

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

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

4168611  
CASE FILE NO.

**CERTIFICATE OF LIVE BIRTH**

2020023449  
STATE FILE NUMBER

<b>CHILD</b>	1. CHILD NAME (First, Middle, Last, Suffix) Nasi Hania TAYLOR		2. DATE OF BIRTH (Mo, Day, Yr) August 12, 2020		3. TIME OF BIRTH 11:36 (24Hr)		4. SEX M	
	5. FACILITY NAME (if not institution, give street and number) Summerlin Hospital Medical Center			6. CITY, VILLAGE, OR LOCATION OF BIRTH Las Vegas		7. COUNTY OF BIRTH Clark		
<b>MOTHER</b>	8a. MOTHER/PARENT CURRENT LEGAL NAME (First, Middle, Last) Jasmine Autume PARAMORE			8b. DATE OF BIRTH (Mo/Day/Yr) October 17, 1995		8c. AGE 24		
	9. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (Last, Suffix) PARAMORE			10. BIRTHPLACE (State, Territory, or Foreign Country) Illinois				
	11a. RESIDENCE OF MOTHER-STATE Nevada		11b. COUNTY Clark		11c. CITY, TOWN, OR LOCATION Las Vegas			
	11d. STREET AND NUMBER 7973 Willow Pines Pl			11e. APT. NO.	11f. ZIP CODE 89143		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) Bruce Tyshon TAYLOR		12b. DATE OF BIRTH July 17, 1982		12c. AGE 38		12d. BIRTHPLACE (State, Territory, or Foreign Country) New York	
	13a. CERTIFIER'S NAME: Rita Saccoyan			14a. ATTENDANT'S NAME Paul T Wilkes				
<b>CERTIFIER &amp; ATTENDANT</b>	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 5761 South Fort Apache Las Vegas NV 89148 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 Rita Saccoyan SIGNATURE AUTHENTICATED			15b. DATE CERTIFIED 09 / 21 / 2020 MM DD YYYY				
<b>REGISTRAR</b>	16a. REGISTRAR'S SIGNATURE Blaise Stressman SIGNATURE AUTHENTICATED			16b. DATE FILED BY REGISTRAR 09 / 24 / 2020 MM DD YYYY				

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CERTIFIED COPY OF VITAL RECORDS

This is a true and exact reproduction of the document officially registered and placed on file in the office of the Registrar and Vital Records.

DATE ISSUED:

STATE REGISTRAR

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

