

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

State of Nevada – Division of Health
Section of Vital Statistics

CERTIFICATE OF LIVE BIRTH

CASE FILE NO. 3767761

BIRTH NO. 2014009281

CHILD	1. CHILD NAME (First, Middle, Last, Suffix) Anthony James ROBERTS		2. DATE OF BIRTH (Mo, Day, Yr) April 16, 2014	3. TIME OF BIRTH 07:49 (24Hr)	4. SEX M	
	5. FACILITY NAME (If not institution, give street and number) Spring Valley Hospital Medical Center		6. CITY, VILLAGE, OR LOCATION OF BIRTH Las Vegas	7. COUNTY OF BIRTH Clark		
MOTHER	8a. MOTHER/PARENT CURRENT LEGAL NAME (First, Middle, Last) Samantha Marie OLIVERI		8b. DATE OF BIRTH (Mo/Day/Yr) June 19, 1984	8c. AGE 29		
	9. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (Last, Suffix) OLIVERI		10. BIRTHPLACE (State, Territory, or Foreign Country) Nevada			
	11a. RESIDENCE OF MOTHER-STATE Nevada	11b. COUNTY Clark	11c. CITY, TOWN, OR LOCATION Las Vegas			
	11d. STREET AND NUMBER 2720 W Serene Ave Apt		11e. APT. NO. 1095	11f. ZIP CODE 89123	11g. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	12a. FATHER/PARENT CURRENT LEGAL NAME (First, Middle, Last, Suffix) Anthony Shane ROBERTS		12b. DATE OF BIRTH (Mo/Day/Yr) November 14, 1985	12c. AGE 28	12d. BIRTHPLACE (State, Territory, or Foreign Country) Nevada	
CERTIFIER & ATTENDANT	13a. CERTIFIER'S NAME: Jessica Alvarado Rodriguez		14a. ATTENDANT'S NAME Timothy Thomas Sauter			
	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 8480 S. Eastern Ave. #F Las Vegas NV 89123 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 Jessica Alvarado Rodriguez SIGNATURE AUTHENTICATED		15b. DATE CERTIFIED 04 / 21 / 2014 MM DD YYYY			
REGISTRAR	16a. REGISTRAR'S SIGNATURE Christine Johnson SIGNATURE AUTHENTICATED		16b. DATE FILED BY REGISTRAR 04 / 21 / 2014 MM DD YYYY			



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A000051225
DATE ISSUED:

MAY 13 2014

Registrar of Vital Statistics

By: *Christine Johnson*

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