

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

State of Nevada - Division of Health
Section of Vital Statistics

CERTIFICATE OF LIVE BIRTH

CASE FILE NO. 3748144

BIRTH NO. 2013032769

CHILD	1. CHILD NAME (First, Middle, Last, Suffix) Jalen JaBrent SMITH		2. DATE OF BIRTH (Mo, Day, Yr) December 15, 2013	3. TIME OF BIRTH 17:48 (24Hr)	4. SEX M
	6. FACILITY NAME (If not institution, give street and number) Sunrise 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) Roshawna Leandra WARREN		8b. DATE OF BIRTH (Mo/Day/Yr) May 21, 1986	8c. AGE 27	
	9. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (Last, Suffix) WARREN		10. BIRTHPLACE (State, Territory, or Foreign Country) California		
	11a. RESIDENCE OF MOTHER-STATE Nevada	11b. COUNTY Clark	11c. CITY, TOWN, OR LOCATION Las Vegas		
	11d. STREET AND NUMBER 3535 Cambridge Street		11e. APT. NO. 243	11f. ZIP CODE 89169	11g. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
FATHER	12a. FATHER/PARENT CURRENT LEGAL NAME (First, Middle, Last, Suffix) Jerome Tommie SMITH Jr		12b. DATE OF BIRTH (Mo/Day/Yr) March 28, 1983	12c. AGE 30	12d. BIRTHPLACE (State, Territory, or Foreign Country) California
	CERTIFIER & ATTENDANT	13a. CERTIFIER'S NAME: Dani Bristow		14a. ATTENDANT'S NAME Sam H Alexander	
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 3196 S. Maryland Pkwy Ste. 303 Las Vegas NV 89109			
15a. CERTIFIER OR ATTENDANT'S SIGNATURE Dani Bristow SIGNATURE AUTHENTICATED		15b. DATE CERTIFIED 12 / 19 / 2013 MM DD YYYY			
REGISTRAR	16a. REGISTRAR'S SIGNATURE Liz Munford SIGNATURE AUTHENTICATED		16b. DATE FILED BY REGISTRAR 12 / 19 / 2013 MM DD YYYY		



3748144

"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.

A000028384 JAN 27 2014

DATE ISSUED:

Registrar of Vital Statistics

By:

This Copy not valid unless prepared on engraved border displaying date, seal and signature of Registrar.
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ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

