	7. COUNTY OF BIRTH Hampden
<b>MOTHER</b>		8a. MOTHER'S CURRENT LEGAL NAME (First, Middle, Last, Suffix) Louisa Jameson		8b. DATE OF BIRTH (Mo/Day/Yr) 05/20/82	
		9c. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last, Suffix) Louisa McCabe		9d. BIRTHPLACE (State, Territory, or Foreign Country) Washington	
		9a. RESIDENCE OF MOTHER STATE Massachusetts		9b. COUNTY Hampden	
		9c. CITY, TOWN, OR LOCATION Springfield			
		9d. STREET AND NUMBER 675 Clove Road		9e. APT. NO. 01102	9f. ZIP CODE 01102
<b>FATHER</b>		10a. FATHER'S CURRENT LEGAL NAME (First, Middle, Last, Suffix) Malachy Jameson		10b. DATE OF BIRTH (Mo/Day/Yr) 07/12/82	
				10c. BIRTHPLACE (State, Territory, or Foreign Country) Massachusetts	

**Is this a Certificate of Live Birth for a baby born to a Springfield, Massachusetts, teenager during 2001?**

U.S. STANDARD CERTIFICATE OF LIVE BIRTH					
<b>CHILD</b>		1. CHILD'S NAME (First, Middle, Last, Suffix) Jamal Myers		2. TIME OF BIRTH 18:48 (24hr)	3. SEX M
		4. DATE OF BIRTH (Mo/Day/Yr) 08/18/01			
		5. FACILITY NAME (If not available, give street and number) Mercy Medical Center		6. CITY, TOWN, OR LOCATION OF BIRTH Springfield	7. COUNTY OF BIRTH Hampden
<b>MOTHER</b>		8a. MOTHER'S CURRENT LEGAL NAME (First, Middle, Last, Suffix) Fran Jenkins		8b. DATE OF BIRTH (Mo/Day/Yr) 05/20/81	
		8c. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last, Suffix) Fran Jenkins		8d. BIRTHPLACE (State, Territory, or Foreign Country) New Mexico	
		9a. RESIDENCE OF MOTHER STATE Massachusetts	9b. COUNTY Hampden	9c. CITY, TOWN, OR LOCATION Springfield	
		9d. STREET AND NUMBER 379 Upper Mills Road		9e. APT. NO. 01102	9f. ZIP CODE 01102
				9g. INSIDE CITY LIMITS? <input checked="" type="radio"/> Yes <input type="radio"/> No	
<b>FATHER</b>		10a. FATHER'S CURRENT LEGAL NAME (First, Middle, Last, Suffix) Gregory Myers		10b. DATE OF BIRTH (Mo/Day/Yr) 10/12/81	10c. BIRTHPLACE (State, Territory, or Foreign Country) Massachusetts

**Is this a Certificate of Live Birth for a baby born to a Springfield, Massachusetts, teenager during 2001?**

U.S. STANDARD CERTIFICATE OF LIVE BIRTH					
<b>CHILD</b>		1. CHILD'S NAME (First, Middle, Last, Suffix) Michael Jones		2. TIME OF BIRTH 15:36 (24hr)	3. SEX M
		4. DATE OF BIRTH (Mo/Day/Yr) 05/19/01			
		5. FACILITY NAME (If not available, give street and number) Mercy Medical Center		6. CITY, TOWN, OR LOCATION OF BIRTH Springfield	7. COUNTY OF BIRTH Hampden
<b>MOTHER</b>		8a. MOTHER'S CURRENT LEGAL NAME (First, Middle, Last, Suffix) Barbara Jones		8b. DATE OF BIRTH (Mo/Day/Yr) 04/17/83	
		8c. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last, Suffix) Barbara Miles		8d. BIRTHPLACE (State, Territory, or Foreign Country) Arkansas	
		9a. RESIDENCE OF MOTHER STATE Massachusetts		9b. COUNTY Hampden	
		9c. CITY, TOWN, OR LOCATION Springfield			
		9d. STREET AND NUMBER 9352 Main Street		9e. APT. NO. 01102	9f. ZIP CODE 01102
				9g. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>FATHER</b>		10a. FATHER'S CURRENT LEGAL NAME (First, Middle, Last, Suffix) Carl Jones		10b. DATE OF BIRTH (Mo/Day/Yr) 07/07/83	10c. BIRTHPLACE (State, Territory, or Foreign Country) Massachusetts

