

**STATE OF NEVADA**  
**CERTIFICATION OF VITAL RECORD**

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

13761

TYPE/PRINT  
IN  
PERMANENT  
BLACK INK

FOR  
INSTRUCTIONS  
SEE  
HANDBOOK

LOCAL FILE NUMBER

**CERTIFICATE OF LIVE BIRTH**

STATE FILE NUMBER

1. CHILD'S NAME <b>Christian Douglas MUELLER</b>			2. DATE OF BIRTH (Month, Day, Year) <b>July 8, 2005</b>		
3. TIME OF BIRTH <b>3:35 PM</b>	4. SEX <b>Male</b>	5. CITY, TOWN OR LOCATION OF BIRTH <b>Henderson</b>			6. COUNTY OF BIRTH <b>Clark</b>
7. PLACE OF BIRTH (Specify) <b>Hospital</b>			8. FACILITY NAME (If not Institution, give street and number) <b>St Rose Dominican Hospital Delima Campus</b>		
9. I certify that this child was born alive at the place and time and on the date stated.  Signature > <i>Linda Ricciardi</i>			10. DATE SIGNED (Month, Day, Year) <b>7/13/05</b>	11. ATTENDANT'S NAME AND TITLE (If other than certifier) (Type/Print)  NAME <b>Lewis, Michelle M.</b> TITLE <b>M.D.</b>	
12. CERTIFIER'S NAME AND TITLE (Type/Print)  NAME <b>Linda Ricciardi</b> TITLE <b>Service Rep</b>			13. ATTENDANT'S MAILING ADDRESS (Street and number or rural route number, city, or town, Zip Code)  <b>1701 A-3 N. Green Valley Pkwy Henderson, NV 89014</b>		
14. REGISTRAR'S SIGNATURE <i>Nnette Harrington, Deputy</i>				15. DATE FILED BY REGISTRAR (Month, Day, Year) <b>JUL 21 2005</b>	
16a. MOTHER'S NAME <b>Susan Joyce Mueller</b>			16b. MAIDEN SURNAME <b>Green</b>	17. AGE <b>40</b>	
18. BIRTHPLACE (State or foreign country) <b>Arizona</b>		18a. RESIDENCE — STATE <b>Nevada</b>	18b. COUNTY <b>Clark</b>		18c. CITY, TOWN OR LOCATION <b>Henderson</b>
18d. STREET AND NUMBER <b>492 Landmark Ln</b>			18e. INSIDE CITY LIMITS? <b>Yes</b>	20. MOTHER'S MAILING ADDRESS (If same as residence, enter Zip Code only) <b>89015</b>	
21. FATHER'S NAME <b>Douglas Garry Mueller</b>			22. AGE <b>39</b>	23. BIRTHPLACE (State or foreign country) <b>California</b>	
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 > <b>Douglas Mueller</b>					

CHILD

CERTIFIER/  
ATTENDANT

DEATH UNDER  
ONE YEAR  
OF AGE  
Enter State File  
Number of  
death certifi-  
cate for this  
child.

MOTHER

FATHER

INFORMANT

"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: JUN 02 2022

Registrar of Vital Statistics

By: *Daniel Lopez*

This Copy not valid unless prepared on engraved border displaying date, seal and signature of Registrar.  
SOUTHERN NEVADA HEALTH DISTRICT • P.O. Box 3902 • Las Vegas, NV 89127 • 702-759-1010 • Tax ID # 88-0151573



VERIBRACE

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE