

STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

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

4308324
CASE FILE NO.

CERTIFICATE OF LIVE BIRTH

2022023002
STATE FILE NUMBER

CHILD	1. CHILD NAME (First, Middle, Last, Suffix) Aurora Jelle LUCEY		2. DATE OF BIRTH (Mo, Day, Yr) September 20, 2022		3. TIME OF BIRTH 07:14 (24Hr)	4. SEX F
	5. FACILITY NAME (If not institution, give street and number) 10469 Mulvaney Cir		6. CITY, VILLAGE, OR LOCATION OF BIRTH Las Vegas		7. COUNTY OF BIRTH Clark	
MOTHER	8a. MOTHER/PARENT CURRENT LEGAL NAME (First, Middle, Last) Katia LUCEY		8b. DATE OF BIRTH (Mo/Day/Yr) March 13, 1984		8c. AGE 38	
	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	
FATHER	12a. FATHER/PARENT CURRENT LEGAL NAME (First, Middle, Last, Suffix) Aaron Michael LUCEY		12b. DATE OF BIRTH April 08, 1981		12c. AGE 41	
					12d. BIRTHPLACE (State, Territory, or Foreign Country) Australia	
CERTIFIER & ATTENDANT	13a. CERTIFIER'S NAME: Tiffanie C Gonzales		14a. ATTENDANT'S NAME TIFFANIE CHRISTEEN GONZALES			
	TITLE <input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> HOSPITAL ADMIN. <input checked="" type="checkbox"/> CNM/CM <input type="checkbox"/> OTHER MIDWIFE <input type="checkbox"/> MEDICAL RECORDS TECHNICIAN <input type="checkbox"/> OTHER (Specify) _____		ATTENDANT'S ADDRESS 1481 W Warm Springs Rd Suite 136 Henderson NV 89014 TITLE <input type="checkbox"/> MD <input type="checkbox"/> DO <input checked="" type="checkbox"/> CNM/CM <input type="checkbox"/> OTHER MIDWIFE <input type="checkbox"/> OTHER (Specify) _____			
	15a. CERTIFIER OR ATTENDANT'S SIGNATURE Tiffanie C Gonzales SIGNATURE AUTHENTICATED		15b. DATE CERTIFIED 09 / 27 / 2022 MM DD YYYY			
REGISTRAR	16a. REGISTRAR'S SIGNATURE Blaise Stressman SIGNATURE AUTHENTICATED		16b. DATE FILED BY REGISTRAR 09 / 28 / 2022 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: 10/27/2022

Registrar of Vital Statistics

By:

Susan Zannus

SIGNATURE AUTHENTICATED

This Copy not valid unless prepared on engraved border displaying date, seal and signature of Registrar.

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