

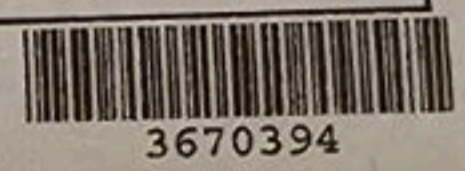
**State of Nevada - Division of Health
Section of Vital Statistics
CERTIFICATE OF LIVE BIRTH**

15627

CASE FILE NO. 3670394

BIRTH NO. 2012020400

CHILD	1. CHILD NAME (First, Middle, Last, Suffix) Michael Ryan HAAS		2. DATE OF BIRTH (Mo, Day, Yr) August 7, 2012	3. TIME OF BIRTH 21:09 (24Hr)	4. SEX M
	5. 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) Alicia Marie HAAS		8b. DATE OF BIRTH (Mo/Day/Yr) January 24, 1985	8c. AGE 27	
	9. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (Last, Suffix) HAAS		10. BIRTHPLACE (State, Territory, or Foreign Country) Nevada		
	11a. RESIDENCE OF MOTHER-STATE Nevada	11b. COUNTY Clark	11e. CITY, TOWN, OR LOCATION Las Vegas		
	11d. STREET AND NUMBER 3421 Greenwood Springs Dr		11e. APT. NO.	11f. ZIP CODE 89122	11g. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
FATHER	12a. FATHER/PARENT CURRENT LEGAL NAME (First, Middle, Last, Suffix) Anthony Michael BELTRAN		12b. DATE OF BIRTH (Mo/Day/Yr) September 19, 1989	12c. AGE 22	12d. BIRTHPLACE (State, Territory, or Foreign Country) California
CERTIFIER & ATTENDANT	13a. CERTIFIER'S NAME: Llwayway Palomata 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)		14a. ATTENDANT'S NAME Anthony Hoflona Ibay ATTENDANT'S ADDRESS 4458 South Eastern Ave. Las Vegas NV 89119 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 Llwayway Palomata SIGNATURE AUTHENTICATED		15b. DATE CERTIFIED 08 / 21 / 2012 MM DD YYYY		
REGISTRAR	16a. REGISTRAR'S SIGNATURE Pamela Thomas SIGNATURE AUTHENTICATED		16b. DATE FILED BY REGISTRAR 08 / 22 / 2012 MM DD YYYY		



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Lawrence K. Sands, D.O., M.P.H.
Registrar of Vital Statistics

By:
Date Issued: AUG 29 2012