

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

STATE OF NEVADA – DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF HEALTH – OFFICE OF VITAL RECORDS

**18051**

LOCAL FILE NUMBER

**CERTIFICATE OF LIVE BIRTH**

STATE FILE NUMBER

TYPE/PRINT IN PERMANENT BLACK INK  
FOR INSTRUCTIONS SEE HANDBOOK

**CHILD**

1. CHILD'S NAME <b>Raymond</b>		2. DATE OF BIRTH (Month, Day, Year) <b>August 16, 2006</b>	
3. TIME OF BIRTH <b>3:21 PM</b>	4. SEX <b>Male</b>	5. CITY, TOWN OR LOCATION OF BIRTH <b>Las Vegas</b>	6. COUNTY OF BIRTH <b>Clark</b>
7. PLACE OF BIRTH (Specify) <b>Hospital</b>		8. FACILITY NAME (If not institution, give street and number) <b>Valley Hospital Medical Center</b>	

**CERTIFIER/ ATTENDANT**

9. I Certify that this child was born alive at the place and time and on the date stated.	10. DATE SIGNED (Month, Day, Year) <b>08-20-06</b>	11. ATTENDANT'S NAME AND TITLE (If other than certifier) (Type/Print) <b>NAME Fred D. Lee TITLE M.D.</b>
12. CERTIFIER'S NAME AND TITLE (Type/Print) <b>Signature &gt; Jessica Rodriguez</b>		13. ATTENDANT'S MAILING ADDRESS (Street and number or rural route number, city, or town, Zip Code) <b>2121 East Flamingo Rd. #113 Las Vegas, NV 89119</b>

DEATH UNDER ONE YEAR OF AGE  
Enter State File Number of death certificate for this child.

**MOTHER**

14. REGISTRAR'S SIGNATURE <i>Nette Sanjivan, Deputy</i>		15. DATE FILED BY REGISTRAR (Month, Day, Year) <b>AUG 25 2006</b>
16a. MOTHER'S NAME <b>Alicia</b>		16b. MAIDEN SURNAME <b>Haas</b>
17. AGE <b>21</b>	18. BIRTHPLACE (State or foreign country) <b>Nevada</b>	19a. RESIDENCE – STATE <b>Nevada</b>

**FATHER**

19b. COUNTY <b>Clark</b>	19c. CITY, TOWN OR LOCATION <b>Las Vegas</b>
19d. STREET AND NUMBER <b>135 Romero Dr.</b>	20. MOTHER'S MAILING ADDRESS (If same as residence, enter Zip Code only) <b>99110</b>
21. FATHER'S NAME <b>James</b>	22. AGE <b>21</b>

**INFORMANT**

23. BIRTHPLACE (State or foreign country) <b>Nevada</b>	24. I certify that the personal information provided on this certificate is correct to the best of my knowledge and belief. Signature of parent or other informant > <b>Alicia Marie Haas</b>
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"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.

**A000124639**

DATE ISSUED: **SEP 14 2015**

Registrar of Vital Statistics  
By: *J. Donnell*

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