

STATE OF NEVADA - DEPARTMENT OF HUMAN RESOURCES

DIVISION OF HEALTH - SECTION OF VITAL STATISTICS

CERTIFICATE OF LIVE BIRTH

TYPE, OR PRINT IN PERMANENT BLACK INK INSTRUCTIONS SEE HANDBOOK

008068

LOCAL FILE NUMBER

BIRTH NUMBER

CHILD

CERTIFIER


MOTHER

FATHER

1. CHILD - NAME First: Anthony, Middle: Shane, Last: ROBERTS		2. SEX Male	3a. DATE OF BIRTH (Mo., Day, Yr.) November 14, 1985		3b. HOUR 5:41PM
4a. HOSPITAL - NAME (If not in hospital, give street and number) Womens Hospital			4b. CITY, TOWN OR LOCATION OF BIRTH Las Vegas		4c. COUNTY OF BIRTH Clark
I certify that the stated information concerning this child is true to the best of my knowledge and belief.			5b. DATE SIGNED (Mo., Day, Yr.) 11/25/85	5c. NAME AND TITLE OF ATTENDANT AT BIRTH IF OTHER THAN CERTIFIER (Type or print) Edward Sherwood, M.D.	
5a. CERTIFIER - NAME AND TITLE (Type or print) Marjorie Cain, R.R.A.			5d. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 2025 E. Sahara, Las Vegas, Nevada 89104		
6a. REGISTRAR (Signature) Rita Anton, Deputy			6b. DATE RECEIVED BY REGISTRAR (Month, Day, Year) DEC 02 1985		
7a. MOTHER - MAIDEN NAME First: Nerissa, Middle: Sue, Last: Marsh			7b. AGE (At time of this birth) 18	7c. STATE OF BIRTH (If not in U.S.A., name country) Nevada	
8a. RESIDENCE - STATE Nevada		8b. COUNTY Clark	8c. CITY, TOWN OR LOCATION Las Vegas		8d. STREET AND NUMBER OF RESIDENCE 6397 S. Pine Street
8e. INSIDE CITY LIMITS (Specify yes or no) Yes					
9. MOTHER'S MAILING ADDRESS - If same as above, enter Zip Code only 89120					
10a. FATHER - NAME First: , Middle: , Last:			10b. AGE (At time of this birth)	10c. STATE OF BIRTH (If not in U.S.A., name country)	
11a. 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) Nerissa marsh			11b. RELATION TO CHILD MOTHER		

"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 as authorized by the State Board of Health pursuant to NRS 440.175.

NOT VALID WITHOUT THE RAISED SEAL OF THE SOUTHERN NEVADA HEALTH DISTRICT

John Middaugh, M.D.
Registrar of Vital Statistics
By: 

Date Issued: SEP 05 2013