**Is this a Certificate of Live Birth for a baby born to a Springfield, Massachusetts teenager during 2001?**

U.S. STANDARD CERTIFICATE OF LIVE BIRTH					
LOCAL FILE NO.		BIRTH NUMBER		40	
<b>CHILD</b>	1. CHILD'S NAME (First, Middle, Last, Suffix)	2. TIME OF BIRTH	3. SEX	4. DATE OF BIRTH (Mo/Day/Yr)	
	Olaf Siefried	20:12 (24hr)	M	08 / 28 / 01	
	5. FACILITY NAME (If not institution, give street and number)	6. CITY, TOWN, OR LOCATION OF BIRTH		7. COUNTY OF BIRTH	
	Mercy Medical Center	Springfield		Hampden	
<b>MOTHER</b>	8a. MOTHER'S CURRENT LEGAL NAME (First, Middle, Last, Suffix)	8b. DATE OF BIRTH (Mo/Day/Yr)			
	Michelle Daniels	01 / 02 / 83			
	8c. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last, Suffix)	8d. BIRTHPLACE (State, Territory, or Foreign Country)			
	Michelle Daniels	Texas			
	9a. RESIDENCE OF MOTHER'S STATE	9b. COUNTY	9c. CITY, TOWN, OR LOCATION		
	Massachusetts	Hampden	Palmer		
	9d. STREET AND NUMBER	9e. APPT. NO.	9f. ZIP CODE	9g. INSIDE CITY LIMITS? <input checked="" type="radio"/> Yes <input type="radio"/> No	
	1004 Wallingford Terrace		01069		
<b>FATHER</b>	10a. FATHER'S CURRENT LEGAL NAME (First, Middle, Last, Suffix)	10b. DATE OF BIRTH (Mo/Day/Yr)		10c. BIRTHPLACE (State, Territory, or Foreign Country)	
	Sven Siefried	04 / 22 / 78		Sweden	



**Is this a Certificate of Live Birth for a baby born to a Springfield, Massachusetts, teenager during 2001?**

U.S. STANDARD CERTIFICATE OF LIVE BIRTH					
<b>CHILD</b>		1. CHILD'S NAME (First, Middle, Last, Suffix) Marcy Michaels		2. TIME OF BIRTH 11:51 (24hr)	3. SEX F
		4. DATE OF BIRTH (Mo/Day/Yr) 04/08/01			
		5. FACILITY NAME (If not available, give street and number) Mercy Medical Center		6. CITY, TOWN, OR LOCATION OF BIRTH Springfield	7. COUNTY OF BIRTH Hampden
<b>MOTHER</b>		8a. MOTHER'S CURRENT LEGAL NAME (First, Middle, Last, Suffix) Carla Johnson		8b. DATE OF BIRTH (Mo/Day/Yr) 04/09/85	
		8c. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last, Suffix) Carla Johnson		8d. BIRTHPLACE (State, Territory, or Foreign Country) Michigan	
		9a. RESIDENCE OF MOTHER STATE Massachusetts		9b. COUNTY Hampden	
		9c. CITY, TOWN, OR LOCATION Springfield			
		9d. STREET AND NUMBER 5 Takamine Ave		9e. APT. NO. 01102	9f. ZIP CODE 01102
		9g. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
<b>FATHER</b>		10a. FATHER'S CURRENT LEGAL NAME (First, Middle, Last, Suffix) Harold Michaels		10b. DATE OF BIRTH (Mo/Day/Yr) 02/08/86	10c. BIRTHPLACE (State, Territory, or Foreign Country) Massachusetts

