

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

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

4131195  
CASE FILE NO.

2020004017  
STATE FILE NUMBER

**CERTIFICATE OF LIVE BIRTH**

<b>CHILD</b>	1. CHILD NAME (First, Middle, Last, Suffix) Hartley Hope HOCKENBERY		2. DATE OF BIRTH (Mo, Day, Yr) February 13, 2020	3. TIME OF BIRTH 04:52 (24Hr)	4. SEX F
	5. FACILITY NAME (If not institution, give street and number) 2920 Sterling Silver St		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) Jacqueline Ann KREISLER		8b. DATE OF BIRTH (Mo/Day/Yr) January 14, 1983	8c. AGE 37	
	9. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (Last, Suffix) KREISLER		10. BIRTHPLACE (State, Territory, or Foreign Country) Florida		
	11a. RESIDENCE OF MOTHER-STATE Nevada	11b. COUNTY Clark	11c. CITY, TOWN, OR LOCATION Las Vegas		
	11d. STREET AND NUMBER 2920 Sterling Silver St		11e. APT. NO.	11f. ZIP CODE 89108	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) Adam Heath HOCKENBERY		12b. DATE OF BIRTH June 19, 1982	12c. AGE 37	12d. BIRTHPLACE (State, Territory, or Foreign Country) Wisconsin
	<b>CERTIFIER &amp; ATTENDANT</b>		<b>ATTENDANT'S INFORMATION</b>		
13a. CERTIFIER'S NAME: Kathya B Raebel		14a. ATTENDANT'S NAME Kathya B Raebel			
TITLE <input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> HOSPITAL ADMIN. <input type="checkbox"/> CNM/CM <input checked="" type="checkbox"/> OTHER MIDWIFE <input type="checkbox"/> MEDICAL RECORDS TECHNICIAN <input type="checkbox"/> OTHER (Specify)		ATTENDANT'S ADDRESS 480 Manderley Court Las Vegas NV 89123			
15a. CERTIFIER OR ATTENDANT'S SIGNATURE Kathya B Raebel SIGNATURE AUTHENTICATED		15b. DATE CERTIFIED 02 / 24 / 2020 MM DD YYYY			
<b>REGISTRAR</b>		16b. DATE FILED BY REGISTRAR 02 / 25 / 2020 MM DD YYYY			
16a. REGISTRAR'S SIGNATURE Blaise Satariano SIGNATURE AUTHENTICATED					

"CERTIFIED TO BE A TRUE AND CORRECT COPY OF THE DOCUMENT ON FILE WITH THE REGISTRAR OF VITAL RECORDS, 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.

DATE ISSUED: 10/22/2025

Registrar of Vital Records SIGNATURE AUTHENTICATED  
By: *Cassius Locken*

This Copy not valid unless prepared on engraved border displaying date, seal and signature of Registrar.  
SOUTHERN NEVADA HEALTH DISTRICT • P.O. Box 3902 • Las Vegas, NV 89127 • 702-759-1010 • Tax ID # 88-0151573



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE