

certified birth
certificate

CENSUS TRACT [] SUB-DIVISION []

RECORDED DISTRICT []

STATISTICAL DISTRICT []

IEC. [] REGISTER NUMBER []

IES. []

DEPARTMENT OF HEALTH
CERTIFICATE OF LIVE BIRTH

INFANT	1. NAME FIRST [] MIDDLE [] LAST []			3A. IS THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> Other (Specify) []		3B. IF NOT SINGLE BIRTH FIRST <input type="checkbox"/> SECOND <input type="checkbox"/> OTHER (Specify) []		4A. DATE OF BIRTH MONTH [] DAY [] YEAR []		4B. HOUR [] AM <input type="checkbox"/> [] PM <input checked="" type="checkbox"/>			
	5A. COUNTY OF BIRTH []		5B. LOCALITY (CHECK ONE AND SPECIFY) []		5C. HOSPITAL (IF NOT IN HOSPITAL GIVE ADDRESS) []								
MOTHER	6A. FIRST MIDDLE LAST MAIDEN NAME []			6B. AGE []		6C. STATE OF BIRTH (COUNTRY IF NOT USA) []		6D. SOCIAL SECURITY NO. []					
	7A. RESIDENCE STATE []		7B. COUNTY []		7C. LOCALITY (CHECK ONE AND SPECIFY) []		7D. IF CITY OR VILLAGE, IS RESIDENCE WITHIN CITY OR VILLAGE LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> IF NO, SPECIFY TOWN []						
	7E. STREET AND NUMBER OF RESIDENCE []										ZIP CODE []		
8. MAILING ADDRESS (IF DIFFERENT FROM ABOVE) []												ZIP CODE []	
FATHER	9A. FIRST MIDDLE LAST NAME []			9B. AGE []		9C. STATE OF BIRTH (COUNTRY IF NOT USA) []		9D. SOCIAL SECURITY NO. []					
	10A. FIRST MIDDLE LAST NAME OF INFORMANT []			10B. RELATION TO INFANT mother									
CERTIFIER	11A. FIRST MIDDLE LAST NAME []			11B. TITLE MD <input checked="" type="checkbox"/> DO <input type="checkbox"/> CNM <input type="checkbox"/> MIDWIFE <input type="checkbox"/> OTHER <input type="checkbox"/> (Specify) []		12. MAILING ADDRESS []						ZIP CODE []	
	13A. I CERTIFY THAT THE STATED INFORMATION CONCERNING THIS CHILD IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF						13B. DATE SIGNED MONTH [] DAY [] YEAR []		14. NAME OF ATTENDANT IF OTHER THAN CERTIFIER []				
SIGNATURE	SIGNATURE []						15B. DATE FILED MONTH [] DAY [] YEAR []		15C. INFORMATION ADDED OR AMENDED BY [] REASON []		15D. DATE MONTH [] DAY [] YEAR []		
	15A. SIGNATURE OF REGISTRAR []						TITLE []						

MAY NEWSPAPERS BE FURNISHED
 NOTICE OF THIS BIRTH? YES NO



For Government Use Only

District
2951

This is to certify that this is a true and correct copy of the original Certificate of Birth on file in the Office of the Registrar, Town of North Hempstead, County of Nassau, State of New York.



Signature: [] Date: **OCT 05 2021**
 [] Registrar of Vital Statistics

N.B. Do not accept this copy unless the raised seal of the Town of North Hempstead is thereon affixed.

No. []
 VS Form TNH BR 7
 /2000 MS tc/rvs

VERIFY PRESENCE OF WATERMARK

HOLD TO LIGHT TO VIEW

The Commonwealth of Massachusetts R [REDACTED]

DEPARTMENT OF PUBLIC HEALTH
REGISTRY OF VITAL RECORDS AND STATISTICS
Commonwealth of Massachusetts
Registry of Vital Records and Statistics



RECORD OF BIRTH

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

CHILD

NAME: [REDACTED]
SEX: FEMALE PLURALITY: SINGLE
DATE OF BIRTH: [REDACTED] TIME: [REDACTED]
PLACE OF BIRTH: GREENFIELD, MASSACHUSETTS

PARENT

NAME: [REDACTED]
SURNAME AT BIRTH OR ADOPTION: [REDACTED]
BIRTHPLACE: ATHOL, MASSACHUSETTS
AGE OR DATE OF BIRTH: [REDACTED]

PARENT

NAME: [REDACTED]
SURNAME AT BIRTH OR ADOPTION: [REDACTED]
BIRTHPLACE: MONTAGUE, MASSACHUSETTS
AGE OR DATE OF BIRTH: [REDACTED]
AT-BIRTH RESIDENCE: ATHOL, MASSACHUSETTS
DATE OF RECORD: [REDACTED]

DATE ISSUED: JULY 27, 2021

GOVERNMENT
EXHIBIT
15

[REDACTED]
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 be kept in my office; and I do hereby certify that the above is a true copy from said records.

IT IS ILLEGAL TO ALTER OR REPRODUCE THIS DOCUMENT IN ANY MANNER

ILLEGAL TO ALTER OR REPRODUCE

VOID IF ALTERED OR ERASED

WARNING:

THIS DOCUMENT IS PRINTED ON SECURITY WATERMARKED PAPER AND CONTAINS SECURITY FIBERS.
DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARK.

THE DOCUMENT FACE CONTAINS A SECURITY BACKGROUND AND EMBOSSED SEAL. THE BACK CONTAINS SPECIAL LINES WITH TEXT.