**Is this a Certificate of Live Birth for a baby born to a Springfield, Massachusetts, teenager during 2001?**

U.S. STANDARD CERTIFICATE OF LIVE BIRTH					
<b>CHILD</b>		1. CHILD'S NAME (First, Middle, Last, Suffix) Lexington Shapiro		2. TIME OF BIRTH 1:23 (24hr)	3. SEX M
		4. DATE OF BIRTH (Mo/Day/Yr) 05/06/01			
		5. FACILITY NAME (If not available, give street and number) Mercy Medical Center		6. CITY, TOWN, OR LOCATION OF BIRTH Springfield	7. COUNTY OF BIRTH Hampden
<b>MOTHER</b>		8a. MOTHER'S CURRENT LEGAL NAME (First, Middle, Last, Suffix) Anabel Shapiro		8b. DATE OF BIRTH (Mo/Day/Yr) 03/25/83	
		9c. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last, Suffix) Anabel Winsor		9d. BIRTHPLACE (State, Territory, or Foreign Country) New Jersey	
		9a. RESIDENCE OF MOTHER STATE Massachusetts		9b. COUNTY Hampden	
		9c. CITY, TOWN, OR LOCATION Springfield			
		9d. STREET AND NUMBER 1008 Fender Place		9e. APT. NO. 01102	9f. ZIP CODE 01102
		9g. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
<b>FATHER</b>		10a. FATHER'S CURRENT LEGAL NAME (First, Middle, Last, Suffix) Winfield Shapiro		10b. DATE OF BIRTH (Mo/Day/Yr) 06/15/83	10c. BIRTHPLACE (State, Territory, or Foreign Country) Massachusetts

**Is this a Certificate of Live Birth for a baby born to a Springfield, Massachusetts, teenager during 2001?**

U.S. STANDARD CERTIFICATE OF LIVE BIRTH					
LOCAL FILE NO.		BIRTH NUMBER:		43	
<b>CHILD</b>	1. CHILD'S NAME (First, Middle, Last, Suffix) Ambrose Fairchild		2. TIME OF BIRTH 1:12 (24hr)	3. SEX M	4. DATE OF BIRTH (Mo/Day/Yr) 05/09/01
	5. FACILITY NAME (If not available, give street and number) Mercy Medical Center		6. CITY, TOWN, OR LOCATION OF BIRTH Springfield		7. COUNTY OF BIRTH Hampden
<b>MOTHER</b>	8a. MOTHER'S CURRENT LEGAL NAME (First, Middle, Last, Suffix) Hillary Lewis		9. DATE OF BIRTH (Mo/Day/Yr) 12/18/86		
	8c. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last, Suffix) Hillary Lewis		8b. BIRTHPLACE (State, Territory, or Foreign Country) New York		
<b>FATHER</b>	9a. RESIDENCE OF MOTHER STATE Massachusetts		9b. COUNTY Hampden		9c. CITY, TOWN, OR LOCATION Springfield
	9d. STREET AND NUMBER 7567 Market Street		9e. APT. NO. 01102	9f. ZIP CODE 01102	
	10a. FATHER'S CURRENT LEGAL NAME (First, Middle, Last, Suffix) Thomas Fairchild		10b. DATE OF BIRTH (Mo/Day/Yr) 03/22/85		10c. BIRTHPLACE (State, Territory, or Foreign Country) Massachusetts
	<input checked="" type="checkbox"/> INSIDE CITY LIMITS? <input type="checkbox"/> No				

**Is this a Certificate of Live Birth for a baby born to a Springfield, Massachusetts, teenager during 2001?**

U.S. STANDARD CERTIFICATE OF LIVE BIRTH			
<b>CHILD</b>		<b>BIRTH NUMBER:</b>	
1. CHILD'S NAME (First, Middle, Last, Suffix)	2. TIME OF BIRTH (24hr)	3. SEX	4. DATE OF BIRTH (Mo/Day/Yr)
Carlos El Duque	4:20	M	05/19/01
5. FACILITY NAME (If not available, give street and number)	6. CITY, TOWN, OR LOCATION OF BIRTH	7. COUNTY OF BIRTH	
Fairview Hospital Center	Great Barrington	Berkshire	
<b>MOTHER</b>		<b>DATE OF BIRTH (Mo/Day/Yr)</b>	
8a. MOTHER'S CURRENT LEGAL NAME (First, Middle, Last, Suffix)	8b. DATE OF BIRTH (Mo/Day/Yr)		
Leilani El Duque	02/06/84		
8c. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last, Suffix)		8d. BIRTHPLACE (State, Territory, or Foreign Country)	
Leilani Kiklaui		Hawaii	
9a. RESIDENCE OF MOTHER STATE	9b. COUNTY	9c. CITY, TOWN, OR LOCATION	
Massachusetts	Berkshire	Great Barrington	
9d. STREET AND NUMBER	9e. APT. NO.	9f. ZIP CODE	9g. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
4020 West 13th Street		01230	
<b>FATHER</b>		<b>DATE OF BIRTH (Mo/Day/Yr)</b>	
10a. FATHER'S CURRENT LEGAL NAME (First, Middle, Last, Suffix)	10b. DATE OF BIRTH (Mo/Day/Yr)		
Juan El Duque	11/24/84		
10c. BIRTHPLACE (State, Territory, or Foreign Country)			
Massachusetts			

