

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH**  
**VITAL STATISTICS**

4120396  
CASE FILE NO.

**CERTIFICATE OF LIVE BIRTH**

2019033509

STATE FILE NUMBER

<b>CHILD</b>	1. CHILD NAME (First, Middle, Last, Suffix) <b>Luna Savine LUCEY</b>		2. DATE OF BIRTH (Mo, Day, Yr) <b>December 14, 2019</b>		3. TIME OF BIRTH 05:44 (24Hr)	4. SEX F
	5. FACILITY NAME (If not institution, give street and number) Henderson Hospital		6. CITY, VILLAGE, OR LOCATION OF BIRTH Henderson		7. COUNTY OF BIRTH Clark	
<b>MOTHER</b>	8a. MOTHER/PARENT CURRENT LEGAL NAME (First, Middle, Last) Katia LUCEY		8b. DATE OF BIRTH (Mo/Day/Yr) March 13, 1984		8c. AGE 35	
	9. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (Last, Suffix) CONTU		10. BIRTHPLACE (State, Territory, or Foreign Country) Italy			
	11a. RESIDENCE OF MOTHER-STATE Nevada	11b. COUNTY Clark	11c. CITY, TOWN, OR LOCATION Las Vegas			
	11d. STREET AND NUMBER 10469 Mulvaney Cir		11e. APT. NO.	11f. ZIP CODE 89141	11g. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>FATHER</b>	12a. FATHER/PARENT CURRENT LEGAL NAME (First, Middle, Last, Suffix) Aaron Michael LUCEY		12b. DATE OF BIRTH (Mo/Day/Yr) April 08, 1981	12c. AGE 38	12d. BIRTHPLACE (State, Territory, or Foreign Country) Australia	
<b>CERTIFIER &amp; ATTENDANT</b>	13a. CERTIFIER'S NAME: Joshua J Finley		14a. ATTENDANT'S NAME <u>WILLIAM W JENNINGS</u>			
	TITLE <input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> HOSPITAL ADMIN. <input type="checkbox"/> CNM/CM <input type="checkbox"/> OTHER MIDWIFE <input checked="" type="checkbox"/> MEDICAL RECORDS TECHNICIAN <input type="checkbox"/> OTHER (Specify) _____		ATTENDANT'S ADDRESS <u>6850 N Durango Dr Suite 208</u> <u>Las Vegas NV 89149</u>			
			TITLE <input checked="" type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> CNM/CM <input type="checkbox"/> OTHER MIDWIFE <input type="checkbox"/> OTHER (Specify) _____			
	15a. CERTIFIER OR ATTENDANT'S SIGNATURE Joshua J Finley SIGNATURE AUTHENTICATED		15b. DATE CERTIFIED <u>12 / 24 / 2019</u> MM DD YYYY			
<b>REGISTRAR</b>	16a. REGISTRAR'S SIGNATURE Christine Johnson SIGNATURE AUTHENTICATED		16b. DATE FILED BY REGISTRAR <u>12 / 30 / 2019</u> MM DD YYYY			

"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 Southern Nevada Health District from State certified documents authorized by the State Board of Health pursuant to NRS 440.175.

DATE ISSUED:

**MAR 16 2020**

Registrar of Vital Statistics

By: 

This Copy not valid unless prepared on engraved border displaying date, seal and signature of Registrar.  
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ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

