

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

State of Nevada - Division of Health
Section of Vital Statistics

CERTIFICATE OF LIVE BIRTH

CASE FILE NO. 3796898

BIRTH NO. 2014027661

CHILD	1. CHILD NAME (First, Middle, Last, Suffix) Janvier Aliitasi WHITE		2. DATE OF BIRTH (Mo, Day, Yr) October 14, 2014		3. TIME OF BIRTH 15:07 (24Hr)		4. SEX F	
	5. FACILITY NAME (If not institution, give street and number) St Rose Dominican Hospital Siena Campus			6. CITY, VILLAGE, OR LOCATION OF BIRTH Henderson		7. COUNTY OF BIRTH Clark		
MOTHER	8a. MOTHER/PARENT CURRENT LEGAL NAME (First, Middle, Last) Pauline WHITE			8b. DATE OF BIRTH (Mo/Day/Yr) November 19, 1972		8c. AGE 41		
	9. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (Last, Suffix) GEBAUER				10. BIRTHPLACE (State, Territory, or Foreign Country) American Samoa			
	11a. RESIDENCE OF MOTHER-STATE Nevada		11b. COUNTY Clark		11c. CITY, TOWN, OR LOCATION Las Vegas			
	11d. STREET AND NUMBER 2255 E Sunset Road			11e. APT. NO. 2083	11f. ZIP CODE 89119		11g. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
FATHER	12a. FATHER/PARENT CURRENT LEGAL NAME (First, Middle, Last, Suffix) Shaun Duane WHITE		12b. DATE OF BIRTH (Mo/Day/Yr) February 24, 1972		12c. AGE 42		12d. BIRTHPLACE (State, Territory, or Foreign Country) American Samoa	
	CERTIFIER & ATTENDANT	13a. CERTIFIER'S NAME: Paula Genovesse			14a. ATTENDANT'S NAME Reza Askari			
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 880 Seven Hills #140 Henderson NV 89052					
16a. CERTIFIER OR ATTENDANT'S SIGNATURE Paula Genovesse SIGNATURE AUTHENTICATED			16b. DATE CERTIFIED 10 / 16 / 2014 MM DD YYYY					
REGISTRAR	16a. REGISTRAR'S SIGNATURE Pamela Thomas SIGNATURE AUTHENTICATED			16b. DATE FILED BY REGISTRAR 10 / 23 / 2014 MM DD YYYY				



"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.

A000078758

DATE ISSUED: **OCT 30 2014**

Registrar of Vital Statistics
By *Tracey White*

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

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