**Is this a Certificate of Live Birth for a baby born to a Springfield, Massachusetts, teenager during 2001?**

U.S. STANDARD CERTIFICATE OF LIVE BIRTH					
<b>CHILD</b>		1. CHILD'S NAME (First, Middle, Last, Suffix) Patsy Briar Rose		2. TIME OF BIRTH 10:12 (24hr)	3. SEX F
		4. DATE OF BIRTH (Mo/Day/Yr) 06/26/01			
		5. FACILITY NAME (If not available, give street and number) Mercy Medical Center		6. CITY, TOWN, OR LOCATION OF BIRTH Springfield	
		7. COUNTY OF BIRTH Hampden			
<b>MOTHER</b>		8a. MOTHER'S CURRENT LEGAL NAME (First, Middle, Last, Suffix) Molly Rose		8b. DATE OF BIRTH (Mo/Day/Yr) 01/30/87	
		8c. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last, Suffix) Molly Hamer		8d. BIRTHPLACE (State, Territory, or Foreign Country) Massachusetts	
		9a. RESIDENCE OF MOTHER STATE Massachusetts		9b. COUNTY Hampden	
		9c. CITY, TOWN, OR LOCATION Springfield			
		9d. STREET AND NUMBER 3476 Washington Drive		9e. APT. NO. 01102	
				9f. ZIP CODE 01102	
				9g. INSIDE CITY LIMITS? <input checked="" type="radio"/> Yes <input type="radio"/> No	
<b>FATHER</b>		10a. FATHER'S CURRENT LEGAL NAME (First, Middle, Last, Suffix) Carlton Rose		10b. DATE OF BIRTH (Mo/Day/Yr) 11/18/85	
				10c. BIRTHPLACE (State, Territory, or Foreign Country) Massachusetts	

**Is this a Certificate of Live Birth for a baby born to a Springfield, Massachusetts, teenager during 2001?**

U.S. STANDARD CERTIFICATE OF LIVE BIRTH					
<b>CHILD</b>		1. CHILD'S NAME (First, Middle, Last, Suffix) Michael Abrams		2. TIME OF BIRTH 17:18 (24hr)	3. SEX M
		4. DATE OF BIRTH (Mo/Day/Yr) 04/08/01			
		5. FACILITY NAME (If not available, give street and number) Mercy Medical Center		6. CITY, TOWN, OR LOCATION OF BIRTH Springfield	7. COUNTY OF BIRTH Hampden
<b>MOTHER</b>		8a. MOTHER'S CURRENT LEGAL NAME (First, Middle, Last, Suffix) Risa Abrams		8b. DATE OF BIRTH (Mo/Day/Yr) 02/30/80	
		8c. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last, Suffix) Risa Mauer		8d. BIRTHPLACE (State, Territory, or Foreign Country) Massachusetts	
		9a. RESIDENCE OF MOTHER STATE Massachusetts		9b. COUNTY Hampden	
		9c. CITY, TOWN, OR LOCATION Springfield			
		9d. STREET AND NUMBER 537 Military Blvd		9e. APT. NO. 01102	9f. ZIP CODE 01102
		9g. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
<b>FATHER</b>		10a. FATHER'S CURRENT LEGAL NAME (First, Middle, Last, Suffix) Guy Abrams		10b. DATE OF BIRTH (Mo/Day/Yr) 06/21/82	10c. BIRTHPLACE (State, Territory, or Foreign Country) Massachusetts

