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INSTRUCTIONS
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HANDBOOK

45735

000741
LOCAL FILE NUMBER

STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH — SECTION OF VITAL STATISTICS

STATE FILE NUMBER

CERTIFICATE OF LIVE BIRTH

CHILD

1. CHILD'S NAME FIRST Lora			MIDDLE Danielle	LAST KELSEY	2. DATE OF BIRTH (Month, Day, Year) January 15, 1990	3. TIME OF BIRTH 8:21 PM
4. SEX Female	5. CITY, TOWN OR LOCATION OF BIRTH Las Vegas			6. COUNTY OF BIRTH Clark		
7. PLACE OF BIRTH: <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Freestanding Birthing Center <input type="checkbox"/> Clinic/Doctor's Office <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)				8. FACILITY NAME (If not institution, give street and number) University Medical Center Of Southern NV 1800 W. Charleston Blvd. Las Vegas, NV.		

CERTIFIER/
ATTENDANT

9. I certify that this child was born alive at the place and time and on the date stated.		10. DATE SIGNED (Month, Day, Year) January 1990	11. ATTENDANT'S NAME AND TITLE (If other than certifier) (Type/Print) NAME Stephen Montoya <input checked="" type="checkbox"/> M.D. <input type="checkbox"/> D.O. <input type="checkbox"/> C.N.M. <input type="checkbox"/> Other Midwife <input type="checkbox"/> Other (Specify)	
12. CERTIFIER'S NAME AND TITLE (Type/Print) NAME Viki Behary <input type="checkbox"/> M.D. <input type="checkbox"/> D.O. <input type="checkbox"/> Hospital Admin. <input type="checkbox"/> C.N.M. <input type="checkbox"/> Other Midwife <input checked="" type="checkbox"/> Other (Specify) Medical Records Clerk		13. ATTENDANT'S MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 888 S. Rancho #202 Las Vegas, Nevada 89106		
14. REGISTRAR'S SIGNATURE Barbara Hardwick, Deputy			15. DATE FILED BY REGISTRAR (Month, Day, Year) JAN 31 1990	

MOTHER

16a. MOTHER'S NAME FIRST Anna			MIDDLE Lorraine	LAST Kelsey	16b. MAIDEN SURNAME Levermann	17. AGE 36
18. BIRTHPLACE (State or Foreign Country) Texas		19a. RESIDENCE - STATE Nevada		19b. COUNTY Clark	19c. CITY, TOWN, OR LOCATION Las Vegas	
19d. STREET AND NUMBER 3004 Bodega Bay			19e. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	20. MOTHER'S MAILING ADDRESS (If same as residence, enter Zip Code only) 89117		

FATHER

21. FATHER'S NAME FIRST Chester			MIDDLE Gray	LAST Kelsey	22. AGE 27	23. BIRTHPLACE (State or Foreign Country) Virginia
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INFORMANT

24. I certify that the personal information provided on this certificate is correct to the best of my knowledge and belief.
Signature of Parent or Other Informant: Anna Kelsey

"CERTIFIED TO BE A TRUE AND CORRECT COPY OF THE DOCUMENT ON FILE WITH THE REGISTRAR OF VITAL STATISTICS, STATE OF NEVADA." This copy was issued by the Clark County Health District from State certified documents as authorized by the State Board of Health pursuant to NRS 440.175.

NOT VALID WITHOUT THE
RAISED SEAL OF THE CLARK
COUNTY HEALTH DISTRICT

OTTO RAVENHOLT, M.D.
Registrar of Vital Statistics

By: *[Signature]*

Date Issued: FEB 08 1990

CLARK COUNTY HEALTH DISTRICT
625 Shadow Lane P.O. Box 4426
Las Vegas, Nevada 89127
702-383-1223