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

SACRAMENTO COUNTY

SACRAMENTO, CALIFORNIA

GOVERNMENT EXHIBIT 14

104 - CERTIFICATE OF LIVE BIRTH STATE OF CALIFORNIA. Includes fields for child name (Male), date of birth (10/03/2021), place of birth (Sacramento), and parents' names (William and Lynn).



CERTIFIED COPY OF VITAL RECORD STATE OF CALIFORNIA, COUNTY OF SACRAMENTO

This is a true and exact reproduction of the document officially registered and placed on file in the office of the Sacramento County Clerk/Recorder.

DATE ISSUED:

OCT 06 2021

This copy is not valid unless prepared on an engraved border displaying the date, seal and signature of the County Clerk/Recorder.



COCLERK/RECORDER TO COUNTY, CALIFORNIA



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

Registry of Vital Records and Statistics
150 Mount Vernon Street
Dorchester, MA 02125

Order Number:	89435
Total Amount:	\$0
Order Source:	Mail
Receipt Date:	August 03, 2021

US ATTORNEYS OFFICE
SOUTHERN DISTRICT OF NY
[REDACTED]
ONE ST. ANDREW'S PLAZA
NEW YORK, NY 10007

ORDER SUMMARY

Requested:

Service Type	Copies	Certificate Holder(s)

Provided:

Service Type	Copies
Birth Certificate Certified Copy - No Fee	1

If you have any questions about how to make a correction to a certificate, please visit our website at www.mass.gov/dph/rvrs for more details.

FD-340c(4-11-03)

File Number 500-NY-3027571-1A 241

Field Office Acquiring Evidence KIC

Serial # of Originating Document 615

Date Received 7/14/2021

From [Redacted]
(Name of Contributor/Interviewee)

[Redacted]
(Address)

[Redacted]
(City and State)

By [Redacted]

To Be Returned Yes No

Receipt Given Yes No

Grand Jury Material - Disseminate Only Pursuant to Rule 6 (e)

Federal Rules of Criminal Procedure
 Yes No

Federal Taxpayer Information (FTI)
 Yes No

Title:

Reference: _____
(Communication Enclosing Material)

Description: Original notes re interview of

Certified copy of Birth Certificate

[Redacted]

GOVERNMENT EXHIBIT
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THIS IS A CERTIFIED COPY OF AN ORIGINAL DOCUMENT
(Do not accept if reproduced, or if seal impression cannot be felt.)

THE REPRODUCTION OF THIS DOCUMENT IS PROHIBITED BY LAW (sec. 193.245, 193.255, & 193.315, RSMo 2004.)

[REDACTED] } ss I HEREBY CERTIFY that this is an exact reproduction of the certificate for the person named therein as it now appears in the permanent records of the Bureau of Vital Records of the [REDACTED] Department of Health and Senior Services. Witness my hand as State Registrar of Vital Records and the Seal of the [REDACTED] Department of Health and Senior Services this date of

JUL 14 2021

MO 590-1241 (2-2020)

State Registrar

VS-804B

FILED **JUL 1** **124** **STATE FILE NUMBER**

DEPARTMENT OF SOCIAL SERVICES - DIVISION OF HEALTH
CERTIFICATE OF LIVE BIRTH

REGISTRATION DISTRICT NO. [REDACTED] PRIMARY REGISTRATION DISTRICT NO. [REDACTED] REGISTRAR'S NO. [REDACTED]

VS 100 Rev. 1/78

CHILD

1. CHILD-NAME FIRST [REDACTED] MIDDLE [REDACTED] LAST [REDACTED] SEX 2. Fem. DATE OF BIRTH (Mo., Day, Yr.) 3a. [REDACTED] 3b. [REDACTED] HOUR 3c. [REDACTED]

4a. HOSPITAL-NAME (If not in hospital, give street and number) [REDACTED] 4b. CITY, TOWN OR LOCATION OF BIRTH [REDACTED] 4c. COUNTY OF BIRTH [REDACTED]

CERTIFIER

5a. CERTIFIER-NAME AND TITLE (Type or print) [REDACTED] MO LICENSE NO. [REDACTED] DATE SIGN (Mo., Day, Yr.) 5b. July 10, 1979 5c. NAME AND TITLE OF ATTENDANT AT BIRTH (If other than certifier, Type or print) [REDACTED]

6a. REGISTRAR (Signature) [REDACTED] 6b. DATE RECEIVED BY REGISTRAR (Mo., Day, Year) July 13, [REDACTED]

MOTHER

7a. MOTHER-MAIDEN NAME [REDACTED] 7b. [REDACTED] 7c. STATE OF BIRTH (If not in U.S.A., name country) [REDACTED]

8a. RESIDENCE-STATE [REDACTED] 8b. COUNTY [REDACTED] 8c. CITY, TOWN OR LOCATION [REDACTED] 8d. STREET AND NUMBER OF RESIDENCE [REDACTED] 8e. INSIDE CITY LIMITS (Specify Zip Code) [REDACTED]

9. MOTHER'S MAILING ADDRESS-If same as above, enter Zip Code only [REDACTED]

FATHER

10a. FATHER-NAME FIRST [REDACTED] MIDDLE [REDACTED] LAST [REDACTED] 10b. AGE (at time of birth) [REDACTED] 10c. STATE OF BIRTH (If not in U.S.A., name country) [REDACTED]

11a. I certify that the personal information on this certificate is correct to the best of my knowledge and belief. (Signature of Parent) [REDACTED] 11b. RELATION TO CHILD Mother

TYPE OR PRINT

MISSOURI