**Is this a Certificate of Live Birth for a baby born to a Springfield, Massachusetts, teenager during 2001?**

U.S. STANDARD CERTIFICATE OF LIVE BIRTH			
<b>CHILD</b>		<b>BIRTH NUMBER:</b>	
1. CHILD'S NAME (First, Middle, Last, Suffix)	2. TIME OF BIRTH (24hr)	3. SEX	4. DATE OF BIRTH (Mo/Day/Yr)
Carlos Miguel	13:51	M	12/30/01
5. FACILITY NAME (If not available, give street and number)	6. CITY, TOWN, OR LOCATION OF BIRTH	7. COUNTY OF BIRTH	
Mercy Medical Center	Springfield	Hampden	
<b>MOTHER</b>		<b>DATE OF BIRTH (Mo/Day/Yr)</b>	
8a. MOTHER'S CURRENT LEGAL NAME (First, Middle, Last, Suffix)	8b. DATE OF BIRTH (Mo/Day/Yr)		
Martina Cantalona	02/17/84		
9a. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last, Suffix)	9b. BIRTHPLACE (State, Territory, or Foreign Country)		
Martina Cantalona	Massachusetts		
10a. RESIDENCE OF MOTHER STATE	10b. COUNTY	10c. CITY, TOWN, OR LOCATION	
Massachusetts	Hampden	Springfield	
11a. STREET AND NUMBER	11b. APT. NO.	11c. ZIP CODE	11d. INSIDE CITY LIMITS?
45 Jennifer PKWY		01102	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>FATHER</b>		<b>DATE OF BIRTH (Mo/Day/Yr)</b>	
12a. FATHER'S CURRENT LEGAL NAME (First, Middle, Last, Suffix)	12b. DATE OF BIRTH (Mo/Day/Yr)		
Santana Miguel	05/24/82		
13a. BIRTHPLACE (State, Territory, or Foreign Country)		13b. DATE OF BIRTH (Mo/Day/Yr)	
Massachusetts			

**Is this a Certificate of Live Birth for a baby born to a  
Springfield, Massachusetts, teenager during 2001?**

U.S. STANDARD CERTIFICATE OF LIVE BIRTH					
<b>CHILD</b>		1. CHILD'S NAME (First, Middle, Last, Suffix) Thai Han		2. TIME OF BIRTH 5:32 (24hr)	3. SEX F
		4. DATE OF BIRTH (Mo/Day/Yr) 12/12/01			
		5. FACILITY NAME (Hospital, clinic, street and number) Mercy Medical Center		6. CITY, TOWN, OR LOCATION OF BIRTH Springfield	7. COUNTY OF BIRTH Hampden
<b>MOTHER</b>		8a. MOTHER'S CURRENT LEGAL NAME (First, Middle, Last, Suffix) Chin Lee		8b. DATE OF BIRTH (Mo/Day/Yr) 06/25/85	
		8c. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last, Suffix) Chin Lee		8d. BIRTHPLACE (State, Territory, or Foreign Country) Massachusetts	
		9a. RESIDENCE OF MOTHER STATE Massachusetts		9b. COUNTY Hampden	
		9c. CITY, TOWN, OR LOCATION Springfield			
		9d. STREET AND NUMBER 2379 Hamer Blvd		9e. APT. NO. 01102	9f. ZIP CODE 01102
		9g. INSIDE CITY LIMITS? <input checked="" type="radio"/> Yes <input type="radio"/> No			
<b>FATHER</b>		10a. FATHER'S CURRENT LEGAL NAME (First, Middle, Last, Suffix) Marcus Han		10b. DATE OF BIRTH (Mo/Day/Yr) 07/23/85	10c. BIRTHPLACE (State, Territory, or Foreign Country) Massachusetts



**Is this a Certificate of Live Birth for a baby born to a Springfield, Massachusetts, teenager during 2001?**

U.S. STANDARD CERTIFICATE OF LIVE BIRTH					
LOCAL FILE NO.		BIRTH NUMBER		49	
<b>CHILD</b>	1. CHILD'S NAME (First, Middle, Last, Suffix)	2. TIME OF BIRTH (24hr)	3. SEX	4. DATE OF BIRTH (Mo/Day/Yr)	
	Linda Shapiro	0:01	F	01 / 1 / 02	
<b>MOTHER</b>	5. FACILITY NAME (If not institution, give street and number)	6. CITY, TOWN, OR LOCATION OF BIRTH		7. COUNTY OF BIRTH	
	Mercy Medical Center	Springfield		Hampden	
	8a. MOTHER'S CURRENT LEGAL NAME (First, Middle, Last, Suffix)	8b. DATE OF BIRTH (Mo/Day/Yr)			
	Mary Jo Shapiro	05 / 23 / 85			
	8c. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last, Suffix)	8d. BIRTHPLACE (State, Territory, or Foreign Country)			
Mary Jo Weiss	Massachusetts				
<b>FATHER</b>	8a. RESIDENCE OF MOTHER BY STATE	8b. COUNTY	8c. CITY, TOWN, OR LOCATION		
	Massachusetts	Hampden	Springfield		
	8d. STREET AND NUMBER	8e. APT. NO.	8f. ZIP CODE	8g. INSIDE CITY LIMITS?	
	164 Pine Street	18	01102	<input checked="" type="radio"/> Yes <input type="radio"/> No	
	10a. FATHER'S CURRENT LEGAL NAME (First, Middle, Last, Suffix)	10b. DATE OF BIRTH (Mo/Day/Yr)	10c. BIRTHPLACE (State, Territory, or Foreign Country)		
Anthony Shapiro	07 / 07 / 82	Massachusetts			

**Is this a Certificate of Live Birth for a baby born to a Springfield, Massachusetts, teenager during 2001?**

U.S. STANDARD CERTIFICATE OF LIVE BIRTH					
<b>CHILD</b>	1. CHILD'S NAME (First, Middle, Last, Suffix) Alan Davidson		2. TIME OF BIRTH 0:01 a.m.	3. SEX M	4. DATE OF BIRTH (Month/Day/Year) 01 / 1 / 01
	5. FACILITY NAME (If not institution, give street and number) Mercy Medical Center		6. CITY, TOWN, OR LOCATION OF BIRTH Springfield		7. COUNTY OF BIRTH Hampden
<b>MOTHER</b>	8a. MOTHER'S CURRENT LEGAL NAME (First, Middle, Last, Suffix) Judith Davidson		8b. DATE OF BIRTH (Month/Day/Year) 12 / 01 / 84		
	8c. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last, Suffix) Judith Smith		8d. BIRTHPLACE (State, Territory, or Foreign Country) Massachusetts		
	9a. RESIDENCE OF MOTHER-STATE Massachusetts	9b. COUNTY Hampden	9c. CITY, TOWN, OR LOCATION Springfield		
	9d. STREET AND NUMBER 412 Lafayette Avenue		9e. APT. NO. 18	9f. ZIP CODE 01102	9g. INSIDE CITY LIMITS? <input checked="" type="radio"/> Yes <input type="radio"/> No
<b>FATHER</b>	10a. FATHER'S CURRENT LEGAL NAME (First, Middle, Last, Suffix) Joseph Davidson		10b. DATE OF BIRTH (Month/Day/Year) 10 / 23 / 85		10c. BIRTHPLACE (State, Territory, or Foreign Country) Massachusetts

**Is this a Certificate of Live Birth for a baby born to a Springfield, Massachusetts, teenager during 2001?**

U.S. STANDARD CERTIFICATE OF LIVE BIRTH			
1. CHILD'S NAME (First, Middle, Last, Suffix) <b>Angela Miller</b>		2. TIME OF BIRTH (24hr) <b>21:07</b>	3. SEX <b>F</b>
5. FACILITY NAME (If not institution, give street and number) <b>Holyoke Hospital</b>		7. COUNTY OF BIRTH <b>Hampden</b>	
8a. MOTHER'S CURRENT LEGAL NAME (First, Middle, Last, Suffix) <b>Linda Miller</b>		8b. DATE OF BIRTH (Month/Day/Yr) <b>11/31/83</b>	
8c. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last, Suffix) <b>Linda Miller</b>		8d. BIRTHPLACE (State, Territory, or Foreign Country) <b>California</b>	
8e. RESIDENCE OF MOTHER (State) <b>Massachusetts</b>		8f. COUNTY <b>Hampden</b>	
8g. CITY, TOWN, OR LOCATION <b>Springfield</b>		8h. ZIP CODE <b>01102</b>	
8i. STREET AND NUMBER <b>73 Northern Boulevard</b>		8j. APT. NO. <b>2</b>	
8k. INSIDE CITY LIMITS? <input checked="" type="radio"/> Yes <input type="radio"/> No			
10a. FATHER'S CURRENT LEGAL NAME (First, Middle, Last, Suffix)		10b. DATE OF BIRTH (Month/Day/Yr)	10c. BIRTHPLACE (State, Territory, or Foreign Country)